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June 10, 2016

The Honorable Larry Hogan  
State House  
100 State Circle  
Annapolis, Maryland 21401

Dear Governor Hogan:

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 2014-2015.

This report specifically addresses the provision of a statewide community-based interagency system of comprehensive early intervention services to eligible infants, toddlers, and preschool-age children, birth to the beginning of the school year following a child's fourth birthday, known as the Maryland Infants and Toddlers Program.

Should you have questions or need additional information, please contact Marcella E. Franczkowski, Assistant State Superintendent, Division of Special Education/Early Intervention Services, at (410) 767-0238 or by email at [marcella.franczkowski@maryland.gov](mailto:marcella.franczkowski@maryland.gov).

Sincerely,

Karen B. Salmon, Ph.D.  
Acting State Superintendent of Schools

Attachment

c: Marcella E. Franczkowski  
Brenda Hussey-Gardner

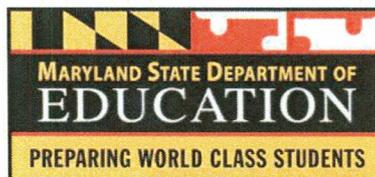
# **The Maryland Infants and Toddlers Program (MITP)**

**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 2016**

**School Year 2014-2015**



*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)  
June 2016**

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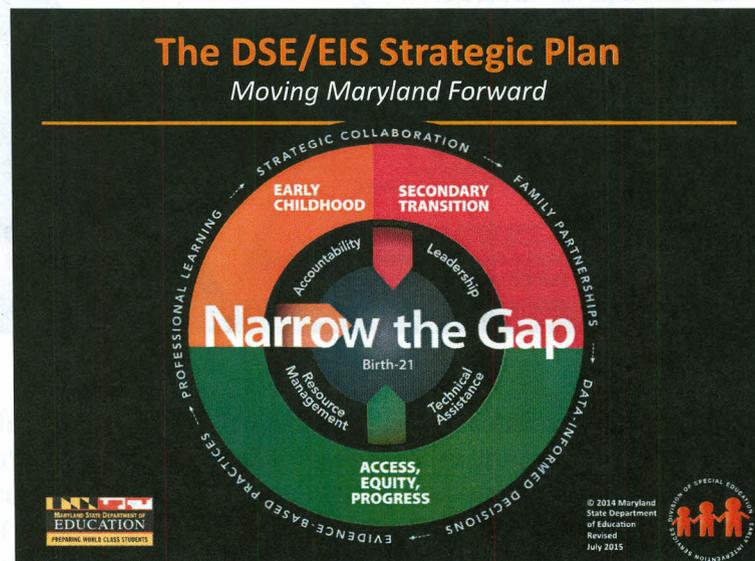
Lawrence J. Hogan, Jr.  
Governor

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## Introduction

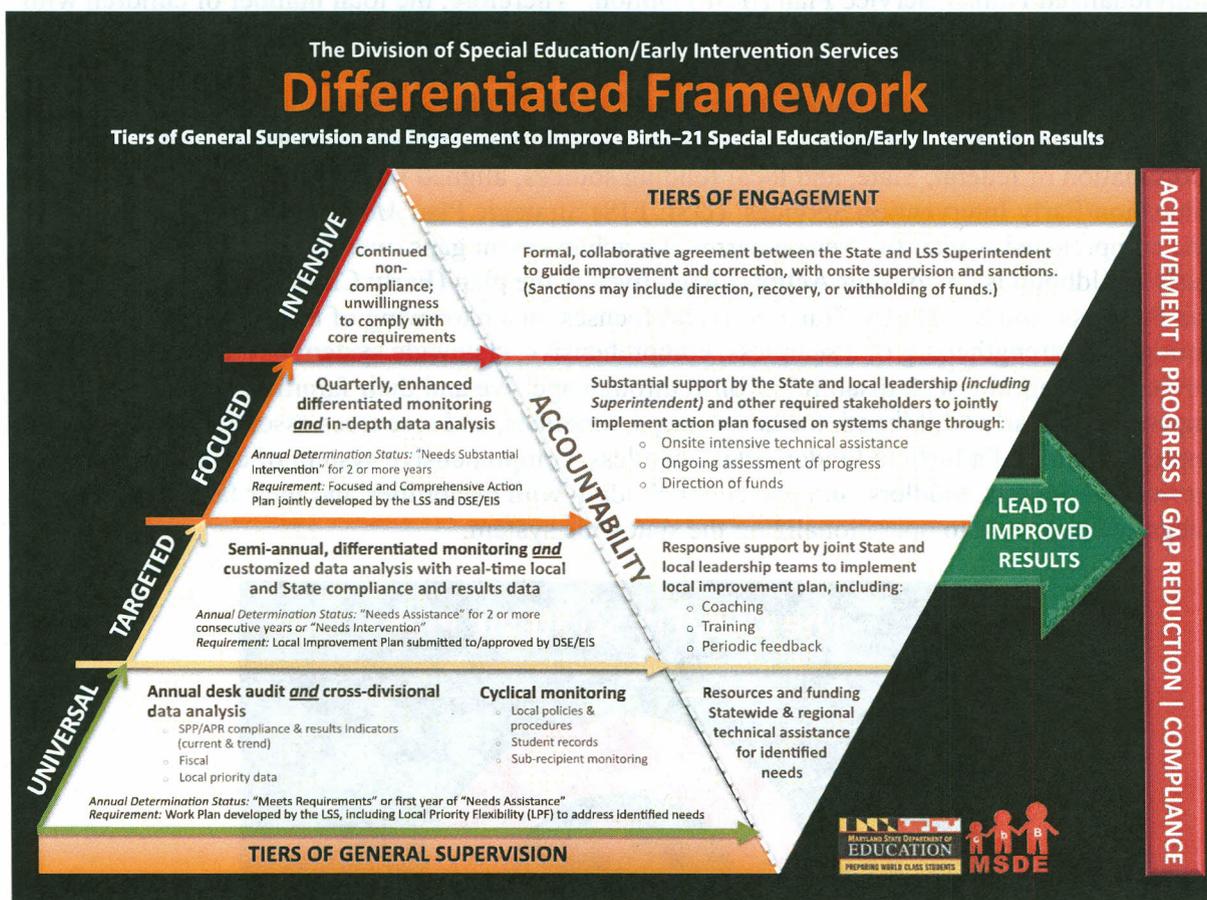
The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers 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 14,371<sup>1</sup> infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2015. Additionally in SFY 2015, families of 2,734 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 2015 was 17,105.

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 five years (2013-2018). Early Childhood is one of four Action Imperatives in the plan (Early Childhood; 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 to kindergarten 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> This number includes only children receiving services who were younger than 3 years.

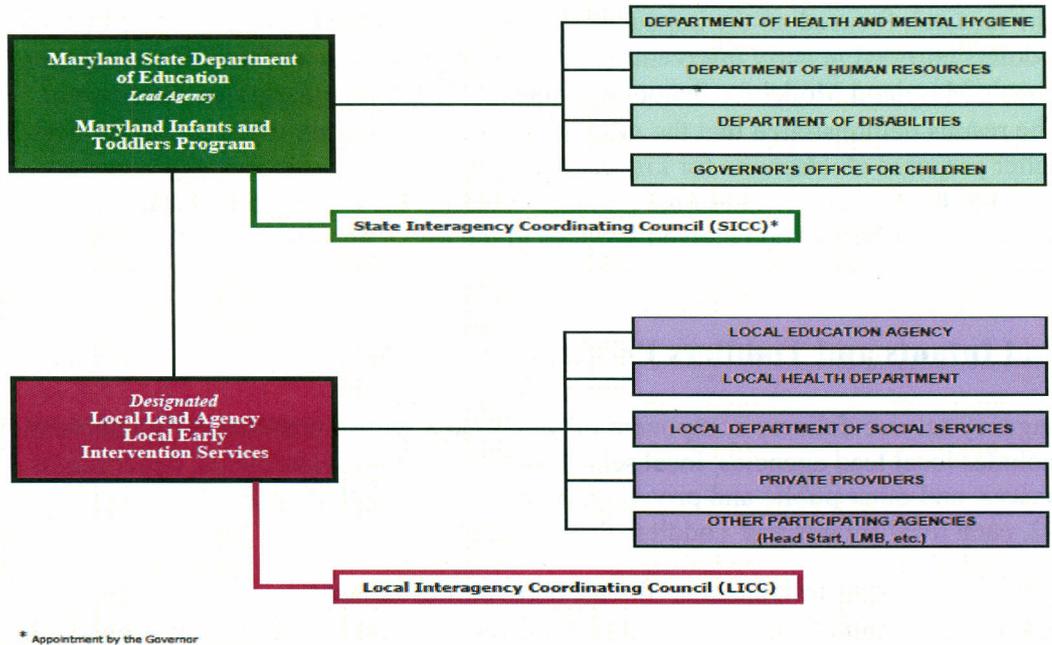
To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, the MSDE implements a *Differentiated Framework: Tiers of General Supervision and Engagement*, which assigns public agencies to varying 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 2015 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 performance support and technical assistance to 24 local Infants and Toddlers Programs (twenty of which are Education Lead Agencies and four of which are Health Department Lead Agencies: Baltimore County, Baltimore City, Frederick County, and Montgomery 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 (including positive social interactions, engagement, and independence) 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**



State Fiscal Year 2014, 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. Regulations were unchanged in SFY 2015.

## **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.

Additional Maryland's 2104 longitudinal research validates the importance of starting early. More than 68% of children who received services in the MITP are enrolled in General Education by third grade.

## **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 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 2015 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 continuing in SFY 2015; 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 (11 Indicators<sup>2</sup>). In SFY 2014, the OSEP included Results Indicators in their determination process for the first time. Unlike in previous years, states’ determinations were calculated using a 50% compliance/50% results matrix. Compliance indicators reflect the legal requirements of Part C of the Individuals with Disabilities Education Act and its applicable regulations, whereas results indicators reflect the performance of the program to ultimately produce positive child and family outcomes. Even with this shift towards Results Driven Accountability, the MITP continued to Meet Requirements. The MITP has received the determination of “Meets Requirements” based on the United States Department of Education required indicators for nine consecutive years.

Fiscal Year	State Determination
SFY 2006	Meets Requirements
SFY 2007	Meets Requirements
SFY 2008	Meets Requirements
SFY 2009	Meets Requirements
SFY 2010	Meets Requirements
SFY 2011	Meets Requirements
SFY 2012	Meets Requirements
SFY 2013	Meets Requirements
SFY 2014	Meets Requirements
SFY 2015	Not Yet Received

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

<sup>2</sup> In SFY 2014, the U. S. Department of Education, Office of Special Education Programs (OSEP) eliminated Complaint Timelines, Due Process Timeline, Correction of Noncompliance, and Timely and Accurate Submission of Data. Data from these indicators are submitted other ways.

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);
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 (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); and
8. Timely transition planning for children and families as children approach their third birthdays and continue in the early intervention program until the beginning of the school year following the child's fourth birthday, transition from early intervention to preschool special education, and/or transition to other community-based programs such as Head Start (CI);
9. Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted) (RI);
10. Percent of mediations held that resulted in mediation agreement (RI).

**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.

Referral Date Range	7/1/12 to 6/30/13	7/1/13 to 6/30/14	7/1/14 to 6/30/15
Percentage within timeline or with family-related reason for delay	96.9%	97.88%	98.28%

**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.

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, birth to three years, receiving the majority of their services in a natural environment on 10/1/14 was 97.53%. The percentage of children receiving services receiving the majority of their Extended IFSP services in a natural environment on 10/1/14 was 98.1%. Performance on this indicator for both age groups exceeded the State target of 92.5%. Efforts to increase access for children to receive services in community settings have been beneficial. In particular, 45% of children 3 and 4 years of age received the majority of services in community settings in SFY 2015, compared to 40% in SFY 2014.

Snapshot Date	10/28/2011	10/26/12	10/25/13	10/1/14 <sup>3</sup>
Percentage of children birth to three served in natural environments	97.1%	97.6%	97.81%	97.53%

### 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 2015 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 who substantially increased their rate of growth by the time they turned three years	Number of children exiting	State target*
Positive social-emotional development	67.11%	N = 3,092	67.04%
Acquisition and use of knowledge and skills	72.47%	N = 3,581	72.17%
Use of appropriate behaviors to meet their needs	76.28%	N = 4,392	76.03%

\* Note: State targets for child outcomes were reset based on SFY 2014 data as a result in a change to the data collection methodology in SFY 2012.

Child Outcome Area	% of children who exited the program at age level	Number of children exiting	State target*
Positive social-emotional development	65.91%	N = 4,934	65.40%
Acquisition and use of knowledge and skills	62.95%	N = 4,931	61.84%
Use of appropriate behaviors to meet their needs	56.69%	N = 4,934	56.66%

\* Note: State targets for child outcomes were reset based on SFY 2014 data as a result in a change to the data collection methodology in SFY 2012.

<sup>3</sup> In SFY 2015, the State changed its snapshot count reporting date, from the last Friday in October to October 1<sup>st</sup>, to more closely align with the child count date for general education reporting.

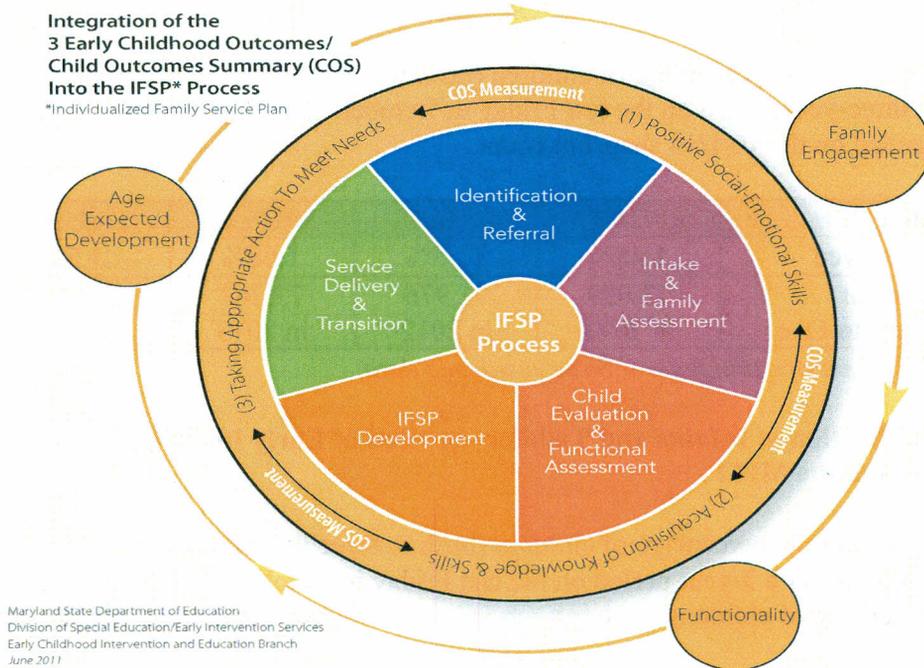
In addition to the federal indicator data, MITP calculates the number of children who made as much or more progress than their typically developing peers and found that:

- 79.39% of children made as much or more progress than their typically developing peers in social-emotional development;
- 80.01% of children made as much or more progress than their typically developing peers in learning new skills; and
- 78.88% 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 for those children receiving at least six months of services 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 methodology for changing the measurement of child outcomes has changed over the past two years, the MITP worked with national experts and Maryland's stakeholders, including SICCC, to establish new child outcome baselines and targets for SFY 2014.

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.



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

The following chart shows the percentage of families with young children receiving early intervention services during SFY 2012-2014 that either 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 2013	SFY 2014	SFY 2015
Families know their rights	94.92% State Target 81.00%	94.70% State Target 81.00%	95.86% State Target 83.00%
Families effectively communicate the needs of their children	94.79% State Target 79.00%	94.71% State Target 79.00%	95.37% State Target 81.20%
Families are able to help their children develop/learn	95.15% State Target 89.00%	94.92% State Target 89.00%	95.50% State Target 89.50%

The above table shows a consistent high level of families that agreed, strongly agreed, or very strongly agreed with each of the family outcomes. The State targets were exceeded in SFY 2011, SFY 2012, SFY 2013, SFY 2014, and SFY 2015 for all three family outcomes. The overall survey response rate for SFY 2015 was 47.0%, the highest response rate achieved to date and a marked increase from 43.2% in SFY 2014.

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

**(B to 1) through the MITP.**

The table below shows 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 1.51%. This target was exceeded on the 10/1/14 snapshot count.

Snapshot Date	10/28/11	10/26/12	10/25/13	10/1/14 <sup>4</sup>
% of children served	1.48%	1.55%	1.68%	1.53
Maryland Resident Population Birth-to-One	73,059 in 2011	71,976 in 2012	73,267 in 2013	73,284 in 2014

*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 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 3.05%. The percentage of children receiving services exceeded the State target for the last three years.

Snapshot Date	10/28/11	10/26/12	10/25/13	10/1/14 <sup>5</sup>
% of children served	3.39%	3.43%	3.51%	3.50%
Maryland Resident Population Birth-to-Three	217,490 in 2011	217,998 in 2012	221,196 in 2013	220,661 in 2014

*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 2015 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.

Referral Date Range	7/1/12 to 6/30/13	7/1/13 to 6/30/14	7/1/14 to 6/30/15
Percentage within the timeline or with family-related reason for delay	98.1%	99.74%	98.87%

<sup>4</sup> In SFY 2015, the State changed its snapshot count reporting date, from the last Friday in October to October 1<sup>st</sup>, to more closely align with the child count date for general education reporting.

<sup>5</sup> In SFY 2015, the State changed its snapshot count reporting date, from the last Friday in October to October 1<sup>st</sup>, to more closely align with the child count date for general education reporting.

**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>7/1/12 to 6/30/13</b>	<b>7/1/13 to 6/30/14</b>	<b>7/1/14 to 6/30/15</b>
Percentage of children with timely transition steps and services included on the IFSP	99.9%	99.94%	99.95%

<b>Transition Date Range</b>	<b>7/1/12 to 6/30/13</b>	<b>7/1/13 to 6/30/14</b>	<b>7/1/14 to 6/30/15</b>
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%

<b>Transition Date Range</b>	<b>7/1/12 to 6/30/13</b>	<b>7/1/13 to 6/30/14</b>	<b>7/1/14 to 6/30/15</b>
Percentage of children with timely transition planning meetings or family-related reason for delay	98.4%	99.53%	99.06%

**Identification and Correction of Noncompliance that occurred in SFY 2013.**

For Compliance Indicators (Indicators 1, 7, 8a, 8b, and 8c) the MITP monitors the identification and correction of each incidence of noncompliance. Federal regulations require the correction of noncompliance to occur as soon as possible but in no case later than one year from the date of notification. All incidences of noncompliance (100%) from the previous fiscal year (SFY 14) 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.

## **State Systemic Improvement Plan (SSIP)**

The SSIP is a comprehensive, ambitious, but achievable multi-year plan that is developed in three phases. Each piece of the SSIP is completed with input from stakeholders.

### **Phase I**

The components of Phase 1 were completed through ten stakeholder workgroups. Phase 1 was developed in SFY 2014 and a brief summary of each section includes:

- **Data Analysis** - Specific data findings have led to the State with stakeholders concluding that there is a need to increase positive social-emotional development. These include:
  - The school readiness gap for children in special education is largest in the area of social and personal development;
  - The relation of Maryland children's well-being, compared to other states, is decreasing;
  - Unlike other races, African American children without MA were not more likely to make substantial progress in positive social-emotional development than African American children with MA;
  - African American children are least likely to be fully ready in the social-emotional domain and the most likely to be suspended in school;
  - About 5 times as many preschoolers were suspended in FFY 2011 compared to FFY 2010;
  - Social-emotional development was one of two school readiness domains that did not show improvement from 2012/2013 to 2013/2014;
  - Almost half of LITPs are below the state target for positive social-emotional skills summary statement #1; and
  - Most LITPs self-identified a need for additional social-emotional training.
- **Infrastructure Analysis** - The MITP engaged in a systemic process to analyze the capacity of Maryland's infrastructure to support improvement and build capacity at the local level in relation to the SIMR. Prior to meeting with external stakeholders, internal stakeholders generated a description of each of the seven infrastructure components described below. With the help of its stakeholders, the MITP analyzed its current infrastructure and examined the capacity of the infrastructure to support improvement at both the state and local levels, using the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analyses.

Through its SWOT Analysis with stakeholders, the MITP identified several strengths that were common themes embedded in multiple infrastructure components. For example, the MITP's online IFSP data system was mentioned as a strength in each of the identified infrastructure components. The data system better enables the MITP to examine State, local, and provider level data. In addition, access to real time data helps the MITP make programmatic decisions, including those related to governance, accountability, quality standards, professional learning, technical assistance, and fiscal considerations. Access to these data will be instrumental during the Infrastructure Development of Phase II.

Another strength identified via SWOT Analysis is the MITP's involvement of stakeholders. In particular, the MITP involves stakeholders in decision-making for each infrastructure component.

Throughout the year, the MSDE, DSE/EIS provides numerous opportunities for stakeholders to help guide the birth to kindergarten system in Maryland. Examples include the SICCC, Special Education State Education Committee (SESAC), Professional Learning Institute meetings, IFSP Users Group meetings, state initiative workgroups/taskforces, the Education Advocacy Coalition (EAC), and statewide webinars/teleconferences. No major decisions are made without discussion with internal and external stakeholders.

The stakeholder SWOT analysis identified relevant areas for improvement within and across the system. More than anything else, collaboration was mentioned as something that is a current weakness or threat. Stakeholders felt that better collaboration with numerous partnering agencies is needed to ensure that children with behavioral and mental health concerns are provided with an appropriate continuum of services, including those that provide services to children considered medically fragile. For example, stakeholders identified the collaboration between the MSDE, DSE/EIS and the MSDE, DECD as something that is getting better but still needs improvement. In addition, lack of adequate State and local collaboration with the Early Childhood Mental Health Consultation Project and other mental health providers was identified as a threat to our system. And, better coordination among agencies is important to ensure adequate use of resources and a better connected system of professional learning. It is important to note that increasing collaboration with outside researchers was viewed as an opportunity to aid in data-informed decision making.

A common theme identified as an opportunity across infrastructure components in the SWOT Analysis was the State and federal shift towards results driven accountability. Stakeholders proposed that demonstrating increased results presents an opportunity for increased funding. To this end, stakeholders viewed the integration of COS into the IFSP as a better way to view the child during IFSP development and believed that better child outcomes will result from this integration. In addition, they identified the newly developed IFSP Reflection Tool (see Coherent Improvement Strategy #3) as an opportunity to refine local program practice in developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The development, implementation, and evaluation of functional, routines-based IFSPs, it is believed, will lead to better results for children and their families.

- **State Identified Measurable Result (SIMR)** – Through both data and infrastructure analyses, as well as through a thorough review of current research, the MITP has identified a need to focus on social-emotional development. As such, the MITP has developed the following SIMR:

***The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool-age children in four local Infants and Toddlers Programs.***

The State's SSIP measure is aligned with Summary Statement #1 of Indicator 3a: Of those children who entered the program below age expectations in positive social-emotional skills, the percent who substantially increased their rate of growth by the time they exited the program. Once the SIMR was defined the MITP and its stakeholders discussed the creation of baseline and target data. At any given time, one identified SSIP program serves between 20% and 25% of all children in the MITP, whereas the other three programs combined serve about 10%. As a result, stakeholders proposed weighting the baseline and targets based on program size. Therefore, the baseline was set using a calculator provided by the Early Childhood Technical Assistance (ECTA) Center. This calculator uses each local program's child count to create a weighted baseline. It is expected that, as a result of the strategies and activities listed below, the SSIP

programs will experience significant gains in social-emotional data equal to at least one percentage point per fiscal year beginning in FFY 2015. Baseline and target data are inclusive of children receiving services through an IFSP birth to three, as well as children receiving services through an Extended IFSP after age three. To be included in analyses, children birth to three must receive services for at least 6 months before exiting and children older than three must receive service for at least 3 months before exiting. The baseline and targets for the Part C SSIP through FFY 2018 are:

FFY	Of the Infants, Toddlers, and Preschool Age Children Who Entered the Program Below Age Expectations in Positive Social-Emotional Development, the Percentage Who Substantially Increased Their Rate of Growth By the Time they Exited in the 4 Initially Selected LITPs
2013 (Weighted Baseline)	57.40%
2014	57.40%
2015	58.40%
2016	59.40%
2017	60.40%
2018	61.40%

- **Selection of Coherent Improvement Strategies** - Promoting social-emotional development for Maryland infants and toddlers is the priority for Maryland's State Systemic Improvement Plan (SSIP). This priority is in alignment with *Moving Maryland Forward: The DSE/EIS Strategic Plan*, which focuses on kindergarten readiness as one of four Action Imperatives. During the Division's strategic planning process, four key strategies were identified to help improve results for children with disabilities and their families in Maryland. These key strategies are:
  - Family Partnerships – The MSDE, DSE/EIS will continue to create and sustain strong family partnerships and will support school and community personnel in their efforts to encourage families, as their child's first teacher, to make active and informed decisions that contribute to their child's success;
  - Strategic Collaboration – The MSDE, DSE/EIS will employ strategic collaboration with partners across State agencies, across divisions within the MSDE, among public education agencies, with Institutes of Higher Education (IHEs), and with families, advocates, and community partners, in order to promote access for all children to high-quality teaching and learning;
  - Evidence-Based Practices – The MSDE, DSE/EIS will promote the adoption and implementation with fidelity of evidence-based practices to narrow school readiness and achievement gaps. The MSDE, DSE/EIS will identify and share evidence-based practices, including multi-tiered systems of academic and behavioral supports, to ensure equitable access to high-quality instruction that leads to child/student progress; and
  - Data-Informed Decision Making – The MSDE, DSE/EIS will increase the capacity to make data-informed decisions at the state and local levels by providing access to real-time child/student data. The MSDE, DSE/EIS will support the implementation of an evidence-based and customized data analysis and decision-making process.

These broad key strategies continue to be essential in every aspect of the work of the DSE/EIS as well as the implementation of MITP's SSIP. To substantially increase positive social-emotional outcomes of young children with disabilities the MITP will focus on a set of coherent improvement strategies to do the following:

- 1) Provide leadership for strategic collaboration and resource management;

- 2) Provide technical assistance and programmatic support focused on family partnerships and evidence-based practices; and
- 3) Ensure accountability with a focus on results through data-informed decision-making.

These improvement strategies were identified as a priority by stakeholders and were selected because they fit within the state's current capacity and resources, as well as provide a coherent approach to the State's specific needs to: 1) narrow the school readiness gaps in social-emotional development, 2) increase collaborative practices, 3) build family capacity to support positive social-emotional development, 4) scale up the use of evidence-based practices, 5) provide effective professional learning opportunities, and 6) increase the use of data-informed decision-making. While previously implemented improvement strategies have addressed positive social-emotional skills in the broad sense, the selected coherent improvement strategies place a laser focus on results for substantially increasing positive social-emotional skills by supporting local infrastructure and capacity to implement evidence-based practices with fidelity. The MITP is building on current effective strategies and initiatives while adding new supportive coherent improvement strategies. It is important to note that these coherent improvement strategies are evidence-based and are/will be rolled out with careful and thoughtful planning using the principles of Implementation Science.

Implementation Science is the study of methods to promote the integration of research and evidence into practice. There are four functional stages of implementation with sustainability being embedded in each. According to Metz and Bartley (2012), they are:

- 1) Exploration – During this stage teams will assess needs, examine innovations, examine implementation, and assess fit;
- 2) Installation – During this stage teams will acquire resources, prepare the organization, prepare implementation, and prepare staff;
- 3) Initial Implementation – During this stage teams will use data to assess implementation, identify solutions, and drive decision making; and
- 4) Full Implementation – During this stage the new learning occurs at all levels and becomes integrated into practice, organization, and system settings and practitioners skillfully provide new services.

Implementation Science seeks to examine the causes of ineffective implementation and to investigate new approaches to improve programs. As a result, the incorporation of Implementation Science helps ensure that interventions/changes to programs are implemented effectively and consistently over time. The MITP believes that the incorporation of Implementation Science into each improvement strategy increases the likelihood of success and decreases the likelihood that strategies will lose their effectiveness over time.

**MITP Key Strategy #1 – Provide leadership for strategic collaboration and resource management.**

The MITP and LITPs are connected and have relationships with statewide and local programs and services that support families with young children. Emphasis to maintain and strengthen these partnerships is an ongoing process and examples include but are not limited to:

- 1) *Maryland's Early Childhood Mental Health Consultation (ECMHC) Project;*
- 2) *Home Visiting Programs;*
- 3) *Maryland EXCELS;*
- 4) *Health Care Providers;* and
- 5) *Making Access Happen (MAH).*

State and local level leaders recognize the importance of nurturing relationships at every level, which requires ongoing, continuous collaborative partnering. Based on the research regarding structures for implementation, the following new improvement strategies will be implemented to maintain and strengthen the above collaborations:

- 1) Statewide Implementation Team - The MITP will form a Statewide Leadership Implementation Team with key decision-making leaders from the Division of Special Education/Early Intervention Services, the Division of Early Childhood Development - including a representative from the Early Childhood Mental Health Consultation Project and the childcare community, the chair of the SICC (a healthcare provider), the University of Maryland School of Social Work, the Johns Hopkins University School of Education, Parents' Place of Maryland (MD's Parent Information and Training Center), and other critical partners based on stakeholder input. This team will serve as a model for local leadership implementation teams, ensure that improvement strategies at every level are based on evidence and utilize the principle of Implementation Science, as well as strengthen fiscal management and collaborative efforts for results.
- 2) Local Implementation Teams - Local Leadership Teams will be identified to strengthen existing local collaborations, develop new partnerships as appropriate, and receive ongoing support from the state team to address fiscal management and implementation drivers such as selection, training, coaching, and the data-informed decision-making needed for implementation of evidence-based practices.

**MITP Key Strategy #2 – Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices.**

As part of the MSDE, DSE/EIS strategic plan, the MITP has placed a strong focus on family partnerships and evidence-based practices. Family-centered principles are a set of interconnected beliefs and attitudes that shape program philosophy and behavior of personnel as they organize and deliver services to children and families. Family-centered practice is a way of working with families that increases their capacity to care for and protect their children. In particular, family-centered means focusing on children's needs within the context of families.

Ongoing practices within Maryland LITP's that exemplify this strategy include:

- 1) DEC Recommended Practices/ Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments - Maryland has adopted both the DEC Recommended Practices (Division for Early Childhood, 2014) and the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008). Maryland has incorporated both documents into its Personnel Standards and Suitable Qualifications Requirements. Technical assistance and programmatic support focused on both Recommended Practices and Key Principles will continue to be a priority.
- 2) Family Assessment - Research shows that children learn best in the context of everyday routines and activities (e.g., Shonkoff & Phillips, 2000). The provision of family assessment is included in both the IDEA, as well as the Code of Maryland Regulations. The intent of this requirement is to invite families to voluntarily share information to help early intervention providers to adequately address family concerns, priorities, and resources related to supporting their child's learning and development. This process also helps families identify their available supports to help attain desired outcomes. Technical

assistance and programmatic support focused on high-quality family assessment will continue, with an emphasis on evidence-based family assessment tools.

- 3) *Reflective Coaching* - Coaching is an evidence-based strategy used in training by program supervisors and early intervention providers and in service delivery by early intervention providers and families. Coaching is considered a competency driver in Implementation Science (Metz & Bartley, 2012). The idea is that even though new skills are introduced through training they must be practiced and mastered with the help of a coach.

In 1997, Campbell forwarded the notion of an early intervention service provider as a coach, rather than a direct therapy provider. In this role, the early intervention provider would be in a position alongside the family, instead of taking a more lead role (Hanft & Pilkington, 2000). Research shows that family involvement results in greater early intervention effects (Shonkoff & Hauser-Cram, 1987; Ketelaar, Vermeer, Helders, & Hart, 1998).

Rush and Shelden (2005) define coaching as “an adult learning strategy in which the coach promotes the learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.” In early intervention in Maryland, service providers use reflective coaching to help parents develop their interaction abilities with their children to help support development. In other words, coaching is essentially capacity building within families to increase families’ abilities to promote learning and development.

Coaching consists of five components:

- 1) Initiation – Identification of a joint plan that includes the purpose and the anticipated outcomes of the coaching process;
- 2) Observation – Observation of an existing strategy or new skill. The purpose is to assist in building the competency of the person being coached;
- 3) Action – Real life activities that serve as the incorporation of the new skills;
- 4) Reflection – Questioning of the person being coached about what is currently happening, what he or she wants to happen, and about strategies to merge the two; and
- 5) Evaluation – Review of the effectiveness of the coaching process.

In addition to focusing efforts on continued refinement of current practices, new improvement strategies to be implemented within the targeted jurisdictions will include:

- 1) *Routines Based Interview* - The benefits of family-directed assessments were discussed above. As part of the SSIP process, the MITP plans to roll out the Routines Based Interview (RBI) (McWilliam, 2010) in select jurisdictions. The RBI supports the MITP’s adoption of the *Mission and Key Principles for Providing Early Intervention Services in Natural Environments* and the *DEC Recommended Practices*. The RBI is a semi-structured interview that was designed to establish a positive relationship with the family, obtain a rich and detailed description of child and family functioning, and result in a list of outcomes and goals chosen by the interviewee. During the interview, the interviewer assesses the child’s engagement, independence, and social-relationships with everyday routines, as well as the family’s perceptions of how the child is participating in daily routines. Use of the RBI will assist IFSP Teams in developing outcomes that are routines-based, functional, and meaningful to the family. Also, the RBI will increase the ability of IFSP Teams to ask about and gather information about social-emotional needs

and to support the identification of outcomes related to social-emotional needs through conversations with families.

- 2) *Social Emotional Foundations for Early Learning* - Social Emotional Foundations for Early Learning (SEFEL) is a framework that uses evidence-based strategies to promote the social-emotional development and school readiness of young children birth to age 5. This conceptual model was developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL). CSEFEL is a national resource center for disseminating research and evidence-based practices to early childhood programs across the country.

It is also important to note that the SEFEL framework aligns with other Maryland State initiatives. SEFEL incorporates a multi-tiered system of support. This multi-tiered model is similar to the Positive Behavior Interventions and Support System (PBIS) model that has been adopted in many Maryland public schools. By introducing this framework in early intervention systems, it improves the continuum of services that are available to our infants, toddlers, and preschool-age children with disabilities. This alignment provides common language, uses evidence based interventions, and allows for richer collaboration between professionals that are serving and teaching Maryland children from birth to 21.

The training and implementation model that will be used to disseminate the SEFEL framework first involves building capacity at the state level. The State Leadership Implementation Team will identify evaluation tools to measure implementation fidelity, create a system to collect and analyze child outcome data, and carefully select a cadre of professional development experts to deliver training and provide external coaching to establish high-fidelity implementation. Each targeted jurisdiction will have access to both face-to-face technical assistance and virtual support to help guide them through levels of implementation of SEFEL. Providing high levels of post-training support and coaching will increase the likelihood that systemic change will occur. Detailed descriptions of the SEFEL implementation plan will be provided in Phase II of the SSIP.

### ***MITP Key Strategy #3 – Ensure accountability with a focus on results through data-informed decision-making***

#### ***Ongoing Practice - TAP-IT Protocol***

As part of the MSDE, DSE/EIS strategic plan, the Division has adopted an evidence-based data analysis and decision-making process based on implementation science, called the TAP-IT Protocol. TAP-IT stands for Team, Analyze, Plan, Implement, and Track and this process guides State/local leaders and practitioners through a structured examination of data, inquiry, and evaluation. This protocol guides: 1) the formation of implementation **teams**, 2) the **analysis** of comprehensive data to determine specific needs at each level of the system, 3) action **planning** to address the identified need at each stage of implementation, 4) ongoing support (through the implementation team) for **implementation** of innovative practices to address needs, and 5) **tracking** progress and implementation fidelity. The MITP will support the use of the TAP-IT Protocol within local leadership implementation teams.

New improvement strategies to be implemented within the targeted jurisdictions will include:

- 1) *IFSP Reflection Tool – Developing Effective Functional, Routines-Based IFSPs* - The MITP has created and will begin rolling out the *IFSP Reflection Tool* and its three

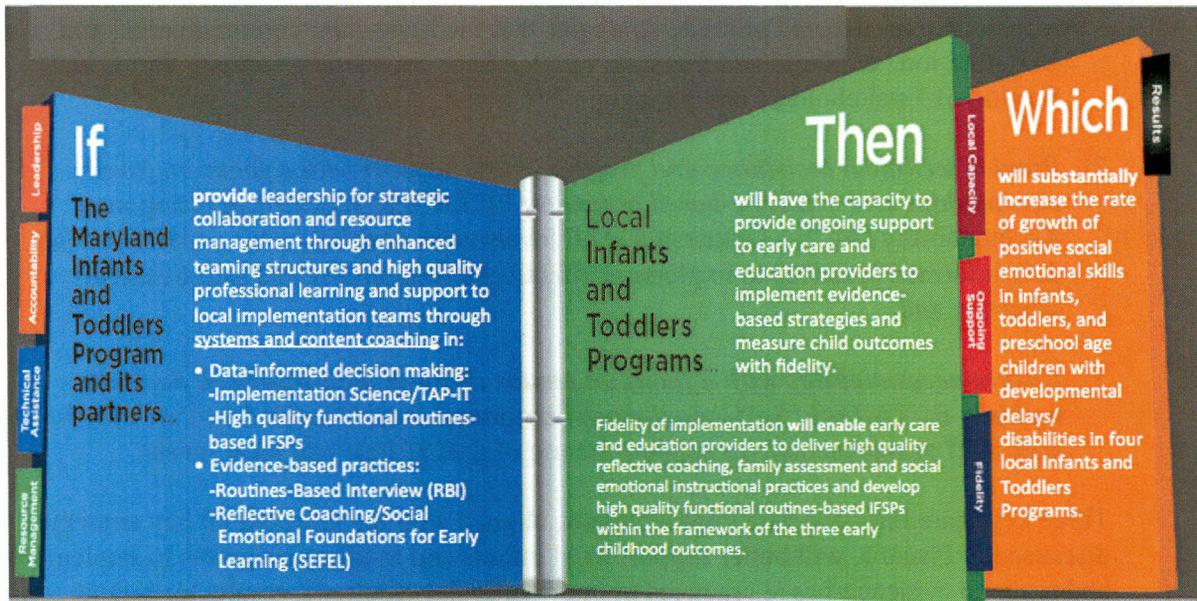
companion modules. The *IFSP Reflection Tool* was developed by MSDE and stakeholders to assist lead agencies and service providers in refining their practice in developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The tool is a self-assessment that may be used for professional learning and program improvement; it is not an evaluation of any kind.

- 2) *Data Quality – Child Outcome Summary Competency Check* - Appropriate data-informed decision-making cannot occur without valid and accurate data. To help ensure accurate data, the Early Childhood Technical Assistance Center (ECTA) is currently creating the Child Outcome Summary – COS Competency Check (COS-CC). The COS-CC is being created to provide states with a mechanism to verify that early intervention staff have the basic competencies to complete the COS process. The COS-CC will also assist the MITP and local programs identify professional learning needs. At present, the COS-CC has not yet been released. However, when it is released the four targeted jurisdictions will be considered for an initial pilot. Over the next several years the COS Competency Check will then become a requirement in Maryland for all providers involved in the COS process.

- Theory of Action -

Figure #1

**Maryland Infants and Toddlers: Theory of Action Part C SSIP**



MSDE: Division of Special Education/Early Intervention Services



**Phase II**

Phase II was developed in SFY 2015 and a brief summary of each section includes:

- **Infrastructure development** - To build upon the State's infrastructure analysis from Phase I of the SSIP and to continue prioritizing the areas of infrastructure improvement, the State utilized the Early Childhood Technical Assistance (ECTA) Center's System Framework. The ECTA Center's System Framework was created to help states build and sustain high-quality early intervention and preschool special education systems. In particular, the System Framework helps states to evaluate their current systems, identify potential areas for improvement, and develop more effective, efficient systems that support implementation of evidence-based practices.

After completion of each section of the framework, DSE/EIS staff compiled responses from the groups to create a final completed Framework. While many of the components of the System Framework overlap, the DSE/EIS, with stakeholder input (as identified above), focused in on areas of infrastructure requiring significant change (Governance, Data Use, and Accountability and Quality Improvement). The completed Framework concentrated on recommended changes that were aligned with the DSE/EIS Strategic Plan, and built on the State's Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis findings and three coherent improvement strategies identified in Phase I. A specific component under either Governance, Data Use, or Accountability and Quality Improvement was identified for each coherent improvement strategy to provide a broad baseline measure for overall infrastructure changes.

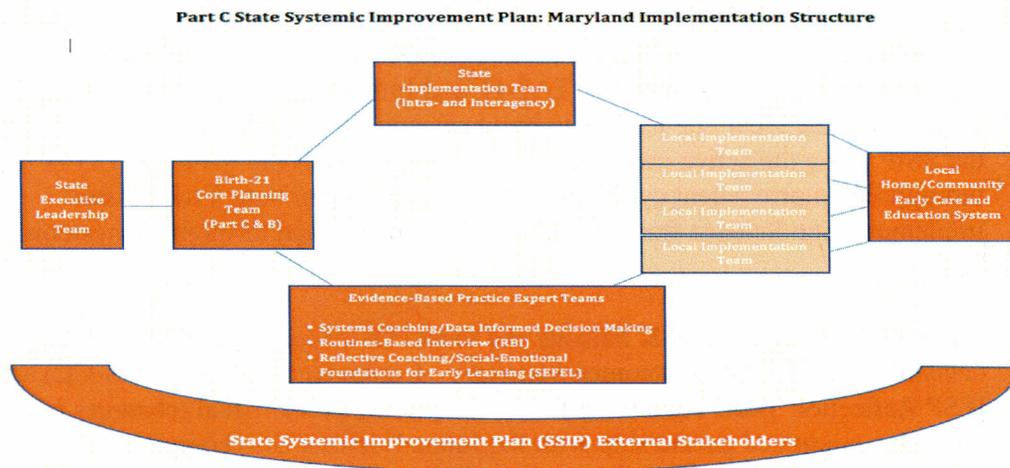
- 1) **Provide leadership for strategic collaboration and resource management:** ECTA Self-Assessment Component Governance (GV8) - Part C and 619 state staff or representatives use and promote strategies that facilitate clear communication and collaboration, and build and maintain relationships between and among Part C and Section 619 stakeholders and partners;
- 2) **Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices:** ECTA Self-Assessment Component Accountability (AC7) - Leadership at all levels work to enhance the capacity to use data-informed practices to implement effective accountability and improvement schemes; and
- 3) **Ensure accountability with a focus on results through data-informed decision making:** ECTA/DaSy Self-Assessment Component Data Use (DU6) - Part C/619 state staff or representatives support the use of data at state and local levels.

Three key State infrastructure improvements, aligned with the three MITP key strategies discussed in Phase 1, will better support local infants and toddlers programs to implement and scale up evidence-based practices to improve social-emotional results for infants and toddlers with disabilities and their families. These include:

- Leadership for Collaboration/Communication
- Technical Assistance and Professional Learning
- Accountability Using Data-Informed Decision Making

**Leadership for Collaboration/Communication** - *The State will focus on collaboration and communication with intra- and interagency partners through enhanced teaming structures to support a seamless, comprehensive birth to kindergarten system of services.* This is aligned with Key Strategy #1: Provide leadership for strategic collaboration and resource management.

Based on implementation research, in order to intentionally strengthen ongoing collaborations and target support for local infants and toddlers programs to implement and scale-up evidence-based practices with fidelity, the State is creating and defining several new implementation structures. These include a State Executive Leadership Team, a Birth – 21 Core Planning Team, a State Implementation Team, Evidence-Based Practice Expert Teams, Local Implementation Teams, and Key Stakeholder groups. The State has developed a visual to detail the decision-making teaming structure and flow of information toward achieving the State Identified Measurable Result:



**Technical Assistance and Professional Learning:** *The State will focus on supporting LITPs through systems and content coaching as they build an implementation infrastructure that attends to the implementation drivers – competency, organization, leadership.* This is aligned with Key Strategy #2: Provide technical assistance and performance support with a focus on family partnerships and evidence-based practices.

The federal shift towards results driven accountability has provided an impetus to revise the State’s System of General Supervision. Stakeholders noted that this focus presents an important opportunity for the State to increase its focus on achieving positive outcomes for children and their families. The revision to a birth through 21 seamless monitoring system, described in detail in the Phase I submission, is being further refined. For example, the State has changed from a six-year comprehensive monitoring cycle to a three-year cycle. In addition, the State has added a self-assessment component to monitoring activities. LITPs are required to complete the self-assessment as part of the

comprehensive monitoring process and are encouraged to voluntarily complete it as ongoing capacity-building processes during off-monitoring years.

***Accountability Using Data-Informed Decision Making:*** *An evidence-based data-informed decision making model, TAP-IT, will help LITPs to form high performing teams focused on using data in a practice to policy feedback loop when implementing evidence-based practices, including the Child Outcomes Summary process and high-quality functional routines-based IFSPs, so that any needed adjustments can be made. This aligns with Key Strategy #3: Ensure accountability with a focus on results through data-informed decision making.*

TAP-IT (Team, Analyze, Plan, Implement, and Track) is the Division's continuous improvement process that ensures the formation of a high performance team that uses data to: analyze the root cause of the problem, select evidence-based strategies to address the identified need, and oversee the implementation of the selected strategies. TAP-IT has been embedded into the DSE/EIS Technical Assistance protocol as discussed earlier. The Performance Support and Technical Assistance Branch has worked with experts in the field and will provide training on TAP-IT and Implementation Science to the B-K liaisons and the local ITP leaders to build capacity to actively support implementation of the SSIP using the active implementation frameworks as the State and LITPs move through the improvement cycle. Continued follow-up on both TAP-IT and Implementation Science frameworks will be implemented through the systems coaching model.

Two new tools to assist B-K liaisons and local ITP leaders to make better data-informed decisions are the Child Outcomes Summary - Competency Check (COS-CC) and the IFSP Reflection Tool. The DSE/EIS has the personnel and fiscal resources in place, through a continued partnership with the Johns Hopkins University/Center for Technology in Education, to focus on Child Outcomes Summary (COS) fidelity and on IFSP quality, both aligned with our SSIP work.

To guide additional infrastructure development for implementation of the COS process with fidelity, in-depth face-to-face COS interviews with each of the local SSIP jurisdictions is currently underway. This will then inform a more large-scale needs assessment and the gradual roll-out of additional professional learning opportunities, both face to face and online, based on users' needs. The State will define key COS implementation requirements and provide additional tools to support both knowledge and skill development around the COS process including an online COS simulation case study and the COS Team Collaboration checklist. Ultimately, the DSE/EIS will implement the Child Outcomes Summary - Competency Check (COS-CC) being created by ECTA/DaSy to provide states with a mechanism to verify the basic competencies of staff with regard to the COS process. When COS-CC becomes available nationally, the DSE/EIS will pilot the tool with the four local infants and toddlers programs participating in the SSIP work, and following revisions and stakeholder feedback, make the COS-CC a requirement for all providers involved in the COS process.

The recently created High-Quality, Functional Routines-Based IFSP Reflection Tool is a self-assessment that may be used for professional learning and program improvement. Further infrastructure work around the IFSP Reflection Tool will be guided by specific feedback gathered on the reflection tool and modules once these are posted on Maryland Learning Links. Overall infrastructure development will be necessary to identify and implement IFSP revisions related to the implementation of evidence-based practices. To support this work, a High-Quality IFSP workgroup will be formed, including members of the IFSP User's Group.

Finally, a specific infrastructure improvement related to data-informed decision making around personnel was identified by stakeholders during the SWOT analysis during Phase I and during the completion of the ECTA System's Framework in Phase II. Both analyses indicate the need to identify the attributes of highly qualified staff that lead to positive child and family outcomes. Currently, the State cannot make data-informed decisions around personnel as the State's Personnel Standards for Early Intervention Service Providers data reside in an antiquated FileMaker Pro database. This database has several limitations, including an inability to run and analyze reports to look for patterns and the inability for LITPs to access these data. As a result, the State is in the process of planning a new data system that would allow for LITP access and better evaluation of content areas of need for personnel. It is anticipated that the development of this system will lead to better data-informed decision-making at both the State and local levels.

- **Provision of support to local programs to implement evidence-based practices** – The DSE/EIS Part C SSIP implementation approach will focus on improvement strategies that impact the **system**. Systems Coaching will be used as an overall evidence-based approach because it is State and local leaders who establish the conditions that are necessary for successful implementation (DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2014) through utilization of a data informed decision making model (TAP-IT) and the principles of implementation science. Furthermore, by building the capacity of the DSE/EIS B-K liaisons and local ITP leaders to become Systems Coaches, the State will be able to support LITPs not only with the implementation of EBP with fidelity, but can provide ongoing support for scale-up and sustainability. Maryland believes if the DSE/EIS B-K liaisons and local ITP leaders are competent Systems Coaches, the jurisdiction will have the capacity to effectively implement a program, practice, or approach to enhance child outcomes (Metz: SPDG National Conference, 2015).

Since the State focuses its technical assistance at the jurisdiction level with administrative level staff, we know that most LITPs are not knowledgeable about the Active Implementation Frameworks nor do they collect data on adult behavior on an ongoing basis. Consequently, when a new innovation is selected it may conflict with other initiatives, providers may not understand what it is or have sufficient training and ongoing support, the environment may not be hospitable, and very often there is no ongoing data collection on practitioner implementation. We have learned from our research and experience with other initiatives, that a selected EBP needs both the ongoing support of an instructional/content coach and the ongoing support of jurisdictions' leaders

through systems coaching, as well as attention to the other implementation drivers through a Local Implementation Team, if it is going to be implemented with fidelity. Consequently, our rationale for using Systems Coaching is recognition that if we do not help system level personnel understand the necessity of attending to the implementation frameworks, it is unlikely that they will be able to implement the selected EBP (Reflective Coaching/SEFEL and RBI) with fidelity. That is why the DSE/EIS is focused on building the capacity of B-K liaisons and local ITP leaders in the four essential functions (engagement and collaboration, team development, change facilitation, and discovery and diagnosis) of a systems coach. Knowledge and skill in these areas will build the competency of local system level staff to coach local early intervention providers to implement EBPs with fidelity.

- **Evaluation plan -**

The *MITP SSIP Evaluation Plan* displays the alignment of the *Logic Model*, overarching evaluation questions, outcomes, indicators, and evaluation questions and measures.

Indicators include:

- MSDE partners with four Local Infants and Toddlers Programs (LITPs) to implement evidence-based practices (EBPs) in early intervention.
- The MSDE engages in intra- and interagency collaboration to support cross-agency initiatives, develop products, and monitor progress.
- The MSDE collaborates with partners and integrates stakeholder feedback into data-based decisions.
- The MSDE and LITP Systems Coaches demonstrate expertise in essential functions of systems coaching, e.g., Implementation Science (active implementation frameworks), and TAP-IT. LITP Content coaches demonstrate innovation fluency in EBPs of RBI and Reflective Coaching/SEFEL.
- MSDE and LITP Systems/Content Coaching is of high quality and addresses the needs of adult learners.
- Early intervention providers have knowledge of EBPs (e.g., RBI, Reflective Coaching/SEFEL) and know how to implement these EBPs.
- LITP Systems Coaches monitor systems implementation and make systems improvements.
- Early intervention providers utilize the essential features of RBI and Reflective Coaching/SEFEL in daily practice.
- Local Implementation Teams follow the TAP-IT process to use data to design, provide, and modify individual child/family supports.
- Families are identifying concerns and priorities within daily routines and activities as part of the IFSP process, resulting in functional routines-based IFSP outcomes.
- Early intervention providers address social-emotional development through the use of SE specific linkages, assessment tools, and outcomes.
- SIMR goal: ***The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four local Infants and Toddlers Programs.***

## Phase II - Progress Data

The State set baselines and targets in SFY 2014 with the Phase I submission. Below is a table that includes the State's baseline, annual targets, and progress data. In FFY 2014, the State met its target of 57.40%.

SFY/FFY	Of the Infants, Toddlers, and Preschool Age Children Who Entered the Program Below Age Expectations in Positive Social-Emotional Development, the Percentage Who Substantially Increased Their Rate of Growth By the Time they Exited in the 4 Initially Selected LITPs	
	State Target	State Data
2014/2013 (Weighted Baseline)	57.40%	57.40%
2015/2014	57.40%	59.34%
2016/2015	58.40%	-
2017/2016	59.40%	-
2018/2017	60.40%	-
2019/2018	61.40%	-

Phase III begins in SFY 2016 and includes the reporting on progress and revisions to the State Performance Plan.

**The MITP - The Extended IFSP Option - Maryland's Birth to Kindergarten 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. In SFY 2015, there was a 29-point gap between the percentage of children with disabilities fully ready for kindergarten and their same age non-disabled peers.

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

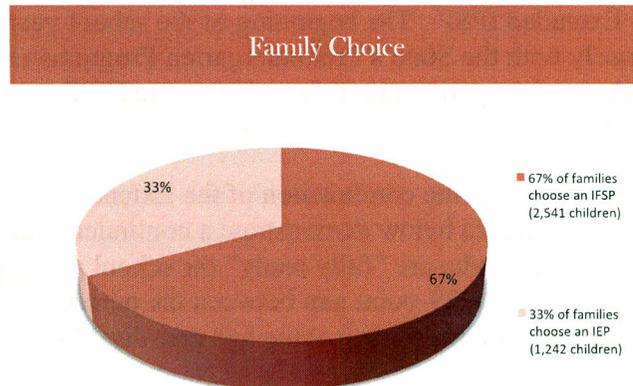
Another factor considered was the location of services provided to three year olds receiving special education services. The annual special education census report for the 2014-2015 school

year indicated that only 38.8% 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**

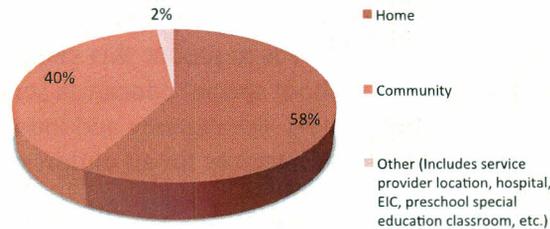
The table below shows that in SFY 2015, 67% of families chose to continue with IFSP services, while 33% of families chose to move to services through an IEP. A current data report reflects that from 2/1/2010 to 4/1/2016, over 10,000 children and families have received services through an Extended IFSP.



In examining location of service data for children receiving Extended IFSP Option services on October, 1 2014, the following chart indicates that children in the Extended Option received 98.1% of their services in natural environments, including home and community-based settings.

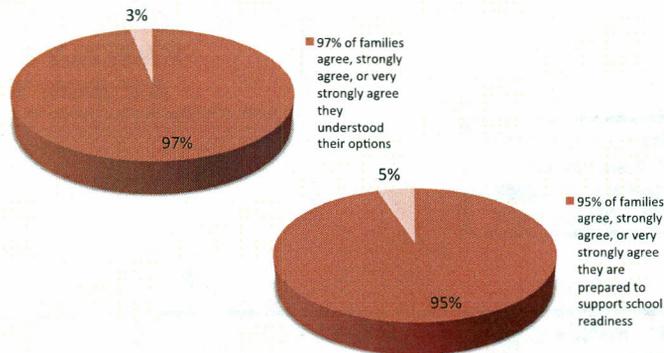
### Location of Services

- Total number of 3 year old children receiving services through an Extended IFSP on October 1, 2014: **1,125**
- Of the 1,125 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 2015 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 94.2% of families (N=1,388) 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-five percent of families (N=1,321) 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

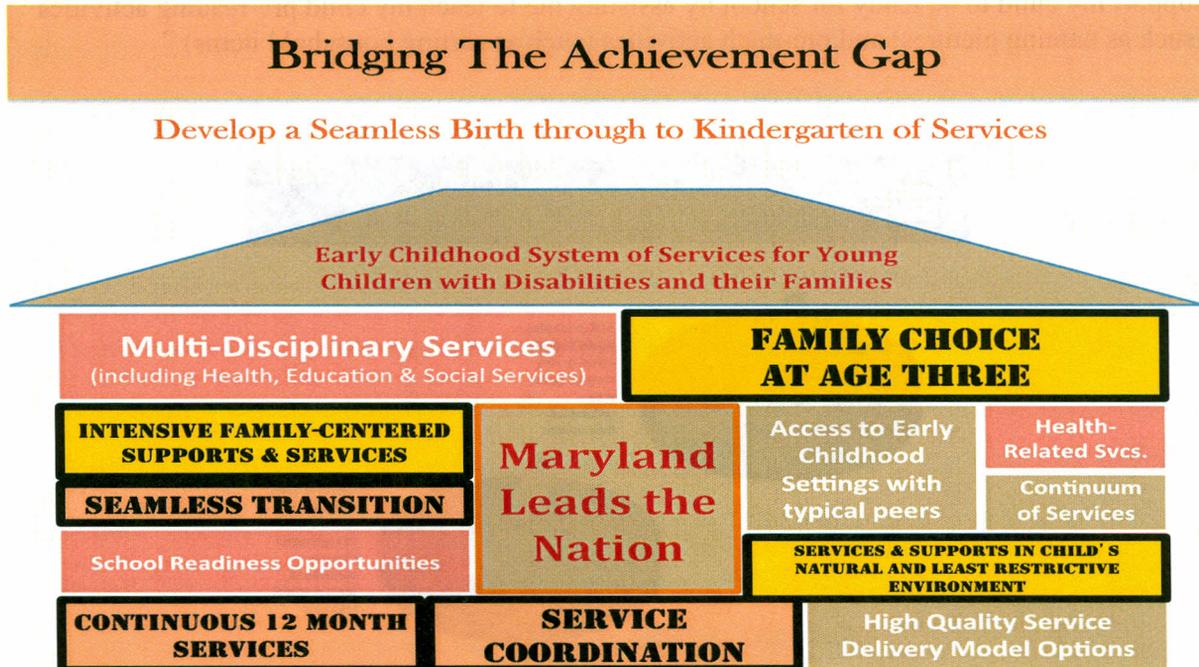


## **MOVING MARYLAND FORWARD**

### **Building a Birth to Kindergarten 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 to kindergarten 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 to kindergarten staff to build capacity within inclusive early childhood environments where children with and without disabilities learn together.



Maryland State Department of Education, Early Intervention and Education Branch, 2011

In SFY 2015, 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 to kindergarten leaders.

- The MSDE, DSE/EIS held its annual Professional Learning Institute in October 2014 and 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 three sessions, "*Busting Down the Silos through an Interagency Strategic Partnership Model for Early Identification; Supporting Students with Challenging Behaviors in the Least Restrictive Environment (LRE) through a Kindergarten Bridge Experience; Scaling-Up Exemplary Practices to Create Systemic Change Models*, providing Maryland's early intervention and early childhood education leaders with powerful evidence-based models and best practice strategies. Each of these sessions also included presentations from Local Infants and Toddlers Program leaders to highlight best practices currently implemented in Maryland.
- The MSDE, DSE/EIS held the first Routines-Based Interview (RBI) Institute (note: the RBI is described in the SSIP section of the report) in the summer of 2015. The Institute was kicked off by Robin McWilliam and implemented a Training of Trainers protocol. During the training 24 providers from 7 local jurisdictions learned about the RBI and practiced the interview with families. Trainees from the Institute will return to their local programs and begin training other providers. Given that research demonstrates the benefits of providing routines-based intervention, the MSDE, DSE/EIS plans to continue the Institute each summer for the foreseeable future.
- The MSDE, DSE/EIS has continued to implement the Making Access Happen initiative, designed to increase the participation of three- to five-year-old children with disabilities in public and private community-based early care and education settings through the delivery of job embedded professional development. At the heart of expanding access in the Making Access Happen program is the development of practitioners' skills in universal design for learning (UDL) and collaborative practices to narrow the school readiness gap for all children. The project uses a training-of-trainers reflective coaching model to build local program capacity through enhanced professional learning, including the use of video. With Birth - Five early intervention/preschool special education taking the lead, local early care and education partners work in collaboration to build capacity through ongoing professional learning on evidence-based practices to expand access and promote positive school readiness outcomes for young children with disabilities.

## **SUMMARY**

Since FY 2003, there has been a 91% increase in the number of eligible children receiving early intervention services (9,182 in FY2003 compared to 17,503 in FY2015). 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 0.8% from SFY 2007 (\$7,632,067) to SFY 2015 (\$7,570,658) and the level of State

funding has remained consistent since SFY 2009. For SFY 2015 local governments contributed more than 78% of total program costs for early intervention in Maryland.

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.

## **RECOMMENDATION**

Implementing a seamless birth to kindergarten system of services for infants, toddlers, and preschool-age children and their families supports the United States Department of Education's goal of reducing the school readiness gap for young children with disabilities. If additional resources become available, the MSDE recommends that a portion target the capacity building of local, jurisdiction-wide infrastructure to support a birth to kindergarten 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 to kindergarten system of services would:

- Incorporate early childhood intervention and education practices based on peer-review research to support positive social relationships, engagement and independence;
- 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;
- Ensure 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 to kindergarten 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 additional funding becomes available it would directly enable Maryland to meet its obligations under State and federal laws to ensure, as well as increase, 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.