

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

June 1, 2018

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

RE: SFY 2017 MITP Legislative Report (MSAR #10835)

Dear Governor Hogan:

In accordance with the requirement of Education Article §8-416(e)(2), the Maryland State Department of Education 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 2016-2017.

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

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.

Best Regards,

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

Attachment

c: Carol A. Williamson
Marcella E. Franczkowski
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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)**

Due: June, 1 2018

School Year 2016-2017



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)
Due: June 1, 2018**

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Lawrence J. Hogan, Jr.
Governor

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 (MITP) as required by the Maryland Infants and Toddlers Act of 2002, enrolled as HB 371/SB 419. The MITP within the Policy and Accountability Branch of the DSE/EIS, is a critical component of the State’s focus on early childhood and school readiness, providing early intervention services and supports to 14,647¹ infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2017. Additionally, in SFY 2017, families of 3,050 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 2017 was 17,697.

The MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, professional learning, technical assistance (TA), and coordination of federal, State, and local funding sources, aligned with *The DSE/EIS Strategic Plan: Moving Maryland Forward*. The comprehensive plan focuses on narrowing achievement gaps over seven years (2013-2020) by measuring results in three action imperatives – Early Childhood, Secondary Transition, and Access, Equity and Progress. The Early Childhood action imperative addresses the school readiness gap by strengthening a seamless, comprehensive, statewide system of coordinated services for children with disabilities, birth to kindergarten (B-K) and their families in home, community, and early childhood settings. Five key implementation strategies: family partnerships, strategic collaborations, evidence-based practices, data-informed decisions, and professional learning, reflect an effective, integrated approach to operationalizing the statewide B-K system. The earlier services and supports are provided to a child and family, the greater the opportunity to close gaps.



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

¹ This number includes only children receiving services who were younger than 3 years.

In September 2011, the federal regulations governing States' 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 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 2017.

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 ITPs 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.

Maryland's 2105 longitudinal research continues to validate the importance of starting early. More than 68% of children who received services in the MITP are enrolled in General Education by third grade and 71% by sixth grade.

MITP 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 ITP:

- 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 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 ITPs, 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 implementation of the 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 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 TA with local ITPs 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 results indicators as criteria for making local determinations in SFY 2017 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 comprehensive monitoring process. This document was piloted in four local ITPs in SFY 2013 with full implementation occurring in SFY 2014 and continuing in SFY 2017; and
 - Implementation of child specific case studies, service provider interviews, and evidence of standards for effective, functional, routines-based IFSP outcomes in SFY 2017, 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 to document the State’s actual accomplishments in each federal monitoring indicator (11 Indicators²). In SFY 2014, the Office of Special Education Programs 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 IDEA 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 has continued to Meet Requirements. The MITP has received the determination of “Meets Requirements” based on the USDE required indicators for eleven 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	Meets Requirements
SFY 2016	Meets Requirements
SFY 2017	Not Yet Received

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

Performance Measures

² In SFY 2014, the USDE Office of Special Education Programs eliminated Complaint Timelines, Due Process Timeline, Correction of Noncompliance, and Timely and Accurate Submission of Data. Data from these indicators are submitted other ways.

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 ITPs are required to develop and implement corrective action or improvement plans. These plans are submitted to and reviewed by the MITP monitoring staff and TA is provided when necessary. The MSDE closely monitors the correction of noncompliance in each jurisdiction.

The MSDE continuously monitors the performance of local ITPs on the following indicators:

1. Timely initiation of early intervention services (CI);
2. Delivery of services in natural environments (i.e., 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 IFSP (CI);
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 (e.g., 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); and

11. SSIP (RI).

Performance Results of the MITP - 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	7/1/14 to 6/30/15	7/1/15 to 6/30/16	7/1/16 to 6/30/17
Percentage within timeline or with family-related reason for delay	98.28%	98.37%	97.24%

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

MSDE’s targeted TA 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 October 1st in the given year. The percentage of children, birth to three years, receiving the majority of their services in a natural environment on 10/1/16 was 97.83%. The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/16 was 97.78%. Performance on this indicator for both age groups exceeded the State target of 93.50%. Over the past five years, efforts to increase access for children to receive services in community settings have been beneficial. In particular, 41.12% of children 3 and 4 years of age received the majority of services in community settings in SFY 2016, compared to 35.63% in SFY 2012.

Snapshot Date	10/1/14³	10/1/15	10/1/16
Percentage of children birth to three served in natural environments	97.53%	97.37%	97.83%

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 2017 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	61.27%	N = 3,576	61.55%
Acquisition and use of knowledge and skills	66.54%	N = 4,095	65.61%
Use of appropriate behaviors to meet their needs	71.41%	N = 4,694	72.30%

* Note: State targets for child outcomes were reset based on SFY 2016 data as a result in a change to the B-K data collection methodology in SFY 2016.

Child Outcome Area	% of children who exited the program at age level	Number of children exiting	State target*
Positive social-emotional development	58.21%	N = 5,195	59.50%
Acquisition and use of knowledge and skills	53.51%	N = 5,195	54.15%
Use of appropriate behaviors to meet their needs	49.74%	N = 5,195	49.44%

* Note: State targets for child outcomes were reset based on SFY 2016 data as a result in a change to the B-K data collection methodology in SFY 2016.

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

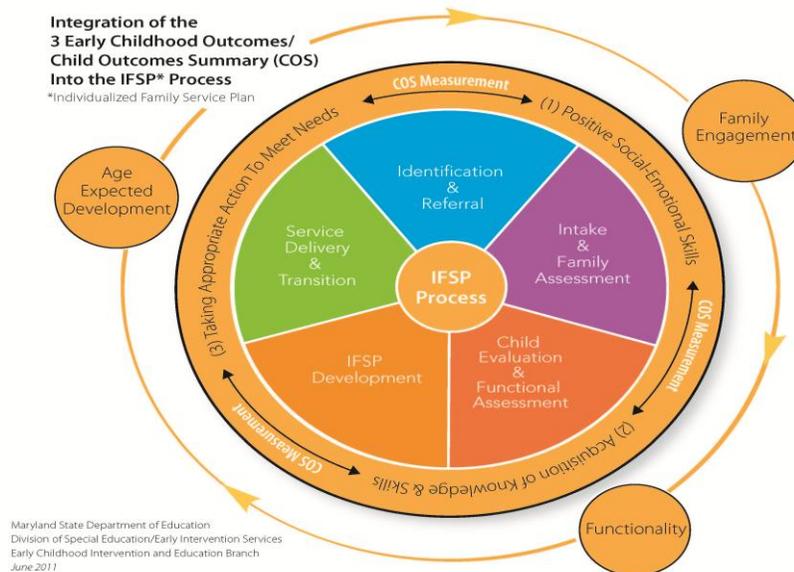
In addition to the federal indicator data, MITP calculates the number of children who made as much or more progress than their typically developing peers and found that:

- 73% of children made as much or more progress than their typically developing peers in social-emotional development;
- 74% of children made as much or more progress than their typically developing peers in learning new skills; and
- 74% 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 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, annually, 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 TA 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. In SFY 2016, Maryland's B-K system of services underwent a significant change in methodology. In particular, the COS process was integrated into a preschool-specific portion of the Individualized Education Program (IEP). This integration was carried out, in part, to create a more seamless B-K system of services and has led to the restructuring of the Part C Exit/Part B 619 (preschool special education) Entry practices for many jurisdictions. In those jurisdictions, the COS ratings are now developed jointly with both ITP and preschool special education personnel. And, these COS ratings, because they are often combined with IEP development meetings, may occur earlier than prior to this change in methodology.

The framework below depicts how the three early childhood outcomes are integrated into all aspects of the IFSP and preschool IEP process and highlights the critical imperatives for integration by focusing on family engagement, age expected development, and functionality. In January 2016, the DSE/EIS developed and disseminated a [COS TA Bulletin](#) to support the implementation of the COS rating process B-K in Maryland.



4. Outcomes for Families Participating in the MITP

The following chart shows the percentage of families with young children receiving early intervention services during SFYs 2015-2017 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 ITP. There were English and Spanish versions of the survey and cover letter.

Family Outcome Indicators	SFY 2015	SFY 2016	SFY 2017
Families know their rights	95.86% State Target 83.00%	98.10% State Target 85.00%	98.18% State Target 87.00%
Families effectively communicate the needs of their children	95.37% State Target 81.20%	95.31% State Target 83.40%	97.74% State Target 85.60%
Families are able to help their children develop/learn	95.50% State Target 89.50%	95.37% State Target 90.00%	97.88% State Target 90.50%

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, SFY 2015, SFY 2016, and SFY 2017 for all three family outcomes. The overall survey response rate for SFY 2017 was 46.05%.

5. Early Identification of Infants and Toddlers in Need of Early Intervention Services (Birth to One Year) through the MITP.

The table below shows the percentage of children (birth to one year) receiving early intervention services over a three-year period. The State target was 1.53% in SFY 2017. This target was exceeded on the 10/1/16 snapshot count.

Snapshot Date	10/1/14⁴	10/1/15	10/1/16
% of children served	1.53%	1.61%	1.59%
Maryland Resident Population Birth-to-One	73,284 in 2014	72,907 in 2015	72,580 in 2016

Based on MITP service and federal State residence data.

6. Early Identification of Infants and Toddlers in Need of Early Intervention Services (Birth to 3 Years) through the MITP.

The table below shows the percentage of children (birth to three years) receiving early intervention services over a 3-year period. The State target was 3.15% in SFY 2017. The percentage of children receiving services exceeded the State target for the last three years.

Snapshot Date	10/1/14⁵	10/1/15	10/1/16
% of children served	3.50%	3.55%	3.68%
Maryland Resident Population Birth-to-Three	220,661 in 2014	219,479 in 2015	220,056 in 2016

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 2017 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	7/1/14 to 6/30/15	7/1/15 to 6/30/16	7/1/16 to 6/30/17
Percentage within the timeline or with family-related reason for delay	98.87%	98.06%	98.53%

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 ITPs, 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

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

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

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. During the Spring of 2016, the DSE/EIS held three Transition Workgroup meetings to share policies, procedures, and best practices around early childhood transition. The outcome of this workgroup was the development and dissemination of an *Effective Transition Practices: Supporting Family Choice at Age 3* TA Bulletin.

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.

Transition Date Range	7/1/14 to 6/30/15	7/1/15 to 6/30/16	7/1/16 to 6/30/17
Percentage of children with timely transition steps and services included on the IFSP	99.95%	99.97%	99.82%

Transition Date Range	7/1/14 to 6/30/15	7/1/15 to 6/30/16	7/1/16 to 6/30/17
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%

Transition Date Range	7/1/14 to 6/30/15	7/1/15 to 6/30/16	7/1/16 to 6/30/17
Percentage of children with timely transition planning meetings or family-related reason for delay	99.06%	99.35%	99.62%

9. Resolution Sessions

There were no resolution sessions in SFY 2017.

10. Mediation Agreements

There were no mediations held in SFY 2017.

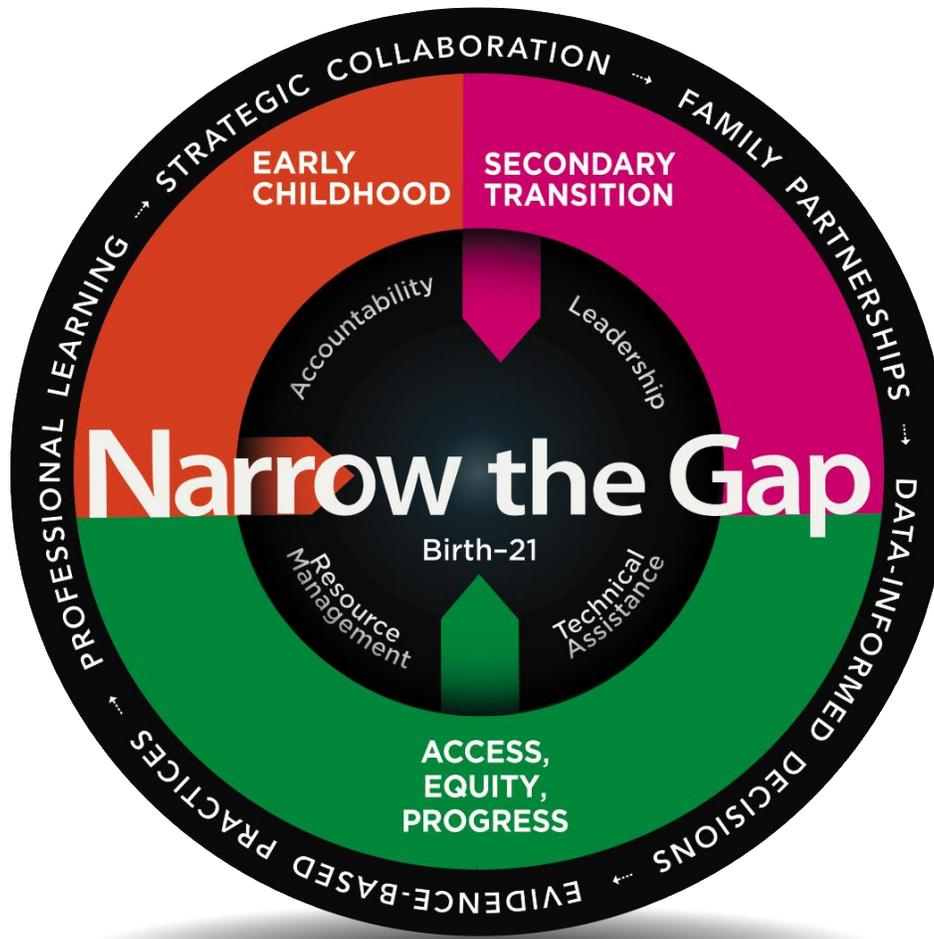
11. SSIP

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. Below is the Executive Summary from Maryland's Phase III, Year 2 SSIP report submitted to the Office of Special Education Programs at the USDE.



Maryland State Department of Education
Division of Special Education/Early Intervention Services

Maryland Part C State Systemic Improvement Plan: Phase III, Year 2 Executive Summary (January 1, 2017 – December 31, 2017)



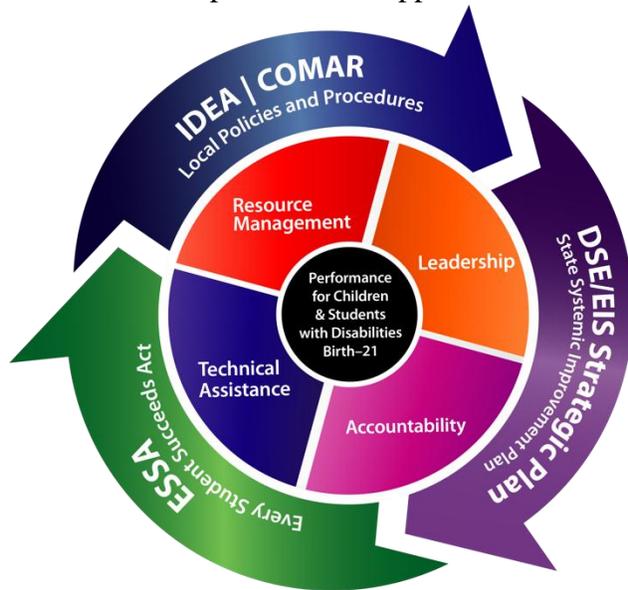
The goal of the *Moving Maryland Forward: Sharpen the Focus for 2020* remains the same – to narrow the school readiness and achievement gap between children and youth with disabilities and their non-disabled peers to ensure that youth with disabilities are college, career, and community ready when they complete their schooling.



Maryland Part C State Systemic Improvement Plan

Introduction

As the lead agency for the Maryland Infants and Toddlers Program (MITP), an interagency, family-centered program supporting our youngest learners with disabilities and their families, the Maryland State Department of Education (MSDE) provides innovative leadership, accountability, technical assistance (TA), and resource management to implement a seamless system of services B-K. The Extended Individualized Family Service Plan (IFSP) Option, required by COMAR, offers families of eligible children the choice to remain on an IFSP after age three and until the beginning of the school year following the child’s fourth birthday. This system and infrastructure shift for the State of Maryland served as a major catalyst for a heightened focus on school readiness results. With a laser focus on the Division of Special Education/Early Intervention Services’ (DSE/EIS’) Strategic Plan, *Moving Maryland Forward*, and in alignment with Results Driven Accountability (RDA), the MITP continues to transform and enhance support to local Infants and Toddlers Programs (LITPs) to both comply with regulatory requirements and to implement evidence-based practices in support of the ultimate goal of narrowing the school readiness gap (Figure 1).



With continuous stakeholder guidance, the phased work of Maryland’s Part C State Systemic Improvement Plan (SSIP) provides a vehicle to focus on positive social-emotional development and relationships to prepare our youngest learners for kindergarten. Significant progress occurred during Phase III, Year 2 resulting in improved alignment of the theory of action, logic model, evaluation plan, and data collection activities to build shared understanding in the implementation of Maryland’s SSIP. Creating this shared understanding through effective, high-performing teams is evident throughout this year’s work and will continue to be essential for full

implementation of evidence-based practices. This report outlines Maryland's progress in implementing the SSIP during Phase III, Year 2 and includes a description of the coherent improvement strategies and evidence-based practices employed during the year, a description of how stakeholders have engaged in the SSIP process, data on implementation and outcomes, data quality issues, progress toward achieving intended improvements, and plans for next year.

Summary of Phase III, Year 2

1. Theory of action and logic model for the SSIP, including the State-identified Measurable Result (SiMR)

The MITP *Theory of Action* for the Part C SSIP states:

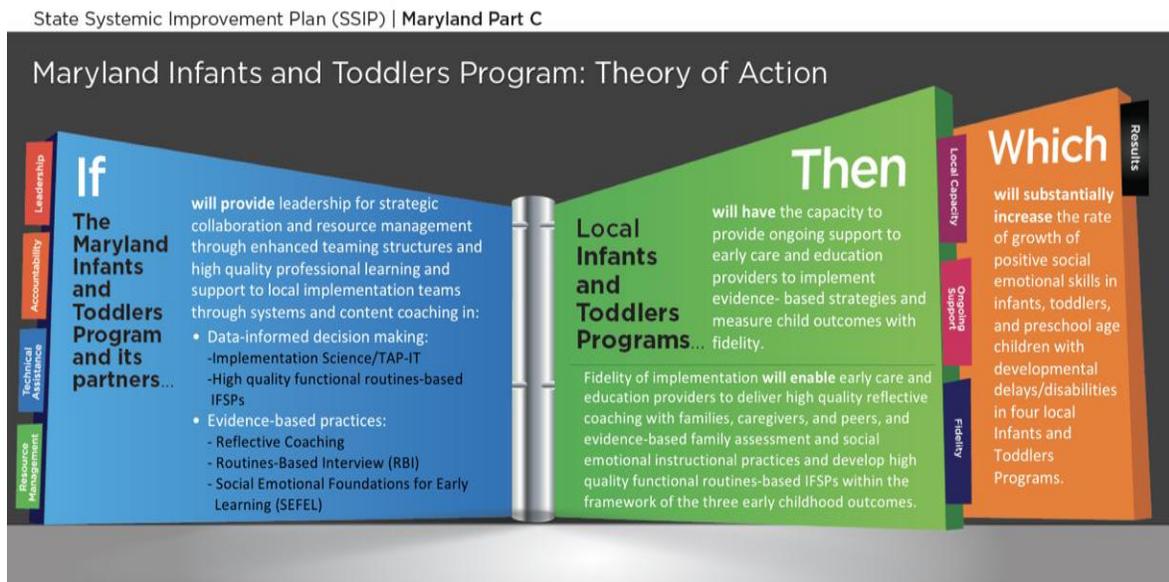
IF the MITP and its partners provide leadership for strategic collaboration and resource management through enhanced teaming structures and provide high quality professional learning and support to Local Implementation Teams (LITs) through systems and content coaching in:

- Data-informed decision-making:
 - Implementation Science/Team, Analyze, Plan, Implement, Track (TAP-IT);
 - Effective, Functional, Routines-Based IFSPs; and
- Evidence-based practices:
 - Reflective Coaching;
 - Routines-Based Interview (RBI); and
 - Social Emotional Foundations for Early Learning (SEFEL).

THEN local ITPs will have the capacity to provide ongoing support to early care and education providers to implement evidence-based strategies and measure child outcomes with fidelity. Fidelity of implementation will enable early care and education providers to deliver high quality reflective coaching with families, caregivers, and peers, and evidence-based family assessment and social emotional instructional practices to develop effective, functional, routines-based IFSPs within the framework of the three early childhood outcomes,

WHICH will substantially increase the rate of growth of positive social-emotional skills for infants, toddlers, and preschool age children with developmental delays/disabilities in four local ITPs (Figure 2).

Figure 2. Maryland Infants and Toddlers Program: Theory of Action

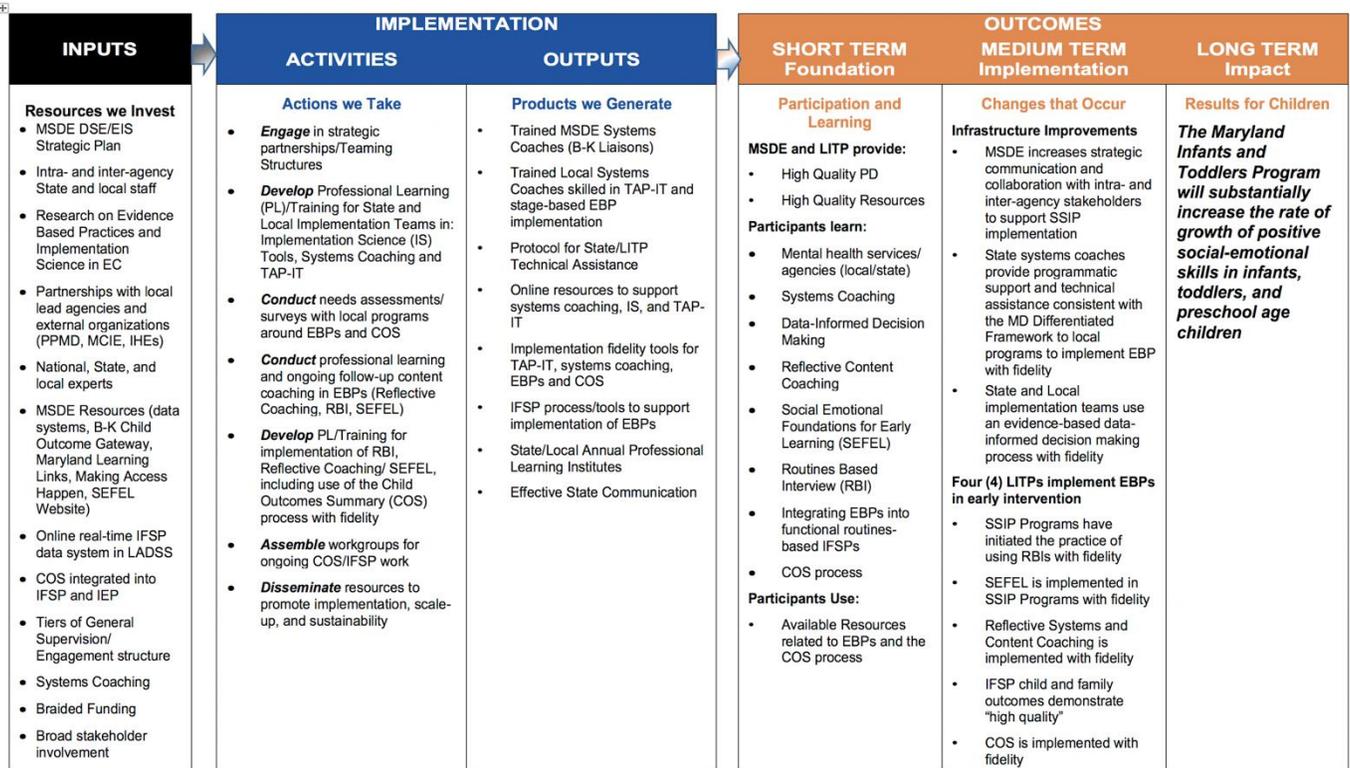


Maryland’s Part C SiMR was developed in consultation with our internal and external stakeholders over a year-long “*leading through convening*” process during Phase I. Additional stakeholder input was gathered during Phase II and Phase III, Year 1 and 2 to build a shared vision around evidence-based practices supporting social-emotional development and realized through a cohesive theory of action. A minor revision was made to the *MITP: Theory of Action* as MSDE and stakeholders identified reflective coaching as the evidence-based adult learning strategy to support the training and ongoing coaching to implement both the RBI and SEFEL. In previous versions of the *Theory of Action*, reflective coaching was only tied to the implementation of SEFEL.

During Phase III, Year 2, input and feedback from multiple stakeholder groups resulted in further refinement of the *MITP - Part C SSIP Logic Model* with implementation activities and outputs, as well as short and medium-term outcomes emphasizing both infrastructure improvements and the implementation of evidence-based practices (EBPs) (Figure 3). The logic model now serves as the foundation of the evaluation plan with both implementation and outcomes questions, activities, products, short-term and medium-term outcomes, measures of success, data sources, and data collection schedules and responsibilities.

Figure 3. MITP - Part C SSIP Logic Model with SiMR

Maryland Part C Infants and Toddlers State Systemic Improvement Plan: Logic Model and Evaluation Plan



2. The coherent improvement strategies or principle activities employed during the year, including the infrastructure improvement strategies

Three coherent improvement strategies, which focus both on infrastructure improvements and implementation of EBPs, continued to be implemented at the State and/or LITP levels in Year 2 of Phase III (January 1, 2017 through December 31, 2017). In alignment with the *MITP Theory of Action*, *SSIP Logic Model*, and the *DSE/EIS Strategic Plan – Moving Maryland Forward*, infrastructure development and improvement strategies occurred within the areas of **Leadership** with a focus on collaboration and communication, **TA** with a focus on building capacity to implement EBPs through systems and content coaching, and **Accountability** with a focus on data-informed decision making.

Coherent Improvement Strategy #1: Leadership (Collaboration/Communication)

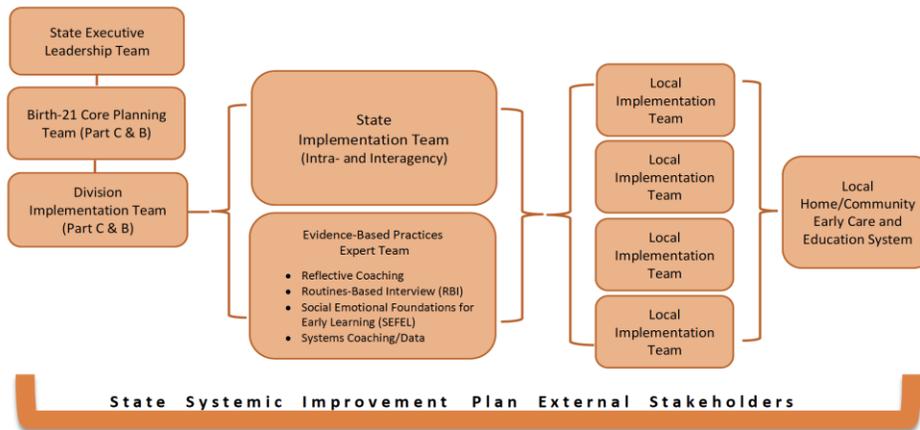
During Phase III, Year 2 the State continued engagement in strategic leadership through regular collaboration and communication with key partners to support and sustain relationships at the State and local level with the Early Childhood Mental Health (ECMH) Steering Committee, the MD ECMHC TA team, Home Visiting programs, SEFEL State Leadership team, health care providers, and child care providers. Additionally, the State sustained teaming structures with interagency partners, within MSDE and the DSE/EIS and the Division of Early Childhood Development (DECD), with LITPs, and with broad stakeholder engagement to provide continued direction and support for SSIP implementation and evaluation as well as implementation and evaluation of a seamless, comprehensive B-K system. During Phase III, Year 2 significant progress was made in sustaining effective, ongoing teaming structures (Figure 4) including:

- LITs
- EBPs Expert Teams
- State Implementation Team (SIT)
- Division Implementation Team (DIT)
- SSIP Birth-21 Core Planning Team
- State Executive Leadership Team
- Key External Stakeholder Groups

To measure strategic collaboration and communication within the SIT, a *Group Functioning Tool* was completed by each member of the SIT with overall positive results as well as areas for improvement. Additional effectiveness measures for the SIT, around high-performing teaming practices, were gathered through the TAP-IT Digital Portfolio (TAP-IT DP) and will continue to be a data source for the SIT and LITs during Phase III, Year 3 implementation.

Figure 4. Maryland Part C SSIP: Implementation Teaming Infrastructure

Maryland Part C State Systemic Improvement Plan (SSIP): Implementation Teaming Infrastructure

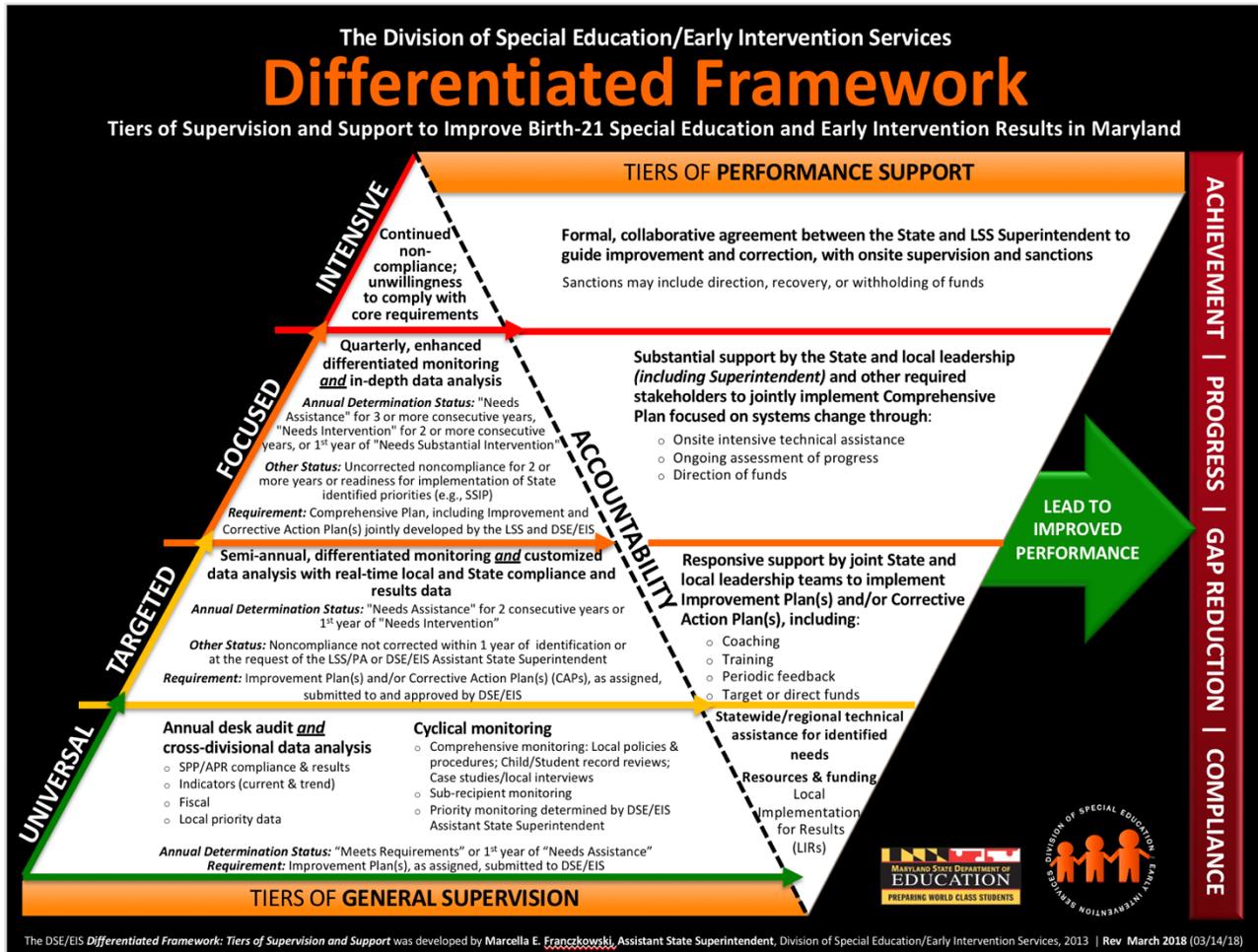


Coherent Improvement Strategy #2: TA (Professional Learning)

During Phase III, Year 2 the State continued its TA focus on supporting LITPs through systems and content coaching to continue building an implementation infrastructure focusing on three EBPs (Reflective Coaching, RBI, and SEFEL) while attending to all three implementation drivers - competency, organization, and leadership.

Systems Coaching: All four of the Part C SSIP programs reside in the Focused tier of support within the *DSE/EIS Differentiated Framework* (Figure 5). Systems Coaching is the TA approach that the DSE/EIS employs for local lead agencies (LLAs) / local school systems (LSSs) to implement the Tiers of General Supervision and Performance Support. According to the State Implementation and Scaling-up of Evidence-based Practices (SISEP) project, Systems Coaches focus on developing the capacity of the LLA/LSS to effectively implement a program, practice, or approach to enhance child, student, and/or family outcomes. There are four Systems Coaching Domains: Engagement and Collaboration, Team Development, Change Facilitation, and Data-Informed Decision Making. Coaches provide more intensive support through the early stages of implementation until the new practices are more skillfully embedded in the local program. Skilled coaches provide practice knowledge that is needed to supplement the formal knowledge and basic skills development that is offered in professional development sessions.

Figure 5. DSE/EIS Differentiated Framework - Tiers of General Supervision and Tiers of Performance Support.



It is the charge of State and Local Systems Coaches to ensure the fidelity of implementation efforts at the local program level and ultimately the local provider level. State Systems Coaches support implementation at the LIT level and Local Systems Coaches support implementation at the local provider level. During Phase III, Year 1, State and Local Systems Coaches were identified. During Year 1 and continuing into Year 2, Systems Coaching training was provided by Barbara Sims from the SISEP Center. The DSE/EIS also collaborated with Barbara Sims to develop a *Usable Strategy* document, which describes Systems Coaching in the context of Maryland’s TA approach, and a fidelity assessment for State and Local Systems Coaches to use to self-assess their practice. Baseline fidelity assessment data was collected for State Systems Coaches during Year 2 as a part of the DIT. The team used the evidence-based data-informed decision-making process (TAP-IT) to analyze the Systems Coaching fidelity assessment data and the TA Log, including a root cause analysis, to develop an action plan to improve their TA services.

TA Log: A TA Log was developed to track the TA that State Systems Coaches were providing to LLAs/LSSs related to the SSIP work and has been expanded to include all TA provided by

DSE/EIS. Some of the data captured through this log includes the number of TA interactions with each LLA/LSS, the Branch that the TA was provided by within the Division, the type of TA provided, the mode of interaction and a broad summary of the TA. This log was field tested by the Performance Support and Technical Assistance (PSTA) branch of the DSE/EIS during Year 2, and the DIT reviewed the information gathered to determine what was learned or needs to be adjusted, before it is launched for use by other Division branches.

TA Client Survey: During Phase III, Year 2 a *TA Client Survey* was developed and was administered to the Local Systems Coaches in January 2018 to get feedback on TA services provided by State Systems Coaches. This survey provides DSE/EIS feedback on the quality, usefulness, and relevance of the SSIP TA services. This data will be used as a part of stakeholder feedback to inform TA moving forward.

Content Coaching by State Content Experts: During Phase III, Year 2 the State continued to contract with State-level content experts in Reflective Coaching, RBI, and SEFEL in order to provide regular (typically monthly) reflective coaching sessions to the locally identified content coaches, and quarterly face-to-face reflective coaching sessions including State/local content coaches and State/local systems coaches. In June 2017, a *Coaching Feedback Questionnaire* was developed and local content coaches for RBI and SEFEL were surveyed. While the data was very limited, it was shared with the State Content Experts and the SIT to inform the need for ongoing coaching support. An additional survey followed each of the face-to-face reflective coaching sessions to understand knowledge gain, to assess the quality of coaching, and to gather specific feedback for planning future meetings.

During August 2017, an EBP Institute was held for all of the local content coaches from each of the SSIP jurisdictions, as well as other local RBI certified trainers/coaches, to provide a more in-depth look at social-emotional attachment/relationships and the RBI. A new tool, *Impact of Training and Technical Assistance (IOTTA)*, was introduced by the University of Maryland School of Social Work and administered following the EBP Summer Institute: Digging Deeper into the RBI (2 days) and Social-Emotional Development of Young Children (1 day). Results indicated the training was of high quality, relevant, and useful with a moderate change between pre-post level of competence with the information, tools, and/or skills. The *IOTTA* data not only informed the ongoing local coaching support but was extremely helpful in framing the quarterly face-to-face reflective coaching sessions.

Coherent Improvement Strategy #3: Accountability (Data-Informed Decision Making)

During Phase III, Year 2, the State continued to support an evidence-based data-informed decision-making model, TAP-IT, to assist the MITP and LITPs to use data in a practice to policy feedback loop when implementing EBPs (Reflective Coaching, RBI, and SEFEL), the COS process, and high-quality, functional, routines-based IFSPs, so that any needed adjustments can be made. The TAP-IT approach is a five-stage decision making process—Team, Analyze, Plan, Implement, and Track. TAP-IT was conceived as a way to use relevant data sources and particular protocols to: 1) analyze child performance, 2) select appropriate interventions/innovations, 3) monitor the quality of innovation implementation, and 4) determine the effectiveness of selected innovations in producing positive outcomes for young children with disabilities and their families. TAP-IT has

evolved to include the Implementation Science frameworks, which stimulate routine use of stage-based implementation.

The TAP-IT decision-making process was integrated within a digital portfolio, the TAP-IT DP, and was field-tested with several of the Maryland Part B SSIP sites during Phase III, Year 1. This tool exponentially changed how data and information related to school and program progress was collected, stored, and used by State and local staff. The structured features of the TAP-IT DP prompt users to follow step-by-step procedures that are essential components of a data-informed decision making process. Furthermore, the built-in communication functions stimulate collaboration and feedback loops between MSDE, LITPs, the Johns Hopkins University Center

Welcome to E.I. Collaborative Change Agents Portfolio



for Technology in Education (JHU-CTE), and other critical stakeholders and partners. These positive outcomes led to continued refinement and expansion of the TAP-IT DP. Predictably, this tool supports a TA approach that will institutionalize the effective, routine use of data to inform decisions at the State and local levels.

Over the course of Year 2 of Part C SSIP implementation, the TAP-IT DP has been scaled-up for use with the SIT and with all four LITs. During the spring of 2017, the SIT

received initial training on the TAP-IT DP and engaged in structured facilitation utilizing the *UNITED protocol* to build a high-performing implementation team. *UNITED* stands for:

- Unveil beliefs, vision, mission
- Name operating standards
- Identify high performance teaming principles
- Target goals
- Establish team identity
- Determine logistics for working together

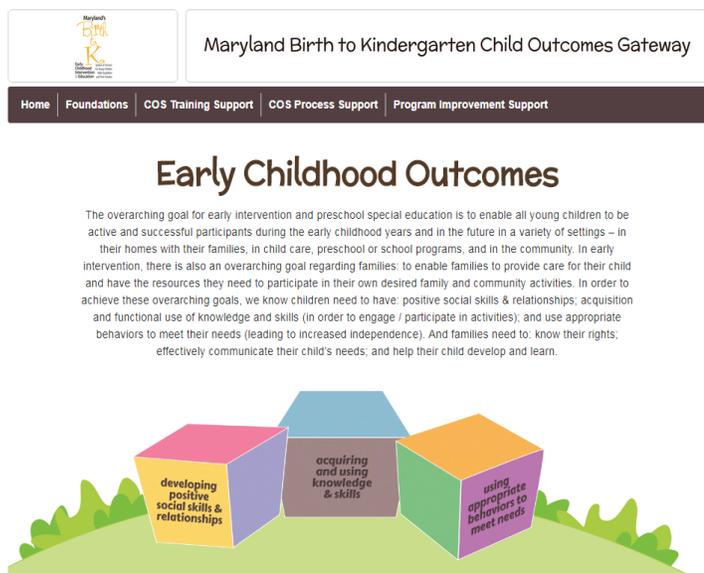
Working through the *UNITED protocol* involved the SIT completing specific tasks to come to a shared understanding of beliefs, vision, mission, learning community standards, high performance teaming principles, team performance goals, team roles, team name, and logistics for working together. While this process was time-consuming, the SIT created a team identity (EI Collaborative Change Agents) that inspires partnership and productivity for finding solutions for all three implementation drivers - competency, organization and leadership, and ultimately advances outcomes for our youngest learners. A parallel process was initially implemented by the LITs

following a one-day hands-on workshop in September 2017, continuous modeling by the SIT, and follow-up systems coaching by the B-K State liaisons, local leaders, and JHU/CTE partners.

When implemented as intended, the TAP-IT process promotes continuous improvement for child outcomes and system alignment for implementation of EBPs. On a quarterly basis the SIT has started to: (1) review child outcomes data and implementation data; (2) set quarterly child outcomes performance and implementation goals; (3) determine if implementation and child outcomes performance targets were met; and (4) identify any barriers and successes around implementation and child/family outcomes so that provider training and coaching adjustments could be made in order to improve the implementation of the selected EBPs. As part of the implementation process, a TAP-IT Usable Innovation description and fidelity assessment were developed. During Year 2, the TAP-IT implementation fidelity data was collected for the first time at the end of the second TAP-IT cycle completed by the SIT. During Year 3, the TAP-IT implementation fidelity data will be collected at a minimum of twice per year at the end of two TAP-IT cycles, using the fidelity assessment developed by DSE/EIS and JHU-CTE.

Another area of focused support for accountability is ensuring all IFSP team members are considered competent in the COS process. Based on the 2016 COS Implementation Landscape Interviews (see page full report for more information), the *COS TA Bulletin*, and the development of a *Rationale for Maryland's COS Core Components*, the DSE/EIS created the MD B-K Child Outcomes Gateway website to ensure that early childhood outcomes are integrated into the IFSP and IEP process and that the COS rating process is implemented with fidelity across jurisdictions and programs B-K. This NEW website

includes the Foundations of Early Intervention and Preschool Special Education, COS Training Support including a *Guide to B-K Child Outcomes and COS Process Training and Support*, COS Process Support emphasizing the four core components for COS fidelity, and Program Improvement Support to focus on child-level and program data-informed decisions. In June 2017, a B-K COS Training of Trainers (TOT) was piloted with the four SSIP jurisdictions, and in November 2017 five regional B-K COS TOTs were conducted. The url for the Early Childhood Outcomes website is: <http://olms.cte.jhu.edu/mdcos-gateway>.



The final area of focus to support accountability through infrastructure development are the revisions to Maryland's IFSP process and document to support the implementation of EBPs. It became apparent with the initial implementation of the SSIP, that the Maryland IFSP did not support the implementation of EBPs, specifically related to authentic assessment, understanding family resources, priorities, and concerns, developing functional routines-based IFSP outcomes,

and providing routines-based intervention through an evidence-based teaming model. During the spring and summer of 2017, the MITP in collaboration with JHU/CTE reviewed IFSPs from 30 other states and convened an IFSP workgroup, with representation from across the State including the four SSIP jurisdictions. Additional stakeholder input sessions were held and recommendations were finalized for a revised IFSP process, document, and online tool to be released October 1, 2018. Readiness activities began in the fall of 2017 and will continue this spring, with hands-on IFSP TOTs planned for June 2018.

The quality of IFSP outcomes continues to be reviewed by the four SSIP jurisdictions utilizing the *Functional, Routines-Based IFSP Outcomes Review for Evidence of Standards* and was expanded this year to all LITPs as part of a self-assessment activity in preparation for regional professional learning opportunities. An additional IFSP review tool was developed to specifically identify social-emotional outcomes, services, and linkages.

3. The specific EBPs that have been implemented during Phase III, Year 2

During Phase III, Year 2, the SIT and four LITs continued to support the installation and initial implementation of EBPs (reflective coaching, RBI, and SEFEL). In November 2016, the SIT agreed to adopt the Shelden & Rush model of coaching families and colleagues, with five distinct characteristics of coaching - joint planning, observation, action/practice, reflection, and feedback. This led to consensus around using reflective coaching as the evidence-based adult interaction style to support any early intervention strategy.

During Phase III, Year 1, reflective coaching was only paired with SEFEL training and implementation. However, identifying a specific coaching model highlighted the need for more in-depth training of all RBI and SEFEL trainers/coaches around reflective coaching practices. The quarterly face-to-face coaches follow-up meetings, established during Phase III, Year 1, supported RBI trainers/coaches in the morning and SEFEL coaches in the afternoon. During Phase III, Year 2, beginning in February 2017, the quarterly face-to-face meetings were renamed *EBP Reflective Coaching Sessions* and were combined to include the cadre of RBI trainers/coaches and SEFEL coaches described below.

Over the past two years, with the assistance of the State RBI Content Expert, a cadre of local RBI trainers/coaches from each of the four SSIP jurisdictions have been trained to fidelity using the *RBI Implementation Checklist* (see pages 15-18 in Phase III, Year 1 report for more information). The local RBI trainers/coaches in each of the four SSIP jurisdictions are utilizing the RBI to complete evidence-based child and family assessment and are at various stages with training and coaching local early intervention providers. An additional seven jurisdictions have at least one local RBI trainer/coach who has been trained to fidelity and are at various stages of RBI implementation. The State RBI Content Expert is currently developing a database of all State-trained/local RBI trainers/coaches as well as those who have been nationally trained.

In collaboration with the State SEFEL Content Expert, a cadre of SEFEL coaches were identified and trained (see pages 18-19 in Phase III, Year 1 report) from the SSIP jurisdictions and continue to be supported through virtual and face-to-face follow-up coaching in the four SSIP jurisdictions. This cadre of local SEFEL coaches are providing ongoing coaching at the local level to early

intervention providers who have also been trained in the SEFEL model. The *Family Coaching Checklist* has been utilized to some extent as the ongoing self-reflective fidelity tool and as the foundation for coaching conversations. Continued implementation work during Year 3 by the SIT and LITs will focus on the rationale, purpose, and frequency of utilizing the *Family Coaching Checklist* by local early intervention staff. Additionally, the *Benchmarks of Quality (BOQ)*, completed twice during Phase III, Year 2, by local leaders and local SEFEL coaches, gauges the fidelity of SEFEL implementation in each local SSIP jurisdiction and assists the State SEFEL Content Expert with the focus of her follow-up coaching sessions. Continued work by the SIT and LITs in Year 3 will focus on how and with whom the *BOQ* is completed to gather accurate, actionable data to dynamically support sustainable infrastructure shifts for full implementation of the SEFEL model. During Year 2, an additional eight jurisdictions were trained in the MITP Home Visiting SEFEL model with follow-up coaching initiated in four of the LITPs. Further expansion of systems and content coaching support for SEFEL implementation will continue in Year 3.

Table 1 displays a brief overview of each of the four SSIP jurisdictions, the three EBPs, the implementation stage of each EBP during Phase III, Year 2 and a few of the key implementation activities.

Table 1. Key Activities/Implementation of Evidence-Based Practices

Evidence-Based Practice	Year 2 Implementation Stage	Year 2 Key Activities/Implementation of Evidence-Based Practices
Cecil County (CC)		
Reflective Coaching	Initial Implementation	<ul style="list-style-type: none"> Added an additional Service Coordinator position to allow for a lower caseload and time to coach for RBI and SEFEL with regular coaching sessions & documentation occurring Developed Local RBI training plan
Routines-Based Interview	Initial Implementation	<ul style="list-style-type: none"> Professional Development: RBI; Theory of Practice for Service Coordinators; developing functional outcomes; overview of EBPs Planned PD for next year to include expanding to all district service providers Developed a Cecil County Public Schools Pyramid of social-emotional supports
SEFEL	Installation	<ul style="list-style-type: none"> Established a systematic request system for requesting support from a school psychologist (consultative or direct) Linked all resources through internal ITP resource system Implemented universal screening using ASQ-SE at six month reviews Continued regular ongoing reflective coaching sessions facilitated by State content expert in SEFEL with local SEFEL coaches Rush and Shelden: Three webinars, two on-site days, and six months of follow up Participated in EBP face-to-face Reflective Coaching Sessions
Frederick County (FC)		

Reflective Coaching	Initial Implementation	<ul style="list-style-type: none"> Hired a local Systems Coach to coordinate all EBP activities Met monthly with the LIT to guide the EBP implementation work and began utilizing the TAP-IT DP process in the Fall of 2017
Routines-Based Interview	Initial Implementation	<ul style="list-style-type: none"> Retrained all staff utilizing the revised B-K COS training protocol with follow-up coaching (i.e., additional scenarios using age-anchoring resources and COS Rating Prep Tool) Began development of onboarding process for reflective coaching (staff previously trained by Shelden & Rush) and COS Created a local RBI Training and Coaching Plan Trained all staff in content area for RBI and IFSP Outcomes Writing Began reflective coaching support for RBI coaching sessions with local providers (individually) and now have 10 early intervention providers trained to fidelity
SEFEL	Installation	<ul style="list-style-type: none"> Continued regular ongoing reflective coaching sessions facilitated by State content expert in RBI with State-trained local RBI trainers/ coaches Continued regular ongoing reflective coaching sessions facilitated by State content expert in SEFEL with local SEFEL coaches Began ongoing reflective coaching support around SEFEL strategies with local providers during designated regional teaming time Began discussing system level changes (i.e., social-emotional screening and assessment tools) based on BOQ data

Howard County (HC)

Reflective Coaching	Initial Implementation	<ul style="list-style-type: none"> Participated face-to-face training with Shelden and Rush - February 20-21, 2017 All staff completed six coaching logs and participated in team-based webinars with Rush and Shelden to review those logs. Once the work was complete, the final data indicated that 27 providers met full fidelity, five were approaching fidelity and three did not demonstrate fidelity July 1- Nov 30, 2017 Conducted initial RBI on-boarding with two new providers. Each provider has had an opportunity to observe and participate in several RBIs. A coach will schedule to complete a fidelity checklist with each prior to the end of the school year
Routines-Based Interview	Full Implementation	<ul style="list-style-type: none"> Coaches met with State RBI content expert to discuss needs and attended the MSDE EBP reflective coaching sessions this year. All staff are fully trained excluding the new providers ITP Leadership and LIT examining practices, particularly those in Tier 1 of SEFEL
SEFEL	Exploration/ Installation	<ul style="list-style-type: none"> Teams are in the process of analyzing data looking at correspondence between identified 25% delay in social-emotional development and IFSP outcomes Early Intervention Assessment Team is looking at best practices to infuse further screening of social-emotional needs for all referrals Local SEFEL coach attended the MSDE EBP meetings this year and ITP director has had additional meetings with State SEFEL content expert and B-K Liaison to discuss next steps regarding professional learning needs

Montgomery County (MC)

Reflective Coaching	Installation/ Initial Implementation	<ul style="list-style-type: none"> The LIT met twice a month to guide installation and implementation work. Shelden and Rush presented introductory material to all MCITP providers (~280-300 providers) in Fall 2016 Shelden and Rush returning for Spring Institute with more in-depth material for two days in April 2018 MCITP planning to train six teams of six master coaches each with Shelden and Rush using our Professional Learning Opportunities (PLO) Grant in conjunction with the Montgomery County Public Schools in Fall/Winter 2018/2019
Routines-Based Interview	Installation/ Initial Implementation	<ul style="list-style-type: none"> Local RBI coaches attended the quarterly EBP Reflective Coaching Sessions Trained 24 RBI coaches (in addition to the five or six trained by MSDE initially) between August and December 2017 Began training of first cohort of 48 RBI Interviewers in February 2018 - training is being offered in triads Next cohort is targeted to begin training in Fall 2018
SEFEL	Installation	<ul style="list-style-type: none"> All MCITP staff were SEFEL trained between September 2016 and the present Monthly coaches' meetings were initiated, but have been held inconsistently until recently due to multiple transitions of state EBP experts Local SEFEL coaches have attended the quarterly EBP Reflective Coaching Sessions

4. Brief overview of the year's evaluation activities, measures, and outcomes

Maryland and its partners developed the MITP SSIP evaluation plan in Phase II and made minor revisions to its plan in Phase III, Year 1 with the aid of external evaluators. During Year 2, continued work with external evaluators and stakeholders aligned the evaluation plan to the revised logic model which maps implementation activities and performance measures to the short, medium, and long-term outcomes. The evaluation includes formative data collection to support continuous improvement of SSIP implementation and to assess progress toward achieving (1) increased intra- and interagency collaboration and communication, (2) high quality professional learning and support to LITs through systems and content coaching in data-informed decision-making and EBPs, (3) increased capacity of LITPs to implement evidence-based strategies, (4) increased capacity of LITPs to measure child outcomes with fidelity, and (5) increased engagement of families as evidenced by functional, routines-based IFSP outcomes.

The evaluation is conducted by MSDE in collaboration with external evaluators and partners. During Year 2 implementation, evaluation activities focused on assessing (1) the quality of the professional development provided, (2) level of knowledge gained by participants, (3) identification of needs for follow-up and support, and (4) progress on implementation of data-informed decision making and EBPs. Details of the results are included in section B.1.b and section C of this report.

5. Highlights of changes to implementation and improvement strategies

The MSDE and the SIT continually assess implementation and improvement strategies and make adjustments based on intra- and interagency stakeholder feedback and results of efforts. In Year 1 of implementation, the SIT added a face-to-face retreat to the meeting structure and lengthened the monthly virtual meeting to 1.5 hours. Further adjustments to the SIT meeting structure were made in Year 2 by alternating a 1.5-hour virtual meeting with a 3-hour face-to-face meeting each month. The 1.5-hour meetings are for updates from LITs, the EBP Expert Teams, the MSDE, and other SIT members. The 3-hour in-person meeting allows for the SIT to receive joint training, engage in in-depth conversations, and complete the quarterly TAP-IT cycles. Additional changes to implementation and improvement strategies have in large part been a result of the discussions at the face-to-face meetings, including the TAP-IT process.

One significant change centered on the identification and implementation of EBPs. Initially, reflective coaching was paired with SEFEL training and implementation. However, there was consensus that reflective coaching was the preferred evidence-based adult interaction style that should be employed to support any early intervention strategy. It also became very apparent that there were many interpretations and versions of what reflective coaching looked like in practice. The SIT agreed to adopt the Sheldon & Rush model of coaching families and colleagues, with five distinct characteristics of coaching, as the reference for all trainings and conversations. This identification of a specific coaching model highlighted the need for more in-depth training of all RBI and SEFEL trainers/coaches to create a shared language and understanding of reflective coaching practices. Therefore, the quarterly EBP sessions that were split with RBI trainers/coaches meeting in the morning and SEFEL coaches in the afternoon were combined, beginning in February 2017, and the focus shifted to building coaching capacity and integration of practices across all EBPs.

The need for additional training on reflective coaching and support in integrated implementation of the EBPs also led to a change in planning for the annual summer RBI Institute, based on feedback from SSIP directors, local RBI and SEFEL trainers/coaches, and the State EBP expert team. Rather than bringing in a new third cohort for a week of RBI training and certification, the decision was made to bring the existing cohort of local RBI trainer/coaches (trained in August 2015 and 2016) together for a two-day EBP Summer Institute to deepen the level of understanding of RBI practices and the continued support around reflective coaching. A third day of this EBP Summer Institute focused on additional training on social-emotional development for both RBI and SEFEL coaches.

Finally, as the MSDE continued to attempt to collect implementation fidelity data, ongoing feedback received during the SIT meetings revealed that the timelines to complete fidelity checklists identified in the original evaluation plan were not realistic in practice. Initially, there was agreement that providers would complete fidelity checklists to be used primarily as a guide to reflective coaching conversations and the RBI or SEFEL checklist would be completed on alternating months. The frequency of completing the RBI checklist has been addressed within the context of developing a *Guide to RBI Training and Coaching Support* and adjusted to include the initial checklist needed for certification and then use of a reflective checklist (either the *RBI Implementation Checklist* or the *RBI-Fidelity Coach*) twice annually. The frequency of completing the *Family Coaching Checklist* for SEFEL strategies will be addressed within the SEFEL TAP-IT

cycle, to begin March 2018, with input from the model developers, State EBP expert team, SSIP directors, and the SIT.

Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

The MITP is clearly able to assess progress toward achieving intended improvements through infrastructure development and change, evidence-based practices implemented with fidelity, and progress of key measures/evaluation questions.

a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up.

The DSE/EIS B-K Liaisons continue to employ a Systems Coaching approach as the primary mechanism for providing support to the local level. Relationships across and between all levels of the SSIP teaming structures have continued to grow stronger through regular meetings and communication, joint training, and continuous formative assessment and adjustments of plans and practices. These relationships provide the foundation to engage in difficult conversations with a shared problem-solving lens that works towards moving closer to the common goal. The additional training and implementation of TAP-IT, the data-informed decision-making strategy, has solidified the SIT's focus and formation of steps to move forward based on stage-based implementation theory. The MSDE believes these teaming structures and practices, combined with Systems Coaching, has been instrumental in making progress towards the SSIP initiatives and will continue to build skills and capacity in these areas at the State and local level to support current implementation and sustainability as well as future statewide scale-up of initiatives.

Also, in March 2017, a SSIP Coordinator was hired to lead and align the Part C and Part B SSIP activities. This position brought focus and a consistent lens across the work that strengthened the DIT and was instrumental in establishing System Coaching protocols, self-assessment, and the initiation of the TA Tracking Log.

Additionally, in Year 2, the MITP began intensely focused efforts on addressing two significant infrastructure changes, namely the IFSP and the *Consolidated Local Implementation Grant (CLIG)*. In the process of scaling up to full implementation of EBPs throughout all phases of the SSIP, the MSDE collected anecdotal information about how the IFSP document and process support or challenge the use of recommended practices. It became apparent that the document and the process did not support implementation as intended, specifically related to authentic assessment, understanding family resources, priorities, and concerns, developing functional, routines-based IFSP outcomes, and providing routines-based intervention through an evidence-based teaming model.

As previously mentioned, IFSPs from 30 other states were reviewed in the spring and summer of 2017 and an IFSP workgroup convened, that included representation from jurisdictions across the State, to begin making recommendations for a revised IFSP process, document, and online tool. Feedback was gathered through multiple stakeholder groups, including the four SSIP jurisdictions,

resulting in the development of a new IFSP process, document, and online tool that will be released October 1, 2018. The new IFSP process is a substantial shift in process and requires local jurisdictions to make infrastructure shifts to meet the requirements of evaluation and assessment activities. The MITP expects this shift in personnel and infrastructure resources will result in more robust authentic assessment activities, leading to increases in participation-based intervention and ultimately, improved child outcomes.

The CLIG is the primary grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures. The implementation of new IFSP and COS processes necessitated modifications to the CLIG. The main component of the CLIG has historically been the development of the local Comprehensive System of Personnel Development (CSPD) Plan and thus focused primarily on staff training. The revised CLIG for FFY 2019 includes an Early Intervention Program Plan comprised of the following sections: Improvement/Corrective Action Plans, Public Awareness, COS Process, Effective IFSPs, and the CSPD Plan. Each section requires the consideration of data and strategies for improvement within the context of both infrastructure and personnel development in order to illustrate the necessity of organization and leadership factors to support implementation of EBPs and doesn't attribute successful implementation to solely staff capacity.

b. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects.

Phase III Year 2 continued to focus on clarifying and reaching consensus around the fidelity measures and collection processes of the three EBPs. The SIT adopted the SSIP evaluation plan in early 2017, which outlined the fidelity tools and the frequency of collection. Specifically, the *RBI Checklist* and the *SEFEL Family Coaching Checklist* were to be completed by local providers once every other month (alternating RBI and SEFEL) to guide reflective coaching conversations and to serve as the fidelity measure. The *SEFEL BOQ* and the *Coaching Practices Rating Scale* were to be completed at the quarterly EBP meetings. The reality of completing checklists at the identified frequency proved challenging and there was not shared understanding of the intended use of the data collected through the checklists. Therefore, the team has had to repeatedly revisit both the frequency and utility of fidelity checks and self-reflection. Thus, quantitative data is still evolving and does not yet allow definitive conclusions about the EBPs resulting in desired effects. Anecdotally though, the MITP recognizes several themes:

- The MSDE has identified reflective coaching as the evidence-based adult learning strategy to support the training and ongoing coaching to implement both RBI and SEFEL strategies, as well as at the system level through the B-K Liaisons. Increased focus and emphasis on reflective coaching was evident in the realignment of the quarterly face-to-face meetings of the RBI and SEFEL coaches. Originally, the two groups of coaches convened separately with the State expert content coach to review EBP-specific strategies, increase deeper understanding of strategies, and to reflect on the process of coaching colleagues to implement the practices. Participants voiced strong reservations about their own capacity to coach colleagues and thus the quarterly sessions' primary focus shifted to reflective coaching across all evidence-based

practices. The intention was to measure fidelity of coaching at each of the quarterly EBP Reflective Coaching Sessions with a self-assessment using the *Coaching Practices Rating Scale* but the process and data collection proved challenging. Adjustments to both the form and the collection process is expected to improve the quality and quantity of data. However, there continues to be discussion about the usefulness of the tool and whether it truly measures fidelity. The team will need to continue exploring this and consult Drs. Sheldon and Rush about the intended use of the scale and how it is “scored.” The team may also consider a mechanism for measuring effectiveness of reflective coaching from local providers, in addition to the self-assessment of the coach.

Two of the four SSIP jurisdictions have created system coaching positions that allows the local coach to have designated time in the daily or weekly schedule dedicated to coaching colleagues in RBI and SEFEL implementation. These two local system coaches report increased confidence and competence in their reflective coaching ability with colleagues. It is expected that results of this infrastructure change will impact reflective coaching fidelity data as well as increased implementation of EBPs with fidelity.

Anecdotally, the discussions and collective comments during the quarterly EBP Reflective Coaching Sessions indicate an improved understanding of reflective coaching with colleagues. Participants’ attitudes and beliefs about coaching colleagues is shifting and there is increased openness to engage in reflective conversations and problem-solving related to implementation with fidelity. This will certainly continue to be a primary focus of current work and the lens by which future roll-out and scale-up of EBPs will be planned.

- As a result of the challenge in collecting fidelity data as originally outlined in the SSIP evaluation plan, the SIT TAP-IT Cycles 1 and 2 focused on RBI and the processes of training, certification, and ongoing support and fidelity. A *Training and Support Guide* was finalized at the end of Cycle 2 and outlines the minimum expectations of training, certification, and ongoing coaching at the State and local levels. In addition to the requirements for initial certification, the SIT reached consensus to have local providers complete a self-reflective checklist (e.g., the *RBI Checklist with Eco Map* or the *RBI-FC*) twice per year to be used in reflective coaching sessions and to report as fidelity data. This modification to the plan is too recent to have data to report on. The data focus of Cycles 1 and 2 was on the number of staff trained to fidelity in RBI and showed increases that support the MITP’s model of training and ongoing coaching.
- As with the *RBI Checklist*, the *SEFEL Family Coaching Checklist* was not completed as originally planned. During the next two TAP-IT Cycles, the SIT will focus on SEFEL, including the fidelity measures and collection methods and frequency. The MITP has reached out to the national SEFEL model developers for guidance on the frequency of completing the *Family Coaching Checklist*. Their initial response is that it should be completed after every visit with a family that social-emotional needs are addressed. This will be an important point of conversation with the SIT members.

Adjustments to the completion of the *BOQ* have already been planned and will be finalized as part of the next two SIT TAP-IT Cycles. Challenges of completing the *BOQ* at the quarterly EBP Reflective Coaching sessions included not having enough time to dedicate to this with the focus shift of those sessions to coaching, not having shared understanding of the indicators on the *BOQ*, and not always having directors and local system level knowledge on which to base responses. This resulted in questionable *BOQ* data that seemed mismatched to knowledge of local systems. Therefore, the SIT will begin the SEFEL TAP-IT cycles with a discussion facilitated by the SEFEL State Expert Content coaches, leading the team through clarification of each indicator, as each of the four local SSIP jurisdictions complete their *BOQ* based on increased understanding. The team will then use the data through this activity to plan next steps.

- Finally, the common concern that runs through the challenges of completing fidelity checklists is the utility of doing so through a reflective process. The MITP believes that the value in completing the checklists lies more in the process of taking time to step back from the work and reflect on how it's going at all levels (i.e., child/family, provider, program, and State) rather than as an evaluative measure. However, because programs and providers are more familiar with concepts of evaluating work based on scores, creating the time and space to truly reflect on process and procedures has not been prioritized or even realized in some cases. The MITP will continue to need to build understanding and capacity in reflective practices as the mechanism to coach, develop, and grow, that then in turn will also produce fidelity measures.
- c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR.**

To recap, work has continued on all outputs identified in the *MITP SSIP Logic Model*. Notable additions that had not begun in Year 1 include the *TA Protocol* and the revised IFSP process and tool. The TA Protocol was drafted and has been initially implemented by the MSDE. The IFSP process and tool was developed throughout Year 2 with input from multiple stakeholder groups and was presented statewide at regional PLOs in Fall 2017. The online tool is nearing completion of development and statewide regional IFSP training will be in June 2018.

In Phase III Year 2, the MITP continued building on the foundational objectives of participation and learning that began in Year 1, including providing high quality professional learning opportunities and high-quality coaching and resources to support ongoing implementation. As previously discussed, the SIT spent much of the year increasing knowledge of and implementing the data-informed decision-making process, TAP-IT. While the EBP State Content Expert Team increased efforts to strengthen understanding and implementation of reflective coaching as the adult interaction style to support local implementation of the RBI and SEFEL model. The 2017 EBP Summer Institute provided an opportunity for the existing cohort of state-trained RBI trainer/coaches to deepen their understanding of the components of the RBI and an additional day for both RBI and SEFEL coaches to learn more about social-emotional development, attachment, and early childhood mental health. The DSE/EIS rounded out the year's professional learning activities with statewide regional Early Childhood PLOs, focusing on the evidence-based practices

to build comprehensive birth-kindergarten systems, as well as COS Process Training of Trainers to improve fidelity throughout the State.

The MITP acknowledges there continues to be a need for ongoing professional learning opportunities combined with ongoing Reflective Coaching at all levels to achieve the provider and program behavior changes identified as medium-term outcomes. The medium-term outcomes related to implementation continued to build on Year 1 activities and are discussed throughout this report. In general, infrastructure improvements were noted through stronger, higher performing teams both at the State and local levels. The SIT and LITs continue to refine and bring shared understanding of their focused work through the use of increased communication and collaboration and the TAP-IT process. It is expected that Year 3 will continue to build the effectiveness of all teams and bring the State closer to the desired long-term outcomes.

The four LITPs implementing the three identified EBPs are at varying stages of implementation, ranging from exploration to full implementation, as would be expected in Phase III, Year 2. All four LITPs report the implementation of the RBI to be either at initial or full implementation, whereas the stage of implementation of SEFEL is reported as only exploration and/or installation across all four jurisdictions. All four LITPs report initial installation of Reflective Coaching. Although the SIT continues to modify the fidelity data collection tools and processes related to implementation of each EBP and therefore doesn't currently have strong fidelity data, the stage of implementation self-reported by each LITP offers some insight to implementation successes and challenges. Based on SIT and LIT conversations, there seems to be consensus that because the RBI is a specific process/activity carried out at the provider level, with a clearly defined checklist, there is more clarity and thus confidence in the implementation and the measuring of fidelity.

In contrast, SEFEL is a model that requires infrastructure and personnel competency components to be in place to be considered implemented. The fact that the four LITPs report SEFEL implementation as exploration or installation actually reflects a truer understanding of the model in its entirety. Prior to this year's use of the *BOQ*, LITP directors reported saying SEFEL was being implemented based only on staff participation and completion of training. The SIT anticipates that after the SEFEL TAP-IT cycle, which will begin with a facilitated discussion of the *BOQ*, the data will be more accurate and the components necessary for full implementation will be made clear and provide direction for action planning.

Gauging the implementation and measuring fidelity of Reflective Coaching has also been more challenging than expected throughout Year 2 due to the ongoing evolution of thinking about Reflective Coaching as it pertains not only to families but especially to and among providers and team members. Again, because reflective coaching is an approach to adult learning, or a "stance" for the work, it is often more nebulous to train on, implement, and measure. Building capacity of coaches requires them to have time with their own coach to model and reinforce the characteristics of coaching. Again, it is not simply a matter of having personnel trained in coaching. The State and local programs need to address how the infrastructure impacts the true implementation of reflective coaching, including creating a culture that values reflective practices and the identification of an evidence-based teaming model that utilizes Reflective Coaching as the mechanism to build team capacity.

Overall, the MITP continues to build on short-term outcomes and to make progress towards the medium-term outcomes. Moving forward continues to be an iterative, recursive process that requires teams at all levels to modify and adapt expectations and next steps to ensure outcomes are achieved. The MITP is confident that the EBPs and both the infrastructure and personnel development strategies identified will continue moving MD towards the long-term impact goal.

d. Measurable improvements in the SiMR in relation to targets

The MITP SiMR focuses on an increased rate of growth of positive social-emotional skills and relationships for infants, toddlers, and preschool age children with developmental delays/disabilities in four LITPs, as measured by Part C Indicator 3A, Summary Statement #1. As reported in the Phase III Year 1 report, baseline data and targets were adjusted for 2015/2016 due to a change in methodology in data collection of B-K child outcomes. Targets were set for the four LITPs to increase by one percentage point each year through FFY 2018. The table below shows the baseline data (2015/16), target and actual data for 2016/17 (July 1, 2016-June 30, 2017), target for 2017/18, and actual *partial* data for 2017/18 (July 1, 2017-Dec. 31, 2017), and the target for 2018/19.

2015/2016 Baseline	2016/2017 Target	2016/2017 Actual Data	2017/2018 Target	7/1/2017- 12/31/17 Actual Data	2018/2019 Target
47.23%	48.23%	50.84%	49.23%	52.35%	50.23%

The four jurisdiction’s aggregate data for 2016/2017 exceeded the target by 2.6 percentage points and as of December 31, 2017, the 2017/2018 actual data exceeds the target by 3.12 percentage points, potentially tracking to exceed the 2017/2018 target.

Plans for Next Year

1. Additional activities to be implemented next year, with timeline

Reflecting on Year 2 implementation and outcomes data, the MITP will continue building on and strengthening current strategies and add a few additional improvement activities to be implemented in Year 3. These include:

- The implementation of the revised IFSP process and document, including development of TOT materials, an IFSP Process Guidance document, and online training support (May 1, 2018-Dec. 31, 2018);
- A written protocol for SEFEL Training and Coaching (April 2018-Sept. 2018);
- Revision to the *Coaching Feedback Questionnaire* (May 2018);
- A written protocol for monitoring COS Process fidelity (June 2018);
- Completion of the Maryland COS Competency Check following COS training (June 2018);
- Participation of the external evaluator in SIT meetings twice annually (beginning March

2018);

- SSIP evaluation plan components in monthly EBP expert meetings to ensure alignment of relevant data collection and planning activities (beginning March 2018);
- MSDE and Maryland Department of Health (MDH) collaboration to begin exploring the creation of a guidance document to provide clarification around MA billing for EBPs (beginning April 2018);
- Beginning revisions to the MITP Suitable Qualifications process (beginning July 2018); and
- Beginning planning for infrastructure and personnel development needs to continue statewide implementation of EBPs, including ongoing coaching support (beginning March 2018).

These activities are primarily additionally detailed action items of strategies already included in the action plan and does not require a revision to the plan at this time.

2. Planned evaluation activities including data collection, measures, and expected outcomes

Based on the challenges of EBP fidelity data collection in Year 2 and SIT conversations, the MITP SSIP Evaluation Plan will need to modify the frequency of data collection for each EBP. While new collection frequencies have been identified for RBI data, the team will not address frequency of data collection related to SEFEL until the SIT SEFEL TAP-IT cycle beginning March 2018. This process will include the discussion with SEFEL model developers for guidance. Similarly, the SIT needs to consult the developers of the Reflective Coaching model for guidance around fidelity measures to make necessary adjustments to the tool and frequency of data collection.

In the process of summarizing Year 2 evaluation activities, it became apparent that the reports from the EBP experts did not clearly align with the MITP evaluation plan. Therefore, the MITP will provide clarification about SSIP evaluation measures and jointly determine the appropriate collection and reporting mechanisms to meet both the MITP's and consulting agencies' evaluation needs. This will become a standing agenda item in the monthly EBP meetings. Additionally, the external SSIP evaluator will participate in at least two SIT meetings annually to ensure shared understanding of data collection needs.

In summary, the MSDE, in collaboration with external evaluators and stakeholders, will continue to monitor evaluation activities and modify data collections, measures, and/or expected outcomes as appropriate.

3. Anticipated barriers and steps to address those barriers

As always, time is the most significant barrier to planning and the realization of implementation and evaluation of EBPs that result in improved outcomes for children and families. The format and venue for the SIT meetings have evolved in an attempt to address both the lack of time together to do the focused SSIP work and the sense of urgency to do it, balanced with the constant and increasing demands of the daily work. However, the narrow focus of TAP-IT cycles and the set

frequency of face-to-face SIT meetings to complete TAP-IT may require the re-examination of meeting type and frequency to move the work forward at an agreeable pace.

Another critical consideration for the SIT is the ability for providers to truly internalize the EBPs in a way that allows for full integration and implementation within a service delivery model. This will require continued open communication and ongoing reflective coaching at all levels.

4. The State describes any needs for additional support and/or TA

In FFY 2015, the MITP became members of the Social-Emotional Outcomes (SEO) Collaborative, sponsored by the National Center for Systemic Improvement (NCSI) in partnership with ECTA, and continues to benefit greatly from the technical and programmatic support for systems change. Sharing with other states around implementation successes and challenges and the one-on-one TA support from NCSI has informed Maryland's Year 2 SSIP implementation and evaluation. Additionally, MITP staff participate regularly in the Integrating Outcomes Learning Community and the COS Data Community of Practice for tech TA around the implementation of an integrated COS process with fidelity and using COS data for program improvement. The MITP does not have additional support needs at this time but feels strongly connected with several TA providers if it should become necessary.

Identification and Correction of Noncompliance that occurred in SFY 2015.

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 15) were corrected as soon as possible or within 12 months. When noncompliance was identified, local ITPs 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 TA was provided when necessary. The MSDE closely monitored the correction of noncompliance in each jurisdiction.

The MITP - The Extended IFSP Option - Maryland's B-K 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 2017, there was a 26-point gap between the percentage of children with disabilities fully ready for kindergarten and their same age non-disabled peers.

Another 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 at least 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.

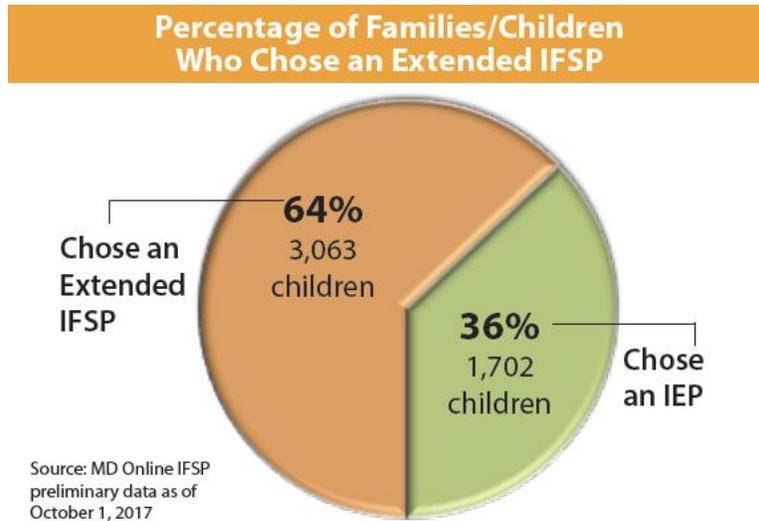
The location of services provided to three-year-olds receiving special education services was an additional factor for continuing the Extended IFSP Option. The annual special education census report for the 2016-2017 school year indicated that only 20.87% of three year-old children served through an IEP received special education in regular early childhood settings with their typical peers, as compared to over 42% of children on the Extended IFSP Option receiving services in community early childhood settings.

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.

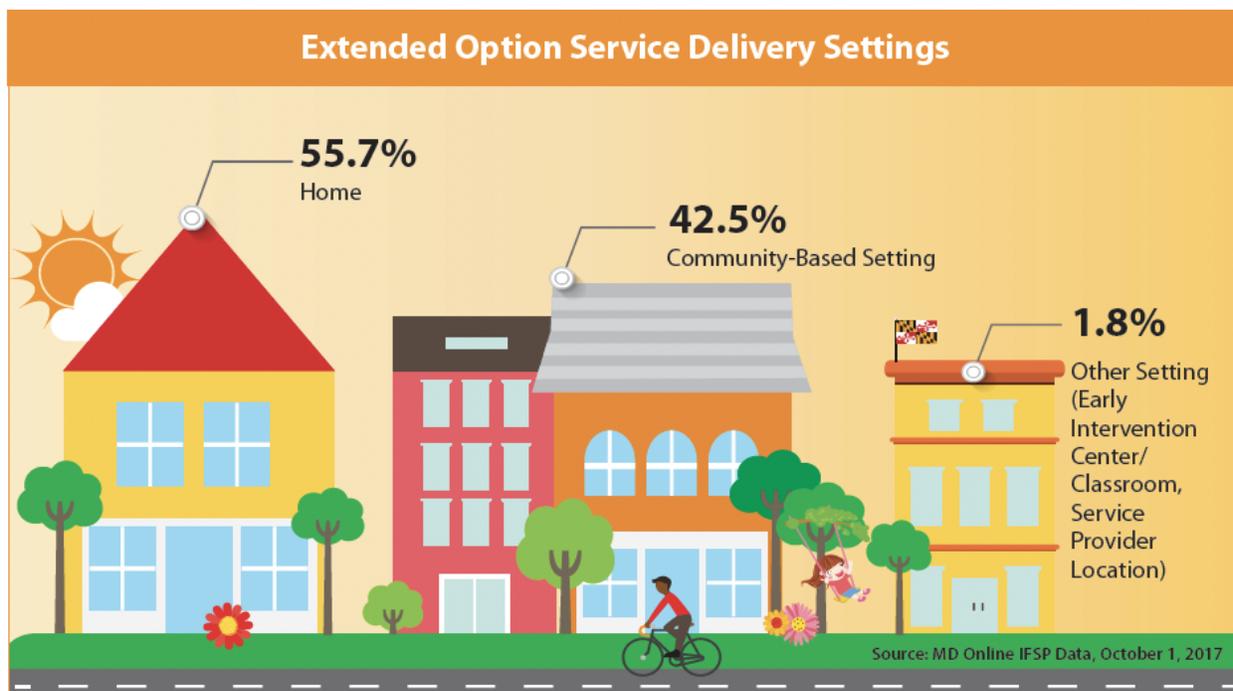
Performance Results of the MITP –

From the Child’s 3rd Birthday to the Beginning of the School Year Following the Child’s 4th Birthday

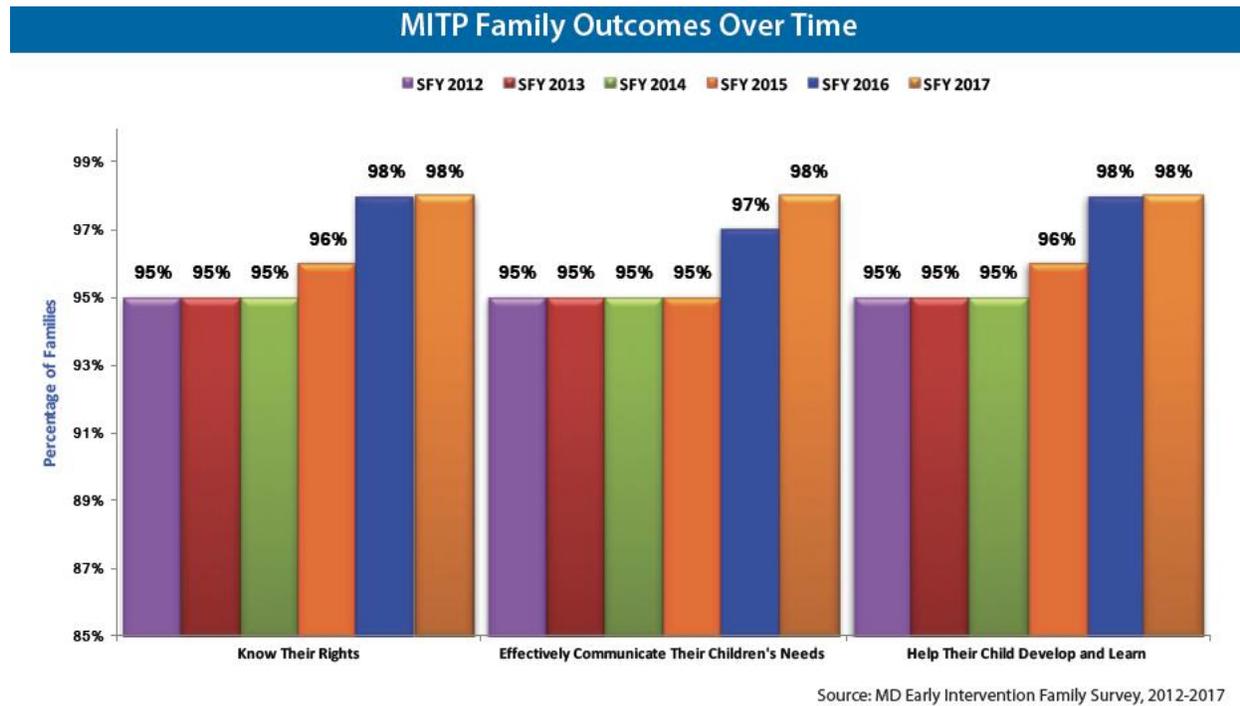
The figure below shows that in SFY 2017, 64% of families chose to continue with IFSP services, while 36% of families chose to move to services through an IEP.



In examining location of service data for children receiving Extended IFSP Option services on October 1, 2017, the following chart indicates that children in the Extended Option received 98.2% of their services in natural environments, including home and community-based settings.



Family outcome results were positive with regard to children receiving services through an Extended IFSP. As part of the SFY 2017 Family Survey completed to report on family outcomes to the USDE, MITP added two additional questions for families participating in the Extended IFSP Option. The results in the chart below show that 98% of families 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 (95) percent of families agreed, strongly agreed, or very strongly agreed that “early intervention services have helped me and/or my family support my child to be ready for school by assisting me to teach my child pre-reading activities (such as naming pictures) and pre-math activities (such as sorting household items).”



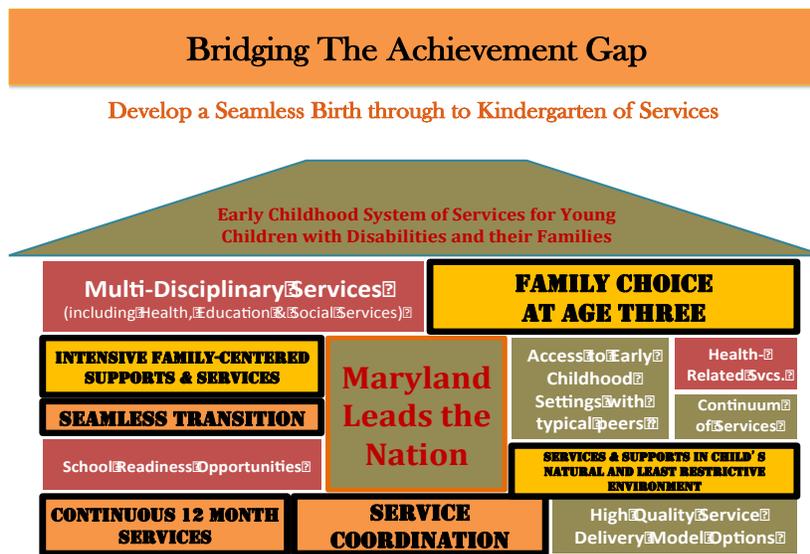
MOVING MARYLAND FORWARD

Building a B-K System of Services

Funding to initially support the Extended IFSP Option was the result of the federal American Recovery and Reinvestment Act (ARRA) Program and served as a catalyst in building Maryland’s B-K 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 preschool special education services with full access, participation, and supports.

- We know effective early intervention and preschool special education supports the development of positive social-emotional skills and social relationships, the acquisition and use of knowledge and skills to successfully participate in activities, and the use of appropriate behaviors to meet needs that lead to increased independence.
- We know intentionally engaging families as equal and informed partners supports families to know their rights, effectively communicate their child’s needs, and help their child develop and learn.
- We know children learn best through natural learning opportunities in everyday routines and activities in home, community, and early childhood settings with typical peers.
- We know meaningful, inclusive early childhood opportunities are an evidence-based practice that must be supported by a skilled and competent workforce.
- We know strong alignment across early childhood program and systems creates seamless transitions to local school systems and public agencies.

Maryland’s local ITPs and preschool special education services cannot function in programmatic, personnel, and/or fiscal silos. Interagency and intra-agency collaboration is required to ensure appropriate settings and services for all children. With additional fiscal support, Maryland will continue building a seamless, comprehensive system of coordinated services to realize the ultimate goal of all young children ready for school and ready to learn.



SUMMARY & RECOMMENDATION

The MITP continues to demonstrate high levels of both compliance and results. The State's longitudinal data show that the benefits of participating in the program are lasting well into elementary school. Each year, the MITP provides early intervention services to more and more children and their families, without any significant increases in funding. Since FY 2003, there has been a 99% increase in the number of eligible children receiving early intervention services (9,182 in FY2003 compared to 18,302 in FY2017). While the number of children and families served by local ITPs has significantly increased, the State funding to local programs has remained level funded since SFY 2009. Similarly, the IDEA Part C federal funding remained relatively consistent since SFY 2007. For SFY 2017, local governments contributed more than **79% 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 adopting the Extended IFSP, the Assistant State Superintendent of the DSE/EIS 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.

Implementing a seamless B-K system of services for infants, toddlers, and preschool-age children and their families supports the USDE'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 B-K 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 B-K 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 B-K system of services; and
- Promote collaboration and coordination of home-based services between local ITPs and Local School System preschool special education services with other home visiting programs.

Additional funding 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, meaningful access to the general education early childhood curriculum, and improved performance on critical school readiness child outcomes.