

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

June 1, 2019

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

RE: SFY 2018 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 (MSDE) is submitting *A Report on the Effectiveness of the State's Early Intervention System under the Individuals with Disabilities Education Act (IDEA)* for the period covering State Fiscal Year 2017-2018.

This report specifically addresses the provision of a Statewide community-based interagency system of comprehensive, coordinated early intervention services for young children with disabilities and their families. 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 Early Intervention Services/Special Education Services, at 410-767-0238 or by email at [marcella.franczkowski@maryland.gov](mailto:marcella.franczkowski@maryland.gov).

Best Regards,

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

Attachment

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Marcella E. Franczkowski  
Brenda Hussey-Gardner

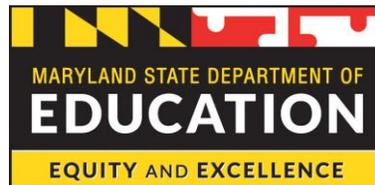
# **The Maryland Infants and Toddlers Program (MITP)**

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

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**Due: June 1, 2019**

**School Year 2017-2018**



*Prepared by the:*

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

*Submitted by the:*

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Division of Early Intervention/Special Education 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, 2019**

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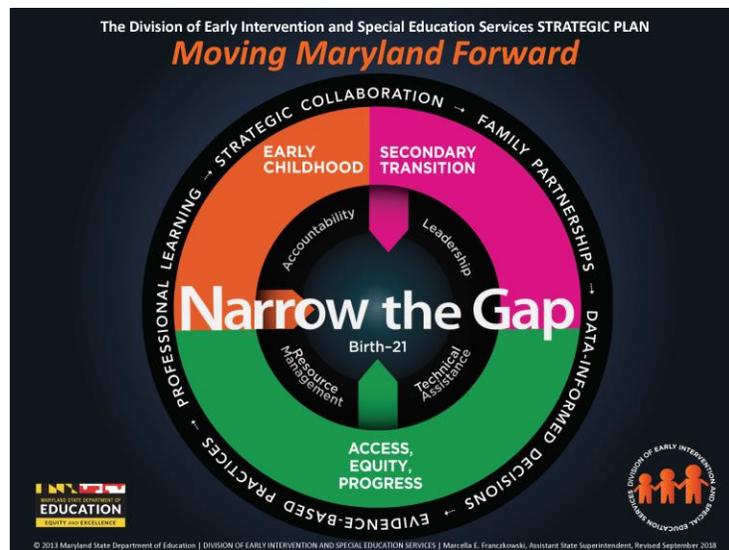
Lawrence J. Hogan, Jr.  
Governor

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## Introduction

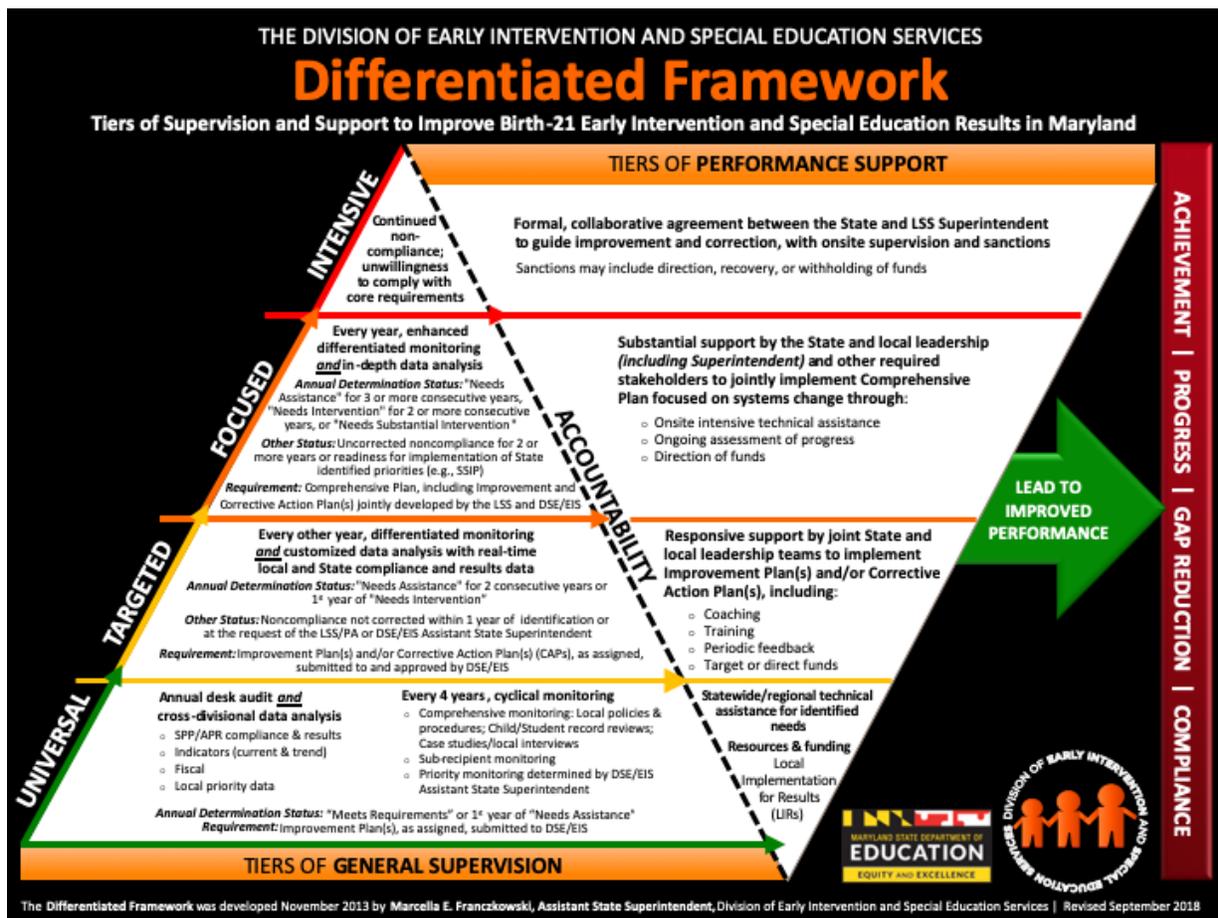
The Maryland State Department of Education (MSDE), Division of Early Intervention/Special Education Services (DEI/SES) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers 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 DEI/SES, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 15,997<sup>1</sup> infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2018. Additionally, in SFY 2018, families of 3,454 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 2018 was 19,451.

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 DEI/SES 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.



<sup>1</sup> This number includes only children receiving services who were younger than 3 years.

To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, the MSDE implements a *Differentiated Framework: Tiers of General Supervision and Engagement*, which assigns public agencies to varying levels of monitoring and support based on performance on Annual Performance Report indicators, analysis of data, correction of noncompliance, fiscal management, and monitoring findings. This method of general supervision also ensures that infants and toddlers with disabilities and their families receive the services and supports to which they are entitled under Part C of the Individuals with Disabilities Education Act (IDEA). Based on SFY 2018 data, 21 Local Infants and Toddlers Programs (LITPs) were assigned to the Universal Tier of General Supervision and three LITPs were assigned to the Targeted Tier of General Supervision.



Consistent with the Tiers of General Supervision and Engagement, the MSDE also provides performance support and TA to 24 local ITPs (20 of which are Education Lead Agencies and four of which are Health Department Lead Agencies: Baltimore County, Baltimore City, Frederick County, and Montgomery County), the Maryland School for the Deaf, and the Maryland School for the Blind to improve results for young children and their families. Additionally, four LITPs received a Focused Tier of Performance Support as part of their voluntary participation in the Maryland Infants and Toddlers State Systemic Improvement Plan (SSIP).

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 2018.

### **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 2017 longitudinal research continues to validate the importance of starting early. Based on 18,237 Part C recipients that were tracked into Maryland schools and participated in statewide testing in 2017, 68% were enrolled in General Education by third 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 family's 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 DEI/SES 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 2018 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 2018; and
  - Implementation of child specific case studies, service provider interviews, and evidence of standards for effective, functional, routines-based IFSP outcomes in SFY 2018, 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 Indicators<sup>2</sup>). 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 twelve consecutive years.

<b>Fiscal Year</b>	<b>State Determination</b>
<b>SFY 2006</b>	Meets Requirements
<b>SFY 2007</b>	Meets Requirements
<b>SFY 2008</b>	Meets Requirements
<b>SFY 2009</b>	Meets Requirements
<b>SFY 2010</b>	Meets Requirements
<b>SFY 2011</b>	Meets Requirements
<b>SFY 2012</b>	Meets Requirements
<b>SFY 2013</b>	Meets Requirements
<b>SFY 2014</b>	Meets Requirements
<b>SFY 2015</b>	Meets Requirements
<b>SFY 2016</b>	Meets Requirements
<b>SFY 2017</b>	Meets Requirements
<b>SFY 2018</b>	Not Yet Received

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<sup>2</sup> 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.

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

### **Performance Measures**

The measures of effectiveness for the MITP include the USDE compliance indicators (CI) with federal targets of 100%, and the USDE results indicators (RI) with targets set by the MSDE with input from stakeholders, including the State Interagency Coordinating Council (SICC). When targets for compliance and results indicators are not met, local 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	7/1/17 to 6/30/18
Percentage within timeline or with family-related reason for delay	<b>98.28%</b>	<b>98.37%</b>	<b>97.24%</b>	<b>97.86%</b>

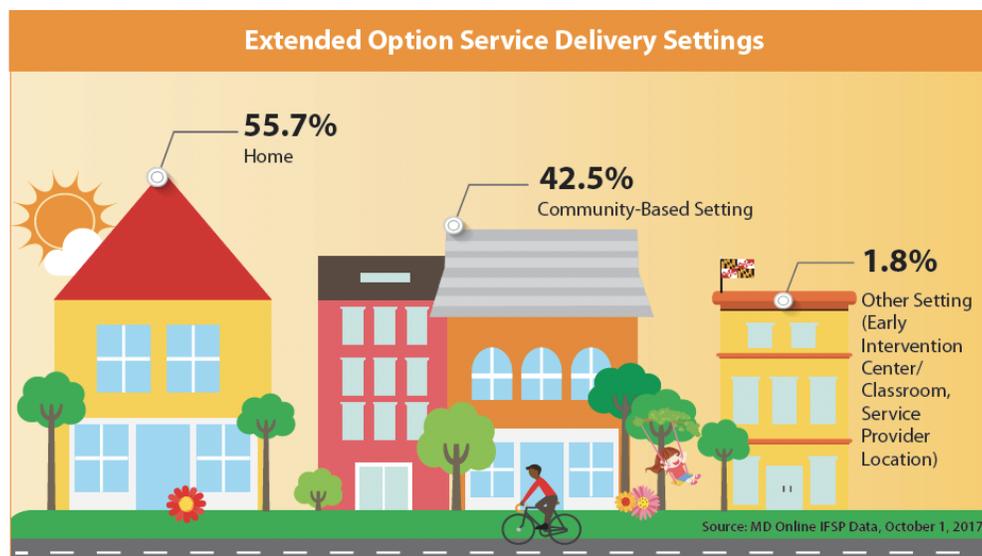
2. Delivery of Services in Natural Environments (i.e., home or community settings with typically developing children)

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 that the MITP serves eligible young children and their families 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 10/1/17 was 97.44%.

Snapshot Date	10/1/14 <sup>3</sup>	10/1/15	10/1/16	10/1/17
Percentage of children birth to three served in natural environments	97.53%	97.37%	97.83%	97.44%

The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/17 was 98.2%. Performance on this indicator for both age groups exceeded the State target of 94.0%. Over the past five years, efforts to increase access for children to receive services in community settings have been beneficial. In particular, 42.5% of children 3 and 4 years of age received the majority of services in community settings in SFY 2018, compared to 35.6% in SFY 2012.



### 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 2018 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	Number of	State
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<sup>3</sup> In SFY 2015, the State changed its snapshot count reporting date, from the last Friday in October to October 1<sup>st</sup>, to more closely align with the child count date for general education reporting.

	<b>substantially increased their rate of growth by the time they turned three years</b>	<b>children exiting</b>	<b>target*</b>
Positive social-emotional development	61.11%	N = 4,091	62.05%
Acquisition and use of knowledge and skills	66.13%	N = 4,568	65.61%
Use of appropriate behaviors to meet their needs	68.42%	N = 5,048	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.

<b>Child Outcome Area</b>	<b>% of children who exited the program at age level</b>	<b>Number of children exiting</b>	<b>State target*</b>
Positive social-emotional development	53.19%	N = 5,492	60.00%
Acquisition and use of knowledge and skills	49.16%	N = 5,492	54.15%
Use of appropriate behaviors to meet their needs	45.84%	N = 5,493	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.

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:

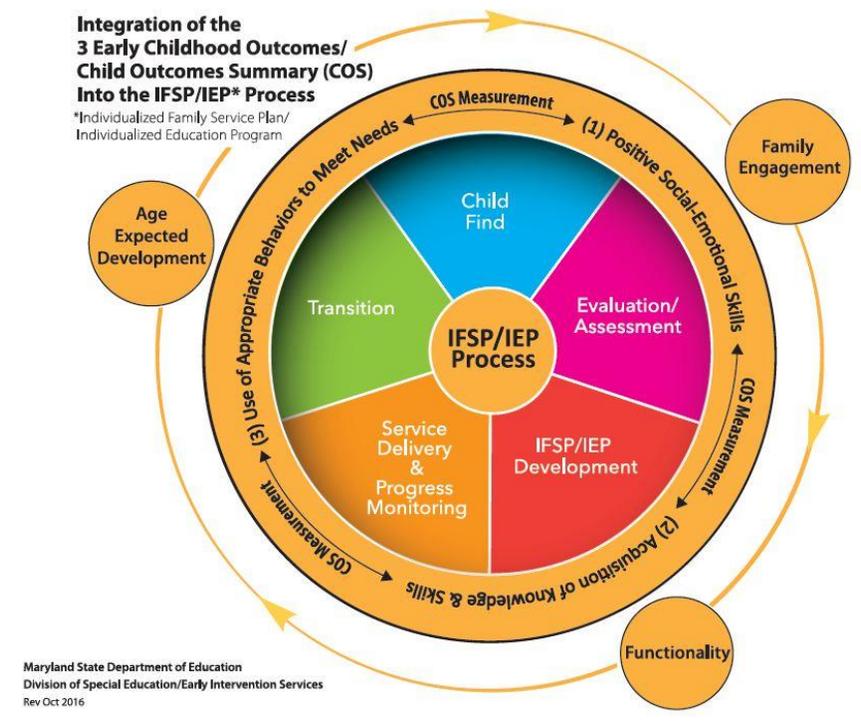
- 73% of children made as much or more progress than their typically developing peers in social-emotional development;
- 74% of children made as much or more progress than their typically developing peers in learning new skills; and
- 74% of children made as much or more progress than their typically 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 DEI/SES developed and disseminated a [COS TA Bulletin](#) to support the implementation of the COS rating process B-K in Maryland. In November 2017, the DEI/SES rolled out a new Birth to Kindergarten Child Outcomes Summary (COS) training protocol with a [comprehensive website](#) to support integration of early childhood outcomes into the IFSP and IEP process and the COS rating process to fidelity



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 2016-2018 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, accessed online, or mailed to them by a local ITP. There were English and Spanish versions of the survey and cover letter.

<b>Family Outcome Indicators</b>	<b>SFY 2016</b>	<b>SFY 2017</b>	<b>SFY 2018</b>
Families know their rights	<b>98.10%</b> State Target 85.00%	<b>98.18%</b> State Target 87.00%	<b>97.91%</b> State Target 89.00%
Families effectively communicate the needs of their children	<b>95.31%</b> State Target 83.40%	<b>97.74%</b> State Target 85.60%	<b>98.05%</b> State Target 87.80%
Families are able to help their children develop/learn	<b>95.37%</b> State Target 90.00%	<b>97.88%</b> State Target 90.50%	<b>98.31%</b> State Target 91.00%

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 for the past eight years for all three family outcomes. The overall survey response rate for SFY 2018 was 35.79%.

Family outcome results were also positive with regard to children receiving services through an Extended IFSP. As part of the SFY 2018 Family Survey completed to report on family outcomes to the USDE, MITP added two additional questions for families participating in the Extended IFSP Option. These results show:

- 97.4% 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.”
- 96.4% 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).”

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 four-year period. The State target was 1.54% in SFY 2018 which was not met by .01% based on the 10/1/17 snapshot count.

<b>Snapshot Date</b>	<b>10/1/14<sup>4</sup></b>	<b>10/1/15</b>	<b>10/1/16</b>	<b>10/1/17</b>
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<sup>4</sup> In SFY 2015, the State changed its snapshot count reporting date, from the last Friday in October to October 1<sup>st</sup>, to more closely align with the child count date for general education reporting.

% of children served	1.53%	1.61%	1.59%	1.54%
Maryland Resident Population Birth-to-One	73,284 in 2014	72,907 in 2015	72,580 in 2016	72,259 in 2017

*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 3.20% in SFY 2018. The percentage of children receiving services exceeded the State target for the last four years.

<b>Snapshot Date</b>	<b>10/1/14<sup>5</sup></b>	<b>10/1/15</b>	<b>10/1/16</b>	<b>10/1/17</b>
% of children served	3.50%	3.55%	3.68%	3.86%
Maryland Resident Population Birth-to-Three	220,661 in 2014	219,479 in 2015	220,056 in 2016	219,724 in 2017

*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 2018 demonstrates a continued high level of compliance, with a slight decrease noted. 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 over the past four years.

<b>Referral Date Range</b>	<b>7/1/14 to 6/30/15</b>	<b>7/1/15 to 6/30/16</b>	<b>7/1/16 to 6/30/17</b>	<b>7/1/17 to 6/30/18</b>
Percentage within the timeline or with family-related reason for delay	98.87%	98.06%	98.53%	97.16%

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

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

third birthday, so that there is no interruption in services when a child has his or her third birthday. The need for timely transition planning has gotten even more crucial since Maryland began providing families with an option to continue services on an IFSP after the child's third birthday effective February 1, 2010. Maryland continues to provide this option, known as the Extended IFSP Option, until the beginning of the school year following the child's fourth birthday. During the Spring of 2016, the DEI/SES 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 tables below show the percentage of children and families with timely transition steps and services included on the IFSP, the percentage of children for which the SEA and LEA was notified in a timely manner, and the percentage of children and families with timely transition planning meetings.

<b>Transition Date Range</b>	<b>7/1/14 to 6/30/15</b>	<b>7/1/15 to 6/30/16</b>	<b>7/1/16 to 6/30/17</b>	<b>7/1/17 to 6/30/18</b>
Percentage of children with timely transition steps and services included on the IFSP	99.95%	99.97%	99.82%	99.93%

<b>Transition Date Range</b>	<b>7/1/14 to 6/30/15</b>	<b>7/1/15 to 6/30/16</b>	<b>7/1/16 to 6/30/17</b>	<b>7/1/17 to 6/30/18</b>
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%	100%

<b>Transition Date Range</b>	<b>7/1/14 to 6/30/15</b>	<b>7/1/15 to 6/30/16</b>	<b>7/1/16 to 6/30/17</b>	<b>7/1/17 to 6/30/18</b>
Percentage of children with timely transition planning meetings or family-related reason for delay	99.06%	99.35%	99.62%	99.75%

## 9. Resolution Sessions

There were no resolution sessions in SFY 2018.

10. Mediation Agreements

There were no mediations held in SFY 2018.

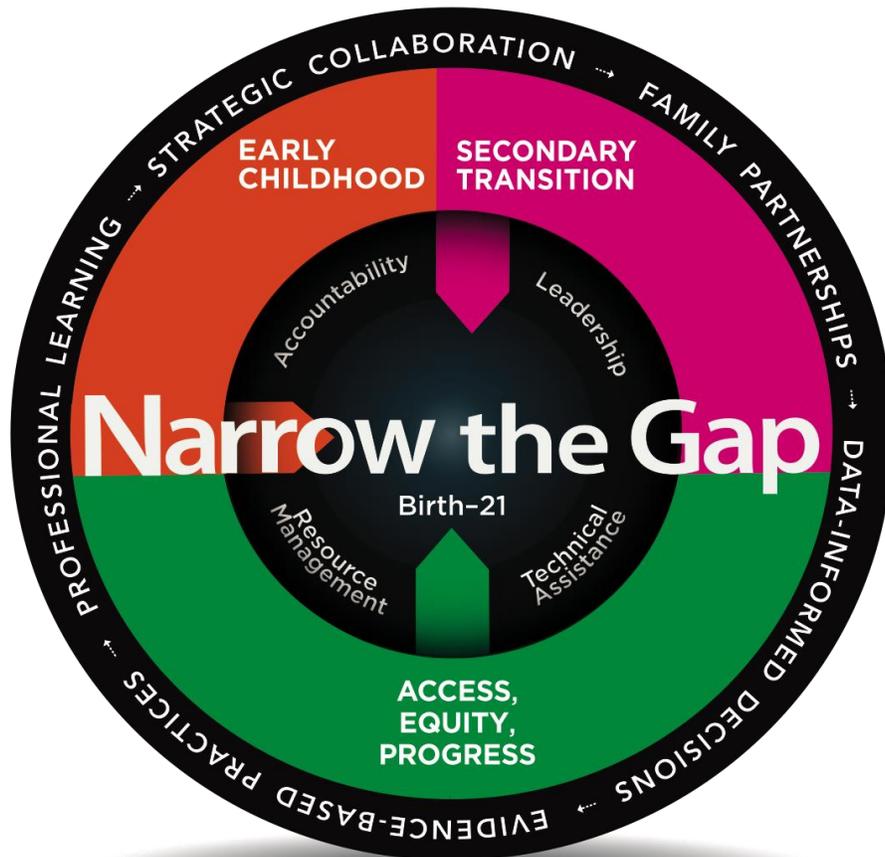
11. SSIP

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 3 SSIP report submitted to the Office of Special Education Programs at the USDE.



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

**Maryland Part C State Systemic Improvement Plan:  
Executive Summary  
Phase III, Year 3  
(January 1, 2018 – December 31, 2018)**



**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 State Systemic Improvement Plan

## Executive Summary

### Part C Phase III, Year 3

#### Overview

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, and resource management to implement a seamless system of services Birth to Kindergarten. With a laser focus on the Division of Early Intervention and Special Education Services' (DEI/SES) 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. The phased work of Maryland's Part C State Systemic Improvement Plan (SSIP) with continuous stakeholder guidance, provides a vehicle to focus on positive social-emotional development, skills, and relationships to prepare our youngest learners for kindergarten. Significant implementation and outcomes progress occurred during Phase III, Year 3 as evaluation activities moved forward leading to adjustments in implementation. Creating shared understanding through effective, high-performing teams to make data-informed decisions 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 3 including clear descriptions of the coherent improvement strategies aligned to the DEI/SES strategic plan with focus areas of participation and learning, improvements to infrastructure, and implementation of evidence-based practices with fidelity, explanations 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. Maryland's Part C SSIP has intensified State/local collaborative work which is now leading to shifts in statewide procedures and practices supporting overall implementation of evidence-based practices. These include:

- significant revisions to the local grant application for the distribution of early intervention funding to local programs to identify infrastructure and personnel development strategies needed for continuous improvement, including the implementation of EBPs;
- the implementation of a revised Individualized Family Service Plan (IFSP) process and document to support EBPs in the development, implementation and evaluation of IFSPs; and
- the development of revised early intervention personnel standards, going into effect on July 1, 2019, to ensure all staff have foundational skills in key principles and recommended practices.

## Summary of Phase III, Year 3

### 1. Theory of Action, Logic Model, and State-identified Measurable Result (SiMR)

Implementation of Maryland's Part C SSIP is in its third year as key partners, internal and external stakeholders, and an external evaluator, continued to strengthen the alignment of the theory of action, the logic model, and the evaluation plan.

Maryland's *Theory of Action* is:

**IF** the Maryland Infants and Toddlers Program (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 through systems and content coaching in:

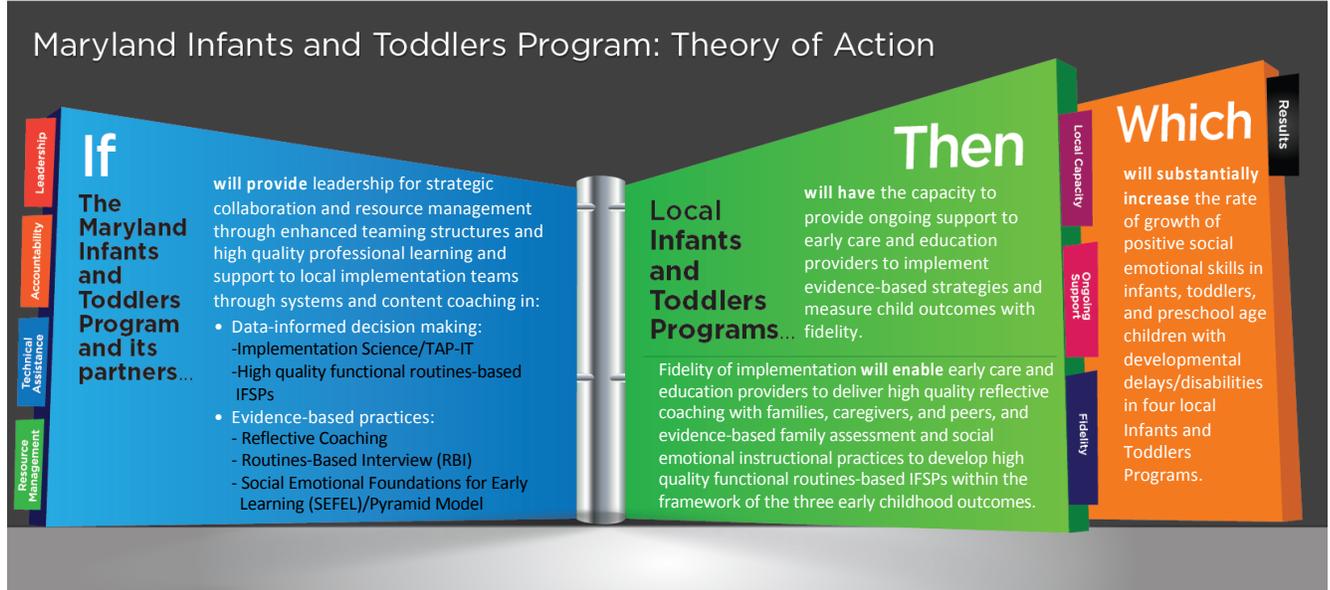
- Data-informed decision-making:
  - Implementation Science/Team, Analyze, Plan, Implement, Track (TAP-IT);
  - Effective, Functional, Routines-Based IFSPs; and
- Evidence-based practices:
  - Reflective Coaching;
  - Routines-Based Interview (RBI); and
  - Social Emotional Foundations for Early Learning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

**THEN** local Infants and Toddlers Programs 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 Infants and Toddlers Programs (Figure 1).

**Figure 1. Maryland Infants and Toddlers Program: Theory of Action**

State Systemic Improvement Plan (SSIP) | Maryland Part C



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 continued to be gathered during Phase III, to build a shared vision around evidence-based practices supporting social-emotional development. In Phase III, Year 2 a minor revision was made to the *Maryland Infants and Toddlers Program: Theory of Action* as the MSDE and stakeholders identified reflective coaching as the evidence-based adult learning strategy to support the training and ongoing coaching to implement both the Routines-Based Interview (RBI) and Social Emotional Foundations for Early Learning (SEFEL). In previous versions of the *Theory of Action*, reflective coaching was only tied to the implementation of SEFEL. During Phase III, Year 3 stakeholders agreed to begin using the term SEFEL/Pyramid Model to integrate this framework across education systems (Birth – 21) in alignment with the work of the National Center for Pyramid Model Innovations (NCPMI). Pyramid Model is reflected in both the *MITP Theory of Action* and the *MITP Part C Logic Model*.

Last year in 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). No further revisions to the logic model were made during Phase III, Year 3. The logic model continues to serve as the foundation of the evaluation plan with the resources invested supporting implementation activities and outputs through effective teaming, technical assistance activities, professional learning opportunities, and tools. The impact of these resources and activities are intended to result in:

- a) active participation and learning by all participants (short-term outcomes);
- b) improvements in infrastructure and local implementation of evidence-based practices with fidelity (medium-term outcomes); and ultimately
- c) an increase in the rate of growth of positive social-emotional skills and relationships for young children with disabilities.

The *Theory of Action* is represented through a detailed logic model that demonstrates the flow from inputs and outputs, and from outputs to outcomes (Figure 2). The long-term result of increasing positive social-emotional skills and relationships is expected to be directly influenced by both infrastructure improvements and implementation of evidence-based practices with fidelity. This can only occur if key partners and stakeholders are engaged and actively involved in the process.

**The Maryland Infants and Toddlers Program State Systemic Improvement Plan: Logic Model**

INPUTS	IMPLEMENTATION		OUTCOMES		
	ACTIVITIES	OUTPUTS	SHORT TERM Foundation	MEDIUM TERM Implementation	LONG TERM Impact
<b>Resources we Invest</b> <ul style="list-style-type: none"> <li>□ MSDE DSE/EIS Strategic Plan</li> <li>□ Intra- and inter-agency State and local staff</li> <li>□ Research on Evidence Based Practices and Implementation Science in EC</li> <li>□ Partnerships with local lead agencies and external organizations (PPMD, MCIE, IHEs)</li> <li>□ National, State, and local experts</li> <li>□ MSDE Resources (data systems, B-K Child Outcome Gateway, Maryland Learning Links, Making Access Happen, SEFEL/PM Website)</li> <li>□ Online real-time IFSP data system in LADSS</li> <li>□ COS integrated into IFSP and IEP</li> <li>□ Tiers of General Supervision/Engagement structure</li> <li>□ Systems Coaching</li> <li>□ Braided Funding</li> <li>□ Broad stakeholder involvement</li> </ul>	<b>Actions we Take</b> <ul style="list-style-type: none"> <li>□ <b>Engage</b> in strategic partnerships/Teaming Structures</li> <li>□ <b>Develop</b> Professional Learning (PL)/Training for State and Local Implementation Teams in: Implementation Science (IS) Tools, Systems Coaching and TAP-IT</li> <li>□ <b>Conduct</b> needs assessments/surveys with local programs around EBPs and COS</li> <li>□ <b>Conduct</b> professional learning and ongoing follow-up content coaching in EBPs (Reflective Coaching, RBI, SEFEL/PM)</li> <li>□ <b>Develop</b> PL/Training for implementation of RBI, Reflective Coaching/SEFEL/PM, including use of the Child Outcomes Summary (COS) process with fidelity</li> <li>□ <b>Assemble</b> workgroups for ongoing COS/IFSP work</li> <li>□ <b>Disseminate</b> resources to promote implementation, scale-up, and sustainability</li> </ul>	<b>Products we Generate</b> <ul style="list-style-type: none"> <li>• Effective State Communication</li> <li>• Trained MSDE Systems Coaches (B-K Liaisons)</li> <li>• Trained Local Systems Coaches skilled in TAP-IT and stage-based EBP implementation</li> <li>• Protocol for State/LITP Technical Assistance</li> <li>• Online resources to support systems coaching, IS, and TAP-IT</li> <li>• Implementation fidelity tools for TAP-IT, systems coaching, EBPs and COS</li> <li>• IFSP process/tools to support implementation of EBPs</li> <li>• State/Local Annual Professional Learning Institutes</li> </ul>	<b>Participation and Learning</b> <p><b>MSDE and LITP provide:</b></p> <ul style="list-style-type: none"> <li>• High Quality PD</li> <li>• High Quality Resources</li> </ul> <p><b>Participants learn:</b></p> <ul style="list-style-type: none"> <li>□ Mental health services/agencies (local/state)</li> <li>□ Systems Coaching</li> <li>□ Data-Informed Decision Making</li> <li>□ Reflective Content Coaching</li> <li>□ Social Emotional Foundations for Early Learning (SEFEL)/Pyramid Model (PM)</li> <li>□ Routines Based Interview (RBI)</li> <li>□ Integrating EBPs into functional routines-based IFSPs</li> <li>□ COS process</li> </ul> <p><b>Participants Use:</b></p> <ul style="list-style-type: none"> <li>• Available Resources related to EBPs and the COS process</li> </ul>	<b>Changes that Occur</b> <p><b>Infrastructure Improvements</b></p> <ul style="list-style-type: none"> <li>• MSDE increases strategic communication and collaboration with intra- and inter-agency stakeholders to support SSIP implementation</li> <li>• State systems coaches provide programmatic support and technical assistance consistent with the MD Differentiated Framework to local programs to implement EBP with fidelity</li> <li>• State and Local implementation teams use an evidence-based data-informed decision making process with fidelity</li> </ul> <p><b>Four (4) LITPs implement EBPs in early intervention</b></p> <ul style="list-style-type: none"> <li>• SSIP Programs have initiated the practice of using RBIs with fidelity</li> <li>• SEFEL/PM is implemented in SSIP Programs with fidelity</li> <li>• Reflective Systems and Content Coaching is implemented with fidelity</li> <li>• IFSP child and family outcomes demonstrate "high quality"</li> <li>• COS is implemented with fidelity</li> </ul>	<b>Results for Children</b> <p><b>The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children</b></p>

January 2019

**Figure 2. Maryland Infants and Toddlers Program - Part C SSIP Logic Model with SiMR**

The State-identified Measurable Result (SiMR) measures the overall impact or long-term results of the Part C SSIP work. The MITP will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children (Indicator 3A, Summary Statement #1). Table 1 below shows the child outcomes data aggregated and weighted across the four SSIP jurisdictions from baseline (2015/2016) to current (2017/2018). Please note the baseline was re-adjusted in the Phase III, Year 1 report to account for new changes in data collection methodology of child outcomes.

**Table 1. Indicator 3A, Summary Statement #1 Results for Infants, Toddlers, and Preschoolers Across the Four SSIP Local Infants and Toddlers Programs (LITPs)**

2015/2016 - Baseline	2016/2017	2017/2018
47.23%	50.84%	50.59%

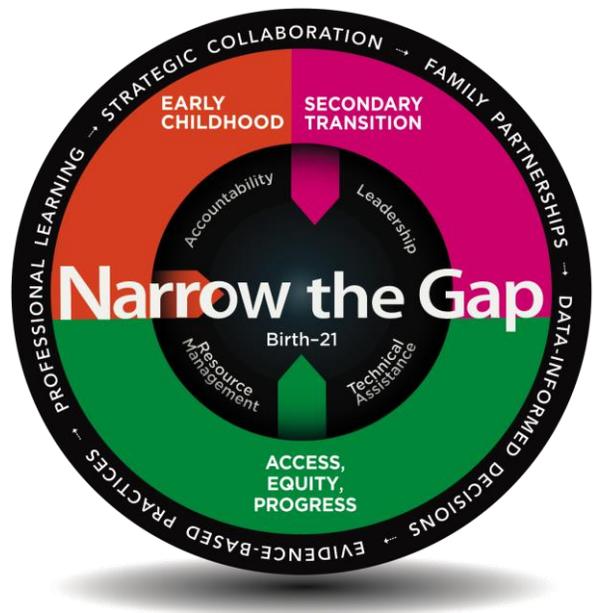
After an initial increase last year, the child outcomes results have remained steady in Phase III, Year 3. Gains in progress take time since the child outcomes rating process is done at the end of a child’s time in Part C services and in Maryland that may not occur until the beginning of the school year following the child’s fourth birthday. These overall results are expected and the State will continue to monitor implementation and child outcomes progress throughout the year and in future reports to illustrate a clear picture of SSIP effects.

## 2. Coherent Improvement Strategies Implemented

Throughout the development and implementation of the SSIP, the MSDE DEI/SES Strategic Plan, *Moving Maryland Forward: Sharpen the Focus for 2020*, has three strategic imperatives driving the work of the Division: (1) Early Childhood; (2) Access, Equity, and Progress; and (3) Secondary Transition. The work of the Part C SSIP aligns with the early childhood imperative to narrow the school readiness gap. The strategic plan calls for the implementation of five key strategies that cross all three imperatives to improve results for children and youth with disabilities and their families:

- Strategic Collaboration
- Family Partnerships
- Data-Informed Decisions
- Evidence-Based Practices
- Professional Learning

While focusing on the implementation activities and strategies in the theory of action, logic model, and evaluation plan, the work of the Part C SSIP is aligned with the strategic plan and early childhood goal: **to implement a seamless and comprehensive statewide system of coordinated services within home, community, and early childhood settings for children with disabilities - birth to kindergarten - and their families to narrow the school readiness gap, specifically in the area of social-emotional development and relationships.**



The focused work of the Part C SSIP has evolved to reflect and align the strategic plan’s key strategies with acknowledgement that each of these improvement strategies must address both personnel development needs AND infrastructure enhancements.

Coherent improvement strategies:

- Professional Learning: including coaching, technical assistance, resource development, and information dissemination
- Content Coaching and Systems Coaching
- Evidence-Based Practices with Fidelity: Reflective Coaching, Routines-Based Interview, SEFEL/Pyramid Model, Data-Informed Decision Making
- Strategic Collaboration and Data-Informed Decision Making with Stakeholders
- Family Partnerships

### Professional Learning

During Phase III, Year 3 professional learning activities were implemented with the four SSIP LITPs as well as with Maryland’s Birth to Kindergarten early intervention and preschool special education leaders. The DEI/SES maintained contracts with the University of Maryland School of Social Work (UM-SSW) and the Johns Hopkins University/Center for Technology in Education (JHU-CTE) to support State-level content experts in Reflective Coaching, RBI, and SEFEL/PM. The four SSIP LITPs participated in both ongoing as well as differentiated professional learning and coaching activities based on identified local program implementation needs producing steady gains in knowledge and skills.

During 2017, the MSDE DEI/SES developed, piloted, and rolled out a new Birth to Kindergarten Child Outcomes Summary (COS) training protocol with a comprehensive website to support integration of early childhood outcomes into the IFSP and IEP process and the COS rating process to fidelity (refer to MD Part C SSIP, Phase III, Year 2 Report pgs. 10-11). Over the course of Phase III, Year 3, local programs have trained early intervention and preschool special education providers and teachers using the revised training protocol. The Maryland Child Outcomes Summary-Competency Check (MD COS-CC) was developed and piloted as the culminating activity at the end of training. This online assessment has 15 knowledge questions and a case study supporting Maryland’s COS Core Components for fidelity. During 2018, the majority of staff in the four SSIP LITPs completed and passed the MD COS-CC. The MSDE is requiring all early intervention staff to complete this competency check by the end of SFY 2020.

**COS TRAINING SUPPORT**

04

COS Training Plan    COS Training Materials    COS Fidelity & Refresher Training    MD COS Competency

**MD COS Competency Check**

**MD COS Competency Check**

As part of the training, all personnel are required to complete and pass the Maryland COS Competency Check, including knowledge assessment questions. To evaluate your learning, you will now complete these activities.

**Section A** presents an assessment with content knowledge questions. These questions are in a multiple-choice format.

**Section B** involves specific details of a case study, i.e., Braylon, with activities designed to increase your knowledge and awareness of Braylon’s development of functional skills. In order to adequately prepare yourself for the COS Rating Prep Tool activity, you should thoroughly review the content in Sections 01 through 05 and complete all activities. Upon familiarizing yourself with that content, move to the Section for the COS Rating Prep Tool.

**Section C** allows you to enter a COS rating using the information from Braylon’s case study documented in Section B. Provide your COS rating for Braylon in Section 08.

In June 2018, the State engaged all LITPs in five regional IFSP Training of Trainers (ToTs) to support the rollout of Maryland’s revised IFSP process, document, and online tool. Following the June 2018 ToT, each local program including the four SSIP LITPs began training all early intervention staff in preparation for the rollout of the revised IFSP system on October 1, 2018. Anecdotal data from the SSIP LITPs indicate the revised IFSP better supports evidence-based

early intervention service delivery, and in particular authentic child and family assessment practices.

Finally, the State continued to engage in a *Regionalization for Results* model to support the implementation of the MSDE DEI/SES strategic plan in early childhood through five regional professional learning opportunities with Birth to Kindergarten early intervention and special/general education leaders. Last year the focus was *From Roots to Results: Implementing a Birth to Kindergarten System of Services Through Evidence-Based Teaming Practices, Natural and Inclusive Learning Opportunities, and Effective Coaching*. This year in December 2018, the emphasis was *Implementing a Comprehensive Early Childhood System: Focus on Fidelity*. The Part C SSIP work has directly impacted the content and delivery of these professional learning efforts which also include local early childhood implementation grants to focus on the installation, implementation, scale-up, and sustainability of evidence-based practices with fidelity.

#### Systems and Content Coaching

During Phase III, Year 3 the State continued implementation of Systems Coaching through regional Birth to Kindergarten Liaisons/State Systems coaches. This strategy provides a high level of engagement with all four of the Part C SSIP programs who are identified as being in the Focused Tier of Performance Support within the DEI/SES Differentiated Framework (refer to MD Part C SSIP, Phase III, Year 2 Report pgs. 6-7). Systems Coaching continued as the technical assistance (TA) approach employed by the DEI/SES to implement the Tiers of General Supervision and Performance Support with all Local Lead Agencies (LLAs) and Local School Systems (LSSs). All universal, targeted, and focused programmatic support and TA are documented in the DEI/SES TA Log.

The DEI/SES also continued to support State-level content experts/coaches, contracted with UM-SSW and JHU-CTE, to provide regular coaching cycles with local content coaches around the implementation of RBI and SEFEL/PM. This year, quarterly reflective coaching sessions were specifically focused on skill-building around colleague-to-colleague reflective coaching. Regular individualized coaching sessions were held with local coaches and local leaders for each SSIP program based on identified priorities and needs. While LITPs are setting aside time to make the regular, ongoing coaching a priority, further capacity building is needed to effectively address social-emotional needs of children and families and to support colleague-to-colleague reflective coaching.

#### Evidence-Based Practices with Fidelity

As the four LITPs, in collaboration with the State, have worked to install, implement, and scale-up evidence-based practices, fidelity of implementation has started to emerge. The State Implementation Team (SIT) finalized the *Guide to RBI Training and Coaching* in the beginning of 2018, which outlines the minimum expectations of training, certification, and ongoing coaching at the State and local levels. Initial RBI implementation to fidelity, using the RBI Implementation Checklist, has almost doubled across four LITPs over the past year.

While all four LITPs have differing levels of implementation of SEFEL/PM, collective agreement by the SIT on the *Home Visiting Benchmarks of Quality* (BoQ) increased fidelity of implementation of Tier 1 Data-Based Decision-Making practices. Three out of the four LITPs are now implementing a social emotional screening process. In Year 4, the SIT has agreed to

utilize the revised *Pyramid Model Early Intervention BoQ* developed by NCPMI, as well as explore implementation of the *Early Interventionist Pyramid Model Practitioner Fidelity Tool* when it is completed.

With the shift during Phase III, Year 2 of reflective coaching as the evidence-based adult interaction style to support any early intervention strategy, there was a heightened focus this year on colleague-to-colleague coaching practices during the quarterly EBP reflective coaching sessions. Moderate gains in knowledge and skills by local content coaches were noted as measured by the *Coaching Practices Rating Scale* self-assessment tool. Each of the four SSIP LITPs has realized the need for a targeted focus on reflective coaching at the practitioner level as well as with colleagues. Continued work with national experts around reflective coaching to fidelity will be a priority over the next year through State and local sponsored Master Coach training.



During Phase III, Year 3, the State continued to support an evidence-based data-informed decision-making model, TAP-IT (Team, Analyze, Plan, Implement, Track), integrated within a digital portfolio referred to as the TAP-IT DP. This evidence-based tool specifically assists the State Implementation Team (SIT) and the four Local Implementation Teams (LITs) to use data in a practice to policy feedback loop to make needed adjustments

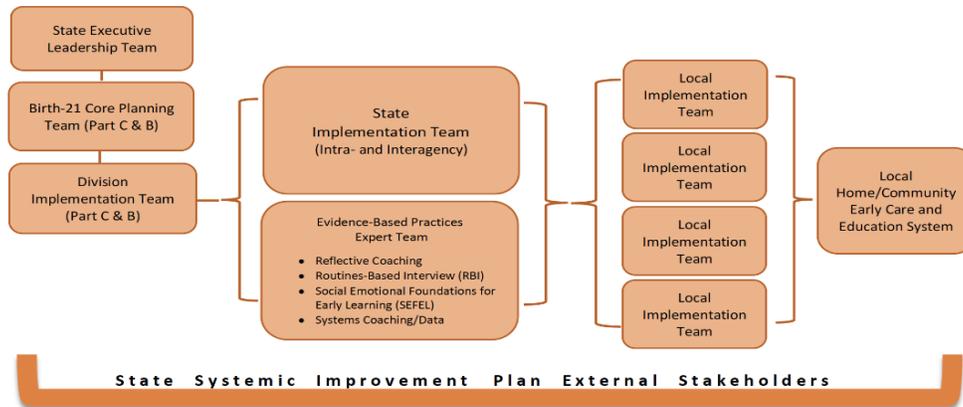
when implementing EBPs (Reflective Coaching, RBI, SEFEL/PM), the COS process, and high-quality, functional, routines-based IFSPs (refer to MD Part C SSIP, Phase III, Year 2 Report pgs. 9-10). Both the SIT and LITs became more versed in the TAP-IT process this year, although fidelity of implementation at the local level requires additional attention.

### Strategic Collaboration for Data-Informed Decisions with Stakeholders

During Phase III, Year 3 the State continued to leverage strategic collaborations by engaging key early childhood partners and by supporting consistent, involved implementation teams. The Maryland Part C SSIP Teaming Infrastructure (Figure 3) continues to provide robust direction and support through ongoing stakeholder engagement for effective SSIP implementation and evaluation. The SIT became a powerful vehicle to move the work forward with key partners and LITP leaders making adjustments based on data to improve implementation at the local level. LITs met regularly to specifically review data and problem-solve strategies for effective implementation at the practitioner level. With documented strategic collaboration results, this teaming infrastructure provides a model for the scale-up of local seamless, comprehensive Birth to Kindergarten (B-K) systems.

**Figure 3. Maryland Part C SSIP: Implementation Teaming Infrastructure**

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



**Family Partnerships**

A specific outgrowth from the intra- and interagency work of the SIT was the initiation of a new collaboration with The Parents’ Place of Maryland (PPMD), the statewide Parent Training and Information Center funded by OSEP. PPMD is a key partner on the SIT and through this collaboration the need was identified to intentionally engage families of young children receiving early intervention services in a parent leadership program. During Phase III, Year 3, the MSDE DEI/SES funded PPMD to develop, pilot, and evaluate a new multi-session training program called *Baby LEADers: Beginning the Journey*. This program has been specifically designed for parents of children receiving early intervention, preschool, or kindergarten special education services. PPMD provides regular updates about the start-up of the *Baby LEADers* program to the SIT and plans to share evaluation data at the end of the pilot training phase to determine next steps.

**3. Evidence-Based Practices Implemented**

During Phase III, Year 3, the SIT and four LITs continued to support the installation and initial to full implementation of evidence-based practices (reflective coaching, RBI, and SEFEL/PM). Table 2 displays a brief overview of each of the four SSIP jurisdictions, the three EBPs, the implementation stage of each EBP and the overall focus of implementation activities during Phase III, Year 3.

**Table 2. Key Activities/Implementation of Evidence-Based Practices**

Evidence-Based Practice	Year 3 Implementation Stage	Year 3 Overall Focus of Implementation Activities
<b>Cecil County</b>		
Reflective Coaching	Planning for Full Implementation	Cecil County was trained by Shelden and Rush and has started to implement reflective coaching with parents. They are continuing to develop reflective coaching with parents as children transition into the 3-year old program. They have made infrastructure changes to support colleague-to-colleague coaching around EBPs and the COS process.
Routines-Based Interview	Planning for Full Implementation	Cecil County is following the recommended implementation created by the State for RBI. They have 4 staff members trained to fidelity and 10 staff in training now.
SEFEL/Pyramid Model	Initial Implementation	Cecil County began using the Benchmarks of Quality this year and has initiated a social-emotional screening process.
<b>Frederick County</b>		
Reflective Coaching	Initial Implementation	Frederick County is using reflective coaching with staff in their program and also with families. They are working on developing their own fidelity of implementation tool for reflective coaching internally to help with onboarding new staff. Infrastructure shifts through a systems coach and site-level local coaches continue to support colleague-to-colleague coaching around EBPs and the COS process.
Routines-Based Interview	Planning for Full Implementation	Frederick County has trained all staff and have over 33% of staff trained to fidelity. Frederick County is also doing re-checks of local coaches.
SEFEL/Pyramid Model	Initial Implementation	Frederick County began roll-out of the SEFEL/PM, in particular Tier 1 social-emotional screening practices. The LIT is waiting until the new NCPMI home visiting checklists are released to focus on fidelity of

		implementation at the provider level.
<b>Howard County</b>		
Reflective Coaching	Planning for Full Implementation	Howard County was trained this year by Sheldon and Rush and have identified a need to develop an ongoing fidelity process for reflective coaching through Master Coaches. A systems coach is in place to support colleague-to-colleague coaching around EBPs.
Routines-Based Interview	Planning for Full Implementation	Howard County has fully implemented RBI, and this is an area of strength for the county. They are working on how to effectively integrate RBI into development and implementation of the IFSP.
SEFEL/Pyramid Model	Initial Implementation	Howard County is doing training on mental health and assessment tools. They have put in a place a social-emotional screening process. The focus this year has been the impact of trauma and parent mental health on child development.
<b>Montgomery County</b>		
Reflective Coaching	Installation	Montgomery County has been using the family coaching checklist provided by the MSDE and will be moving forward with a stronger emphasis on reflective coaching with fidelity.
Routines-Based Interview	Initial Implementation	Montgomery County, with the help of the State RBI coach, is developing an ongoing training program to support 300 staff. Approximately 25% of their staff have been trained to fidelity in RBI.
SEFEL/Pyramid Model	Installation	Montgomery County has worked on getting buy-in for this EBP and is beginning to utilize the Pyramid Model as a framework to support all EBPs. There will be more training specific to SEFEL/PM in April 2019.

#### 4. Overview of Evaluation Activities, Measures, and Outcomes

The MSDE DEI/SES, in collaboration with internal and external stakeholders and its partners at AnLar (a Washington, D.C.-based educational consulting firm), UM-SSW, and JHU-CTE, has continued to implement, collect extensive data, and monitor the year's evaluation activities, measures, and outcomes. The evaluation plan developed in previous years was developed by the MITP with stakeholder input to ensure that progress toward the SiMR is being achieved. Section C of the full report provides an extensive review of the evaluation data findings, including

numerous tables and figures which show data collected during the previous year. The evaluation activities continued to focus on refining, disseminating, and implementing content and system coaching practices, implementing EBPs with fidelity, and working on collaboration and teaming.

In alignment with the logic model, four key focus areas for the SSIP work have been identified: Participation and Learning; Improvements to Infrastructure; Fidelity of Implementation of Evidence-Based Practices (EBPs); and Progress Toward Achievement of the SiMR. In Section C of the full Part C SSIP report, evaluation questions are presented in each of the four areas in tables which describe the measures for the implementation and outcome questions, data sources, data collection procedures and timing, and current data. Where applicable, change from baseline was included in the charts to show progress. Challenges are also presented in each of the four areas as well as practice highlights from participating SSIP counties. Overall the evaluation findings show continued success in moving the State toward the improvements necessary to achieve the SiMR.

## **5. Highlights of Changes to Implementation and Improvement Strategies**

The MSDE DEI/SES in collaboration with the SIT continually assess data around implementation and improvement strategies to make adjustments based on intra- and interagency stakeholder feedback. One significant adjustment made this year was the identified need for reflective coaching training provided by Shelden and Rush with six-months of follow-up to support fidelity of the practice. During 2018, Shelden and Rush began providing training to individual/regional LITPs/B-K programs supported by the MSDE discretionary funds. All four of the SSIP LITPs have received direct training from Shelden and Rush with three out of the four specifically working on fidelity of the practice. Additionally, Shelden and Rush are providing on-going coaching support to the MSDE Birth to Kindergarten Liaisons/State Systems Coaches on a monthly basis to build capacity at the State level. To further support colleague-to-colleague coaching as the adult learning strategy to implement any EBP, the DEI/SES provided Master Coach training in February 2019. The Master Coach session had 19 participants with at least one to two local coaches from each of the four SSIP programs. Training and support of these local coaches to reach fidelity will be a priority this year to move the SSIP work forward.

The other significant adjustment made this year was the decision to apply for and begin receiving State-level targeted TA from the National Center for Pyramid Model Innovations (NCPMI) to support the SEFEL/PM work. NCPMI shared the revised Part C Benchmarks of Quality as part of the monthly TA webinars in the fall of 2018. The State has moved forward with sharing these not only with the SIT but with early intervention and preschool special/general education leaders statewide to ensure there is a clear understanding of the program supports and infrastructure that must be in place to implement the SEFEL/PM framework.

## Progress Toward Achieving Intended Improvements

### 1. Assessment of Progress Toward Achieving Intended Improvements

The MSDE DEI/SES 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 DEI/SES 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 SIT has become more confident and competent in the TAP-IT process, including utilization of the Digital Portfolio to inform decisions about goals and action steps. The MSDE believes these teaming structures and practices, combined with Systems Coaching, has been instrumental in making progress towards the SSIP-related evidence-based practices 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.

A major infrastructure shift in Year 3 was the roll-out of the revised MD IFSP process, document, and online tool on October 1, 2018. The new IFSP process is a substantial shift in process and requires local jurisdictions to make personnel and infrastructure shifts to meet the requirements of delineated evaluation and child and family assessment activities as well as a more integrated COS process. Although response to the process and document changes have been positive and programs and providers generally understand the rationale and best practice, the reality of needing to shift personnel and infrastructure resources remains challenging. The DEI/SES B-K Liaisons continue to support local leaders in thinking about and planning for incremental shifts in infrastructure. The MITP remains convinced that this change in the development, implementation, and evaluation of the IFSP process will result in more robust authentic assessment activities, leading to increases in participation-based intervention and ultimately, improved child outcomes. The meaningful integration of the COS process, to include the required use of the Decision Tree within the online IFSP, is also expected to increase fidelity across providers and programs and yield more accurate COS ratings.

Another significant shift in infrastructure that began in Year 3 was the change to Maryland's Comprehensive System of Personnel Development. Historically, early intervention providers have submitted applications to be determined "Suitably Qualified" to the MSDE. The applications included transcripts and worksheets to identify which classes/workshops/trainings, and what percentage of them, met the required hours in each competency area. Often these applications referenced coursework from 25 or more years ago and there was much variability

around calculating how much of a class was applicable to the birth-three population. The MITP realized that although the early intervention workforce may be highly qualified within individual disciplines, collectively there was inconsistent knowledge about the evidence-based practices of early intervention and early childhood special education. Therefore, a workgroup was formed to review the Suitable Qualifications process and make recommendations to ensure a more consistently trained workforce in LITPs. The first recommendation was to change the name of Maryland's Early Childhood Intervention and Education System of Personnel Development from "Suitable Qualifications" to "Personnel Standards". A Guide was developed that outlines the legal requirements, grounds the revised standards in early childhood recommended practices, and identifies the requirements for completing the learning activities for all early intervention providers as well recommendations for the preschool special education workforce. The new requirements are categorized as: Foundations of Early Intervention; IFSP Development, Implementation, Evaluation; Teaming and Coaching Practices; and Service Coordination. The activities within each category include a variety of online modules, webinars, articles, self-reflection, and in-person training. The Guide was presented to all Birth-Kindergarten Leaders during the Regional Professional Learning Opportunities in December 2018 for review and feedback. Implementation will begin July 1, 2019. A database is being developed that will require local programs to enter, track, and maintain the status of providers meeting Personnel Standards. Again, the intent is that the early childhood workforce across Maryland will be more consistently trained and firmly grounded in the foundational principles and practices of early intervention.

The SIT continually reviews and reflects on the implementation of evidence-based practices, including sustainability, and in Year 3 has more intentionally considered the impact of scaling up across the state as plans are made to move forward. As described previously, an Evidence-Based Practices Reflective Coaching Cohort of 60-75 local coaches, facilitated by State Content coaches, has been meeting quarterly since 2016. This activity started as a group of local RBI coaches meeting in the morning and then local SEFEL/PM coaches meeting in the afternoon. It became evident fairly quickly that there was less common understanding of reflective coaching across both groups than was originally expected and therefore, the groups were combined to focus on building capacity of reflective coaching across any/all EBPs. As the State has begun to plan for expanding implementation beyond the four SSIP counties, it is clear that there is not capacity at the State level to continue bringing providers from across the state together on a regular basis with the expectation to support changing practices and behaviors. This issue was shared as a question and concern during the monthly coaching calls with Shelden and Rush as the MITP sought to learn how other states have scaled up coaching support at all levels. Shelden and Rush shared their Master Coach approach to train a select few coaches within programs to then coach colleagues to implement natural learning practices, inclusive of any evidence-based practice. The MSDE team explored the approach and logistics more, including cost, and agreed that building a Master Coach level into the statewide coaching infrastructure would support sustainability and began plans for training an initial cohort of up to 30 coaches. An application process for Master Coach Training and Support was established with input from Shelden and Rush that identified prerequisites at both provider and program level for participation. The application was shared with all B-K leaders at the Regional PLOs in December 2018, along with the explanation that to be eligible, the jurisdiction would have already had Shelden and Rush complete two days of on-site training and six months of follow up coaching with all staff, and

that the applicant would have already met coaching fidelity through that process. Although many counties have contracted with Shelden and Rush to conduct trainings, only a few have completed the six-month follow-up coaching which limited the number of applicants meeting all prerequisites. Thus, a smaller group (19) was identified to participate in the first year of Master Coach training and support, that began in February 2019. The MSDE expects to offer Master Coach training and follow-up coaching again in 2020 and beyond as local jurisdictions continue to complete county-level training that establishes the foundation of practices and expectations that a Master Coach can then build on and support. The MSDE team will continue to plan with Shelden and Rush for how to provide ongoing support to the Master Coaches. This support will replace the quarterly EBP Reflective Coaching Sessions as several of those participants are in the Master Coach cohort. This shift also allows the support to build on a common foundation of coaching knowledge as Master Coaches will demonstrate fidelity based on the criteria put forth by Shelden and Rush. Continuing to offer this level of training and support is expected to strengthen and further sustain the statewide coaching infrastructure at all levels.

The MITP has continued in Year 3, to strengthen the message of the importance of addressing leadership and organization (infrastructure) components for successful implementation of evidence-based practices and not focusing solely on staff competency. This has been a key theme in all discussions, professional learning opportunities, and grant activities. Many of the fidelity tools highlighted during the December 2018 Regional PLOs addressed infrastructure components rather than provider practices. The EC team provided examples of how these tools could be utilized during each stage of implementation from planning to full implementation. The restructuring of the CLIG (the primary grant mechanism through which local jurisdictions receive federal Part C and State funds) at the beginning of Year 3, required LITPs to address both infrastructure and personnel development components in data analysis and planning. It not only continues to be the organizational framework for the CLIG, additional discretionary grant opportunities across the DEI/SES strategic imperatives now require similar analysis and planning to be awarded funding.

Finally, interactions with intra- and inter-agency partners is moving beyond communication and cooperation to true collaboration in workforce and infrastructure development. For example, the Home Visiting Consortium began to explore ways to support home visitors' capacity to work with families of substance-exposed newborns (SENs). The Maternal, Infant, and Early Child Home Visiting (MIECHV) program used funds to contract with the University of Maryland to develop a training and planned to partner with the Department of Social Services (DSS) to train home visitors and DSS staff together. Because the MITP State staff participated in these conversations at the consortium meetings, it was recognized that local ITP staff are also working with these families and would benefit from specialized training. Collectively, home visiting, DSS, and ITP staff could provide more coordinated and comprehensive supports and services to families with shared understanding of best practices and of cross-agency roles and responsibilities. Thus, all three agencies now participate in regionalized SEN training with local staff from each organization.

Also, through participation in the targeted technical assistance for Part C programs with the National Center for Pyramid Model Innovations (NCPMI), the MITP learned of additional TA opportunities supporting implementation of the SEFEL/PM. The team was particularly interested

in one opportunity that focused on implementing throughout a birth-kindergarten system, as that is in line with the DEI/SES Early Childhood Imperative, and the Part C SSIP work seemed to provide a good foundation to build from. A pre-application call with the TA providers brought the realization that although the SIT is a high functioning team, its focus on several EBPs within Part C programs specifically did not meet the criteria of having a State SEFEL/PM Leadership Team as defined in the *State Benchmarks of Quality*, nor was the *State BoQ* being utilized by the SIT (the SIT had reviewed the program level *BoQ* with each SSIP county). There is a MD State SEFEL/PM Leadership Team in place, however this team has focused primarily on a training cadre and not on infrastructure components of the model. DEI/SES staff brought the *State BoQ* to this team, along with sharing the conversation with the NCPMI staff and the result of not being eligible for TA because the *State BoQ* was not being used to direct the team. After some discussion, the State SEFEL/PM Leadership Team decided to complete the *State BoQ* and then identified goals and action steps, including timelines for completion to begin aligning the team's purpose and activities with the full model. This team has participants and representation from many sectors and programs across the state. Using the *State BoQ* to guide the work will allow statewide infrastructure to be developed more systematically and intentionally, resulting in the model being implemented with higher fidelity and not focusing exclusively on staff training. DEI/SES staff are members of both the SIT and State SEFEL/PM Leadership Team and will continue to share lessons learned across both teams and merge efforts.

A third example of increased collaboration is taking shape with the submission and recent award of the Preschool Development Grant Birth Through Five (PDG-B-5) to the MSDE Division of Early Childhood. The DEI/SES was included in the development of the grant submission and, through the first year of this grant, will be partnering with the University of Maryland School of Social Work to continue building on the Part C SSIP work by scaling up the SEFEL/PM into the preschool special education programs in the four SSIP counties. The local SSIP ITP directors will work with the MSDE and UM-SSW staff to share lessons learned about implementation in the early intervention programs with the local Preschool Coordinators to inform planning and implementation in preschool. This work is expected to contribute to a comprehensive B-K system that supports smooth transitions from Part C to Part B services and supports the social emotional development and meaningful participation for all children in natural and inclusive learning environments. It reflects true collaboration on multiple levels and across systems and funding sources in accordance with the intent of the grant award. The DEI/SES will participate in the statewide needs assessment and expects to continue to be part of the next phase of the PDG-B-5 when the three-year application is submitted.

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

As described in the *SSIP Phase III, Year 2 Report*, the SIT has grappled with the completion of fidelity measures originally identified on the evaluation plan, especially the provider-level tools. The team had agreed to relax the initial requirements around frequency of completing some measures to gather further information and explore realistic expectations. Additionally, the TAP-IT cycles have brought strategic focus to the specific EBP that is being addressed within each cycle and with that, the realization that collectively, the State and local programs needed to first

look at fidelity of systemic structures to support implementation of the EBPs before drawing any conclusions from provider-level fidelity tools.

The SIT completed TAP-IT Cycle 2, early in Year 3, which focused on RBI implementation. As discussed in previous sections, the number of early intervention providers in the SSIP counties trained to fidelity in the RBI increased by 91.7% in the first year. The outcomes of an RBI completed with fidelity include establishing positive family relationships, getting a rich description of child and family functioning, and identifying a list of family-identified, functional, participation-based child outcomes. The high percentage of families (98%) reporting they believe early intervention services helped them help their child to develop and learn could be attributable at least in part to a positive relationship with the early intervention providers as a result of completing the RBI. The increase (63% in 2017 to 96% in 2018) in the number of IFSPs with outcomes related to social emotional development that also had an entry COS rating of 3 or less for outcome 1, indicates a correlation between more robust child and family assessment in first identifying the strengths and needs and then developing IFSP outcomes to address the family's priorities. Additionally, the significant increase (>50%) in the number of standards met on the *IFSP Review for Evidence of Standards* in three of the four counties illustrates increased knowledge and capacity in developing functional, participation-based IFSP outcomes. Although these data are loosely correlated to the RBI at this point, due to challenges with reviewing IFSPs and cross-checking with the type of child and family assessment that was completed and what early childhood outcome is being addressed, the MITP is encouraged and confident that with the enhanced reporting capabilities of the new MD online IFSP, this data will be easier to aggregate and draw more distinct connections. It should be noted that those programs fully implementing RBI have already made infrastructure changes to allow teams time to complete the RBI following the evaluation for eligibility. Programs that have not fully implemented are continuing to make adjustments in their processes, understanding the need to create additional time within the 45-day timeline, which may include increasing number of staff to do the work, in order for providers to complete the RBI with fidelity. The SIT continues to engage in conversations and problem-solving about staffing and time.

The remainder of Year 3, the SIT focused on the SEFEL/Pyramid Model and engaged in TAP-IT Cycle 3, completing the program-level *Benchmarks of Quality*. As described earlier, the team engaged in conversation about the BoQ over the course of several months, which resulted in much clearer understanding of the components, identification of a goal to increase Tier 1 indicators, and making significant increases (250%) towards that goal. The primary indicator that was put into place in three of the four counties, was to implement universal social-emotional screening. Within a couple of months, the SSIP directors in those counties reported how just doing the screenings was increasing social-emotional knowledge in the early intervention staff and changing how they were approaching and providing services. The *Family Coaching Checklist* was originally identified as a measure of provider practices in the SEFEL/PM, however it has not been consistently utilized and the SIT agreed to come back to discussions after gathering additional TA. In the meantime, the NCPMI has developed a draft *Early Interventionist Pyramid Model Practitioner Fidelity Tool* that will replace the *Family Coaching Checklist*. The Targeted TA provided through the NCPMI will inform the SIT's decision making regarding the utilization of the new practitioner fidelity tool. Until then, the SIT is not collecting fidelity measures on the provider level but will continue to complete the *Early Intervention BoQ*

to ensure the infrastructure pieces are in place to support practitioner practices with fidelity. Again, data showing increases in the number of IFSPs with social-emotional outcomes indicates increased staff competency in identifying related issues which could be linked to the additional SEFEL/PM trainings, as well as the implementation of universal social-emotional screening.

The emphasis on building capacity in Reflective Coaching to support the implementation of all evidence-based practices has continued throughout Year 3. 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*. Adjustments to both the form and the collection process were made in an effort to improve the quality and quantity of data but the process and data collection has continued to prove challenging. Through the ongoing coaching that the MITP staff receive from Shelden and Rush, it was learned that the *CPR Scale* was never intended to measure fidelity. Rather it was meant as a guide to self-reflect on the components of each characteristic of coaching. Shelden and Rush use a formula as they review coaching logs to determine if fidelity is met, approaching, or not observed. This formula quantifies the number and type of questions the coach uses as well as the utilization of the characteristics of coaching and natural learning environment practices. Shelden and Rush provide this training to local jurisdictions through two-days of on-site training followed by six months of support through coaching log reviews. All four SSIP counties have had Shelden and Rush in for the onsite training. Three of them have participated in the six-month follow-up with coaching logs, although one was several years ago with many different staff members. The MSDE decided to build on those experiences to increase capacity of coaching by offering the Master Coach training and support statewide. The intent is that Master Coaches in local programs will be able to reinforce coaching strategies through a defined set of strategies and criteria with staff who have also completed the universal level of coaching training and support to meet fidelity.

Regardless of the EBP, the MITP continues efforts to build understanding and capacity in using fidelity measures within reflective practices as a mechanism to coach, develop, and sustain providers and programs. Creating the time and space to truly reflect on process and procedures is challenging to implement even for those who embrace the concept. The State will continue to partner with local programs to identify and address the systemic issues that contradict reflective practices.

**c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR**

In Phase III Year 3, the MITP continued building on and strengthening the foundational objectives of participation and learning that began in Years 1 and 2, including providing high quality professional learning opportunities and high-quality coaching and resources to support ongoing implementation.

Professional learning opportunities included statewide Training of Trainers on the revised MD IFSP Process and Document as well as refresher SEFEL/PM training in three of the four SSIP counties. The DEI/SES rounded out the year's professional learning activities with statewide regional Early Childhood PLOs, focusing on the fidelity of implementation of evidence-based

practices to build comprehensive birth-kindergarten systems. Data reflect participants' perceptions of high-quality professional development and increases in knowledge.

The EBP State Content Expert Team continued efforts to strengthen understanding and implementation of reflective coaching as the adult interaction style to support local implementation of the RBI and SEFEL model. Again, data indicate that the quality of the majority of coaching opportunities at all levels was reported as "Very Good/Excellent". The summer 2018 EBP Reflective Coaching Session gave participants an opportunity to reflect on the SSIP "journey" at the State and local levels. Individuals and teams shared concrete examples of their progress in building capacity in coaching practices and in integrating the EBPs. Overwhelmingly, they shared sentiments of gratitude for the State-provided opportunities to grow their professional and program practices.

Data clearly shows that resources created to support implementation of EBPs are widely accessed. This is evident in the number of times websites are visited, especially the Child Outcomes Gateway, participants in both training and coaching opportunities at State and local levels, and respondents to surveys.

The medium-term outcomes related to implementation continued to build on previous 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, as is evident in the improved communication and collaboration within the TAP-IT process. The ongoing collaboration with intra- and inter-agency partners also continues to grow beyond sharing of information to conducting cross-sector professional development, such as the SEN training, and influencing infrastructure development, as in the State SEFEL/PM Leadership Team adopting the *BoQ* based on the MITP/SIT experiences with TA. The PDG B-5 grant also provides a clear mechanism and expectation to build a comprehensive, mixed delivery system of care and education for young children that the DEI/SES will continue to be a part of. It is expected that Year 4 and beyond will only continue to broaden these types of cross-system collaborations and build the effectiveness of all teams to bring the State closer to the desired long-term outcomes.

The four LITPs implementing the three identified EBPs continue to move through the stages of implementation at their individual rate for each practice. Three of the four LITPs report the implementation of the RBI as "planning for full implementation" and one in the "initial" stage. Likewise, three also report being in the "initial" stage of implementation for the SEFEL/PM, while one self-identifies in the "installation" phase. This reflects much of the work done in the SIT during Year 3 and an advancement in the stage of implementation of the SEFEL/Pyramid Model compared to self-reports at the end of Year 2. The identification of the stage of implementation for reflective coaching shows the greatest variances across the four counties. Two consider themselves "planning for full implementation", one is in the "initial" stage, and one in the "installation" stage. This also illustrates programs making progress with implementation as all four reported being in the "initial installation" stage last year.

As conversations around the use of fidelity tools to measure implementation at the provider and program level continue, so too, does the evolution of understanding the evidence-based practices models in their entirety. All three of the SSIP EBPs have fidelity tools created by the model

developers. As discussed in the Year 2 report, the RBI is believed to be a more concrete practice to define and measure. The *Benchmarks of Quality* for programs and providers also clearly outline the components of the SEFEL/Pyramid Model, once the time is taken to fully understand the indicators. Effectively measuring implementation of Reflective Coaching though continues to be elusive. Initially, the *Coaching Practices Rating Scale* was thought to be one way to measure, however coaches reported a lack of understanding for some of the concepts and thus frustration with self-assessment. The installation of Master Coaches in Maryland is an effort to bring clarity and fidelity to coaching practices as measured by the definition provided by Shelden and Rush. The MITP continues to highlight the value of reflective practices and emphasizes the need for the State and local programs to address how the infrastructure impacts the true implementation of reflective coaching, including 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.

## Plans for Next Year

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

Reflecting on Year 3 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 4. These include:

- Training and six months of coaching support from Shelden and Rush to the first cohort of Master Coaches (February 2019-September 2019);
  - Continued planning for ongoing support to Master Coaches after Sept. 2019;
  - Planning for the next cohort of Master Coach training, possibly in 2020;
- A written protocol for SEFEL/PM training, to include planning with leaders using the BoQ;
- Continue linking SIT work with the MD State SEFEL/PM Leadership Team;
- Roll out of the revised MD Personnel Standards (Guidelines and Database) requirements for early intervention providers and recommendations for preschool special education providers;
- MSDE and Maryland Department of Health (MDH) to continue discussions and collaboration around MA billing for early childhood special education EBPs;
- Begin revisions to the preschool component of the MD IEP to ensure implementation of EBPs and smooth transitions from Part C services;
- Continued development of revised online IFSP reporting capabilities to support local and State decision-making and to make correlations to implementation of EBPs;
- Research to identify differences in IFSP outcomes based on the type of child and family

assessment completed (*RBI, SAFER, or Natural Routines and Environments section of the IFSP*); and

- SSIP evaluation plan components in monthly EBP collaborative meetings to ensure alignment of relevant data collection and planning activities.

These activities are 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**

The MITP continues to define and refine data collection measures and methods. In Year 3, the SIT and LITs realized the importance of program-level fidelity measures to ensure the infrastructure is in place to support implementation of EBPs to achieve intended results. This work will continue and provide the foundation for integrating provider-level fidelity measures that have long been a part of the evaluation plan but that have proved challenging to embed into program practices. The MITP recognizes the value in fidelity measures not only for evaluation of the SSIP work but to also support ongoing personnel and program development through a reflective and growth-based stance.

Specifically, the SIT will continue using the *Part C Program Benchmarks of Quality* to guide at least the first TAP-IT Cycle in Year 4. As explained in previous sections, the team will need to review the revised document and determine if there is a need to adjust current strategies for effective implementation of the SEFEL/PM model and to identify next goals and action steps. Additionally, it is anticipated that upon the release of the *Early Interventionist Pyramid Model Practitioner Fidelity Tool* from the NCPMI, the SIT will review and discuss the document in order to reach consensus about the utility of it to measure fidelity of provider practices and to guide reflective coaching conversations. The MITP expects that the SIT and the LITs would use the provider-level fidelity tool to establish goals and action steps to measure progress towards implementation with fidelity.

Although not originally noted, the *Coaching Feedback Questionnaire* will be distributed to all Master Coach training participants. The data will be compared to the data collected from this tool used at the Quarterly EBP Reflective Coaching Sessions to guide decisions about next steps in the Maryland State coaching infrastructure.

The MITP will employ the revised online IFSP reports to more easily and accurately gather data on the number of IFSP with outcomes that are: functional and routines-based; aligned to the early childhood outcomes, especially outcome one; and linked to social-emotional services. The MITP is also anticipating being able to supplement the online reporting with an external research project to look at the quality of IFSP outcomes compared across the three child and family assessment options (*RBI, SAFER, and the Natural Routines and Environments section of the IFSP*).

Improvement in child outcomes data is the ultimate measure of SSIP progress. The MITP has engaged in multiple activities over the last three years to ensure accuracy of child outcomes data,

including a heightened focus on authentic assessment, revised B-K COS Process training and competency checks, and revision of the IFSP process and document to meaningfully integrate the COS process. The impact of those activities however, will not likely be realized in statewide data until all processes are consistently completed with fidelity. Then the data has to reflect families that enter and exit the program after fidelity is well-established. Given that the SSIP programs are still at various stages of implementation and fidelity, the latter condition is not realistic at this point. The SIT though is beginning to explore other measures or methods that might indicate the change in practice that would be expected given the stage of implementation, such as comparing entry level COS ratings with current children vs. entry ratings from years past.

In general, the MITP, with input and guidance from the external evaluators (AnLar) and in collaboration with 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**

Although anecdotal reports of more meaningful integration of the EBPs is occurring, the SIT continues careful and critical consideration of the ability of providers to truly internalize the evidence-based practices in a way that allows for full implementation within a service delivery model. The SIT meetings provide the time and space needed for continued open communication and ongoing reflection, sharing successes and challenges, and joint problem-solving. The MITP highlights the lessons learned in the SSIP counties at Statewide professional learning opportunities as a way to begin planning for scaled implementation in other counties as well.

Time continues to be the most significant barrier to implementation and evaluation of EBPs. It is important that expectations on all levels acknowledge the time that the change process necessitates to truly change behaviors and practices, fully implement models with fidelity, and result in improved outcomes for children and families. The MSDE continues to message this and share literature about the gap between research and practice in the early childhood special education field. Furthermore, through Systems Coaching, the MSDE B-K liaisons partner with local leaders to think about ways to innovatively use discretionary funding to “create more time” by shifting roles and responsibilities of existing staff and exploring the possibility of creating new positions to support staff.

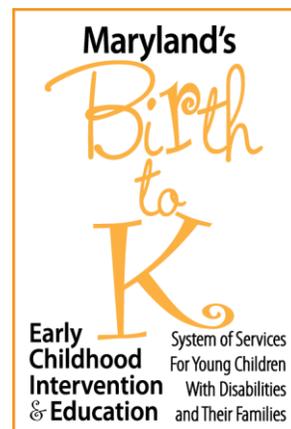
### **4. The State describes any needs for additional support and/or technical assistance**

The MITP continues to actively participate in a variety of national technical assistance activities, including the Social-Emotional Outcomes (SEO) Collaborative, sponsored by the NCSI in partnership with ECTA, the Integrating Outcomes Learning Community, and the COS Data Community of Practice. Participation in these groups and the associated technical and programmatic support continues to be beneficial in supporting systems change in Maryland. Additionally, Maryland is a participating member of the NCPMI Targeted TA: Pyramid in the Part C SSIP group that has guided much of the SIT work with the *Part C Program BoQ*. The MITP anxiously awaits the release of the *Early Interventionist Pyramid Model Practitioner Fidelity Tool* from the NCPMI as well as the technical assistance for its implementation. Similarly, the release of the *Indicators of High-Quality Inclusion tool* and technical assistance is

highly anticipated. The MITP staff also continue to participate in national TA from the Center of Excellence for IECMHC with cross-system partners. These social-emotional specific TA forums, combined with regular support for Part C and Part B 619 from the OSEP TA Center, provide Maryland with a strong network of TA providers and opportunities.

## **MOVING MARYLAND FORWARD: Building a B-K System of Services**

With revised federal regulations, released in September 2011, the MITP 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).



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.

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.

## **SUMMARY & RECOMMENDATION**

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.

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 over a **100% increase** in the number of eligible children receiving early intervention services (9,182 in FY2003 compared to 19,214 in FY2018). 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 2018, local government contribution ranged from 24% - 84% with an average contribution of over **71% of the 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 DEI/SES commits over three million of IDEA Discretionary Funding yearly to ensure the continuation of a high-quality early intervention service delivery model delivered through the MITP.

Implementing a seamless Birth - Kindergarten 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 Birth - Kindergarten seamless, comprehensive system of coordinated services. The targeted funding would serve as the catalyst for a local jurisdiction to integrate intra- and interagency service delivery models for infants, toddlers, and preschool-age children with disabilities and their families served through an IFSP, Extended IFSP, or an IEP. A coordinated Birth to Kindergarten system of services would:

- Incorporate early childhood intervention and education practices based on peer-review research to support positive social relationships, engagement and independence;
- Support access to age-appropriate early childhood curricula;
- Promote a framework for school readiness beginning at birth;

- Provide intra- and interagency professional learning and programmatic collaboration between programs and public and private agencies;
- Ensure that parents and families receive intensive support and training needed to assist their child and strengthen family cohesiveness;
- Maximize the use of federal, State, and local funding to ensure sustainability of the local 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 funds 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. Maryland's local ITPs and preschool special education services cannot and do not function in programmatic, personnel, and/or fiscal silos. Effective 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.