



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

June 8, 2021

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

RE: SFY 2020 MITP Legislative Report (MSAR #10835)

Dear Governor Hogan:

In accordance with the requirement of Education Article §8-416(e)(2), the Maryland State Department of Education (MSDE) is submitting *A Report on the Effectiveness of the State's Early Intervention System under the Individuals with Disabilities Education Act (IDEA)* for the period covering State Fiscal Year 2019-2020.

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

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

Best Regards,

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

Attachment

c: Carol A. Williamson  
Marcella E. Franczkowski  
Brenda Hussey-Gardner

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

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

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**Due: June 1, 2021**

**School Year 2019-2020**



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

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

**The Maryland Infants and Toddlers Program: A Report on the Effectiveness of the State's Early Intervention System Under the Individuals with Disabilities Education Act (IDEA)**  
**Due: June 1, 2021**

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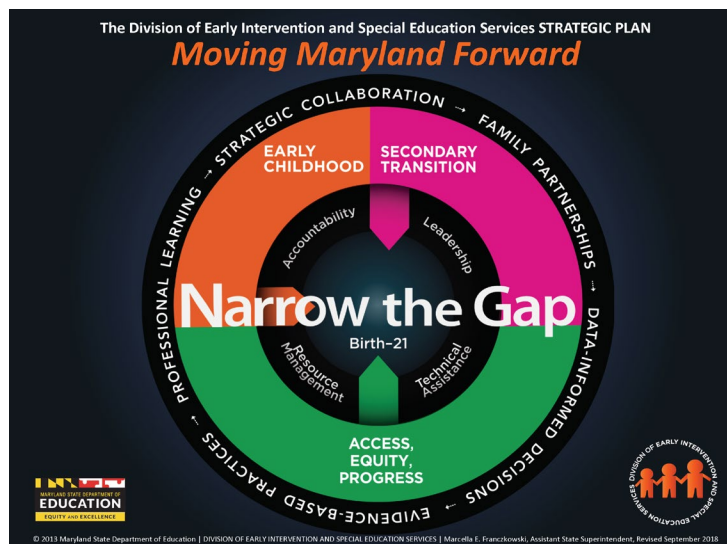
Lawrence J. Hogan, Jr.  
Governor

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## Introduction

The Maryland State Department of Education (MSDE), Division of Early Intervention/Special Education Services (DEI/SES) and the State Interagency Coordinating Council (SICC), consistent with COMAR 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers Program (MITP) as required by the Maryland Infants and Toddlers Act of 2002, enrolled as HB 371/SB 419. The MITP within the Policy and Accountability Branch of the DEI/SES, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 9,059<sup>1</sup> infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2020. Additionally, in SFY 2020, 1,311 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 2020 was 10,370.

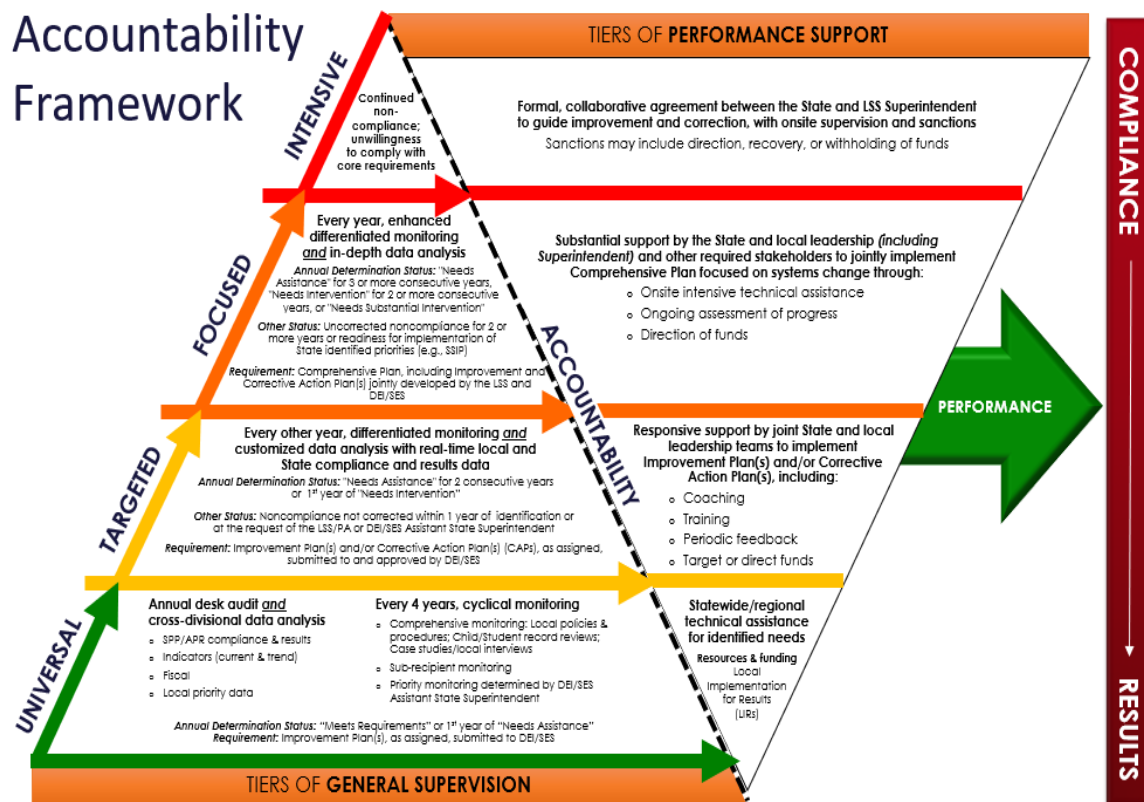
The MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, professional learning, technical assistance (TA), and coordination of federal, State, and local funding sources, aligned with *The DEI/SES Strategic Plan: Moving Maryland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



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

To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, the MSDE implements a *Differentiated Framework: Tiers of General Supervision and Engagement*, which assigns public agencies to varying levels of monitoring and support based on performance on Annual Performance Report indicators, analysis of data, correction of noncompliance, fiscal management, and monitoring findings. This method of general supervision also ensures that infants and toddlers with disabilities and their families receive the services and supports to which they are entitled under Part C of the Individuals with Disabilities Education Act (IDEA). Based on SFY 2020 data, 21 Local Infants and Toddlers Programs (LITPs) were assigned to the Universal Tier of General Supervision, two LITPs were assigned to the Targeted Tier of General Supervision, and one LITP was assigned to the Focused Tier of General Supervision.



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

In September 2011, the federal regulations governing States' implementation of early intervention services were revised and released for the first time since 1999. Part of these

regulations included the option for States to provide services on an IFSP beyond age three. In response to these federal regulations, the MITP revised its Code of Maryland Regulations (COMAR) to include the Extended IFSP Option for children until the beginning of the school year following the child's fourth birthday. Additional changes to the MITP regulations in COMAR included an option to provide developmental screening after referral, a State policy on adjusting age for prematurity, clarification on the definition of the term multidisciplinary, and changes to surrogacy appointment policy and procedures. The State Board of Education approved revised COMAR regulations on March 28, 2013 and they became effective on July 1, 2013. Regulations remained unchanged in SFY 2019.

## **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 on kindergarten readiness, was initiated over ten years ago by the MSDE and the Johns Hopkins University Center for Technology in Education. Maryland's 2018 longitudinal research continues to validate the importance of starting early as 68% of students in 4-8<sup>th</sup> grade who had previously received early intervention services are now not receiving special education services. We know that intervening early with family-centered, evidence-based practices can change a child's developmental trajectory and improve outcomes for young children with disabilities and their families.

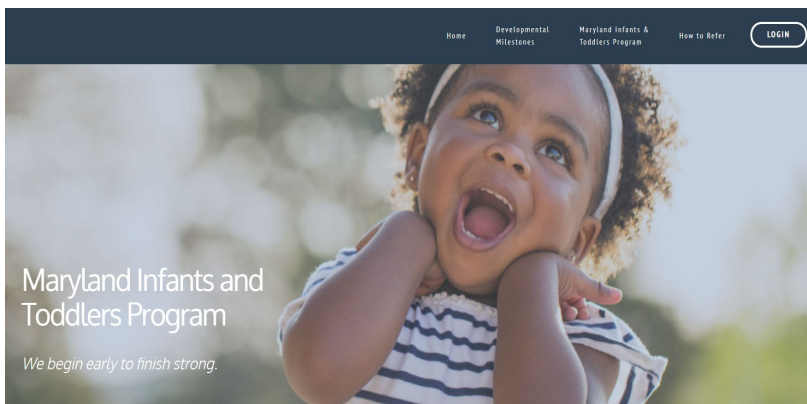
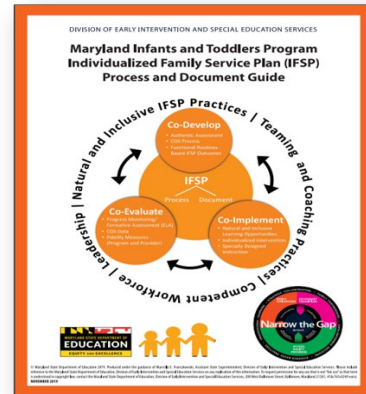
## **MITP Overview**

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

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

In the 24 LITPs, 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.

During SFY 2020 the MITP provided focused efforts to strengthen the delivery of services through the implementation of evidence-based practices, access to services through a new online referral system, and family partnerships through an updated six-part Parent Information Series. On October 1, 2018, the MITP revised its state-of-the-art Individualized Family Service Plan (IFSP) to inform and support the use of evidence-based early intervention practices through a comprehensive, family-centered process to enhance child and family outcomes. The newly created [MITP IFSP Process and Document Guide](#) provides a road map to the development, implementation, and evaluation of the IFSP.



To strengthen ongoing access to and participation in the MITP, a new online referral system was implemented during SFY 2019. Anyone who suspects 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. This

online referral system 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.

To strengthen family partnerships the MSDE DEI/SES B-K team updated and expanded the Parent Information Series, providing in-depth information about evidence-based early intervention and preschool special education practices. This six-part series includes information specific to early intervention services, parental rights, the IFSP process, family choice at age three, preschool special education services through an IEP, and early childhood transitions in Maryland.



## **Federal and State Monitoring of Continuous 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, which has expanded to include young children and their families over the age of three through the Extended IFSP Option. The purpose of Continuous Improvement Monitoring is to increase accountability at the State and local levels to ensure that infants, toddlers and preschool children with disabilities and their families receive the services and supports to which they are entitled and that the children and families are benefiting from participation in early intervention.

To ensure the effectiveness of the MITP, the MSDE conducts the following ongoing general supervision activities:

1. Implementation of a statewide on-line and off-line web-based data collection and reporting system, which allows real-time tracking of program performance at the State and local levels.
2. Application of the Differentiated Framework: Tiers of General Supervision and Engagement to ensure compliance and results driven accountability. As a part of this process the MITP participates in comprehensive monitoring of the birth through four continuum of services to infants, toddlers, and preschool-age children receiving services through an IFSP or Extended IFSP. Examples of universal monitoring included in the differentiated framework include:
  - Data collection and analysis on performance in federal/State priority areas;
  - Development and dissemination of annual profiles of local data and documentation of compliance and performance;
  - Approval of yearly local applications for funding which include the development and implementation of a Comprehensive System of Personnel Development (CSPD) Plan and Public Awareness (PA) Plan that impact child and family results;
  - Provision of focused on-site TA with local ITPs in need of improvement, consistent with the *Tiers of General Supervision and Engagement* described above;
  - Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure both results and compliance;
  - Requirements for local programs to link federal or State funding for the purpose of correcting areas of non-compliance or to improve child and family outcomes;
  - Inclusion of results indicators as criteria for making local determinations in SFY 2019 to ensure consistency with the national shift towards results driven accountability;
  - Development of an IFSP record review document as part of a consistent birth through 21 comprehensive monitoring process. This document was piloted in four



local ITPs in SFY 2013 with full implementation occurring in SFY 2014 and continuing in SFY 2019; and

- Implementation of child specific case studies, service provider interviews, and evidence of standards for effective, functional, routines-based IFSP outcomes in SFY 2019, as a way of examining child progress toward meeting outcomes in the early intervention program.

3. Submission of the State Performance Plan and Annual Performance Report to the United States Department of Education (USDE) Office of Special Education Programs to document the State’s actual accomplishments in each federal monitoring indicator (11 Indicators<sup>2</sup>). The results of the Annual Performance Report are posted for both early intervention and special education services at <http://mdideareport.org/>. In SFY 2014, the Office of Special Education Programs included Results Indicators in their determination process for the first time. Unlike in previous years, states’ determinations were calculated using a 50% compliance/50% results matrix. Compliance indicators reflect the legal requirements of Part C of the IDEA and its applicable regulations, whereas results indicators reflect the performance of the program to ultimately produce positive child and family outcomes. *For 13 of the last 14 years, including SFY 2019, 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.*

Fiscal Year	State Determination
SFY 2006	Meets Requirements
SFY 2007	Meets Requirements
SFY 2008	Meets Requirements
SFY 2009	Meets Requirements
SFY 2010	Meets Requirements
SFY 2011	Meets Requirements
SFY 2012	Meets Requirements
SFY 2013	Meets Requirements
SFY 2014	Meets Requirements
SFY 2015	Meets Requirements
SFY 2016	Meets Requirements
SFY 2017	Meets Requirements
SFY 2018	Needs Assistance
SFY 2019	Meets Requirements
SFY 2020	Not Yet Received

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

4. Implementation of State and local strategies targeted to improve statewide program performance. Currently, the MITP is in year *five* of the Part C State Systemic Improvement Plan (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 the MITP include the USDE compliance indicators (CI) with federal targets of 100%, and the USDE results indicators (RI) with targets set by the MSDE with input from stakeholders, including the State Interagency Coordinating Council (SICC). When targets for compliance and results indicators are not met, local ITPs are required to develop and implement corrective action or improvement plans. These plans are submitted to and reviewed by the MITP monitoring staff and TA is provided when necessary. The MSDE closely monitors the correction of noncompliance in each jurisdiction.

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

1. Timely initiation of early intervention services (CI);
2. Delivery of services in natural environments (i.e., home or community settings with typically developing children), unless the needs of the child cannot be met in those settings (RI);
3. Child outcomes (RI):
  - A. Social-emotional development including social relationships;
  - B. Acquisition and use of knowledge and skills including early language/communication, literacy and numeracy; and
  - C. Use of appropriate behaviors to meet their needs (e.g., eating, dressing);
4. Family outcomes (RI):
  - A. Know their rights while participating in the early intervention program;
  - B. Effectively communicate the needs of their children; and
  - C. Are able to help their children develop and learn;
5. Early identification of infants and toddlers (RI):
  - A. Birth to age 1, in need of early intervention services;
6. Early identification of infants and toddlers (RI):
  - A. Birth to age 3, in need of early intervention services;
7. Timely completion of evaluation and assessment, and development of the IFSP (CI);

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

**Performance Results of the MITP - Birth to Three**

1. Timely Implementation of Early Intervention Services

The 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 the service is provided less frequently than once a month. The federal target for the timely implementation of early intervention services is 100%. Maryland's data demonstrates a high level of compliance for this indicator. The table below shows the percentage of children for whom early intervention service initiation occurred within 30 days and indicates high stability over the past five years for timely implementation of services.

Referral Date Range	7/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19- 6/30/20
Percentage within timeline or with family-related reason for delay	<b>98.37%</b>	<b>97.24%</b>	<b>97.86%</b>	<b>98.07%</b>	<b>98.35%</b>

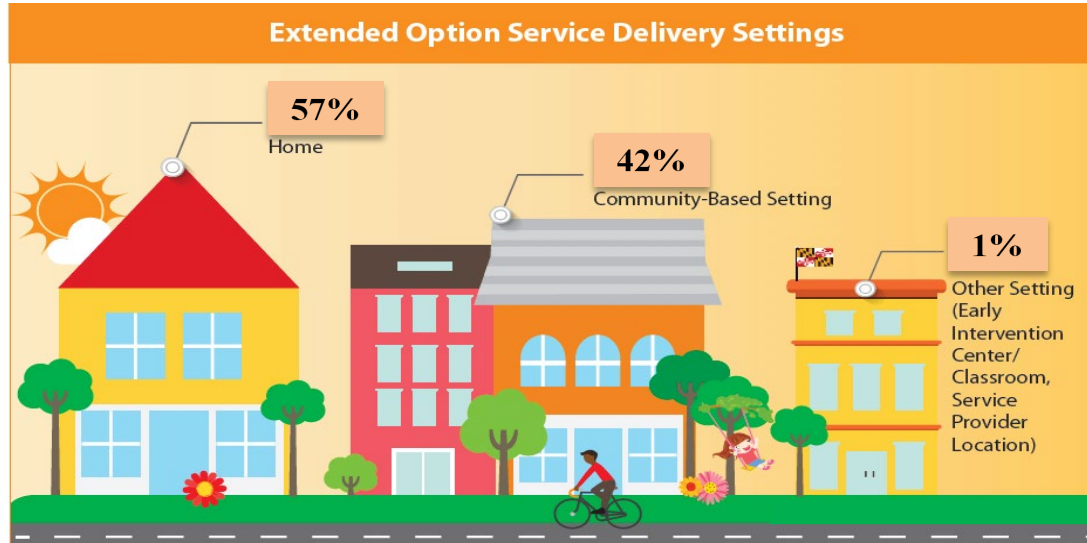
2. Delivery of Services in Natural Environments (i.e., home or community settings with typically developing children)

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 the MITP serves eligible young children and their families in the home or in community settings with typically developing peers. These data display the percentage of children served primarily in natural environments based on a snapshot count on October 1st in the given year. The percentage of children, birth to three years, receiving the majority of their services in a natural environment on 10/1/19 was 98.53% with 84.7% receiving the majority of their services at home and 13.8% receiving services in the community.

Snapshot Data	10/1/14	10/1/15	10/1/16	10/1/17	10/1/18	10/1/19
Percentage of children birth to three served in natural environments	97.53%	97.37%	97.83%	97.44%	98.14%	98.53%

The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/19 was 99%. Performance on this indicator for both age groups exceeded the State target of 94.5%. Over the past five years, efforts to increase access for children to receive services in community settings have been beneficial. In particular, 42% of children 3 and 4 years of age received the majority of services in community settings in SFY 2020, compared to 35% in SFY 2012.



### 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 2020 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.

<b>Child Outcome Area</b>	<b>% of children who substantially increased their rate of growth by the time they turned three years</b>	<b>Number of children exiting</b>	<b>State target*</b>
Positive social-emotional development and relationships	60.89%	N = 10,486	62.55%
Acquisition and use of knowledge and skills	64.43%	N = 10,486	66.61%
Use of appropriate behaviors to meet their needs	65.95%	N = 10,486	73.30%

<b>Child Outcome Area</b>	<b>% of children who exited the program at age level at age 3</b>	<b>Number of children exiting</b>	<b>State target*</b>
Positive social-emotional development and relationships	45.81%	N = 10,486	60.50%
Acquisition and use of knowledge and skills	42.76%	N = 10,486	55.15%
Use of appropriate behaviors to meet their needs	43.20%	N = 10,486	50.44%

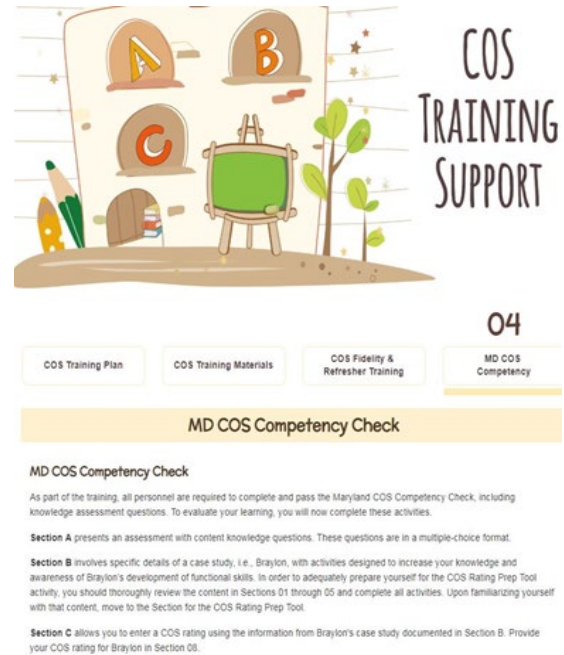
In addition to the federal indicator data, MITP calculates the number of children who made as much or more progress than their typically developing peers and found that:

- 67.3% of children made as much or more progress than their typically developing peers in social-emotional development;
- 68.6% of children made as much or more progress than their typically developing peers in learning new skills; and
- 68.3% of children made as much or more progress than their typically developing peers in meeting their own needs through use of functional skills.

The MITP continues to focus on fidelity of the Child Outcomes Summary (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 decreases in the child outcomes data as data quality improves. With a more comprehensive understanding of a child’s functioning within daily routines and activities and the consistent use of age anchoring tools prior to the COS rating discussion with the family, local early intervention providers and leaders recognize that COS ratings have been elevated at entry.

A new COS Entry report supports data analysis at the program and provider level. Program-level data analysis has found that elevated COS entry scores directly contribute to decreases in COS data. Children with high entry ratings are exiting without showing significant gains in their developmental trajectory compared to same age peers and significantly less children are entering with a COS score indicating they are already at age level, which overall lowers the percentages across all three indicators. Additionally, as the MITP effectively collaborates with families to ensure that the COS ratings at exit from early intervention become the COS ratings at entry for preschool special education, there are further concerns about decreases in the early intervention child outcomes data.

Specific activities over the past year to address fidelity of the COS process and to continue improving data quality include: 1) Maryland Birth to Kindergarten Child Outcomes Gateway website for initial and ongoing professional learning, along with the Guide to Birth to Kindergarten Child Outcomes and COS Process Training and Support; 2) Maryland COS Competency Check (now required for all early intervention staff) 3) Revised Maryland Online IFSP form, process, and guide with a stronger 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. 4) Revised Maryland Online IFSP tool including a built-in, required COS decision tree to support collaborative COS ratings.



#### 4. Outcomes for Families Participating in the MITP

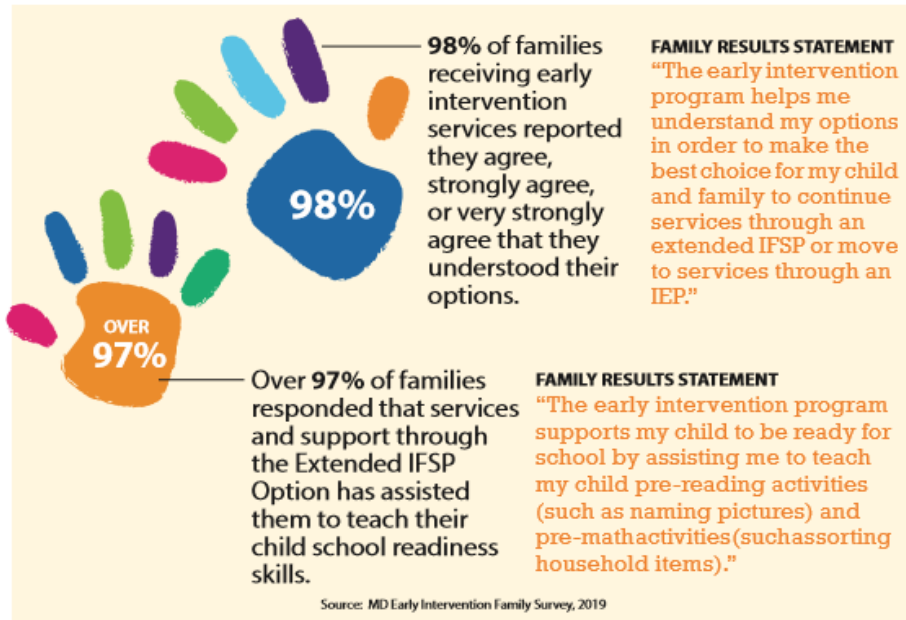
The following chart shows the percentage of families with young children receiving early intervention services during SFYs 2016-2019 that either agreed, strongly agreed, or very strongly agreed with the federal family outcome indicators. The information was obtained by having the families complete a 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 2020	State Target
Families know their rights	96.65%	93.00%
Families effectively communicate the needs of their children	95.93%	92.50%
Families are able to help their children develop/learn	96.25%	92.00%

The above table shows a consistent high level of families that agreed, strongly agreed, or very strongly agreed with each of the family outcomes. The State targets were exceeded in for the past nine years for all three family outcomes. The overall survey response rate for SFY 2020 was 17.3%.

Family outcome results were also positive with regard to children receiving services through an Extended IFSP with the addition of two questions.

Maryland’s annual family survey also captures the **outcomes of early intervention** services for families who choose to continue services through an IFSP after their child turns three.



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

The table below shows the percentage of children (birth to one year) receiving early intervention services over a four-year period. The State target was 1.56% in SFY 2020 which was **met** by .23% based on the 10/1/19 snapshot count.

Snapshot Date	10/1/15	10/1/16	10/1/17	10/1/18	10/1/19
% of children served	1.61%	1.59%	1.53%	1.68%	1.60%
Maryland Resident Population Birth-to-One	72,907 in 2015	72,580 in 2016	72,259 in 2017	70,843 in 2018	69,926 in 2019

*Based on MITP service and federal State residence data.*

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

The table below shows the percentage of children (birth to three years) receiving early intervention services over a 3-year period. The State target was 3.30% in SFY 2020. The percentage of children receiving services exceeded the State target for the last four years.

Snapshot Date	10/1/16	10/1/17	10/1/18	10/1/19
% of children served	3.68%	3.86%	3.99%	4.24%
Maryland Resident Population Birth-to-Three	220,056 in 2016	219,724 in 2017	217,874 in 2018	213,893 in 2019

*Based on MITP service and federal State residence data.*

7. Timely Evaluation and Completion of an Initial IFSP

The chart below shows a general high level of compliance in the provision of timely evaluations and assessments and, in collaboration with families, completion of timely IFSPs. Meetings may appropriately occur beyond the 45-day timeline if there are documented family-related reasons for the missed timelines. The federal target for this indicator is 100%. *Although MITP did not meet the federal target, Maryland’s data for SFY 2020 continues to demonstrate a high level of compliance, which included an over 1 percentage point increase from last year 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 over the past four years.

Referral Date Range	7/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19- 6/30/20
Percentage within the timeline or with family-related reason for delay	98.06%	98.53%	97.16%	95.94%	97.60%

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

Preparing families and children for transition from early intervention to preschool requires collaboration between families, local ITPs, and local school systems. Federal regulations require that a transition planning meeting between the family and representatives from the local early intervention and school systems be held no later than 90 days before a child’s third birthday, so that there is no interruption in services when a child has his or her third birthday. The need for timely transition planning has gotten even more crucial since Maryland began providing families with an option to continue services on an IFSP after the child’s third birthday effective February 1, 2010. Maryland continues to provide this option, known as the



Extended IFSP Option, until the beginning of the school year following the child’s fourth birthday. During the Spring of 2016, the DSE/EIS held three Transition Workgroup meetings to share policies, procedures, and best practices around early childhood transition. The outcome of this workgroup was the development and dissemination of an *Effective Transition Practices: Supporting Family Choice at Age 3* TA Bulletin.

The federal target for this indicator is 100%. Maryland’s trend data again demonstrates a high level of compliance. The tables below show the percentage of children and families with timely transition steps and services included on the IFSP, the percentage of children for which the SEA and LEA was notified in a timely manner, and the percentage of children and families with timely transition planning meetings.

<b>Transition Date Range</b>	<b>7/1/15 - 6/30/16</b>	<b>7/1/16 - 6/30/17</b>	<b>7/1/17 - 6/30/18</b>	<b>7/1/18 - 6/30/19</b>	<b>7/1/19- 6/30/20</b>
Percentage of children with timely transition steps and services included on the IFSP	99.97%	99.82%	99.93%	99.77%	99.14%

<b>Transition Date Range</b>	<b>7/1/15 - 6/30/16</b>	<b>7/1/16 - 6/30/17</b>	<b>7/1/17 - 6/30/18</b>	<b>7/1/18 - 6/30/19</b>	<b>7/1/19- 6/30/20</b>
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%	100%	100.00%

<b>Transition Date Range</b>	<b>7/1/15 - 6/30/16</b>	<b>7/1/16 - 6/30/17</b>	<b>7/1/17 - 6/30/18</b>	<b>7/1/18 - 6/30/19</b>	<b>7/1/19- 6/30/20</b>
Percentage of children with timely transition planning meetings or family-related reason for delay	99.35%	99.62%	99.75%	99.38%	99.11%

9. Resolution Sessions

*There were no resolution sessions in SFY 2020.*

10. Mediation Agreements

*There were no mediations held in SFY 2020.*

## 11. SSIP

The SSIP is a comprehensive, ambitious, but achievable multi-year plan that is developed in three phases. Each piece of the SSIP is completed with input from stakeholders. Below is the Executive Summary from Maryland's Phase III, Year 5 SSIP report submitted to the Office of Special Education Programs at the USDE.

# Maryland State Systemic Improvement Plan

## Part C Phase III, Year 5 Report

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### Introduction

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As the lead agency for the Maryland Infants and Toddlers Program (MITP), an interagency, family-centered program supporting our youngest learners with disabilities and their families, the Maryland State Department of Education (MSDE) provides innovative leadership, accountability, technical assistance, and resource management to implement a seamless system of services Birth to Kindergarten. With a laser focus on the Division of Early Intervention and Special Education Services' (DEI/SES) Strategic Plan, *Moving Maryland Forward*, and in alignment with Results Driven Accountability (RDA), the MITP continues to transform and enhance support to local Infants and Toddlers Programs (LITPs) to both comply with regulatory requirements and to implement evidence-based practices in support of the ultimate goal of narrowing the school readiness gap.

The phased work of Maryland's Part C State Systemic Improvement Plan (SSIP) with continuous stakeholder guidance, provides a vehicle to focus on positive social-emotional development, skills, and relationships to prepare our youngest learners for kindergarten. On March 12, 2020 the State Superintendent of the Maryland State Department of Education closed Maryland public schools from March 16, 2020 through March 27, 2020. On March 25, 2020, the school building closures were extended through April 24, 2020. Although LITPs resumed some level of operations before April 24th, since that time they have continued to provide early intervention services primarily through virtual and teleintervention service delivery models. Significant implementation and outcomes progress however continued to occur during Phase III, Year 5, despite the COVID-19 pandemic, as evaluation activities moved forward and were adjusted leading to the refinement of implementation. 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 full implementation of evidence-based practices.

This report outlines Maryland's progress in implementing the SSIP during Phase III, Year 5, within the context of the global COVID-19 pandemic, including clear descriptions of the coherent improvement strategies aligned to the DEI/SES strategic plan with focus areas of participation and learning, improvements to infrastructure, and implementation of evidence-based practices with fidelity, explanations of how stakeholders have engaged in the SSIP process, data on

implementation and outcomes, data quality issues, progress toward achieving intended improvements, and plans for next year. Maryland's Part C SSIP has intensified State/local universal, targeted, and focused collaborative work which has led to changes in statewide procedures and practices supporting overall implementation of evidence-based practices. These include:

- significant revisions to the local grant application for the distribution of early intervention funding to local programs to identify infrastructure and personnel development strategies needed for continuous improvement, including the implementation of the Child Outcomes Summary (COS) rating process with fidelity, evidence-based professional learning with coaching, and data-informed child find practices;
- the implementation of a revised Individualized Family Service Plan (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 Birth to Kindergarten systems of services through focused stage-based scale-up of evidence-based practices supported through discretionary funds (i.e., Early Childhood Local Implementation for Results Grants).

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## Summary of Phase III, Year 5

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

Year 5 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** the Maryland Infants and Toddlers Program (MITP) and its partners provide leadership for strategic collaboration and resource management through enhanced teaming structures and provide high quality professional learning and support to Local Implementation Teams through systems and content coaching in:

- Data-informed decision-making:
  - 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).

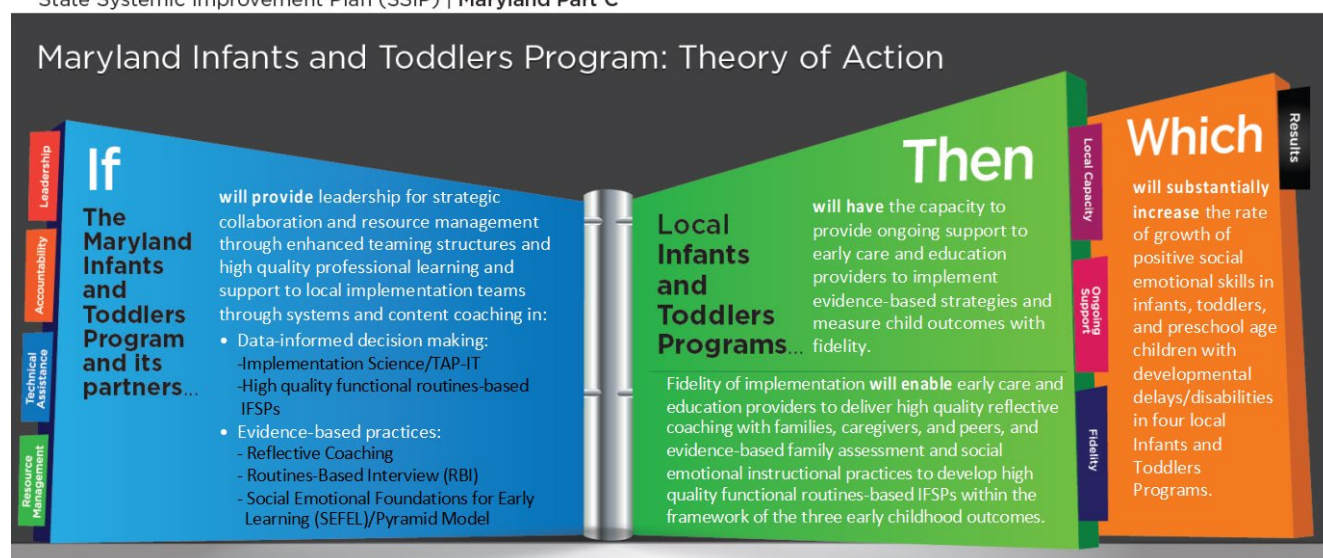
**THEN** local Infants and Toddlers Programs will have the capacity to provide ongoing support to early care and education providers to implement evidence-based

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) (Figure 1).

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

State Systemic Improvement Plan (SSIP) | Maryland Part C



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

In Phase III, Year 2, input and feedback from multiple stakeholder groups resulted in further refinement of the *MITP - Part C SSIP Logic Model* with implementation activities and outputs, as well as short and medium-term outcomes emphasizing both infrastructure improvements and the implementation of evidence-based practices (EBPs). No further revisions to the logic model were

made during Phase III, Year 5. The logic model continues to serve as the foundation of the evaluation plan with the resources invested supporting implementation activities and outputs through effective teaming, technical assistance activities, professional learning opportunities, and tools. The impact of these resources and activities are intended to result in:

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

The *Theory of Action* is 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.

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

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

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

January 2019

The State-identified Measurable Result (SiMR) measures the overall impact or long-term results of the Part C SSIP work. The MITP will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children (Indicator 3A, Summary Statement #1). Table 1 on the next page shows the child outcomes data aggregated and weighted across the four SSIP jurisdictions from baseline (2015/2016) to current (2019/2020). 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)*

<b>2015/2016 - Baseline</b>	<b>2016/2017</b>	<b>2017/2018</b>	<b>2018/2019</b>	<b>2019/2020</b>
47.23%	50.84%	50.59%	49.66%	54.08%

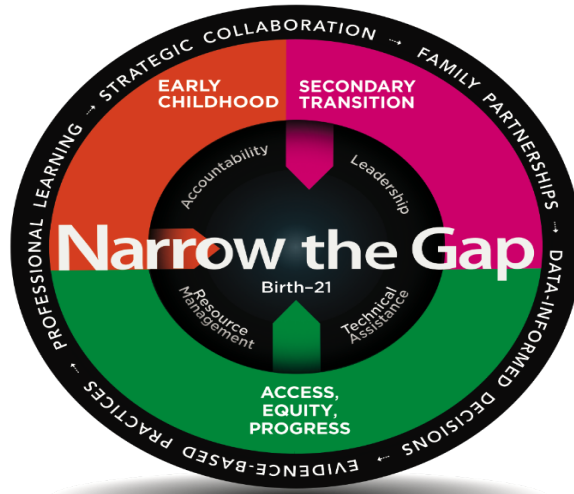
Maryland’s child outcome results in the four SSIP LITPs significantly increased in Phase III, Year 5, in spite of the fact that the last quarter of the reporting period occurred during the first phase of the pandemic with local programs adjusting to service delivery models that shifted from in-person to remote tele-intervention.

## **2. Coherent Improvement Strategies Implemented**

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

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

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



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

Coherent improvement strategies 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 aspect of the systems change work.

### *Professional Learning*

During Phase III, Year 5, the content and delivery of professional learning activities were obviously impacted by the COVID-19 pandemic and State-mandated health and safety mitigation strategies. In response to the shift to virtual early intervention service delivery models, the MSDE contracted with Dr. Naomi Younggren to develop a six-part webinar series: [Constructs of Quality Intervention](#) that highlights best practices in both in-person and technology-based early intervention supports and services. Additionally, the wealth of COVID-19 information and resources provided through the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSy) were and continue to be disseminated universally statewide and utilized in individualized technical assistance.

Further ongoing professional learning activities continued to be implemented virtually with the four SSIP LITPs as well as with Maryland’s Birth to Kindergarten early intervention and preschool special education leaders and providers, and early childhood stakeholders. 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. The additional professional learning offered by the MSDE DEI/SES in 2020, was the two-day virtual RBI Institute in November 2020, in which three local jurisdictions' early intervention and/or preschool special education providers participated. Ongoing coaching and support in reaching fidelity and certification was and continues to be provided through the JHU/CTE.

Beginning in 2017, MSDE DEI/SES developed, piloted, and rolled out a new Birth to Kindergarten Child Outcomes Summary (COS) training protocol with a comprehensive website to support integration of early childhood outcomes into the IFSP and IEP process and the COS rating process to fidelity (refer to MD Part C SSIP, Phase III, Year 2 Report pgs. 10-11). Over the course of Phase III, Years 3 -5, local programs continue to train early intervention and preschool special education providers and teachers using the revised training protocol. The Maryland Child Outcomes Summary-Competency Check (MD COS-CC) was developed 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 93% of the staff in the four SSIP LITPs who completed the MD COS-CC check in 2020 passed. The MSDE required all early intervention staff to complete this competency check by the end of SFY 2020. 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 2021. 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 2020 calendar year represented the second 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 2020, the focus of that support was primarily in response to the COVID-19 pandemic, associated school and program closures, remote and hybrid service delivery models, and then planning for returning to in-person services. The MSDE hosted monthly statewide Conversations for Solutions meetings, as well as bi-weekly regional early childhood technical assistance sessions during the months of April, May, and June. During each session, local Birth to Kindergarten teams, including both early intervention and preschool special education leaders, were able to share their experiences about a specific



topic related to implementing remote service delivery (e.g. evaluation and assessment), 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 shifting to remote service delivery were able to benefit from hearing about lessons learned in other areas, which informed their planning moving forward. Very early in these conversations, local leaders talked about the advantage of already using reflective coaching practices with families and how it allowed providers and families to shift to teleintervention with relative ease. Additionally, they observed that providers who had previously resisted coaching practices had now embraced it with positive results, both in early intervention and even more so in preschool special education.

### Systems and Content Coaching

During Phase III, Year 5 the State continued implementation of Systems Coaching through regional Birth to Kindergarten Liaisons/State Systems coaches. This strategy provides a high level of engagement with all four of the Part C SSIP programs who are identified as being in the Focused Tier of Performance Support within the DEI/SES Differentiated Framework (refer to MD Part C SSIP, Phase III, Year 2 Report pgs. 6-7). Systems Coaching continued as the technical assistance (TA) approach employed by the DEI/SES to implement the Tiers of General Supervision and Performance Support with all Local Lead Agencies (LLAs) and Local School Systems (LSSs). All universal, targeted, and focused programmatic support and TA were maintained virtually throughout 2020 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 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 2020, quarterly virtual “open office hour” coaching sessions were also offered for any and all RBI and Pyramid Model coaches to supplement their jurisdiction-specific sessions. These virtual 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. They also provided a forum to address the heightened levels of staff stress and anxiety associated with the pandemic and changes in both service delivery and coaching activities, as well as how to build the capacity of each early intervention provider to effectively address new or intensified social-emotional needs of children and families.

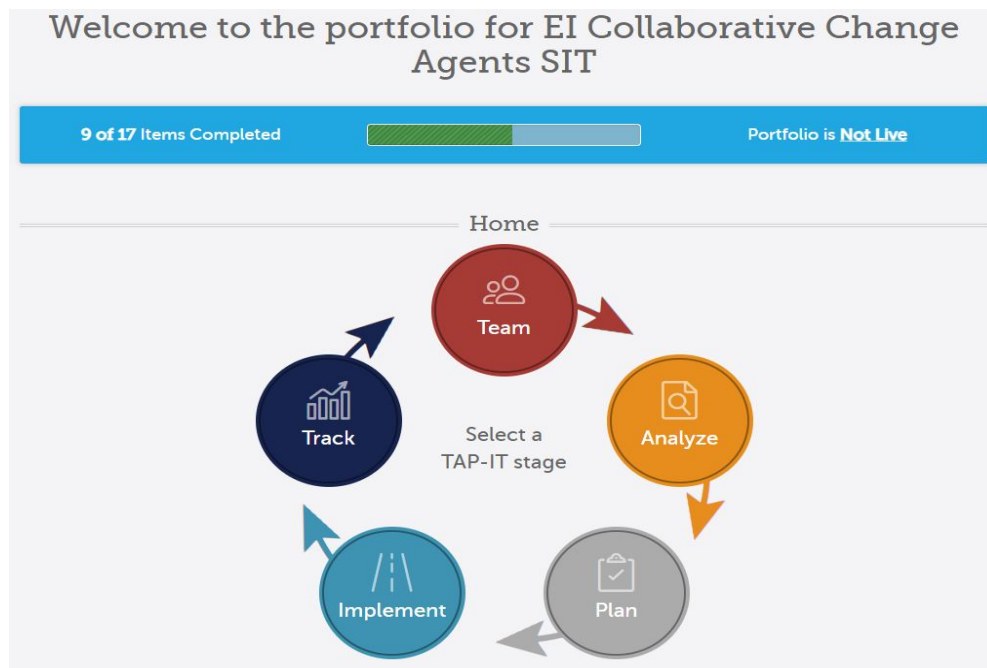
### Evidence-Based Practices with Fidelity

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. One LITP is in full implementation of reflective coaching practices and three are in initial implementation and working towards full implementation. The largest SSIP LITP in the initial implementation stage 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.

With all four LITPs at the initial implementation stage of the Pyramid Model, the SIT continues to utilize the Pyramid Model Early Intervention (Part C) 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 2020. Collectively, the 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 counties, to measure provider-level fidelity.



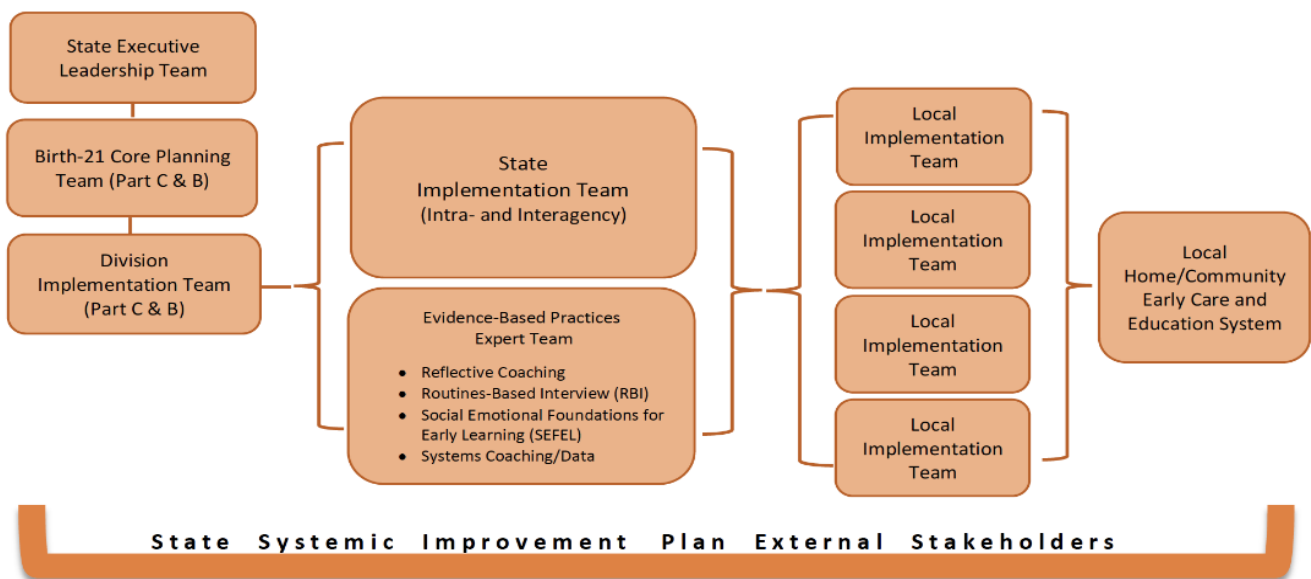
During Phase III, Year 5, the State continued to implement an evidence-based data-informed decision-making model, TAP-IT (Team, Analyze, Plan, Implement, Track), integrated within a digital portfolio referred to as the TAP-IT DP. This evidence-based tool specifically assists the State Implementation Team (SIT) and the four Local Implementation Teams (LITs) to use data in a practice to policy feedback loop to make needed adjustments when implementing EBPs (Reflective Coaching, RBI, 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 5, 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 virtually throughout 2020 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 Birth – 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. As reported in Year 4, the largest SSIP LITP began in stages to create a PM LIT in just one site initially and then, after generating staff readiness and buy-in, will move to scaling-up PM LITs in the other sites. With documented strategic collaboration results, the MSDE DEI/SES feels strongly that this teaming infrastructure is the model for the scale-up of local seamless, comprehensive Birth to Kindergarten (B-K) systems.

Figure 3. Maryland Part C SSIP: Implementation Teaming Infrastructure

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



### Family Partnerships

A specific outgrowth from the intra- and interagency work of the SIT 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 5, the 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 2020 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 9 counties.

### 3. Evidence-Based Practices Implemented

During Phase III, Year 5, 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 5.

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

Evidence-Based Practice	Year 5 Implementation Stage	Year 5 Overall Focus of Implementation Activities
<b>Cecil County</b>		
Reflective Coaching	Initial Implementation	Last year the county coach completed Master Coach training and utilized Sheldon and Rush when needed for assistance. Reflective coaching training is being offered to local providers and a training plan is in place. Currently implementing fidelity checks using monthly coaching logs. The county has 1 Master Coach and 15% of providers trained to fidelity.
Routines-Based Interview	Full Implementation	Cecil County has fully implemented RBI, with 79% of providers reaching fidelity.
Pyramid Model	Full Implementation	Cecil County is using the Benchmarks of Quality with most of the indicators in place. The county received training on the Social Emotional Assessment Evaluation Measure (SEAM) and is in the process of implementing and developing a report template. Also piloting the EIPFFI with all staff, twice a year.
<b>Frederick County</b>		
Reflective Coaching	Initial Implementation	The county has one Master Coach and is adding 11 mentor coaches and establishing a plan for their roles and responsibilities within the county's program. 49% of providers in the county have reached fidelity with reflective coaching.
Routines-Based Interview	Full Implementation	The county continues to maintain infrastructure shifts to ensure full implementation. The county has 86% of staff reaching initial fidelity. Annual fidelity checks are underway.

<b>Evidence-Based Practice</b>	<b>Year 5 Implementation Stage</b>	<b>Year 5 Overall Focus of Implementation Activities</b>
Pyramid Model	Initial Implementation	Frederick County is piloting the EIPPF I during the initial training and orientation of new staff and plans to use with all staff as a self-reflective tool.
<b>Howard County</b>		
Reflective Coaching	Full Implementation	The county has taken advantage of virtual coaching which has proven to be successful. Approximately 80% of providers in the county have reached fidelity and the program has 7 mentor coaches.
Routines-Based Interview	Full Implementation	Howard County has fully implemented RBI and is shifting the infrastructure to support an official fidelity check system. In the county, 73% of providers have reached fidelity.
Pyramid Model	Initial Implementation	Howard County has revamped the structure so that local coaches are a part of the state work. Hired specific leadership positions to support ongoing training and fidelity. The county is exploring ways to integrate the EIPPF I into existing annual performance evaluation processes.
<b>Montgomery County</b>		
Reflective Coaching	Initial Implementation	Montgomery County used grant funds to support training providers as both reflective coaches and Master Coaches to work and train other providers. The county has two Master Coaches (one who is also an Early Intervention Fidelity Coach) and is bringing in contractors to reduce Master Coaches' caseloads to allow more time for them to work with other providers.
Routines-Based Interview	Full Implementation	The county has hired contractors to reduce RBI coach caseloads to a lot more time for coaches to participate in training. Trainings have been held at the site-level. Additionally, the county is conducting initial training and fidelity in the triad environment. 52% of staff are trained to fidelity.
Pyramid Model	Initial Implementation	Montgomery County continues to engage with their Pyramid Model Leadership Team one of the five sites to ensure a smoother implementation moving forward.

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

The MSDE DEI/SES, in collaboration with internal and external stakeholders and its partners at AnLar (a Washington, D.C.-based educational consulting firm), UM-SSW, and JHU/CTE, has continued to implement, review, and collect extensive data, and monitor the year's evaluation activities, measures, and outcomes. The evaluation plan developed in previous year's and shared at the end of this report was developed by the 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, including numerous tables and figures which show data collected during the previous two to four years. 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 (EBPs); 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.

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### Plans for Next Year

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

Reflecting on Year 5 implementation and outcomes data, the MITP will continue building on and strengthening current strategies and add a few additional improvement activities to be implemented in Year 6. These include:

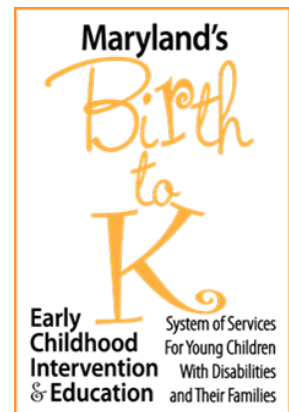
- Developing a written protocol for Reflective Coaching training (i.e., Guide to Building Capacity in Reflective Coaching);
- Creating a visual graphic depicting coaching infrastructure at all levels;
- Disseminating a statewide webinar for B-K leaders on building and sustaining local coaching infrastructure;
- Continuing development of the *SIT Overview and Onboarding* document/packet;
- Planning for ongoing support to Master Coaches, including planning for the next cohort in 2022;
- Continue linking SIT work with the MD State Pyramid Model Leadership Team, including adding Part C SSIP programs to potential list of Implementation and/or Demonstration Sites;
- Planning for statewide roll-out of new 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 PN-3 grant activities;
- Developing a document that describes shared understanding and clear roles and responsibilities to support collaborative MITP and ECMHC services to support families;
- 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), including the ability to bill for teleintervention services post-pandemic;
- Continue developing and disseminating guidelines and resources to support a variety of IFSP/IEP service delivery models, including the return to in-person Part C services and hybrid models, in the wake of the COVID-19 pandemic;
- 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; and
- Adopting the OSEP SSIP Reporting Template for Phase III, Year 6 Report.

## **MITP Summary and Recommendations in Support of Continuing to Build a Birth-Kindergarten 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.

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



As identified in this report, the MITP continues to demonstrate high levels of both compliance and results. The State's longitudinal data show that the benefits of participating in Maryland's early intervention system of services are lasting well into elementary school. The Division of Early Intervention and Special Education Services, through its strategic plan, *Moving Maryland Forward: Sharpen the Focus for 2020* has committed to the implementation of evidence-based practices to support key measures of success within a birth to kindergarten system of services for young children with disabilities and their families.

While federal, State and local funds support the Maryland Infants and Toddlers Program, the State General funds allocation of \$10,380,104, to the MITP has remained constant since SFY 2009. Over the past ten years there has been a 38% increase in the number of infants and toddlers receiving early intervention services. Similarly, the IDEA Part C federal funding has remained relatively constant and in SFY 2020 the average contribution from local governments was about 70% of the total program costs.

Implementing a seamless Birth - Kindergarten 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. The MSDE recommends continued resources for capacity building of local, jurisdiction-wide infrastructure to support a Birth - Kindergarten 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. A coordinated Birth to Kindergarten system of services:

- Incorporates early childhood intervention and education practices based on peer-review research to support positive social relationships, engagement and independence,
- Supports access to age-appropriate early childhood curricula,
- Promotes a framework for school readiness beginning at birth,
- Provides intra- and interagency professional learning and programmatic collaboration between programs and public and private agencies,
- Ensures that parents and families receive intensive support and training needed to assist their child and strengthen family cohesiveness,
- Maximizes the use of federal, State, and local funding to ensure sustainability of the local B-K system of services,
- Promotes collaboration and coordination of home-based services between local ITPs and Local School System preschool special education services with other home visiting programs, and
- Responds to current federal, State, and local fiscal and programmatic landscapes and circumstances.

As the MITP continues to respond to the global COVID-19 pandemic, the strategic vision to build a seamless, comprehensive system of coordinated services, to realize the ultimate goal of all young children ready for school and ready to learn, remains the same. Effective interagency and intra-agency collaboration is even more critical to ensure appropriate settings and services for all children, including our youngest learners with disabilities. The MITP continues to support the local early intervention system during this pandemic through focused funding, virtual technical assistance, and the creation of resources, materials, and guidance documents, including two Technical Assistance Bulletins:

- [\*Continuity of the IFSP for Young Children \(Birth – Age 4\) with Developmental Delays/Disabilities and their Families during Extended School/Agency Closure due to the COVID-19 Pandemic.\*](#)
- [\*Recovery Efforts to Support a Continuum of IFSP Service Delivery during the COVID-19 Pandemic and Beyond\*](#)

As strategies and recovery plans move forward, the MITP will continue to provide differentiated, coordinated responses and actions to address the impact of the global COVID-19 pandemic on infants, toddlers, and preschoolers with disabilities and their families.