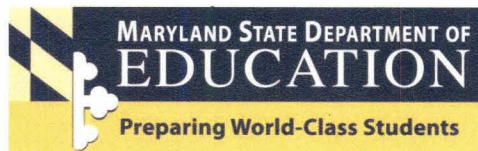


The Maryland Infants and Toddlers Program (MITP)

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

September 2013

School Year 2011-2012



Prepared by the:
MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Special Education/Early Intervention Services

Submitted by the:
MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Special Education/Early Intervention Services
in collaboration with
The State Interagency Coordinating Council

**The Maryland Infants and Toddlers Program: A Report on the Effectiveness of the State's
Early Intervention System Under the Individuals with Disabilities Education Act (IDEA)
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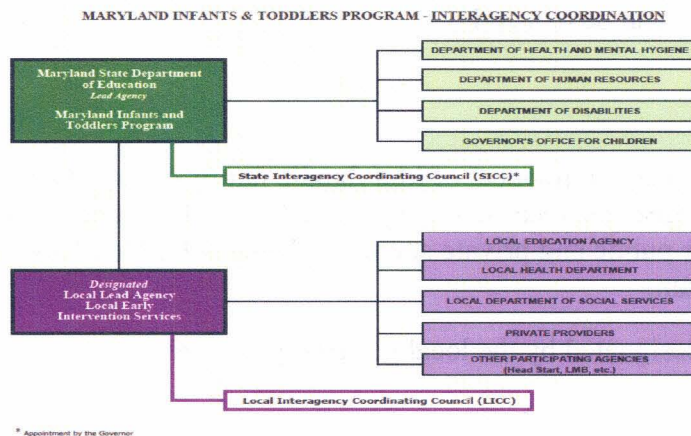
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Introduction

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers Program as required by the Maryland Infants and Toddlers Act of 2002, enrolled as HB 371/SB 419. The Maryland Infants and Toddlers Program (MITP) within the Policy and Accountability Branch of the Division of Special Education/Early Intervention Services, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 15,046 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2012. Additionally in SFY 2012, families of 992¹ 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 2012 was 16,038.

The MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, professional learning, technical assistance, and coordination of federal, State, and local funding sources. The MSDE implements an effective system of general supervision and data collection to ensure 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). The MSDE also provides training and technical assistance to 24 local Infants and Toddlers Programs, nineteen of which are Education Lead Agencies and five of which are Health Department Lead Agencies (Baltimore County, Baltimore City, Frederick County, Prince George's County, and Montgomery County), the Maryland School for the Deaf, and the Maryland School for the Blind to improve results for young children and their families. With the interagency public and private partners at the State and local levels noted in the chart below, the MSDE is committed to further improving the developmental and educational outcomes of infants, toddlers and preschool children with disabilities and enhancing the capacity of families to support the developmental needs of their children.



¹ These children only received services on an Extended IFSP during the entirety of SFY 2012 (all were older than 3 years). A total of 1,312 children were receiving services on an Extended IFSP on 10/28/11.

This year, SFY 2013, marks a long-awaited milestone in the history of the Maryland Infants and Toddlers Program (MITP). In September 2011, the federal regulations governing State's implementation of early intervention services were revised and released for the first time since 1999. Part of these regulations included the option for States to provide services on an Individualized Family Service Plan (IFSP) age 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 Maryland Infants and Toddlers Program 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. These COMAR regulations became effective on July 1, 2013.

Maryland's Longitudinal Study Results and Support for Early Intervention

The Maryland longitudinal study (*The Impact of Early Intervention on Kindergarten Readiness, December 2009*), measuring the impact of early intervention services provided by local Infants and Toddlers Programs on kindergarten readiness, was completed by the MSDE and the John's Hopkins Center for Technology in Education. The following information includes details and results of the study:

- The research focused on the impact of the level of service provided to 5,942 infants and toddlers enrolled in early intervention services on their later performance using the State's Maryland Model for School Readiness (MMSR) Kindergarten Assessment.
- The results demonstrated that the greater the intensity of early intervention services, the better prepared children are for kindergarten.

In addition, national economists have researched the value of investing in early childhood programs and found that dollars invested early in a child's life yield extraordinary public returns – a savings of \$3.78 to \$17.07 for every dollar invested². Data from October 2011 to October 2012 MITP child count indicate that of the 7,086 children who exited MITP, 2,537 children did not require preschool special education services. Based on a cost per child figure of \$10,577, a total savings of \$26,833,849 can be realized.

Program Overview

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

- Has a lead agency designated by the local governing authority;

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

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

In the 24 local Infants and Toddlers Programs, the Maryland School for the Blind, and the Maryland School for the Deaf, effective early intervention services based on peer-reviewed research are provided to infants, toddlers, and preschool children with disabilities through a family-centered model, which recognizes that supporting and increasing the knowledge of those who spend the most time with very young children improves results for children and their families. Young children with disabilities who receive services in the home and who are included in quality early care and education community programs benefit from their involvement with typically developing peers, and their families gain opportunities and resources to support the growth and development of their children.

Federal and State Monitoring of Program Performance: **A Framework for Assessing Program Effectiveness**

In 1980, Maryland began providing special education services to infants and toddlers with disabilities. The passage of Part H of the Education of the Handicapped Act in 1986 (now Part C of the IDEA) mandated the provision of interagency and family-centered services for children from birth to age three with disabilities. Since the implementation of the Maryland Infants and Toddlers Act of 2002, the MSDE has been conducting a Continuous Improvement Monitoring process to assess the effectiveness of Maryland's early intervention system under Part C of the IDEA. The purpose of Continuous Improvement Monitoring is increased 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 Maryland Infants and Toddlers Program, the MSDE conducts the following ongoing general supervision activities:

1. Implementation of a statewide on-line and off-line web-based data collection and reporting system, which allows real-time tracking of program performance at the State and local levels.
2. The DSE/EIS implemented a birth through 21 monitoring system to ensure compliance and results driven accountability. As a part of this process the Maryland Infants and Toddlers Program participates in comprehensive monitoring of the birth through five continuum of services to infants and toddlers receiving services through an IFSP or Extended IFSP and preschool children receiving services through an IEP, including:
 - Data collection and analysis on performance in federal/State priority areas;
 - Development and dissemination of semi-annual profiles of local data documenting compliance and performance;

- Approval of yearly local applications for funding which include the development and implementation of a Comprehensive System for Professional Development (CSPD) plan that impact child and family results;
 - Provision of focused on-site technical assistance with local Infants and Toddlers Programs in need of improvement;
 - Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure results; and
 - 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.
3. Submission of the State Performance Plan and Annual Performance Report to the United States Department of Education (USDE) to document the State's actual accomplishments in each federal monitoring indicator (12 Indicators³). The MITP has "Met Requirements" status based on the United States Department of Education required indicators for seven consecutive years.

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

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

Performance Measures

The measures of effectiveness for the Maryland Infants and Toddlers Program 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 performance indicators are not met, local Infants and Toddlers Programs are required to develop and implement corrective action or improvement plans. These plans are submitted to and reviewed by the MITP monitoring staff and technical assistance is provided when necessary. The MSDE closely monitors the correction of noncompliance in each jurisdiction.

The MSDE continuously monitors the performance of local Infants and Toddlers Programs on the following indicators:

1. Timely initiation of early intervention services (CI);
2. Delivery of services in natural environments (home or community settings with typically developing children), unless the needs of the child cannot be met in those settings (RI);
3. Child outcomes (RI):
 - A. Social-emotional development including social relationships;

³ The U. S. Department of Education, Office of Special Education Programs (OSEP) eliminated the requirement for states to report data for CI 10 (Complaint Timelines) and CI 11 (Due Process Timeline) because it was a duplicate submission of data already being reported annually in the IDEA Section 618, Table 4 Dispute Resolution.

- B. Acquisition and use of knowledge and skills including early language/communication, literacy and numeracy; and
 - C. Use of appropriate behaviors to meet their needs including eating, drinking and dressing;
4. Family outcomes (RI):
 - A. Know their rights while participating in the early intervention program;
 - B. Effectively communicate the needs of their children; and
 - C. Are able to help their children develop and learn;
 5. Early identification of infants and toddlers (RI):
 - A. Birth to age 1, in need of early intervention services;
 6. Early identification of infants and toddlers (RI):
 - A. Birth to age 3, in need of early intervention services;
 7. Timely completion of evaluation and assessment and development of the Individualized Family Service Plan (IFSP) (CI);
 8. Timely transition planning for children and families as children approach their third birthdays and continue in the early intervention program until their fourth birthday, transition from early intervention to preschool special education, and/or transition to other community-based programs such as Head Start (CI); and
 9. Identification and correction of non-compliance through a general supervision system which identifies and corrects individual child and systemic local jurisdiction non-compliance, as soon as possible but no later than one year from the date of notification to the local jurisdictions by the MSDE (CI).

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

1. Timely Implementation of Early Intervention Services

Beginning in SFY 2007, the MITP has been required to report data on the timely initiation of early intervention services. The State standard requires services to be initiated within 30 days of the completion of the IFSP. Exceptions to the 30-day timeline include documentation of family-related reasons for the missed timelines or the service is provided less frequently than once a month. The federal target for the timely implementation of early intervention services is 100%. Maryland's data demonstrates increased 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	7/1/09 to 6/30/10	7/1/10 to 6/30/11	7/1/11 to 6/30/12
Percentage within timeline or with family-related reason for delay or a service provided less frequently than 1 time per month	97.3%	96.7%	97.7%

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

MSDE's targeted technical assistance focus on the provision of early intervention services in natural environments has resulted in an increased number of infants and toddlers whose primary service setting is the home or a community setting with typically developing peers. Under federal requirements, all eligible children must be served in natural environments, unless early intervention cannot be achieved satisfactorily in those settings. If a child does not receive a service in a natural environment, a justification based on the outcomes on the child's Individualized Family Service Plan (IFSP) must be included on the child's IFSP document.

The chart below shows a trend that the Maryland Infants and Toddlers Program is serving an increasing number of eligible young children in the home or in community settings. For the 10/28/11 snapshot count, 92.3% of the children who did not receive services in the natural environment had justifications on their IFSP based on the needs of the child. Other justifications were based on the needs of the parents. The table below shows the percentage of children served primarily in natural environments based on a snapshot count on the last Friday in October in the given year. Performance on this indicator exceeded the State target of 91.5%.

Snapshot Date	10/31/2008	10/30/2009	10/29/2010	10/28/2011
Percentage of children served in natural environments	92.3%	94.1%	96.3%	97.1%

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

The chart below shows the percentage of young children with disabilities, ranging from mild to severe, who exited the program during SFY 2012 within age expectation on the following child outcomes for typically developing same-aged peers. Data were collected utilizing the Child Outcome Summary (COS) methodology. The COS measures the trajectory of child progress in three federal child outcome areas listed in the following table. The COS is used by forty-four other states to measure child outcome performance.

Child Outcome Area	% of children exiting within age expectations	Number of children exiting	State target
Positive social-emotional development	65.3%	N = 4,412	73.8%
Acquisition and use of knowledge and skills	60.5%	N = 4,416	69.9%
Use of appropriate behaviors to meet their needs	63.5%	N = 4,415	75.4%

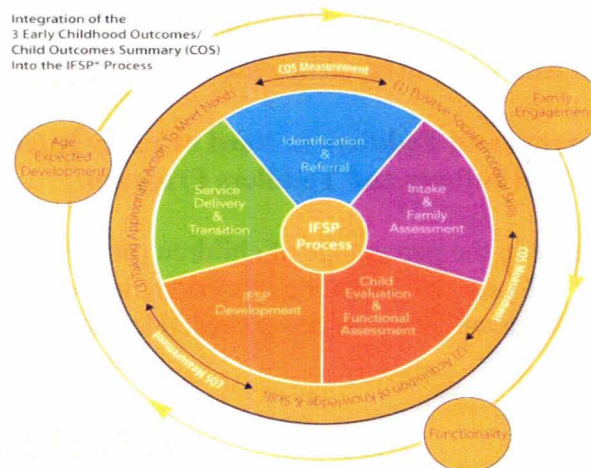
In addition to the federal indicator data, MITP calculates the number of children who made as much or more progress than their typically developing peers and found that:

- 81% of children made as much or more progress than their typically developing peers in social-emotional development;
- 80% of children made as much or more progress than their typically developing peers in learning new skills; and
- 80% of children made as much or more progress than their typically developing peers in meeting their own needs through use of functional skills.

In SFY 2011, the MITP changed the testing methodology for measuring and reporting on child outcomes. The COS considers multiple assessment sources of information as opposed to the administration of one or two assessment instruments at entry and exit. While the COS includes assessment results, it also gathers input from families, service providers, medical care providers and other caregivers. The COS is completed by the IFSP teams at entry into the early intervention program and at exit from the program. Developmental progress is measured and the results are cross-walked to the above federal child outcomes.

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

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



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

The following chart shows the percentage of families with young children receiving early intervention services during SFY 2010-2012 that agreed, strongly agreed or very strongly agreed with the federal family outcome indicators. The information was obtained by having the families complete a survey that was provided to them by an early intervention service provider or mailed to them by a local Infants and Toddlers Program. There were English and Spanish versions of the survey and cover letter.

Family Outcome Indicators	SFY 2010	SFY 2011	SFY 2012
Families know their rights	87% State Target 76%	93% State Target 78%	95% State Target 79.5%
Families effectively communicate the needs of their children	83% State Target 74%	93% State Target 76%	95% State Target 77.5%
Families are able to help their children develop/learn	92% State Target 84%	94% State Target 86%	95 % State Target 87.5%

The above table shows an increasing trend that families agreed, strongly agreed, or very strongly agreed with each of the family outcomes. The State targets were exceeded in SFY 2012 for all three family outcomes and the response rate was 46.7%, up from 39.7% in SFY 2011.

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

The table below shows an increase in the percentage of children (birth to one year) receiving early intervention services over a three year period on the last Friday in October. The State target is 1.50%. This target was exceeded on the 10/28/11 snapshot count.

Snapshot Date	10/30/09	10/29/10	10/28/11
% of children served	1.47%	1.59%	1.48%
MD Resident Population Birth-to-One	76,511 in 2009	71,523 in 2010	73,059 in 2011

Based on MITP service and federal State residence data.

6. Early Identification of Infants and Toddlers in Need of Early Intervention Services (B to 3) through the Maryland Infants and Toddlers Program.

The table below shows an increase in the percentage of children (birth to three years) receiving early intervention services over a 3-year period on the last Friday in October. The State target is 2.95%. The percentage of children receiving services exceeded the State target for the last three years.

Snapshot Date	10/30/09	10/29/10	10/28/11
% of children served	3.11%	3.54%	3.39%
MD Resident Population Birth-to-Three	231,000 in 2009	217,560 in 2010	217,490 in 2011

Based on MITP service and federal State residence data.

7. Timely Evaluation and Completion of an Initial Individualized Family Service Plan

Starting in SFY 2008, the chart below shows a general increase in the ability of local Infants and Toddlers Programs to complete timely evaluations and assessments and, in collaboration with families, complete timely Individualized Family Service Plans (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 2012 demonstrates a slight statewide improvement in compliance for this indicator. The table below shows the percentage of children for whom evaluation and assessment and an initial IFSP meeting were conducted within the 45-day timeline.

Referral Date Range	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/10 to 6/30/11	7/1/11 to 6/30/12
Percentage within the timeline or with family-related reason for delay	98.7%	99.1%	98.2%	98.7%

8. Timely Transition Planning (For children and families preparing to exit the early intervention program at age three)

Preparing families and children for transition from early intervention to preschool requires collaboration between families, local Infants and Toddlers Programs, and local school systems. Federal regulations require that a transition planning meeting between the family and representatives from the local early intervention and school system 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 is 100%. Maryland's trend data demonstrate a general increased ability for local programs to provide timely transition services with a minimal slippage in SFY 2012. The table below shows the percentage of children and families with timely transition planning meetings.

Referral Date Range	7/1/08 to 6/30/09	7/1/09 to 6/30/10	7/1/10 to 6/30/11	7/1/11 to 6/30/12
Percentage of children with timely transition planning meetings or family-related reason for delay	96.4%	99.6%	99.4%	99.1%

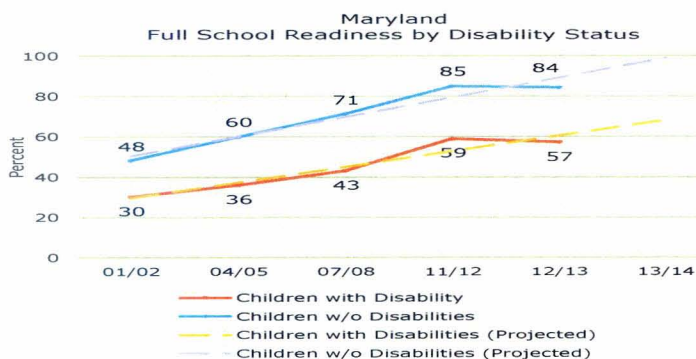
9. Identification and Correction of Noncompliance in SFY 2011.

All but one incidence of noncompliance (99.8%) from the previous fiscal year (SFY 11) were corrected as soon as possible or within at least 12 months. The one incidence of noncompliance that was not corrected within 12 months was subsequently corrected within 18 months. When noncompliance was identified, local Infants and Toddlers Programs were required to develop and implement corrective action or improvement plans. These plans were submitted to the MSDE and reviewed by the MITP monitoring staff and technical assistance was provided when necessary. The MSDE closely monitored the correction of noncompliance in each jurisdiction.

The Maryland Infants and Toddlers Program - The Extended IFSP Option - Maryland's Birth to Five Initiative for Children With Disabilities

With the revised federal regulations, released in September 2011, the MITP has decided to continue to implement the extended IFSP Option. After consideration of statewide stakeholder feedback, the MITP chose the beginning of the school year following the child's fourth birthday as the ending date of the Extended IFSP. The beginning of the school year following the child's fourth birthday aligns closely with the State's Prekindergarten Programs regulations, COMAR 13A.06.02.

Additional factors were considered in the continuation the Extended IFSP Option in Maryland to families. The school readiness data below demonstrates a continued achievement gap between preschool children with disabilities who are "fully ready" for school as compared to their same age peers⁴.



- Since 2001, the Maryland Model for School Readiness (MMSR) Kindergarten Assessment results indicate the existence of an achievement gap between preschool children with disabilities who are "fully ready" for school as compared to their same-aged typically developing peers.
- In FY 2013 children receiving preschool education services lost some of the gains made over the prior two years, resulting in an increase in the achievement gap between preschool children with disabilities to 27 points below the statewide average.

A third factor considered in the decision to continue the Extended IFSP Option included the results of a statewide early intervention family survey. The SFY 2012 results revealed: 95% of families report that early intervention services helped their family know their rights; 95% of families report early intervention services helped their family effectively communicate their child's needs; 95% of families report early intervention services supported their family to help their child develop and learn.

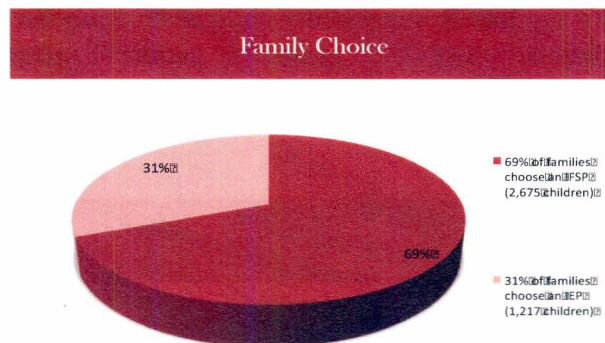
⁴ While this report is the comprehensive report for 2011-2012, given the timing of the submission, more current data are available.

Another factor considered was the location of services provided to three year olds receiving special education services. The annual special education census report for the 2009-2010 school year indicated that only 39% of three year-old children served through an IEP received special education in regular early childhood settings with their typical peers.

Components of the established birth to three early intervention system of services available under the Extended IFSP Option that most influenced families' decisions to continue services for their child under an Extended IFSP include: a) comprehensive service coordination; b) continuous year-round services; c) intensive family support and training; and d) delivery of services in a natural environment. Children served under an Extended IFSP can continue to receive services in individualized community and home based settings, as well as settings for children served under an IEP that comprise the local least restrictive environment continuum. The emphasis remains on providing opportunities for children with disabilities to access and participate in regular early childhood settings with their typically developing peers, to support individual child progress and promote school readiness outcomes, including pre-literacy, numeracy, and language.

Performance Results of the Maryland Infants and Toddlers Program – From the Child's 3rd Birthday to the Beginning of the School Year Following the Child's 4th Birthday

The table below shows that in SFY 2012, 69 % of families chose to continue with IFSP services, while 31% of families chose to move to services through an IEP.

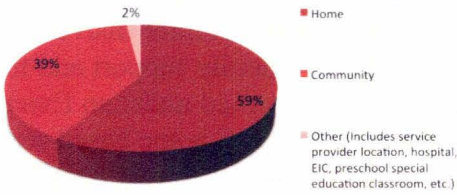


A current data report reflects that from 2/1/2010 to 4/30/2013, 5,097 children and families have received services through an Extended IFSP.

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

Location of Services

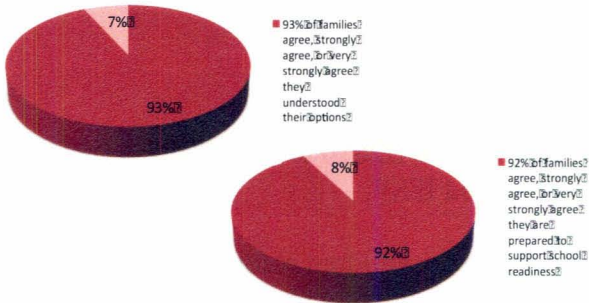
- Total number of 3 year old children receiving services through an Extended IFSP on October 26, 2012: **927**
- Of the 927 children, **98%** received services in the Natural Environment (home/community-based)



Family outcome results were positive with regard to children receiving services through an Extended IFSP. As part of the SFY 2012 Family Survey completed to report on family outcomes to the U.S. Department of Education, MITP added two additional questions for families participating in the Extended IFSP Option.

The results in the chart below show that 93% of families (N=932) agreed, strongly agreed or very strongly agreed that “early intervention services have helped me and/or my family understand my options in order to make the best choice for my child and family to continue services through an Extended IFSP or move to services through an IEP.” Ninety-two percent of families (N=885) agreed, strongly agreed, or very strongly agreed that “early intervention services have helped me and/or my family support my child to be ready for school by assisting me to teach my child pre-reading activities (such as naming pictures) and pre-math activities (such as sorting household items).”

Extended IFSP Option Results: Family Outcomes

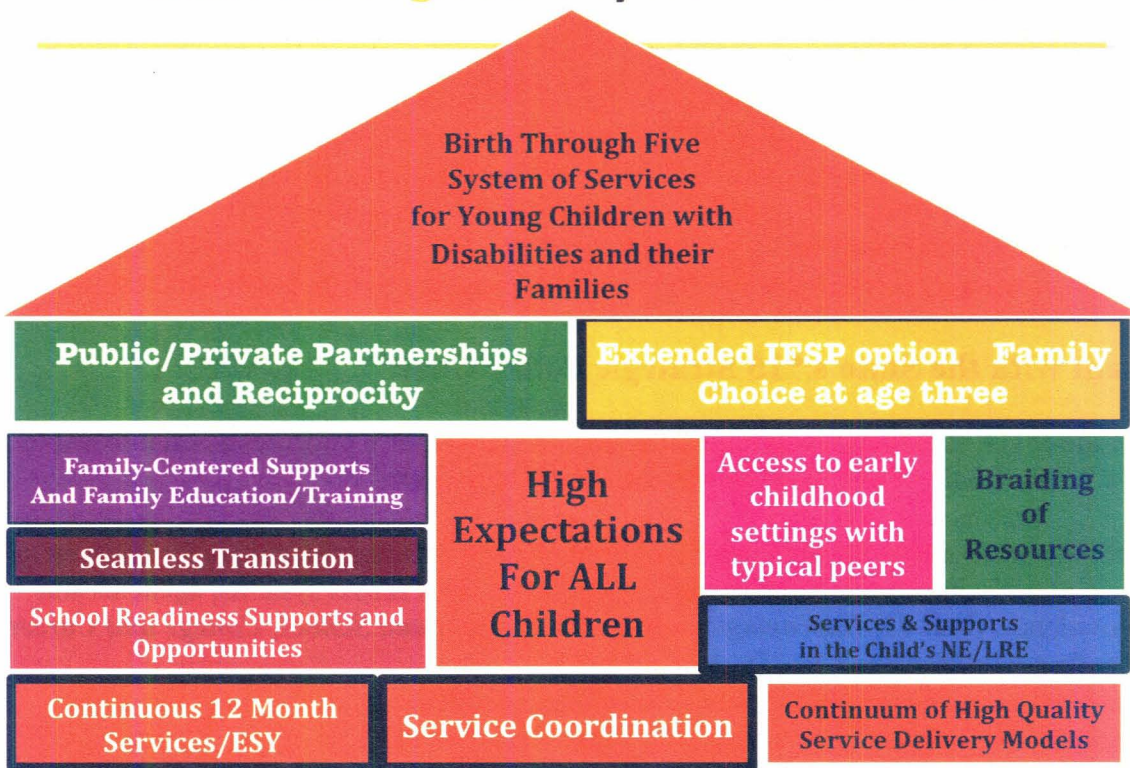


MOVING MARYLAND FORWARD

Building a Birth through Five System of Services

Funding to initially support the Extended IFSP Option was the result of the federal ARRA Program and served as a catalyst in building Maryland's birth through five seamless, comprehensive system of coordinated services. Current funding for the Extended Option includes the IDEA Part C and Part B federal funding and local funding. Maryland's vision is to assure that all infants, toddlers, and young children with disabilities and their families receive high-quality early intervention and special education services with full access, participation, and supports.

Birth Through Five System of Services



With additional fiscal support, Maryland's vision to build a seamless, comprehensive system of coordinated services will be fully realized. Maryland's local Infants and Toddlers Programs and preschool special education services will not function in programmatic, personnel, and/or fiscal silos. The MSDE, Division of Special Education/Early Intervention Services developed a statewide Strategic Plan in which four Strategic Imperatives, were identified to guide the Division's work over the next five years (2013-2018). Within Strategic Imperative 1, Early Childhood, the action steps, timelines, and resources essential for the full implementation of a birth through five seamless, comprehensive system of coordinated services for infants, toddlers, and preschool children with disabilities and their families reflect an integrated approach to operationalizing the statewide system.

Coaching and Mentoring Project

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

Online IFSP Database

The Online IFSP Database is a diagnostic prescriptive tool for both families and service providers that allows for the monitoring of child progress towards achieving IFSP goals. Local leaders can utilize the data analysis functions of the Online IFSP to generate a variety of predefined and dynamic reports to assist in programmatic decision-making. The Online IFSP also includes an interactive Outcomes Wizard that assists early intervention providers in moving smoothly and effectively through the development of appropriate outcomes for children.

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

Several of the MITP strategies are in alignment with the Governor's priorities as established in the State's Policy Goals. The following represent these strategies:

- Provide professional development to improve school readiness outcomes for children in need of early intervention and special education services across systems, agencies and providers. ***(Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015)***
- Support parent leadership and family engagement offering family support and parent training: building families' capacity to support school readiness. ***(Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015)***
- Develop and implement a statewide, integrated data system to monitor child progress and support programmatic decision-making. ***(Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015)***
- Provide access to the general education curriculum and ensure full participation with typically developing peers through private and public community partnerships. ***(Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015)***
- Build training modules for service providers to support the writing and implementation of educational outcomes for young children. ***(Goal #2: Improving Student Achievement and School, College and Career Readiness in Maryland by 25% by End 2015)***

- Through the role of the service coordinators, encourage families to participate and take advantage of all food supplement programs, including the Women, Infants & Children (WIC) program and Food Stamps Program. ***(Goal #13: End Childhood Hunger in Maryland by 2015)***
- Providers and service coordinators have the knowledge and resources to help families access follow-up medical care for mothers and their children. ***(Goal #14: Reduce Infant Mortality in Maryland by 10% by End 2017)***

SUMMARY

Since FY 2003, there has been a 75% increase in the number of eligible children receiving early intervention services (9,182 in FY2003 compared to 16,038 in FY2012). While the number of children and families served by local Infants and Toddlers Programs has increased, federal and State funding to local programs has not grown in tandem. The IDEA Part C federal award decreased by 5.4% from SFY 2005 to SFY 2012 and the level of State funding has remained consistent since SFY 2009. For SFY 2012 local governments contributed more than 78% of total program costs for early intervention in Maryland.

The Maryland Infants and Toddlers Act of 2002 established a State funding formula to provide support based on the annual cost per child and the number of children and families served annually. The formula was designed so State funding would never exceed 20% of the overall program cost. Currently, State funding represents 13% of the overall program cost.

From July 1, 2009 through September 30, 2011, a temporary infusion of federal funds was awarded through the ARRA (ARRA I & II, and ARRA Extended IFSP Option Incentive grant). However, the federal government required States to liquidate the ARRA funding by December 31, 2011, with no provisions for additional funding. To support the COMAR regulations to adopt the Extended IFSP, the Assistant State Superintendent of the Division of Special Education/Early Intervention Services committed \$2.5 million of IDEA Discretionary Funding to ensure the continuation of a high-quality early intervention service delivery model delivered through the MITP.

Over the past several years, the MITP has been able to demonstrate progress on federal compliance and performance (results) indicators despite these fiscal constraints.

RECOMMENDATIONS

1. If additional resources become available, The MSDE recommends that a portion target the capacity building of local, jurisdiction-wide infrastructure to support a birth through five seamless, comprehensive system of coordinated services. The targeted funding would serve as the catalyst for a local jurisdiction to integrate intra- and interagency service delivery models for infants, toddlers, and preschool children with disabilities and their families with served through an IFSP, Extended IFSP, or an IEP. A coordinated birth through five system of services would:
 - Incorporate early childhood intervention and education practices based on peer-review research;
 - Support access to age-appropriate early childhood curricula;
 - Promote a framework for school readiness beginning at birth;
 - Provide intra- and interagency professional development and programmatic collaboration between programs and public and private agencies;
 - Assure that parents and families receive intensive support and training needed to assist their child and strengthen family cohesiveness;
 - Maximize the use of federal, State, and local funding to ensure sustainability of the local birth through five system of services; and
 - Promote collaboration and coordination of home-based services between local Infants and Toddlers Programs and Local School System preschool special education services with other home visiting programs.