



# 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)**

June 2023



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## MARYLAND STATE DEPARTMENT OF EDUCATION

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## Table of Contents

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Introduction.....	7
Maryland Infants and Toddlers Program (MITP) Overview .....	9
Federal and State Monitoring of Continuous Program Performance.....	11
Performance Results of MITP .....	15
Maryland State Systemic Improvement Plan (SSIP) .....	21
MITP Summary and Recommendations in Support of Continuing to Build a B-K System .....	32

# Introduction

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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 Code of Maryland Regulations (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, Section 8-416(e)(2) of the Education Article.

MITP within the Policy and Accountability Branch of DEI/SES, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 8,539 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2022. Additionally, in SFY 2022, 1,384 families of young 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. The total number of children with disabilities and their families receiving early intervention services in SFY 2022 was 9,923.

## BLUEPRINT FOR MARYLAND'S FUTURE AND ACCOUNTABILITY FRAMEWORK

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 Blueprint for Maryland's Future and the DEI/SES Strategic Plan: Moving Maryland Forward. The comprehensive plan focuses on narrowing achievement gaps 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. There are five key implementation strategies which include family partnerships, strategic collaborations, evidence-based practices, data-informed decisions, and professional learning. These strategies reflect an effective, integrated approach to operationalizing the statewide B-K system. The earlier services and supports are provided to a child and the family, the greater the opportunity to close gaps. To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, MSDE implements a Differentiated Framework: Tiers of General Supervision and Performance Support, 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).

Consistent with the Tiers of General Supervision and Performance Support, MSDE also provides performance support and TA to 24 local Infants and Toddlers Programs (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. The purpose of the support is to improve results for young children and their families. Additionally, four Local Infants and Toddlers Programs (LITPs) received a Focused Tier of Performance Support as part of their voluntary participation in the MITP 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, MITP revised 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 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 remained unchanged in SFY 2022.

# Maryland Infants and Toddlers Program (MITP) Overview

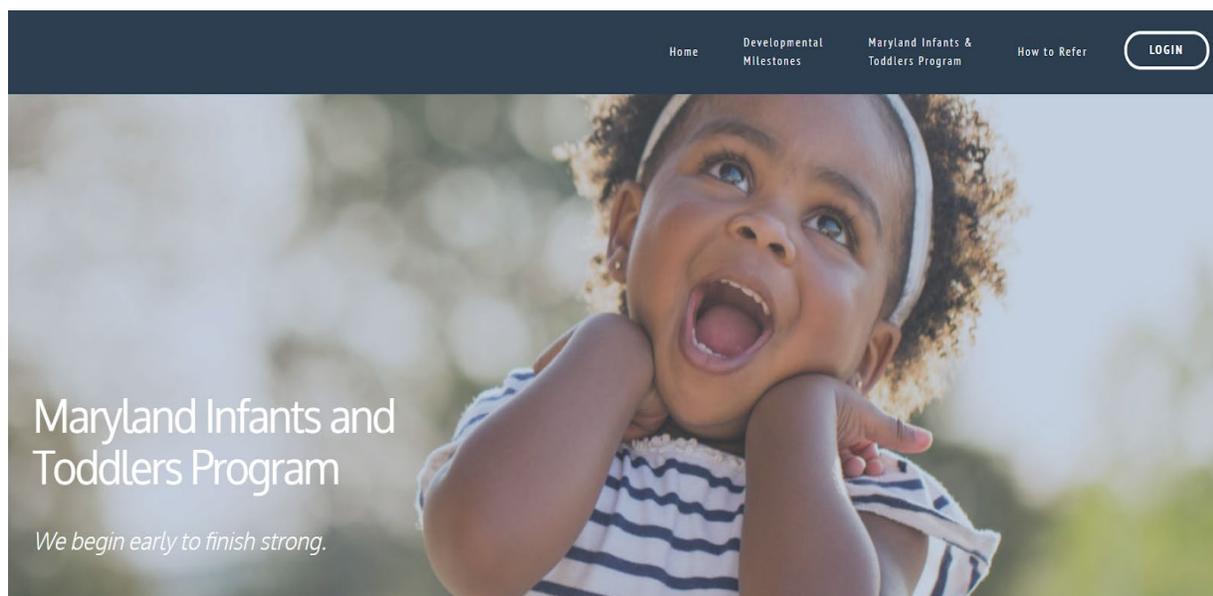
The interagency service delivery component of Maryland’s family-centered early intervention system includes local lead agencies, local education agencies (LEAs), health departments, departments of social services, and other public and private agencies. Under COMAR 13A.13.01 and 13A.13.02, each local ITP:

- Has a lead agency designated by the local governing authority;
- Has a single point of entry for referrals by parents, physicians, and other primary referral sources;
- Provides early intervention services to support the developmental needs of eligible infants, toddlers and preschool children, and support services to their families through an IFSP; and
- Provides a service coordinator for each eligible child and family to monitor the delivery of services and to help families access community resources.

In the 24 IITPs, 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.

## MITP ONLINE REFERRAL SYSTEM AND COMMUNITY PORTAL

To strengthen ongoing access to and participation in MITP, an online referral system was implemented during SFY 2019. Anyone who suspects that a child under the age of three has a developmental delay, exhibits atypical behaviors, or has been diagnosed with a special health care need can submit a referral at <https://referral.mditp.org>. The referral is sent electronically to the appropriate local program. In addition, MITP is expanding public awareness efforts through the creation of an MITP Community Portal which will allow families,



physicians, and other members of a child's care community to participate and collaborate in their early intervention services. The online referral system and community portal will continue to be an integral part of the MITP public awareness strategy as well as provide clear messaging about the goals of early intervention for young children with disabilities and their families in Maryland.

### **PARTNERSHIP WITH THE CHILD CARE COMMUNITY**

MITP data reflects that child care providers account for just 1.7% of the referrals to MITP. During SFY 2022, MITP participated in focused efforts to provide resources and training to child care providers in the State in support of the 2022 General Assembly act: Information about the Maryland Infants and Toddlers Program, Md. Code, Educ. § 9.5-115. Under the new State law, child care programs must make information about MITP and the Local Lead Agency responsible for administering the Program available to the parent or guardian of a child under the age of three years. An updated brochure with the point of contact for each LITP was provided for dissemination to child care providers. In addition, trainers were educated about the new state law and provided tools for supporting children with disabilities in child care settings. As a result, MSDE hopes to improve referral data to increase the number of referrals submitted to MITP directly from child care providers and from parents who are directly referred by their child care provider.

# Federal and State Monitoring of Continuous Program Performance

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## 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 IDEA) mandated the provision of interagency and family-centered services for children with disabilities from birth to age three. Since the implementation of the Maryland Infants and Toddlers Act of 2002, MSDE has been conducting a Continuous Program Performance process to assess the effectiveness of Maryland's early intervention system under Part C of IDEA, which has expanded to include young children and their families over the age of three through the Extended IFSP Option.

The purpose of the Continuous Program Performance process 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 MITP, MSDE conducts the following ongoing general supervision activities:

1. Implementation of a statewide online and offline web-based data collection and reporting system, which allows real-time tracking of program performance at the State and local levels.
2. Application of the Differentiated Framework: Tiers of General Supervision and Performance Support to ensure compliance and results driven accountability. As a part of this process, MITP participates in comprehensive monitoring of the birth through four continua 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:
  - a. Data collection and analysis on performance in federal/State priority areas;
  - b. Development and dissemination of annual profiles of local data and documentation of compliance and performance;
  - c. 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;
  - d. Provision of focused on-site TA with local ITPs in need of improvement, consistent with the Tiers of General Supervision and Performance Support described above;
  - e. Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure both results and compliance;
  - f. 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;
  - g. Inclusion of results indicators as criteria for making local determinations in SFY 2022 to ensure consistency with the national shift towards results driven accountability;

- h. Development of an IFSP record review document as part of a consistent birth through 21 comprehensive monitoring process; and
  - i. Implementation of child specific case studies, service provider interviews, and evidence of standards for effective, functional, routines-based IFSP outcomes in SFY 2022, as a way of examining child progress toward meeting outcomes in the early intervention program.
3. Submission of the State Performance Plan and Annual Performance Report to the United States Department of Education (USDE) Office of Special Education Programs (OSEP) to document the State's actual accomplishments in each federal monitoring indicator (11 Indicators<sup>1</sup>). The results of the Annual Performance Report are posted for both early intervention and special education services at <http://mdideareport.org/>. Since SFY 2014, the OSEP has 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 IDEA and its applicable regulations, whereas results indicators reflect the performance of the program to ultimately produce positive child and family outcomes. For 11 of the last 12 years, including SFY 2021, MITP received a determination of "Meets Requirements." The data that supports this determination continues to reflect shifts measured in the child outcomes data and data collection to improve fidelity of the child outcomes rating process.

State Fiscal Year	State Determination
SFY 2011	Meets Requirements
SFY 2012	Meets Requirements
SFY 2013	Meets Requirements
SFY 2014	Meets Requirements
SFY 2015	Meets Requirements
SFY 2016	Meets Requirements
SFY 2017	Meets Requirements
SFY 2018	Needs Assistance
SFY 2019	Meets Requirements
SFY 2020	Meets Requirements
SFY 2021	Meets Requirements
SFY 2022	June 2023

<sup>1</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. Currently, MITP is in year seven of the Part C SSIP with the primary goal of improving positive social-emotional development and relationships for infants, toddlers, and preschool-age children with disabilities. The emphasis is on the implementation of evidence-based practices (data-informed decision making, reflective coaching, the Routines-Based Interview (RBI), and Pyramid Model practices) through improvements in both local/State infrastructure and personnel development strategies.

## PERFORMANCE MEASURES

The measures of effectiveness for MITP include the USDE compliance indicators (CI) with federal targets of 100%, and the USDE results indicators (RI) with targets set by MSDE with input from stakeholders, including the SICC. When targets for compliance and results indicators are not met, LITPs are required to develop and implement improvement plans. These plans are submitted to and reviewed by MITP monitoring staff and TA is provided when necessary. MSDE closely monitors the correction of noncompliance in each jurisdiction. If correction of noncompliance does not occur within one year of notification as required by OSEP, the LITPs are required to develop and submit corrective action plans for MSDE approval.

MSDE continuously monitors the performance of LITPs on the following indicators:

1. Timely initiation of early intervention services (CI)
5. 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)
6. 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, dressing)
7. 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
8. Early identification of infants and toddlers (RI)
  - a. Birth to age one, in need of early intervention services
9. Early identification of infants and toddlers (RI)
  - a. Birth to age three, in need of early intervention services
10. Timely completion of evaluation and assessment, and development of the IFSP (CI)
11. 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)

12. 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)
13. Percent of mediations held that resulted in mediation agreement (RI)
14. State Systemic Improvement Plan (SSIP) (RI)

# Performance Results of MITP

## INDICATOR 1: TIMELY IMPLEMENTATION OF EARLY INTERVENTION SERVICES

MITP is 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 if the IFSP team determines that the service should be 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 and indicates high stability over the past five years for timely implementation of services.

Referral Date Range	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19- 6/30/20	7/1/20- 6/30/21	7/1/21- 6/30/22
Percentage within timeline or with family-related reason for delay	97.24%	97.86%	98.07%	98.35%	99.05%	98.49%

## INDICATOR 2: DELIVERY OF SERVICES IN NATURAL ENVIRONMENTS

MSDE'S continued 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 table below shows that 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 1<sup>st</sup> in a given year. The percentage of children, birth to three years, receiving the majority of their services in a natural environment on 10/1/21 was 99.19% with 94.04% receiving the majority of their services at home and 5.15% receiving services in the community.

Snapshot Data	10/1/16	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21
Percentage of children birth to three served in natural environments	97.83%	97.44%	98.14%	98.53%	99.67%	99.19%

The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/21 was 99.78%. Performance on this indicator for both age groups met the State target of 96.0%. Over the past six years, efforts to increase access for children to receive services in community settings have been beneficial. However, 78.08% of children on an Extended IFSP received services in the home during SFY 2022. In SFY 2022, 21.70% of children three and four years of age received the majority of services in community settings.

## INDICATOR 3: CHILD OUTCOMES – COMPARING PROGRESS AT ENTRY AND EXIT AT AGE THREE

The table below shows the percentage of young children with disabilities who exited the program within age expectations during SFY 2022 on the following child outcomes: positive social-emotional development, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs. Data were collected utilizing the Child Outcome Summary (COS) methodology. The COS measures the trajectory of child progress and is used by the majority of U.S. states and territories to measure child outcome performance.

Child Outcome Area	% of children who substantially increased their rate of growth by the time they turned three years	Number of children exiting	State target
Positive social-emotional development and relationships	60.13%	N = 9,483	62.98%
Acquisition and use of knowledge and skills	62.50%	N = 9,483	65.44%
Use of appropriate behaviors to meet their needs	63.69%	N = 9,483	66.06%

Child Outcome Area	% of children who exited the program at age level at age three	Number of children exiting	State target
Positive social-emotional development and relationships	42.75%	N = 9,483	44.08%
Acquisition and use of knowledge and skills	39.51%	N = 9,483	40.88%
Use of appropriate behaviors to meet their needs	39.46%	N = 9,483	40.90%

In addition to the federal indicator data, MITP calculates the percentage of children who made as much or more progress comparable to same-aged peers and found that:

- 65.30% of children improved functioning to reach or maintained functioning at a level comparable to same-aged peers in social-emotional development;
- 65.54% of children improved functioning to reach or maintained functioning at a level comparable to same-aged peers in learning new skills; and
- 65.48% of children improved functioning to reach or maintained functioning at a level comparable to same-aged peers in meeting their own needs through use of functional skills.

MITP continues to focus on fidelity of the COS process with a strong emphasis on authentic assessment practices along with the use of age anchoring tools and the decision tree for every COS rating. This intense focus is contributing to better quality of the child outcomes data.

Specific activities over the past year to address fidelity of the COS process and to continue improving data quality include:

- Update to the COS Training Materials for initial and ongoing professional learning;
- COS data analysis with an emphasis on how minority groups present in the data;
- Strong focus on evidence-based practices in early intervention including robust authentic assessment of natural routines/activities and environments and present levels of functional development summaries in each early childhood outcome area; and
- Revised Maryland Online IFSP tool including a built-in, required COS decision tree to support collaborative COS ratings.

**INDICATOR 4: OUTCOMES FOR FAMILIES PARTICIPATING IN MITP**

The following chart shows the percentage of families with young children receiving early intervention services during SFY 2022 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.

Family Outcome Indicators	SFY 2022	State Target
Families know their rights	96.48%	94.00%
Families effectively communicate the needs of their children	96.48%	94.00%
Families are able to help their children develop/learn	97.19%	94.00%

The above table shows a consistently high level of families that agreed, strongly agreed, or very strongly agreed with each of the family outcomes. The State targets were exceeded for the past ten years for all three family outcomes. The overall survey response rate for SFY 2022 was 32.96%. Family outcome results were also positive for children receiving services through an Extended IFSP.

**INDICATOR 5: EARLY IDENTIFICATION OF INFANTS AND TODDLERS IN NEED OF EARLY INTERVENTION SERVICES (BIRTH TO ONE YEAR)**

The table below shows the percentage of children (birth to one year) receiving early intervention services over a six-year period. The State target was 1.58% in SFY 2021 which was not met based on the 10/1/21 snapshot count. As a result, the State has increased its child find efforts, including new outreach to the medical and child care communities.

Snapshot Date	10/1/16	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21
% of children served	1.59%	1.53%	1.68%	1.60%	1.14%	1.31%
Maryland Resident Population Birth-to-One	72,580 in 2016	72,259 in 2017	70,843 in 2018	69,926 in 2019	69,583 in 2020	66,594 in 2021

Based on MITP service and federally reported State resident population data.

**INDICATOR 6: EARLY IDENTIFICATION OF INFANTS AND TODDLERS IN NEED OF EARLY INTERVENTION SERVICES (BIRTH TO THREE YEARS)**

The table below shows the percentage of children (birth to three years) receiving early intervention services over a six-year period. The State target was 3.50% in SFY 2022. The percentage of children receiving services exceeded the State target for the last six years.

Snapshot Date	10/1/16	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21
Percent of children served	3.68%	3.86%	3.99%	4.24%	3.40%	4.10%
Maryland Resident Population Birth-to-Three	220,056 in 2016	219,724 in 2017	217,874 in 2018	213,893 in 2019	212,537 in 2020	208,241 in 2021

Based on MITP service and federally reported State resident population data.

### INDICATOR 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 documented family-related reasons for the missed timelines. The federal target for this indicator is 100%. Although MITP did not meet the federal target, Maryland's data for SFY 2022 continues to demonstrate a high level of compliance. This year's Maryland's data included a several percentage point decrease from last year for this indicator due to one LITP noncompliance around staff availability and vacancies. 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 six years.

Referral Date Range	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22
Percentage within the timeline or with family-related reason for delay	98.53%	97.16%	95.94%	97.60%	98.46%	96.93%

### INDICATOR 8: TIMELY TRANSITION PLANNING

Preparing families and children for the transition from early intervention to preschool requires collaboration between families, local ITPs, and LEAs. Federal regulations require that a transition planning meeting between the family and representatives from the local early intervention and LEAs be held no later than 90 days before a child's third birthday so that there is no interruption in services when a child has his or her third birthday. The federal target for this indicator is 100%. Maryland's trend data 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 State Education Agency (SEA) and LEA were notified in a timely manner, and the percentage of children and families with timely transition planning meetings.

Transition Date Range	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22
Percentage of children with timely transition steps and services included on the IFSP	99.82%	99.93%	99.77%	99.14%	97.26%	99.54%

Transition Date Range	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%	100%	100%	100%

Transition Date Range	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22
Percentage of children with timely transition planning meetings or family-related reason for delay	99.62%	99.75%	99.38%	99.11%	96.85%	99.50%

#### INDICATOR 9: RESOLUTION SESSIONS

There were no resolution sessions in SFY 2022.

#### INDICATOR 10: MEDIATION AGREEMENTS

There were no mediations held in SFY 2022.

#### INDICATOR 11: STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

The SSIP is a comprehensive, ambitious, but achievable multi-year plan that is developed in three phases. Each piece of the SSIP is completed with input from stakeholders. Below is the Executive Summary from Maryland's Phase II, Year 7 SSIP report submitted to OSEP at the USDE.

# Maryland State Systemic Improvement Plan (SSIP)

As the lead agency for MITP, an interagency, family-centered program supporting our youngest learners with disabilities and their families, MSDE provides leadership, accountability, technical assistance, and resource management to implement a seamless system of services B-K. With a laser focus on the Blueprint for Maryland's Future and the DEI/SES Strategic Plan, Moving Maryland Forward, and in alignment with Results Driven Accountability (RDA), MITP continues to transform and enhance support to LITPs to both comply with regulatory requirements and to implement evidence-based practices (EBPs) in support of the ultimate goal of narrowing the school readiness gap.

The phased work of Maryland's Part C 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. During 2022, LITPs have resumed pre-pandemic program operations of providing early intervention services in the home and community. Some LITPs continue to provide services through virtual and tele-intervention service delivery models based on family needs. Significant implementation and outcomes progress continued to occur during Phase III, Year 7. Creating shared understanding through effective, high-performing teams to make data-informed decisions supporting both infrastructure shifts and personnel development strategies continues to be essential for the full implementation of EBPs.

This report outlines Maryland's progress in implementing the SSIP during Phase III, Year 7, 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 EBPs 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 universal, targeted, and focused collaborative work which has led to changes in statewide procedures and practices supporting overall implementation of EBPs. 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 the COS rating process with fidelity, evidence-based professional learning with coaching, and data-informed child find practices;
- The implementation of a revised IFSP process and document to support EBPs in the development, implementation and evaluation of IFSPs;
- The development of revised early intervention personnel standards, effective July 1, 2019, to ensure all staff have foundational skills in key principles and recommended practices; and
- Universal capacity-building of comprehensive, coordinated local B-K systems of services through focused stage-based scale-up of EBPs supported through discretionary funds (i.e., Early Childhood Local Implementation for Results Grants).

## SUMMARY OF PHASE III, YEAR 7

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

Year 7 of Maryland's Part C SSIP implementation continued to rely on key partners and both internal and external stakeholders. An external evaluator also continued to strengthen the alignment of the theory of action, the logic model, and the evaluation plan.

Maryland's Theory of Action is:

**IF** 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:
  - Team, Analyze, Plan, Implement, Track (TAP-IT);
  - Implementation Science;
  - Effective, Functional, Routines-Based IFSPs; and
- Evidence-based practices:
  - Reflective Coaching;
  - Routines-Based Interview (RBI); and
  - 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 (LITPs).

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 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.

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 EBPs. No further revisions to the logic model were made during Phase III, Year 7. 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:

- active participation and learning by all participants (short-term outcomes);
- improvements in infrastructure and local implementation of EBPs with fidelity (medium-term outcomes); and

- an increase in the rate of growth of positive social-emotional skills and relationships for young children with disabilities.

The *Theory of Action* is epitomized 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 at the State/local level and implementation of evidence-based practices with fidelity. Foundational, implementation, and impact outcomes can only be realized when key partners and stakeholders are engaged and actively involved in every step of the process.

State-identified Measurable Result (SiMR) measures the overall impact or long-term results of the Part C SSIP work. 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 on the next page shows the child outcomes data aggregated and weighted across the four SSIP jurisdictions from baseline (2015/2016) to current (2021/2022). 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	2017/2018	2018/2019	2019/2021	2020/2021	2021/2022
47.23%	50.59%	49.66%	54.08%	60.08%	55.53%

There are several potential reasons why the State saw slippage in the most recent SSIP year, including:

1. The SiMR data increased from 49.7% in 2018/2019 to 54.1% in 2019/2020 and to 60.08% in 2020/2021. This was almost a 10% increase in the SiMR in two years, and there was an expectation that it may be too large an increase to sustain, and that there would be some regression toward a number more in line with consistent growth. The State will continue to monitor the data to observe the direction and trends for the next year to see if the data stabilize.
2. Although there was a decrease this year in the SiMR, there was no noticeable drop for any of the intermediate outcome indicators. In fact, a major intermediate outcome of the inclusion of social-emotional outcomes on IFSPs improved for the third year in a row.
3. There were a larger number of children included in the child counts in the four SSIP jurisdictions this year compared to the previous two years. This may be an effect of COVID, where participation has returned to pre-COVID levels. The State will continue to monitor this over the next year to see if child count is steadily going forward and what effect that has on the SiMR.
4. Maryland also experienced a statewide decrease in Indicator 3a Summary Statement #1 from SFY 2021 (62.48%) to SFY 2022 (60.13%), so the decrease in scores was not isolated to the SSIP jurisdictions.

### Coherent Improvement Strategies Implemented

Throughout the development and implementation of the SSIP, MSDE DEI/SES Strategic Plan, *Moving Maryland Forward*, 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 the acknowledgment that each of these improvement strategies must address both personnel development needs and infrastructure enhancements.

Coherent improvement strategies include:

- Professional Learning: including training, coaching, technical assistance, resource development, and information dissemination;
- Content coaching and systems coaching;
- Evidence-Based Practices with fidelity: Reflective coaching, Routines-Based Interview, Pyramid Model, Data-informed decision-making;
- Strategic Collaboration for Data-Informed Decisions with engaged stakeholders; and
- Family Partnerships integrated into all aspects of the systems change work.

#### Professional Learning

During Phase III, Year 7, ongoing professional learning opportunities through State developed resources and technical assistance continue to be implemented with the four SSIP LITPs as well as with the Maryland Birth through Kindergarten early intervention and preschool special education leaders and providers, and early childhood stakeholders. Additionally, the wealth of information and resources provided through the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSy) continue to be disseminated universally statewide and utilized in individualized technical assistance.

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 the Pyramid Model. The four SSIP LITPs participated in both ongoing as well as differentiated in-person and virtual professional learning and coaching activities based on identified local program implementation needs producing steady gains in knowledge and skills.

Over the course of SSIP Phase III, Years 3-7, local programs continue to train early intervention and preschool special education providers and teachers using the revised B-K COS training protocol, with a comprehensive website to support integration of early childhood outcomes into the IFSP and Individual Education Program (IEP) process and the COS rating process to fidelity. The Maryland Child Outcomes Summary-Competency Check (MD COS-CC) was developed 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. Approximately 95% of the staff in the four SSIP LITPs who completed the MD COS-CC check in 2022 passed. MSDE required all early intervention staff to complete this competency check by the end of SFY 2022. This requirement is documented within *Maryland's Early Intervention and Preschool Special Education (EI/PSE) System Personnel Standards Database* and the Early Intervention Personnel Standards requirements are being added to the State's Part C comprehensive monitoring protocols for SFY 2022. Ongoing use of the *Child Outcomes Summary Team Collaboration (COS-TC) Quality Practices: Checklist and Descriptions* is required annually in all LITPs to continue building depth and breadth of understanding and fidelity of implementation of the COS process. In 2020, the ECTA Center's *COS Completion When Teams Can't Meet in Person* considerations and resources were universally disseminated to assist teams in conducting COS rating meetings through virtual and electronic devices.

The 2022 calendar year represented the fourth full year of all early intervention staff using Maryland's revised IFSP process, document, and online tool. The revised IFSP fully integrates the COS process and supports evidence-based child and family assessment practices with present levels of functional development organized by the three early childhood outcome areas, leading to functional, routines-based IFSP outcome development and implementation. Continued training of all early intervention staff on IFSP development, implementation and evaluation is another required component of Maryland's EI/PSE Personnel Standards and must be documented in the database referenced above.

The State continues to engage in a *Regionalization for Results* model to support the implementation of the MSDE DEI/SES strategic plan. In 2022, the focus of that support was primarily in response to the recruitment and retention of the early intervention and early childhood special education workforce. MSDE hosted monthly statewide Collaborative Conversations meetings, as well as monthly regional early childhood technical assistance sessions. During each session, local B-K teams, including early intervention and preschool special education leaders, shared their experiences about a specific topic related to the early childhood special education workforce, including what was working and was not, with the opportunity to brainstorm with colleagues to seek solutions. Local jurisdictions who were not as far along as others in recruitment and retention efforts were able to benefit from hearing about lessons learned, which informed their planning moving forward. As a result, DEI/SES conducted a Master Mentor coaching cohort for reflective coaching in order to build the capacity and identify and/or replace content coaches in each of the LEAs/LITPs. The coaching cohorts were conducted in partnership with national experts in early childhood coaching practices, Dr. Dathan Rush, Director of the Family, Infant and Preschool Program in Morganton, NC, and Dr. M'Lisa Shelden, Director of the Department of Physical Therapy at Wichita State University and a former graduate fellow of the Zero to Three National Center for Infants and Toddlers. The Maryland cohort will receive six months of follow up to achieve fidelity to provide mentor coaching to their local LEAs/LITPs.

### **Systems and Content Coaching**

During Phase III, Year 7, the State continued implementation of Systems Coaching through regional B-K 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. Systems Coaching continued as the TA approach employed by the DEI/SES to

implement the Tiers of General Supervision and Performance Support with all Local Lead Agencies (LLAs) and LEAs. All universal, targeted, and focused programmatic support and TA were resumed in person and maintained virtually throughout 2022 and are documented in the DEI/SES TA Log. The focused SSIP technical assistance was once again evaluated through an annual survey to local system coaches for quality, usefulness, and relevance.

The DEI/SES also continued to support State-level content experts/coaches, contracted with UM-SSW and Johns Hopkins University/Center for Technology in Education (JHU/CTE), to provide regular coaching cycles with local content coaches around the implementation of RBI and Pyramid Model. Regular individualized virtual coaching sessions continued with local coaches and local leaders for each SSIP program based on identified priorities and needs. In 2022, quarterly open office hour coaching sessions were also offered for all RBI and Pyramid Model coaches to supplement their jurisdiction-specific sessions. These coaching sessions focused on assisting local coaches to support their colleagues in the shift to virtual service delivery and EBP implementation, as well as ongoing training and coaching activities.

### **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 continues to emerge. All four SSIP LITPs have reached full implementation of the RBI, with 50% or more staff trained to fidelity, using the RBI Implementation Checklist.

With the shift during Phase III, Year 2 of reflective coaching as the evidence-based adult interaction style to support any early intervention strategy, each of the four SSIP LITPs focused on reflective coaching at the practitioner level as well as with colleagues this year. All four SSIP programs worked hand-in-hand with Shelden & Rush to improve their reflective coaching practices to fidelity. Three LITPs are in full implementation of reflective coaching practices, with one in initial implementation. The largest SSIP LITP has developed and begun a phased plan for training and six months of follow up coaching with all providers from Drs. Shelden and Rush. All four SSIP LITPs and another seven LITPs have Master Coaches trained to fidelity to continue capacity building around reflective coaching as the State moves toward scale-up.

Three LITPs have achieved full implementation of the Pyramid Model, and the State Implementation Team (SIT) continues to utilize the Pyramid Model Early Intervention (Part C) Benchmarks of Quality (BoQ) developed by the National Center for Pyramid Model Innovations (NCPMI), twice a year, to measure program-level fidelity. The team specifically identified a goal and action steps to increase the collective number of critical elements *In Place* or *Partially In Place* for all four of the SSIP programs by December 2022. Collectively, the Local Implementation Teams (LITs) met this goal as planned. The SIT and LITs have also begun exploring implementation of the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF), specifically in three LEAs, to measure provider-level fidelity.

Welcome to the portfolio for EI Collaborative Change Agents SIT

9 of 17 Items Completed  Portfolio is **Not Live**

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Home

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graph TD; Team((Team)) --> Analyze((Analyze)); Analyze --> Plan((Plan)); Plan --> Implement((Implement)); Implement --> Track((Track)); Track --> Team;
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Select a TAP-IT stage

During Phase III, Year 7, the State continued to implement an evidence-based data-informed decision-making model, Team, Analyze, Plan, Implement, Track (TAP-IT). This evidence-based tool specifically assists the SIT and the four LITs to use data in a practice to policy feedback loop to make needed adjustments when implementing EBPs (Reflective Coaching, RBI, Pyramid Model), the COS process, and high-quality, functional, routines-based IFSPs. Both the SIT and LITs are now versed in the TAP-IT process, with fidelity of implementation of the TAP-IT process clearly evident through State Implementation Team self-assessment data.

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

During Phase III, Year 7, 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 continued to meet throughout 2022 and remains a powerful vehicle to move the work forward with key partners and LITP leaders making the adjustments based on data to improve implementation at the local level. LITs also met regularly throughout the year, and consistently included the B-K liaison/systems coach, to specifically review data and problem-solve strategies for effective implementation at the practitioner level. Additionally, Pyramid Model (PM) LITs also continued to meet regularly in all four of the SSIP LITPs. With documented strategic collaboration results, MSDE DEI/SES feels strongly that this teaming infrastructure is the model for the scale-up of local seamless, comprehensive B-K systems.

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

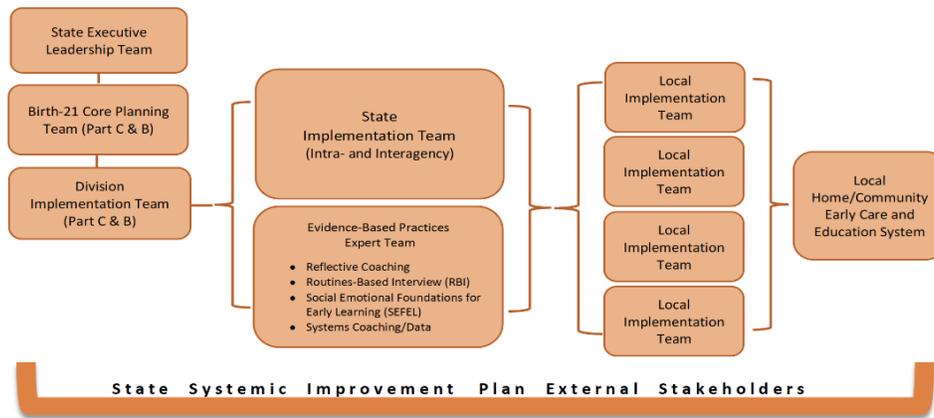


Figure 3: Maryland Part C SSIP: Implementation Teaming Infrastructure

### Family Partnerships

A specific outgrowth from the intra- and interagency work of the SIT is the 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 or preschool special education services in a parent leadership program.

During Phase III, Year 7, MSDE DEI/SES continued to fund the PPMD to implement the multi-session training program called *Baby LEADers: Beginning the Journey*, (initially funded, developed, and piloted in Year 3). A cohort of 18 parents enrolled and graduated from the 2021 virtual training program. Initial plans were to offer the *BabyLEADers* training in southern Maryland, however due to the nature of the training being offered entirely virtually this year, it allowed for participation from across the state, representing eight LEAs.

### Evidence-Based Practices Implemented

During Phase III, Year 7, the SIT and four LITs continued to support the initial to full implementation of evidence-based practices (reflective coaching, RBI, and Pyramid Model). 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 7.

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

Evidence Based Practice	Year 7 Implementation Stage	Year 7 Overall Focus of Implementation Activities
<b>Cecil County</b>		
<b>Routines-Based Interview</b>	Full Implementation	86% of providers are trained to fidelity; 17% are in RBI training
<b>Pyramid Model</b>	Full Implementation	The Pyramid Model Leadership team reviewed the Social Emotional Assessment Measure (SEAM) information sheet and discussed the Ages and Stages (ASQ) monitoring sheet. Teams reviewed SEAM and EIPPF at weekly meetings.
<b>Frederick County</b>		
<b>Reflective Coaching</b>	Initial Implementation	Fidelity checks were completed for all staff in 2022. Local RBI team has created quarterly learning activities based on areas of improvement identified during fidelity checks. Topics include asking questions to get more complete information for outcome area one, family outcomes versus child level outcomes, how to provide information about developmental progression during outcomes discussion, gathering specific criteria for outcomes.
<b>Routines-Based Interview</b>	Full Implementation	93% of providers are trained to fidelity; 7% are in RBI training
<b>Pyramid Model</b>	Initial Implementation	Pyramid implementation team continues to meet monthly. In April 2022, LIT began screening children scoring in the gray or black area on the Ages and Stages – Social Emotional (ASQ:SE2) for adverse child experiences. The mental health clinician has begun child-parent psychotherapy training with the hope that all family mental health clinicians will become trained in this model. The systems coach and family mental health clinician are completing infant and early childhood mental health certificate program through University of MD.
<b>Howard County</b>		
<b>Routines-Based Interview</b>	Full Implementation	84% of providers are trained to fidelity; 16% are in RBI training
<b>Montgomery County</b>		
<b>Routines-Based Interview</b>	Full Implementation	69.30% of providers are trained to fidelity; 6.10% are in RBI training

## Overview of Evaluation Activities, Measures, and Outcomes

MSDE DEI/SES, in collaboration with internal and external stakeholders, UM-SSW, and JHU/CTE, has continued to implement, review, and collect extensive data, and monitor the year's evaluation activities, measures, and outcomes. The evaluation plan developed in previous years was developed by MITP with stakeholder input to ensure that progress toward the SiMR is being achieved. Section C of this report provides an extensive review of the evaluation data findings. 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, the four key focus areas for the SSIP work include: Participation and Learning; Improvements to Infrastructure; Fidelity of Implementation of Evidence-Based Practices (BBPs); and Progress Toward Achievement of the SiMR. Evaluation questions are presented in each of the four areas in tables which describe the measures for both 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 the four participating SSIP jurisdictions. Overall, the evaluation findings show sustained success in moving the State towards the continued infrastructure and personnel development improvements necessary to achieve the SiMR.

## PLANS FOR NEXT YEAR

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

Reflecting on Year 7 implementation and outcomes data, MITP will continue building on and strengthening current strategies and add a few additional improvement activities to be implemented in Year 8. These include:

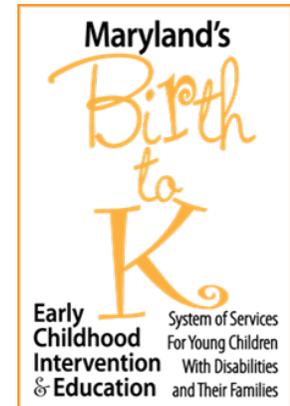
- Adding 2-4 new jurisdictions to the SIT, in order to help expand the success of the implementation of the chosen EBPs
  - Choose new jurisdictions through an application process developed by the current SIT
  - Begin infrastructure and data assessment in the newly selected jurisdictions to determine the areas of greatest need
  - Help the new jurisdictions set up Local Implementation Teams, and training structures to ensure a successful PD structure in each LITP
- Reviewing the current Theory of Action and Logic Model to ensure relevancy and update as needed
- Engaging stakeholders in a process to determine a new SiMR
- Creating a mentorship program where current SSIP jurisdictions mentor new SSIP jurisdictions
- Developing a written guide and protocol for all EBPs in the State (Reflective Coaching, RBI, and Pyramid Model)
- Disseminating a statewide webinar for B-K leaders on building and sustaining local coaching infrastructure
- Continuing development of the SIT Overview and Onboarding document
- Planning for ongoing support to Master Coaches, including planning for the next cohort in 2023
- Continue linking SIT work with the MD State Pyramid Model Leadership Team, including adding Part C SSIP programs to the potential list of Implementation and/or Demonstration Sites

- Planning for statewide roll-out of new National Center for Pyramid Model Innovations (NCPMI) Part C Pyramid Model training and training of trainers
- Expanding professional learning opportunities to support capacity-building of social and emotional development, such as Facilitating Attuned Interactions (FAN) to continue building on the three tiers of Pyramid practices
- Continue building cross-sector partnerships through Pritzker Prenatal-3 grant activities
- Developing work and communication protocols outlining the roles and responsibilities of LITPs and physicians throughout the early intervention referral and ongoing service delivery process
- Continue developing revised online IFSP and IEP reporting capabilities to support local and State decision-making and to make correlations to implementation of EBPs
- Continued sharing data and exploring the 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)
- Exploring the capability of IFSP reporting linkages between RBIs and family outcomes
- Continuing scale up of the State Inclusion Leadership Team’s implementation of TAP-IT, modeled after SIT implementation lessons learned
- Continue planning for the rollout of the revised preschool component of the MD IEP to align to the 2018 IFSP, ensure implementation of EBPs, and smooth transitions from Part C services
- Continued collaborating with MA around billing for early childhood special education EBPs between MSDE and Maryland Department of Health (MDH)
- Aligning SIT TAP-IT Cycles with SSIP evaluation plan components to ensure coordination of relevant data collection and planning activities
- Consider adding Reflective Coaching fidelity measures and BabyLEADers evaluation measures to the Evaluation Plan

# MITP Summary and Recommendations in Support of Continuing to Build a B-K System

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.

- 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.
- 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.
- Children learn best through natural learning opportunities in everyday routines and activities in home, community, and early childhood settings with typical peers.
- Meaningful, inclusive early childhood opportunities are an evidence-based practice that must be supported by a skilled and competent workforce.
- Strong alignment across early childhood programs and systems creates seamless transitions to LEAs and public agencies.



As identified in this report, MITP continues to demonstrate high levels of both compliance and results. DEI/SES through its strategic plan, *Moving Maryland Forward* is committed to the implementation of evidence-based practices to support key measures of success within a B-K system of services for young children with disabilities and their families.

While federal, State and local funds support MITP, the State General funds allocation of \$10,389,104 to MITP has remained constant since SFY 2009. Since the Blueprint for Maryland's Future state funding began, this funding is expected to increase through 2030. Similarly, IDEA Part C federal funding has remained relatively constant, and in SFY 2022 the average contribution from local governments was about 70% of the total program costs.

## ENSURING EXPANSION (NOT SUPPLANTATION) OF MITP PROGRAMMING

The Blueprint for Maryland's Future increases funding for MITP by \$5 million to increase services to eligible children across the State. The intent of the additional funding is to help support all children who are referred for services annually. Currently, LITPs are already required to serve eligible children. Since early intervention services are individualized, children in the program should already be receiving appropriate services. Until the Blueprint for Maryland's Future, State funds for MITP had not increased since before 2010. Meanwhile, prior to the pandemic, the count of participating children in MITP increased from, on average, four to five percent per year. The State did not stop providing services when State funds could not cover the same share of program funding; the burden of funding for additional children instead fell on local jurisdictions. The law, as enacted, does not mandate the additional Blueprint MITP funding as supplemental to (rather than supplanting) existing funding. However, MSDE recognizes the intent of the law as described in this objective and is working to identify future funding allocations that attend to 1) reducing local jurisdiction burden, while 2) supplementing existing funding by supporting new cases from rising referral and service numbers that increase, annually.

MSDE will also track funding to ensure that MITP resources are provided for new and expanded services rather than supplanting existing funding allocations. For example, revising the eligible birth weight criterion from 1,200 grams to 1,500 grams would lead to the expansion of the number of children served.

## IMPLEMENTATION

Implementing a seamless B-K system of services for infants, toddlers, and preschool-age children and their families supports Maryland's overall goal of reducing the school readiness gap for young children with disabilities. MSDE recommends continued resources for capacity building of local, jurisdiction-wide infrastructure to support a B-K seamless, comprehensive system of coordinated services. Targeted funding serves 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. With this targeted funding, MITP will work to implement the following goals for children and families:

- Ensure that parents and families receive intensive support and training needed to assist their child and strengthen family cohesiveness by prioritizing their participation within early childhood committees and councils.
- Ensure that children and families receive equitable access to early intervention providers and services in the State by focusing efforts on recruitment and retention of a diverse early childhood workforce and investing in culturally appropriate professional development.
- Incorporate early childhood intervention and education practices based on peer-reviewed research to support positive social relationships, engagement, and independence by revising the State COS training materials.
- Promote a framework for school readiness beginning at birth by continued development of the School Readiness Enrichment Series for early intervention professionals, preschool special education teachers and families.
- Provide intra- and interagency professional learning and programmatic collaboration between programs and public and private agencies by developing the MITP Community Portal where families, early intervention providers, and community partners involved in the care of children can connect and collaborate.
- Strengthen the capacity of the early childhood workforce with the materials, training, and resources needed to properly support children and families, including the development or provision of materials and resources for early intervention Service Coordinators based on a common set of knowledge and competencies.

As MITP moves into the future, the strategic vision to build a seamless, comprehensive system of coordinated services to realize the goal of all young children ready for school and ready to learn, remains the same. Effective interagency and intra-agency collaboration is critical to ensure appropriate settings and services for all children, including our youngest learners with disabilities. MITP continues to support the local early intervention system through focused funding, technical assistance, and the creation of resources, materials, and guidance documents. In addition, MITP will continue to provide differentiated, coordinated responses and actions to address the needs of the LITPs to support infants, toddlers, and preschoolers with disabilities and their families.