

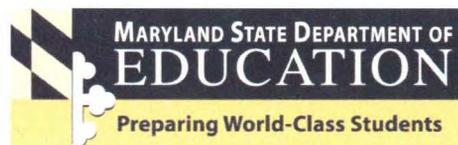
# **The Maryland Infants and Toddlers Program (MITP)**

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

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**June 2014**

**School Year 2012-2013**



*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 Education Act (IDEA)  
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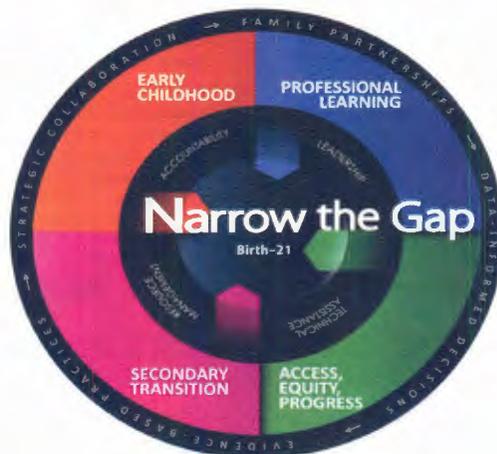
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## **Introduction**

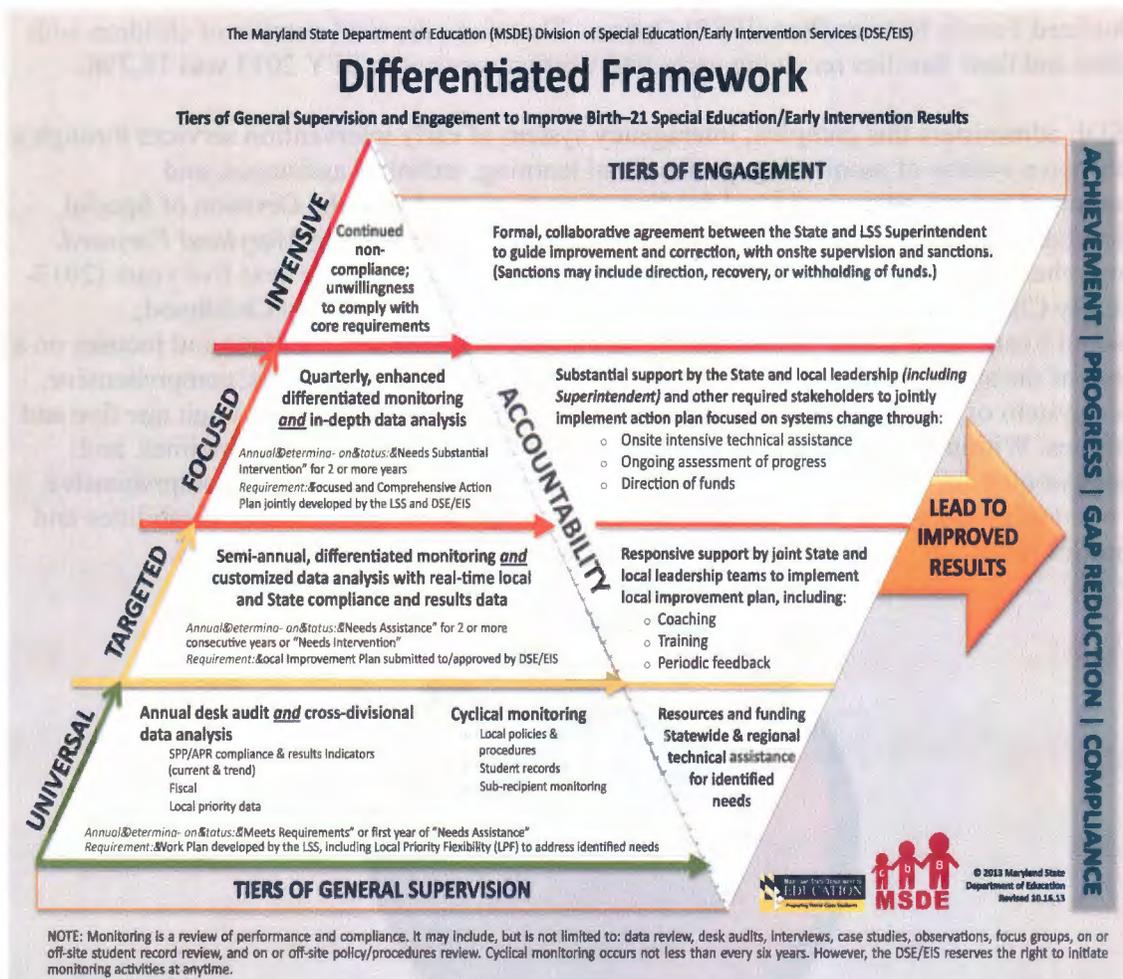
The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers 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 Policy and Accountability 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 15,049 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2013. Additionally in SFY 2013, families of 1,247<sup>1</sup> 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 2013 was 16,296.

The MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, professional learning, technical assistance, and coordination of federal, State, and local funding sources, aligned with the Division of Special Education/Early Intervention Services' (DSE/EIS) Strategic Plan *Moving Maryland Forward*. The comprehensive plan focuses on narrowing achievement gaps over the next five years (2013-2018). Early Childhood is one of four Action Imperatives in the plan (Early Childhood; Professional Learning; Equity, Access, and Progress; and Secondary Transition) and focuses on a narrowing of the school readiness gap through the strengthening of a seamless, comprehensive, statewide system of coordinated services for children with disabilities, birth through age five and their families. Within Action Imperative 1, Early Childhood, the action steps, timelines, and resources essential for the full implementation of a birth through five seamless, comprehensive system of coordinated services for infants, toddlers, and preschool children with disabilities and their families reflect an integrated approach to operationalizing the statewide system.



<sup>1</sup> These children only received services on an Extended IFSP during the entirety of SFY 2013 (all were older than 3 years).

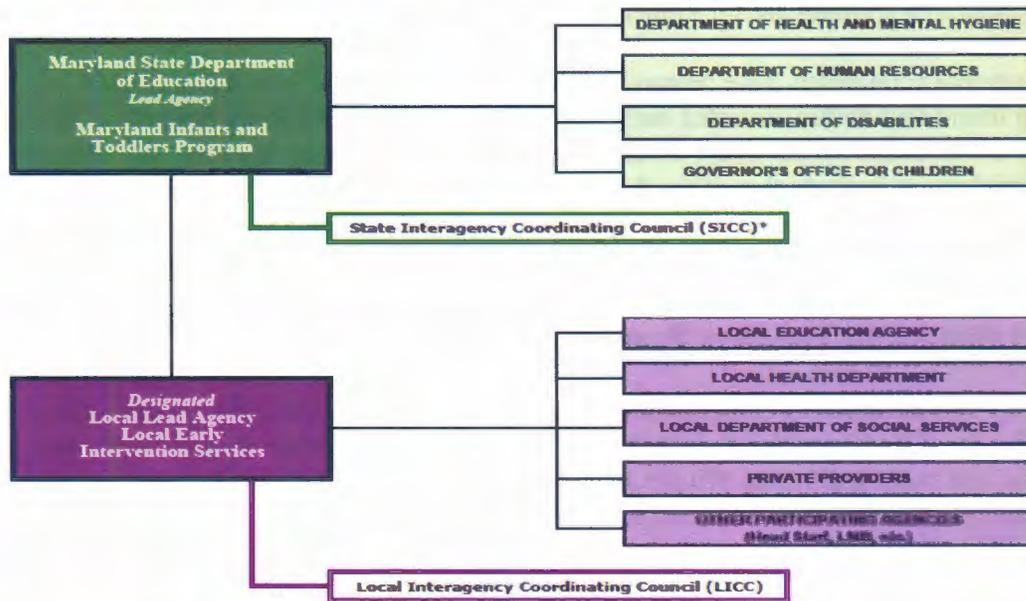
To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, the MSDE implements a *Differentiated Framework: Tiers of General Supervision and Engagement*, which assigns public agencies to varying levels of monitoring and support based on performance on Annual Performance Report (APR) indicators, analysis of data, correction of noncompliance, fiscal management, and monitoring findings. This method of general supervision also ensures 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). Based on SFY 2013 data, 22 local Infants and Toddlers Programs (LITPs) were assigned to the Universal Tier of General Supervision and two LITPs were assigned to the Targeted Tier of General Supervision.



Consistent with the Tiers of General Supervision and Engagement, the MSDE also provides training and technical assistance to 24 local Infants and Toddlers Programs (nineteen of which are Education Lead Agencies and five of which are Health Department Lead Agencies: Baltimore County, Baltimore City, Frederick County, Montgomery County, and Prince George's

County), 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, the 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.

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



\* Appointment by the Governor

State Fiscal Year 2013, marked a long-awaited milestone in the history of the Maryland Infants and Toddlers Program (MITP). In September 2011, the federal regulations governing State's implementation of early intervention services were revised and released for the first time since 1999. Part of these regulations included the option for States to provide services on an Individualized Family Service Plan (IFSP) beyond age three. In response to these federal regulations, the MITP revised its Code of Maryland Regulations (COMAR) to include the Extended IFSP Option for children until the beginning of the school year following the child's fourth birthday. Additional changes to the MITP regulations in COMAR included an option to provide developmental screening after referral, a State policy on adjusting age for prematurity, clarification on the definition of the term multidisciplinary, and changes to surrogacy appointment policy and procedures. The State Board of Education approved revised COMAR regulations on March 28, 2013 and they became effective on July 1, 2013.

**Maryland's Longitudinal Study Results and Support for Early Intervention**

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 University 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.

In addition, national economists have researched the value of investing in early childhood programs and found that dollars invested early in a child's life yield extraordinary public returns – a savings of \$3.78 to \$17.07 for every dollar invested<sup>2</sup>. Data from October 2011 to October 2012 MITP child count indicate that of the 8,580 children who exited MITP before age 3, 2,550 children did not require preschool special education services. Based on a cost per child figure of \$10,577, a total savings of \$26,971,350 can be realized.

### **Maryland Infants and Toddlers Program Overview**

The interagency service delivery component of Maryland's family-centered early intervention system includes local lead agencies, local school systems, health departments, departments of social services, and other public and private agencies. Under COMAR 13A.13.01 and 13A.13.02, 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.

In the 24 local Infants and Toddlers Programs, the Maryland School for the Blind, and the Maryland School for the Deaf, 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

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<sup>2</sup> *Investing in Disadvantaged Young Children is an Economically Efficient Policy*, Dr. James J. Heckman, University of Chicago; ZERO TO THREE; National Center for Infants, Toddlers, and Families, [http://www.ced.org/docs/report/report\\_2006prek\\_heckman.pdf](http://www.ced.org/docs/report/report_2006prek_heckman.pdf)

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 of the Education of the Handicapped Act in 1986 (now Part C of the 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, the MSDE has been conducting a Continuous Improvement Monitoring process to assess the effectiveness of Maryland's early intervention system under Part C of the IDEA. The purpose of Continuous Improvement Monitoring is to increase 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 MITP, the 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. The DSE/EIS implemented Differentiated Framework: Tiers of General Supervision and Engagement to ensure compliance and results driven accountability. As a part of this process the MITP participates in comprehensive monitoring of the birth through four continuum of services to infants, toddlers, and preschool-age children receiving services through an IFSP or Extended IFSP. Examples of universal monitoring included in the differentiated framework include:
  - Data collection and analysis on performance in federal/State priority areas;
  - Development and dissemination of semi-annual profiles of local data and documentation of compliance and performance;
  - Approval of yearly local applications for funding which include the development and implementation of a Comprehensive System of Personnel Development (CSPD) Plan and Public Awareness (PA) Plan that impact child and family results;
  - Provision of focused on-site technical assistance with local Infants and Toddlers Programs in need of improvement, consistent with the *Tiers of General Supervision and Engagement* described above;
  - Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure both results and compliance;
  - 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;

- Inclusion of all results indicators as criteria for making local determinations in SFY 2014 to ensure consistency with the national shift towards results driven accountability.
  - Development of an IFSP record review document as part of a consistent birth through 21 monitoring process. This document was piloted in four local Infants and Toddlers Programs in SFY 2013 with full implementation occurring in SFY 2014; and
  - Implementation of child specific case studies and service provider interviews in SFY 2015, as a way of examining child progress toward meeting outcomes in the early intervention program.
3. Submission of the State Performance Plan and Annual Performance Report to the United States Department of Education (USDE) Office of Special Education Programs (OSEP) to document the State's actual accomplishments in each federal monitoring indicator (12 Indicators<sup>3</sup>). The MITP has received the determination of "Meets Requirements" based on the United States Department of Education required indicators for eight consecutive years.

SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Meets Requirements							

4. Implementation of State and local strategies targeted to improve statewide program performance.

## **Performance Measures**

The measures of effectiveness for the MITP include the USDE compliance indicators (CI) with federal targets of 100%, and the USDE results indicators (RI) with targets set by the MSDE with input from stakeholders, including the State Interagency Coordinating Council (SICC). When targets for compliance and results 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 the MITP monitoring staff and technical assistance is provided when necessary. The 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);

<sup>3</sup> In SFY 2012, the U. S. Department of Education, Office of Special Education Programs (OSEP) eliminated the continued requirement for states to report data for CI 10 (Complaint Timelines) and CI 11 (Due Process Timeline) because it was a duplicate submission of data already being reported annually in the IDEA Section 618, Table 4 Dispute Resolution. These 2 indicators also were not required by OSEP in SFY 2013.

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 gross motor, fine motor, and adaptive behavior (e.g., 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 Individualized Family Service Plan (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 system of general supervision 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 the MSDE (CI).

## **Performance Results of the Maryland Infants and Toddlers Program - Birth to Three**

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

Beginning in SFY 2007, the 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 a high level of compliance for this indicator. The table below shows the percentage of children for whom early intervention service initiation occurred within 30 days.

<b>Referral Date Range</b>	<b>7/1/10 to 6/30/11</b>	<b>7/1/11 to 6/30/12</b>	<b>7/1/12 to 6/30/13</b>
Percentage within timeline or with family-related reason for delay or a service provided less frequently than 1 time per month	<b>96.7%</b>	<b>97.7%</b>	<b>96.9%</b>

## **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 IFSP must be included on the child's IFSP document. For the 10/26/12 snapshot count, 97.6% of the children who did not receive services in the natural environment had justifications on their IFSP based on the needs of the child. Other justifications were based on the needs of the parents.

The chart below shows a trend that the MITP is serving an increasing number of eligible young children in the home or in community settings with typically developing peers. These data display the percentage of children served primarily in natural environments based on a snapshot count on the last Friday in October in the given year. The percentage of children receiving the majority of their services in a natural environment on 10/26/12 was also 97.6%. Performance on this indicator exceeded the State target of 92.0%.

<b>Snapshot Date</b>	<b>10/30/2009</b>	<b>10/29/2010</b>	<b>10/28/2011</b>	<b>10/26/12</b>
Percentage of children served in natural environments	<b>94.1%</b>	<b>96.3%</b>	<b>97.1%</b>	<b>97.6%</b>

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

The chart below shows the percentage of young children with disabilities who exited the program within age expectations during SFY 2013 on the following child outcomes: positive social-emotional development, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs. Data were collected utilizing the Child Outcome Summary (COS) methodology. The COS measures the trajectory of child progress and is used by the majority of U.S. states and territories to measure child outcome performance.

Child Outcome Area	% of children exiting within age expectations	Number of children exiting	State target*
Positive social-emotional development	65.6%	N = 4,874	74.3%
Acquisition and use of knowledge and skills	60.9%	N = 4,877	70.4%
Use of appropriate behaviors to meet their needs	59.0%	N = 4,884	75.9%

\* Note: State targets for child outcomes were set based on a different methodology than currently used. The MITP is in the process of revising targets based on this new method of data collection and reporting.

In addition to the federal indicator data, MITP calculates the number of children who made as much or more progress than their typically developing peers and found that:

- 80% of children made as much or more progress than their typically developing peers in social-emotional development;
- 80% of children made as much or more progress than their typically developing peers in learning new skills; and
- 78% of children made as much or more progress than their typically developing peers in meeting their own needs through use of functional skills.

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

As indicated in the footnote above, it is important to note that the State targets for child outcomes were set based on previously utilized assessment methodology. In SFY 2012, with stakeholder input, consultation with national technical assistance staff, and intensive data analysis and review, the decision was made to integrate the COS process into Maryland's IFSP. The two critical purposes of this integration is to document comprehensive information about a child to support functional outcome development, and to complete the COS process at entry into and exit from the local program in the three early childhood outcome areas. Since the assessment methodology for changing the measurement of child outcomes has changed over the past two years, the MITP will work with national experts and Maryland's stakeholders, including SICC, to establish new child outcome targets for SFY 2014, based on two years of baseline data, using the new methodology of the COS process integrated into the IFSP.

The framework below depicts how the three early childhood outcomes are integrated into all aspects of the IFSP process and highlights the critical imperatives for integration by focusing on family engagement, age expected development, and functionality.



2011, SFY 2012, and SFY 2013 for all three family outcomes. The overall survey response rate for SFY 2013 was 45.0%.

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

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 10/26/12 snapshot count.

<b>Snapshot Date</b>	<b>10/29/10</b>	<b>10/28/11</b>	<b>10/26/12</b>
% of children served	1.59%	1.48%	1.55%
MD Resident Population Birth-to-One	71,523 in 2010	73,059 in 2011	71,976 in 2012

*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) through the MITP.**

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 3.00%. The percentage of children receiving services exceeded the State target for the last three years.

<b>Snapshot Date</b>	<b>10/29/10</b>	<b>10/28/11</b>	<b>10/26/12</b>
% of children served	3.54%	3.39%	3.43%
MD Resident Population Birth-to-Three	217,560 in 2010	217,490 in 2011	217,998 in 2012

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

**7. Timely Evaluation and Completion of an Initial IFSP**

The chart below shows a general high level of compliance in the provision of timely evaluations and assessments and, in collaboration with families, completion of timely 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 2013 demonstrates a continued high level of compliance. 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>7/1/09 to 6/30/10</b>	<b>7/1/10 to 6/30/11</b>	<b>7/1/11 to 6/30/12</b>	<b>7/1/12 to 6/30/13</b>
Percentage within the timeline or with family-related reason for delay	<b>99.1%</b>	<b>98.2%</b>	<b>98.7%</b>	<b>98.1%</b>

**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 need for timely transition planning has gotten even more crucial since Maryland began providing families with an option to continue services on an IFSP after the child's third birthday effective February 1, 2010. Maryland continues to provide this option, known as the Extended IFSP Option, until the beginning of the school year following the child's fourth birthday.

The federal target for this indicator is 100%. Maryland's trend data again demonstrates a high level of compliance. The table below shows the percentage of children and families with timely transition planning meetings.

<b>Transition Date Range</b>	<b>7/1/09 to 6/30/10</b>	<b>7/1/10 to 6/30/11</b>	<b>7/1/11 to 6/30/12</b>	<b>7/1/12 to 6/30/13</b>
Percentage of children with timely transition steps and services included on the IFSP	<b>99.6%</b>	<b>99.8%</b>	<b>100%</b>	<b>99.9%</b>

<b>Transition Date Range</b>	<b>7/1/09 to 6/30/10</b>	<b>7/1/10 to 6/30/11</b>	<b>7/1/11 to 6/30/12</b>	<b>7/1/12 to 6/30/13</b>
Percentage of children for which the SEA and LEA was notified in a timely manner	<b>99.8%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<b>Transition Date Range</b>	<b>7/1/09 to 6/30/10</b>	<b>7/1/10 to 6/30/11</b>	<b>7/1/11 to 6/30/12</b>	<b>7/1/12 to 6/30/13</b>
Percentage of children with timely transition planning meetings or family-related reason for delay	<b>99.6%</b>	<b>99.4%</b>	<b>99.1%</b>	<b>98.4%</b>

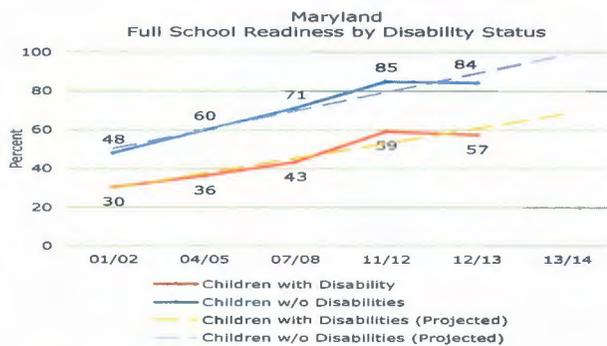
## 9. Identification and Correction of Noncompliance in SFY 2012.

All incidences of noncompliance (100%) from the previous fiscal year (SFY 12) were corrected as soon as possible or within at least 12 months. When noncompliance was identified, local Infants and Toddlers Programs were required to develop and implement corrective action or improvement plans. These plans were submitted to the MSDE and reviewed by the MITP monitoring staff and technical assistance was provided when necessary. The MSDE closely monitored the correction of noncompliance in each jurisdiction.

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

With the revised federal regulations, released in September 2011, the MITP has decided to continue to implement the Extended IFSP Option. After consideration of statewide stakeholder feedback, the MITP chose the beginning of the school year following the child's fourth birthday as the ending date of the Extended IFSP. The beginning of the school year following the child's fourth birthday aligns closely with the State's Prekindergarten Programs regulations, COMAR 13A.06.02. The family choice for continuation of services on an IFSP is included in statute (ED, §8-416) and regulation (COMAR 13A.13.01).

Additional factors were considered in the continuation of the Extended IFSP Option in Maryland to families. The school readiness data below demonstrate 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 FY 2013 children receiving preschool education services lost some of the gains made over the prior two years, resulting in an increase in the achievement gap between preschool children with disabilities to 27 points below the statewide average.

A third factor considered in the decision to continue the Extended IFSP Option included the results of a statewide early intervention family survey. The SFY 2013 results revealed that 95% of families report that early intervention services helped their family know their rights; 95% of families report that early intervention services helped their family effectively communicate their child's needs; and 95% of families report that early intervention services supported their family to help their child develop and learn.

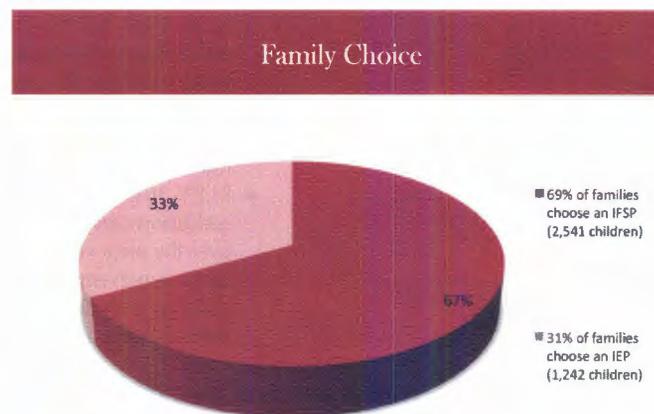
Another factor considered was the location of services provided to three year olds receiving special education services. The annual special education census report for the 2012-2013 school

year indicated that only 36.2% 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 of services 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, supporting individual child progress, and promoting school readiness outcomes, including pre-literacy, numeracy, and language.

**Performance Results of the MITP –  
From the Child's 3<sup>rd</sup> Birthday to the Beginning of the School Year Following  
the Child's 4<sup>th</sup> Birthday**

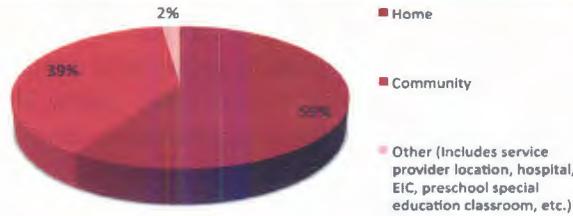
The table below shows that in SFY 2013, 67% of families chose to continue with IFSP services, while 33% of families chose to move to services through an IEP. A current data report reflects that from 2/1/2010 to 5/22/2014, 6,782 children and families have received services through an Extended IFSP.



In examining location of service data for children receiving Extended IFSP Option services on the last Friday in October in 2012, the following chart indicates that children in the Extended Option received 98% of their services in natural environments, including home and community-based settings.

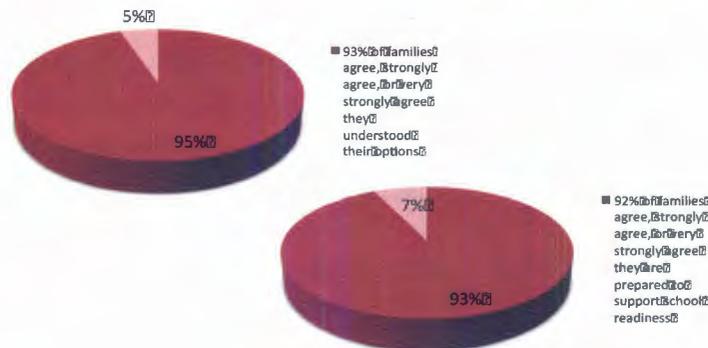
## Location of Services

- Total number of 3 year old children receiving services through an Extended IFSP on October 26, 2012: **927**
- Of the 927 children, **98%** 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 2013 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 95% of families (N=341) 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-three percent of families (N=330) 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



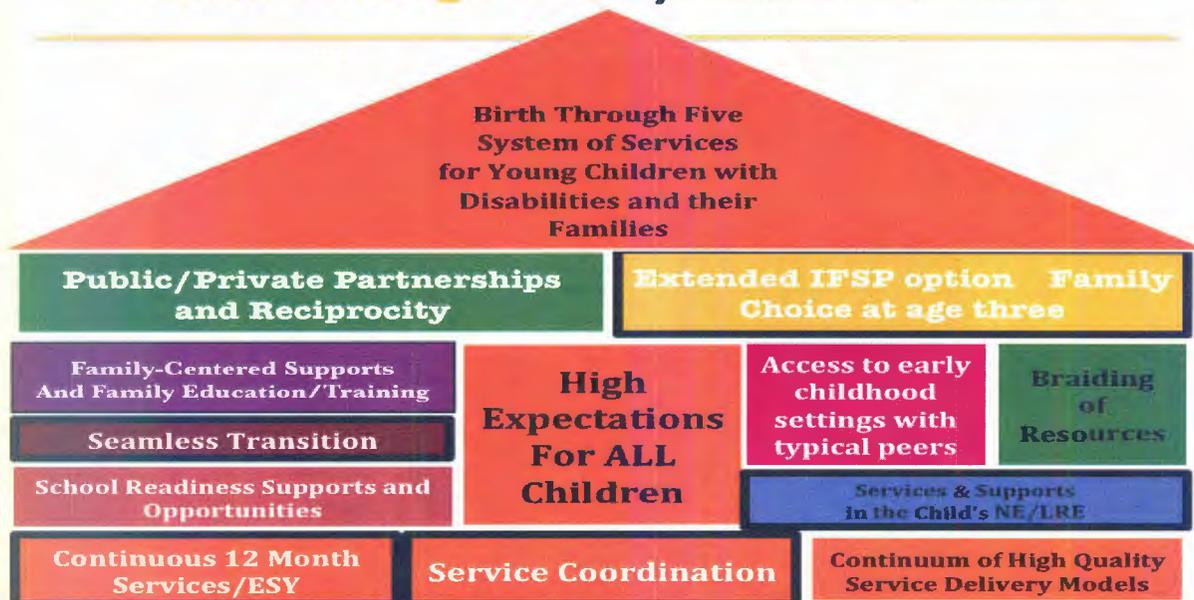
## **MOVING MARYLAND FORWARD**

### **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 Extended Option includes the IDEA, Part C and Part B federal funding, and local funding. Maryland's vision is to ensure 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. With additional fiscal support, Maryland's vision is to continue building a seamless, comprehensive system of coordinated services to realize this vision. However, Maryland's local Infants and Toddlers Programs and preschool special education services will not function in programmatic, personnel, and/or fiscal silos. Interagency and interagency collaboration is required to ensure appropriate settings and services for all children.

As part of continued collaboration with the Division of Early Childhood Development at the MSDE, the Making Access Happen (Coaching and Mentoring Project) was created to address Maryland's goal of increasing participation of three and four year old children served through an Extended IFSP or IEP in public and private community-based early learning and development programs. Johns Hopkins University's School of Education, in partnership with the MSDE, using a training of trainers model, will establish an enhanced professional learning program for professionals serving families and young children with disabilities, utilizing coaching and collaboration strategies, aligned to a transdisciplinary approach. Tiered levels of technical assistance and coaching support will be provided to local birth through five staff to build capacity within inclusive early childhood environments where children with and without disabilities learn together

### **Birth Through Five System of Services**



In SFY 2013, to continue to build capacity in the implementation of a seamless, comprehensive and coordinated birth–5 system of services, the following improvement activities were specifically focused on Maryland's birth through five leaders.

- Maryland's IDEA Scorecard was introduced to local birth through five leaders in May 2012. The purpose of Scorecard is to provide access to relevant and usable data in order for state and local leaders to improve results for infants, toddlers, children, and youth with disabilities and their families. A face-to-face training was held in June of 2012 with a follow-up teleconference in July 2012. An additional Scorecard training for local programs was provided in September 2012. While the training results were very positive with 64% of participants indicating they were highly motivated to use the Scorecard tool for analyzing data to inform programmatic decision-making, only some jurisdictions are utilizing this powerful data informed decision-making tool for program improvement. Additional avenues for assisting local leaders to more effectively analyze child outcome results is being explored such as simplifying the use of Scorecard by building a variety of specific local-level pre-determined reports to analyze child outcome results at the jurisdiction level and child level.
- In October 2012, at the Annual Special Education/Early Intervention Services Leadership Conference, the Assistant State Superintendent shared results data and best practices videos through the State of the State presentation. One of the videos highlighted birth through five programs, with specific focus on the implementation of the Extended IFSP Option and services in natural environments and least restrictive environments. All LITP Directors and their leadership staff attended this conference with more than 250 participants. The afternoon session focused on the need for a strategic focus and initiated the beginning of a year-long strategic planning process for the DSE/EIS. One of the four action imperatives identified by the DSE/EIS strategic plan is to narrow the school readiness gap for young children with disabilities through high-quality, coordinated early childhood services. Additionally, the DSE/EIS held quarterly leadership meetings (including the birth through five leadership staff) to involve local stakeholders in the strategic planning process and to share updates and best practices statewide. Early childhood stakeholders contributed innovative thinking to the strategic planning process throughout the year.
- The October 2013 Professional Learning Institute engaged learners in four strands based on the action imperatives of the DSE/EIS Strategic Plan. A stakeholder survey was conducted to ensure that Early Childhood Strand participants would take away valuable, practical information to support narrowing the existing birth-five school readiness gap. Dr. Robin McWilliam presented at two sessions, *High Quality Now for Success Tomorrow: A Focus on Evidence-Based Practices* and *A Routines-Based Approach for Developing Functional IFSP Outcomes and IEP Goals*, providing Maryland's early intervention and early childhood education leaders with powerful evidence-based models and best practice strategies. The JHU School of Education Coaching Project presented on *Building Collaborative Partnership through Coaching and UDL Principles for Effective Implementation of Inclusive Practices*. The participant evaluations for the early childhood sessions reflected high learner engagement and recommended additional follow-up on these topics.

- Analysis of the calendar year 2012 data to examine disparities in the representation of African American/Black families in the Maryland Infants and Toddlers Program compared to their prevalence in the population of Maryland, as well as facilitation of follow activities at the local level to increase the participation of under represented populations.

Also during SFY 2013, the following resources and technical assistance activities were provided to local directors, service providers, community partners, stakeholders and parents to improve program quality and child outcome results:

- An online professional learning resource, the *Embedded Learning Opportunities website*, was piloted in November of 2012 and launched in spring 2013. The website assists IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the three early childhood outcomes. The website is organized by three common daily routines in which parents/caregivers and children engage: mealtime, bath time, and bedtime. Within each routine area, various activities are presented by age group (birth through 3 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s)/caregiver(s). Survey evaluations are currently being conducted to ascertain the impact of this type of online tool.
- Another resource also made available in the fall of 2012 is entitled *Functional Outcomes and School Readiness Video*. This resource was created to illustrate the importance of creating functional child outcomes integrated into daily routines, including the outcomes that are specifically focused on school readiness. A video viewing guide was created to assist professionals to elicit functional information from families, to use information from the child's strengths and needs summary to identify focus areas for outcome development, to blend functionality and school readiness expectations, and to foster collaborative decision-making when developing functional outcomes. Excellent feedback on the video has been received from administrators, service providers and families.
- An additional online professional learning resource available on Maryland Learning Links, *the Preschool through Kindergarten, NE/LRE Team Decision-Making Module*, was created to ensure that young children with disabilities receive services in typical community-based early childhood settings and programs whenever possible, and only go to more restrictive or specialized settings when individual needs require it. The module highlights best practices for effective team decision making by supporting extended IFSP teams in selecting natural environments (NE) and IEP teams in selecting least restrictive environments (LRE) in order for young children with disabilities to participate in regular early childhood settings with children without disabilities and achieve positive school readiness outcomes. Survey evaluations are currently being conducted to ascertain the impact of this online module.

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

Several of the MITP strategies continue to be 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).*
- Encourage families, through the role of the service coordinators, to participate and take advantage of all food supplement programs, including the Women, Infants & Children (WIC) program and Food Stamps Program. *(Goal #13: End Childhood Hunger in Maryland by 2015)*
- Ensure 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 2017)*

## **SUMMARY**

Since FY 2003, there has been a 77.5% increase in the number of eligible children receiving early intervention services (9,182 in FY2003 compared to 16,296 in FY2013). While the number of children and families served by local Infants and Toddlers Programs has increased, the allocation of federal and State funding to local programs has not increased. The IDEA Part C federal award decreased by 2.2% from SFY 2007 (\$7,632,067) to SFY 2013 (\$7,464,085) and the level of State funding has remained consistent since SFY 2009. For SFY 2013 local governments contributed more than 78% of total program costs for early intervention in Maryland.

The Maryland Infants and 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 only 12.4% 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, and ARRA Extended IFSP Option Incentive grant). However, the federal government required States to liquidate the ARRA funding by December 31, 2011, with no provisions for additional funding. To support the COMAR regulations to adopt the Extended IFSP, the Assistant State Superintendent of the Division of Special Education/Early Intervention Services committed \$2.5 million of IDEA Discretionary Funding to ensure the continuation of a high-quality early intervention service delivery model delivered through the MITP.

Over the past several years, the MITP has been able to demonstrate a high level of compliance and continuing progress on federal compliance and results indicators, respectively. However, consistent with a federal shift towards results driven accountability, the MITP is determined to affect change in the developmental trajectory of developmentally delayed children. Increased fiscal support is essential 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.

## **RECOMMENDATION**

This building a seamless birth through five system of services for infants, toddlers, and preschool-age children supports Lt. Governor Brown's goal of "closing the achievement gap and building strong educational foundations for our children" through "expanding access to high quality Pre-K." If additional resources become available, the MSDE recommends that a portion target the capacity building of 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 intra- and interagency service delivery models for infants, toddlers, and preschool-age children with disabilities and their families served through an IFSP, Extended IFSP, or an 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 learning and programmatic collaboration between programs and public and private agencies;
- Assure that parents and families receive intensive support and training needed to assist their child and strengthen family cohesiveness;
- Maximize the use of federal, State, and local funding to ensure sustainability of the local birth through five system of services; and

- Promote collaboration and coordination of home-based services between local Infants and Toddlers Programs and Local School System preschool special education services with other home visiting programs.

If they become available, additional funding would help enable Maryland to meet its obligations under State and federal laws to ensure the participation of eligible children with disabilities in community-based regular early childhood programs and settings, increase meaningful access to the general education early childhood curriculum, and improve performance on critical school readiness child outcomes.