



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)

ED § 8-416(e)(2)

Division of Early Intervention and Special
Education Services

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Introduction

The Maryland State Department of Education (MSDE), Division of Early Intervention and Special Education Services (DEI/SES) and the State Interagency Coordinating Council (SICC), consistent with Code of Maryland Regulations (COMAR) 13A.13.02.07(D)(4), are pleased to submit this report on the effectiveness of the Maryland Infants and Toddlers Program (MITP) as required by the Maryland Infants and Toddlers Act of 2002, Section 8-416(e)(2) of the Education Article.

The Maryland Infants and Toddlers Program, housed within the MSDE, DEI/SES, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 9,567 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2023. Additionally, in SFY 2023, 1,384 families of young children with disabilities chose to continue to receive early intervention services and supports beyond age three through the Extended Individualized Family Service Plan (IFSP) Option. The total number of children with disabilities and their families receiving early intervention services in SFY 2023 was 10,951.

BLUEPRINT FOR MARYLAND'S FUTURE AND ACCOUNTABILITY FRAMEWORK

MSDE administers this complex, interagency system of early intervention services through a comprehensive system of monitoring, professional learning, technical assistance (TA), and coordination of federal, State, and local funding sources, aligned with the Blueprint for Maryland's Future and the DEI/SES Strategic Plan: *Moving Maryland Forward*. The comprehensive plan focuses on narrowing achievement gaps by measuring results in three action imperatives – Early Childhood, Secondary Transition, and Access, Equity and Progress. The Early Childhood action imperative addresses the school readiness gap by strengthening a seamless, comprehensive, statewide system of coordinated services for children with disabilities, birth to kindergarten (B-K) and their families in home, community, and early childhood settings. There are five key implementation strategies which include family partnerships, strategic collaborations, evidence-based practices, data-informed decisions, and professional learning. These strategies reflect an effective, integrated approach to operationalizing the statewide B-K system. The earlier services and supports are provided to a child and the family, the greater the opportunity to close gaps. To improve results for infants, toddlers, and preschool-age children with developmental delays and disabilities and narrow the achievement and school readiness gaps, MSDE implements a Differentiated Framework: Tiers of General Supervision and Performance Support, which assigns public agencies to varying levels of monitoring and support based on performance on Annual Performance Report indicators, analysis of data, correction of noncompliance, fiscal management, and monitoring findings. This method of general supervision also ensures that infants and toddlers with disabilities and their families receive the services and supports to which they are entitled under Part C of the Individuals with Disabilities Education Act (IDEA).

Consistent with the Tiers of General Supervision and Performance Support, MSDE also provides performance support and TA to 24 local Infants and Toddlers Programs (ITPs) (20 of which are Education Lead Agencies and four of which are Health Department Lead Agencies: Baltimore City, Baltimore County, Frederick County, and Montgomery County), the Maryland School for the Deaf, and the Maryland School for the Blind. The purpose of the support is to improve results for young children and their families. Additionally, four Local Infants and Toddlers Programs (LITPs) received a Focused Tier

of Performance Support as part of their voluntary participation in the MITP State Systemic Improvement Plan (SSIP).

In September 2011, the federal regulations governing States' implementation of early intervention services were revised and released for the first time since 1999. Part of these regulations included the option for States to provide services on an IFSP beyond age three. In response to these federal regulations, MITP revised COMAR to include the Extended Individualized Family Service Plan (IFSP) Option for children until the beginning of the school year following the child's fourth birthday. Additional changes to MITP regulations in COMAR included an option to provide developmental screening after referral, a state policy on adjusting age for prematurity, clarification on the definition of the term multidisciplinary, and changes to surrogacy appointment policy and procedures. The State Board of Education approved revised COMAR regulations on March 28, 2013, and they became effective on July 1, 2013. Regulations remained unchanged in SFY 2023.

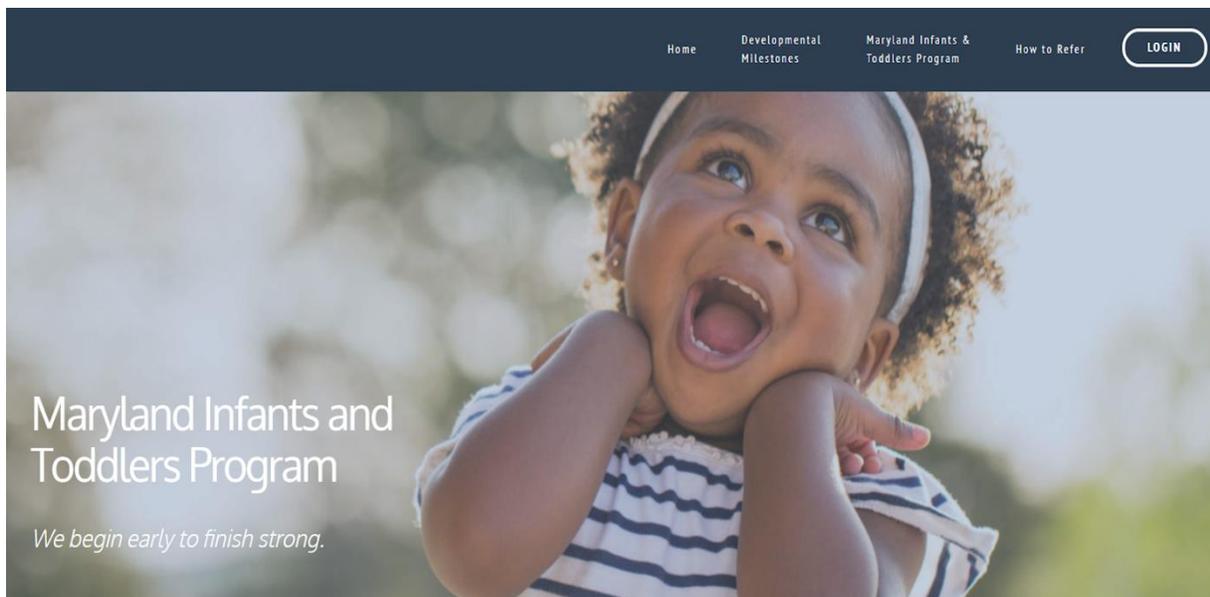
Maryland Infants and Toddlers Program (MITP) Overview

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

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

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

MITP ONLINE REFERRAL TOOL AND COMMUNITY PORTAL



To strengthen ongoing access to and participation in MITP, an online referral system was implemented during SFY 2019. Anyone who suspects that a child under the age of three has a developmental delay,

exhibits atypical behaviors, or has been diagnosed with a condition that is likely to result in developmental delay need can submit a referral at <https://referral.mditp.org>. The referral is sent electronically to the appropriate local program. In calendar year 2023, approximately 60% of referrals received came via the Online Referral Tool.

In addition, MITP is expanding public awareness efforts through the launch of *Pinwheel*, an MITP Community Portal which will allow families, physicians, child care providers, and other members of a child's care team to participate and collaborate in their early intervention services. The online referral and community portal will continue to be an integral part of the MITP public awareness strategy as well as provide clear messaging about the goals of early intervention for young children with disabilities and their families in Maryland.

PARTNERSHIP WITH THE CHILD CARE COMMUNITY

Referrals to MITP in SFY 23 came primarily from parents/family members (55%) and physicians (26%); child care providers accounted for just 1.4% of the referrals to MITP. During SFY 2023, MITP continued with focused efforts to provide resources and training to child care providers in the State as required by the 2022 Information about the Maryland Infants and Toddlers Program Act (Md. Code, Educ. § 9.5-115.). Under the law, child care programs must make information about MITP and the Local Lead Agency responsible for administering the Program available to the parent or guardian of a child under the age of three years. An updated brochure with the point of contact for each LITP was developed for dissemination to child care providers. In addition, trainers were educated about the new state law and provided tools for supporting children with disabilities in child care settings. Although these efforts did not result in an increase in referrals from or recommended by child care providers in SFY 23, MSDE remains committed to increasing awareness of and engagement with the early intervention system through information dissemination, resource development, and professional learning.

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

The purpose of the Continuous Program Performance process is to increase accountability at the State and local levels to ensure that infants, toddlers and preschool children with disabilities and their families receive the services and supports to which they are entitled and that the children and families are benefiting from participation in early intervention.

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

1. Implementation of a statewide online and offline web-based data collection and reporting system, which allows real-time tracking of program performance at the State and local levels.
2. Application of the Differentiated Framework: Tiers of General Supervision and Performance Support to ensure compliance and results driven accountability. As a part of this process, MITP participates in comprehensive monitoring of the birth through four continua of services to infants, toddlers, and preschool-age children receiving services through an IFSP or Extended IFSP. Examples of universal monitoring included in the differentiated framework include:
 - a. Data collection and analysis on performance in federal/State priority areas,
 - b. Development and dissemination of annual profiles of local data and documentation of compliance and performance,
 - c. Approval of yearly local applications for funding which include the development and implementation of a Comprehensive System of Personnel Development (CSPD) Plan and Public Awareness (PA) Plan that impact child and family results,
 - d. Provision of focused on-site TA with local ITPs in need of improvement, consistent with the Tiers of General Supervision and Performance Support described above,
 - e. Review and approval of local corrective action plans, improvement plans, semi-annual and final program reports to ensure both results and compliance,
 - f. Requirements for local programs to link federal or State funding for the purpose of correcting areas of non-compliance or to improve child and family outcomes,

- g. Continued inclusion of results indicators as criteria for making local determinations in SFY 2023 to ensure consistency with the national shift towards results driven accountability,
 - h. Development of an IFSP record review document as part of a consistent birth through 21 comprehensive monitoring process, and
 - i. Continued implementation of child specific case studies, service provider interviews, and evidence of standards for effective, functional, routines-based IFSP outcomes as part of the comprehensive monitoring process in SFY 2023, as a way of examining child progress toward meeting outcomes in the early intervention program.
3. Submission of the State Performance Plan (SPP) and Annual Performance Report (APR) to the United States Department of Education (USDE) Office of Special Education Programs (OSEP) to document the State’s actual accomplishments in each federal monitoring indicator (11 Indicators¹). The results of each APR are posted for both early intervention and special education services at <http://mdideareport.org/>. Since SFY 2014, the OSEP has included Results Indicators in their determination process; states’ determinations are calculated using a 50% compliance/50% results matrix. Compliance indicators reflect the legal requirements of Part C of IDEA and its applicable regulations, whereas results indicators reflect the performance of the program to ultimately produce positive child and family outcomes. For 12 of the last 14 years, MITP received a determination of “Meets Requirements.” For SFY 2022, MITP received a State Determination of Needs Assistance, due, in part, to a data submission issue that has since been corrected. MSDE continues to support the LITPs through technical assistance to maintain high levels of compliance, address any issues caused by staffing or other structural challenges, and increase the fidelity of the Child Outcome Summary process.

State Fiscal Year	State Determination
SFY 2011	Meets Requirements
SFY 2012	Meets Requirements
SFY 2013	Meets Requirements
SFY 2014	Meets Requirements
SFY 2015	Meets Requirements
SFY 2016	Meets Requirements
SFY 2017	Meets Requirements
SFY 2018	Needs Assistance
SFY 2019	Meets Requirements

¹ 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.

SFY 2020	Meets Requirements
SFY 2021	Meets Requirements
SFY 2022	Needs Assistance
SFY 2023	Anticipated in Summer of 2024

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

PERFORMANCE MEASURES

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

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

- 1. Timely initiation of early intervention services (CI)
- 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
 - 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
 - c. Are able to help their children develop and learn

5. Early identification of infants and toddlers from birth to age one in need of early intervention services (RI)
6. Early identification of infants and toddlers from birth to age three, in need of early intervention services (RI)
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)
11. State Systemic Improvement Plan (SSIP) (RI)

Performance Results of MITP

INDICATOR 1: TIMELY IMPLEMENTATION OF EARLY INTERVENTION SERVICES

MITP is required to report data on the timely initiation of early intervention services. The State standard requires services to be initiated within 30 days of the completion of the IFSP. Exceptions to the 30-day timeline include documentation of family-related reasons for the missed timelines or if the IFSP team determines that the service should be provided less frequently than once a month. The federal target for the timely implementation of early intervention services is 100%. Maryland’s data demonstrates a high level of compliance for this indicator. The table below shows the percentage of children for whom early intervention service initiation occurred within 30 days and indicates high stability over the past five years for timely implementation of services.

Referral Date Range	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19- 6/30/20	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22 – 6/30/23
Percentage within timeline or with family-related reason for delay	97.86%	98.07%	98.35%	99.05%	98.49%	96.70%

INDICATOR 2: DELIVERY OF SERVICES IN NATURAL ENVIRONMENTS

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

The table below shows that MITP serves eligible young children and their families in the home or in community settings with typically developing peers. These data display the percentage of children served primarily in natural environments based on a snapshot count on October 1st in a given year. The percentage of children, birth to three years, receiving the majority of their services in a natural environment on 10/1/22 was 98.94% with 91.52% receiving the majority of their services at home and 7.31% receiving services in the community.

Snapshot Data	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22
Percentage of children birth to three served in natural environments	97.44%	98.14%	98.53%	99.67%	99.19%	98.94%

The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/22 was 99.64%. Performance on this indicator for both age groups met the State

target of 96.5%. Over the past six years, efforts to increase access for children to receive services in community settings have been beneficial. However, 77.14% of children on an Extended IFSP received services in the home during SFY 2022. In SFY 2022, 22.50% of children three and four years of age received the majority of their early intervention services in community settings.

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

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

Child Outcome Area	% of children who substantially increased their rate of growth by the time they turned three years	Number of children exiting	State target
Positive social-emotional development and relationships	61.24%	N = 11,172	63.48%
Acquisition and use of knowledge and skills	64.71%	N = 11,172	65.94%
Use of appropriate behaviors to meet their needs	64.33%	N = 11,172	66.56%

Child Outcome Area	% of children who exited the program at age level at age three	Number of children exiting	State target
Positive social-emotional development and relationships	40.56%	N = 11,172	44.58%
Acquisition and use of knowledge and skills	38.08%	N = 11,172	41.38%
Use of appropriate behaviors to meet their needs	39.16%	N = 11,172	41.40%

In addition to the federal indicator data, MITP calculates the percentage of children who exited the program functioning closer to age-appropriate than they entered (or maintained age-appropriate functioning), indicating that they made as much or more progress as typically developing peers. In SFY 2022, MITP data shows the following:

- 65.56% of children showed this enhanced growth trajectory relative to same-aged peers in social-emotional development,
- 67.10% of children showed this enhanced growth trajectory relative to same-aged peers in learning new skill, and
- 65.88% of children showed this enhanced growth trajectory relative to same-aged peers in meeting their own needs through use of functional skills.

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

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

- Participation in the national COS Knowledge Check on-line assessment pilot to provide LITPs with information about staff skill levels to target professional development,
- Ongoing, individualized supports to LITPs on COS data analysis with an emphasis on disaggregating and analyzing the data with an equity lens, and
- Strong focus on evidence-based practices in early intervention including robust authentic assessment of natural routines/activities and environments and present levels of functional development summaries in each early childhood outcome area.

INDICATOR 4: OUTCOMES FOR FAMILIES PARTICIPATING IN MITP

The following chart shows the percentage of families with young children receiving early intervention services during SFY 2023 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 2023	State Target
Families know their rights	97.22%	95.00%
Families effectively communicate the needs of their children	96.48%	95.00%
Families are able to help their children develop/learn	96.92%	95.00%

The above table shows a consistently high level of families that agreed, strongly agreed, or very strongly agreed with each of the family outcomes. The State targets were exceeded for the past ten years for all three family outcomes. The overall survey response rate for SFY 2023 was 30.05%. Local performance reports now include data on the participation rate and the Consolidated Local Implementation Grant (CLIG) application requires the programs to disaggregate and analyze the response rate data by demographic characteristics. LITPs with response rates before the State average are required to develop an improvement plan to increase the representation of families in the survey. Family outcome results were also positive for children receiving services through an Extended IFSP.

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

The table below shows the percentage of children (birth to one year) receiving early intervention services over a six-year period. The State target was 1.59% in SFY 2022 which was not met based on the 10/1/22 snapshot count. As a result, the State has increased its child find efforts, including continued outreach to the medical and child care communities and enhanced partnership with Judy Centers and MSDE’s McKinney-Vento program.

Snapshot Date	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22
% of children served	1.53%	1.68%	1.60%	1.14%	1.31%	1.44%
Maryland Resident Population Birth-to-One	72,259 in 2017	70,843 in 2018	69,926 in 2019	69,583 in 2020	66,594 in 2021	69,158 in 2022

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

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

The table below shows the percentage of children (birth to three years) receiving early intervention services over a six-year period. The State target was 3.75% in SFY 2022. The percentage of children receiving services exceeded the State target for the last six years.

Snapshot Date	10/1/17	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22
Percent of children served	3.86%	3.99%	4.24%	3.40%	4.10%	4.63%
Maryland Resident Population Birth-to-Three	219,724 in 2017	217,874 in 2018	213,893 in 2019	212,537 in 2020	208,241 in 2021	206,672 in 2022

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

INDICATOR 7: TIMELY EVALUATION AND COMPLETION OF AN INITIAL IFSP

The chart below shows a generally high level of compliance in the provision of timely evaluations and assessments and, in collaboration with families, completion of timely documented family-related reasons for the missed timelines. The federal target for this indicator is 100%. This year's Maryland's data included a significant percentage point decrease from the previous year for this indicator due to several large LITP's noncompliance related to staffing shortages and vacancies. MSDE continues to provide enhanced support to those jurisdictions to increase internal monitoring, create efficiencies where possible, and address staffing needs in order to provide evaluations in a timely manner. The table below shows the percentage of children for whom evaluation and assessment, and an initial IFSP meeting were conducted within the 45-day timeline over the past six years.

Referral Date Range	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/30/22
Percentage within the timeline or with family-related reason for delay	97.16%	95.94%	97.60%	98.46%	96.93%	89.91%

INDICATOR 8: TIMELY TRANSITION PLANNING

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

Transition Date Range	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/20/23
Percentage of children with timely transition steps and services included on the IFSP	99.93%	99.77%	99.14%	97.26%	99.54%	98.96%

Transition Date Range	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/20/23
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%	100%	100%	100%

Transition Date Range	7/1/17 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/20/23
Percentage of children with timely transition planning meetings or family-related reason for delay	99.75%	99.38%	99.11%	96.85%	99.50%	98.84%

INDICATOR 9: RESOLUTION SESSIONS

There were no resolution sessions in SFY 2023.

INDICATOR 10: MEDIATION AGREEMENTS

There were four mediations held and agreements reached in SFY 2023.

INDICATOR 11: STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

The SSIP is a comprehensive, ambitious, but achievable multi-year plan that is developed in three phases. Each piece of the SSIP is completed with input from stakeholders. Below is the Executive Summary from Maryland's Phase III, Year 8 SSIP report submitted to OSEP at the USDE.

Maryland State Systemic Improvement Plan (SSIP)

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

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

This report outlines Maryland's progress in implementing the SSIP during Phase III, Year 8, including clear descriptions of the coherent improvement strategies aligned to the DEI/SES strategic plan with focus areas of participation and learning, improvements to infrastructure, and implementation of EBPs with fidelity, explanations of how stakeholders have engaged in the SSIP process, data on implementation and outcomes, data quality issues, progress toward achieving intended improvements, and plans for next year. Maryland's Part C SSIP has intensified State/local universal, targeted, and focused collaborative work which has led to changes in statewide procedures and practices supporting overall implementation of EBPs. These include:

- Significant revisions to the local grant application for the distribution of early intervention funding to local programs to identify infrastructure and personnel development strategies needed for continuous improvement, including the implementation of the COS rating process with fidelity, evidence-based professional learning with coaching, and data-informed child find practices,
- The implementation of a revised IFSP process and document to support EBPs in the development, implementation, and evaluation of IFSPs,
- The development of revised early intervention personnel standards, effective July 1, 2019, to ensure all staff have foundational skills in key principles and recommended practices, and
- Universal capacity-building of comprehensive, coordinated local B-K systems of services through focused stage-based scale-up of EBPs supported through discretionary funds (i.e., Early Childhood Local Implementation for Results Grants).

SUMMARY OF PHASE III, YEAR 8

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

Year 8 of Maryland's Part C SSIP implementation continued to rely on key partners and both internal and external stakeholders. An external evaluator also continued to strengthen the alignment of the theory of action, the logic model, and the evaluation plan.

Maryland's Theory of Action is:

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

- Data-informed decision-making:
 - Team, Analyze, Plan, Implement, Track (TAP-IT),
 - Implementation Science,
 - Effective, Functional, Routines-Based IFSP, and
- Evidence-based practices:
 - Reflective Coaching,
 - Routines-Based Interview (RBI), and
 - Pyramid Model (PM)

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

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

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

systems (Birth – 21) in alignment with the work of the National Center for Pyramid Model Innovations (NCPMI). Pyramid Model is reflected in both the MITP Theory of Action and the MITP Part C Logic Model.

In Phase III, Year 2, input and feedback from multiple stakeholder groups resulted in further refinement of the MITP - Part C SSIP Logic Model with implementation activities and outputs, as well as short and medium-term outcomes emphasizing both infrastructure improvements and the implementation of EBPs. No further revisions to the logic model were made during Phase III, Year 7. The logic model continues to serve as the foundation of the evaluation plan with the resources invested supporting implementation activities and outputs through effective teaming, technical assistance activities, professional learning opportunities, and tools. The impact of these resources and activities are intended to result in:

- active participation and learning by all participants (short-term outcomes),
- improvements in infrastructure and local implementation of EBPs with fidelity (medium-term outcomes), and
- an increase in the rate of growth of positive social-emotional skills and relationships for young children with disabilities.

The Theory of Action is epitomized through a detailed logic model that demonstrates the flow from inputs and outputs, and from outputs to outcomes. The long-term result of increasing positive social-emotional skills and relationships is expected to be directly influenced by both infrastructure improvements at the State/local level and implementation of evidence-based practices with fidelity. Foundational, implementation, and impact outcomes can only be realized when key partners and stakeholders are engaged and actively involved in every step of the process.

State-identified Measurable Result (SiMR) measures the overall impact or long-term results of the Part C SSIP work. MITP will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children (Indicator 3A, Summary Statement #1). Table 1 below shows the child outcomes data aggregated and weighted across the four SSIP jurisdictions from baseline (2015/2016) to current (2022/2023). Please note the baseline was re-adjusted in the Phase III, Year 1 report to account for new changes in data collection methodology of child outcomes.

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

2015/2016 Baseline	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
47.23%	50.59%	49.66%	54.08%	60.08%	55.53%	54.14%

SiMR data has trended upward from the baseline with some variation year-to-year. The sharp increase in 2020-2021, followed by a return to previous levels, may reflect impacts of the COVID-19 pandemic. COS accuracy and validity may have been impacted during the lock-down period when providers were unable to observe children directly to inform ratings. In addition, referrals and enrollments decreased

during this period, resulting in an influx of children with more significant needs (due to delayed intervention) and a subsequent decline in scores in the years following. MSDE continues to closely monitor trends in COS results for the SSIP districts and Statewide and adjust supports to meet changing needs.

Coherent Improvement Strategies Implemented

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

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

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

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

Coherent improvement strategies include:

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

Professional Learning

Ongoing professional learning opportunities through State-developed resources and technical assistance continue to be implemented with the four SSIP LITPs as well as with Maryland Birth through

Kindergarten early intervention and preschool special education leaders and providers, and early childhood stakeholders. The DEI/SES continues to maintain 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 continue to participate in both ongoing as well as differentiated in-person and virtual professional learning and coaching activities based on identified local program implementation needs.

The Maryland Personnel Standards require continued ongoing training of all early intervention staff on IFSP development, implementation, and evaluation, along with documentation in the State-supported database. This year, the State continued work on a professional learning module for Early Intervention providers targeting social-emotional development of infants and toddlers with disabilities. The module will focus on building the capacity of EI providers to coach families in the importance of social-emotional learning and readiness for school and community settings beyond the age of three.

Systems and Content Coaching

During this year, 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 which are identified as being in the Focused Tier of Performance Support within the DEI/SES Differentiated Framework.

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 the Team, Analyze, Plan-Implement, Track (TAP-IT) model, RBI and Pyramid Model.

Evidence-Based Practices with Fidelity

The State Implementation Team (SIT) and the four Local Implementation Teams (LITs) continue to work towards full implementation of the targeted evidence-based practices (reflective coaching, RBI, and the Pyramid Model). However, a large part of the work this year of the SIT was to begin to identify and recruit new LITPs to join the SIT and adopt the proven EBPs of the SSIP. Therefore, a significant amount of work occurred in 2023 to begin this process of expansion of the SSIP EBPs to additional jurisdictions, which was always the goal of MDSE in this work. The current LITPs participated in the following activities this year related to EBP sustainability:

- Brought in external trainers for Reflective Coaching to help with a Train-the-Trainer model, allowing the sites to continue to train staff internally without having to contract with external trainers each time going forward.
- RBI continued to be supported by the State through training, technical assistance, and regular RBI coaching sessions and chats. These provide opportunities for RBI coaches to learn from one another and share best practices and lessons learned. There were a total of 16 RBI interviewers across the four sites that participated in six virtual coaching sessions with the State-contracted RBI expert/trainer, and four coaches' chats (quarterly) that were also well-attended.
- Fidelity is being monitored to the Pyramid Model using a standardized evaluation process throughout the sites, which allows for sustainability of the practice and ensuring that staff are trained effectively and are implementing the practice as designed.

- Several of the LITPs used braided funds to bring on board additional staff to help with social emotional screening and delivery of services. The new staff include a family mental health clinician and child psychologist.

Strategic Collaboration for Data-Informed Decisions with Stakeholders

During Phase III, Year 8, 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 continues to provide robust direction and support through ongoing stakeholder engagement for effective SSIP implementation and evaluation. The SIT continued to meet throughout 2023 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. The four participating jurisdictions provided significant input on the process of selecting and on-boarding the new participating jurisdictions as part of the plan to scale the practices Statewide.

Overview of Evaluation Activities, Measures, and Outcomes

Every year, the MITP works with an external evaluator to collect and report on the progress of the implementation and outcomes. Below is a summary of the major evaluation activities and findings:

- Since 2017, Maryland has used a standardized tool to address performance related to the implementation of Pyramid Model components at the program level, the Pyramid Model Benchmarks of Quality (BoQ). More than 85% of the indicators are partially or fully in place in all four jurisdictions.
- To determine if the evidence-based RBI assessment process was more likely to be used in the SSIP counties vs. other assessments, data from 3,599 initial IFSPs were reviewed, and an RBI was used in the assessment process 63% of the time, a drop from the last year (70%), however still much higher than when initially measured in 2020 (51%).
- Since 2017, the MITP has distributed the Coaching Feedback Questionnaire to local level content coaches to evaluate the effectiveness of State coaching support. The 2017-2021 data reflect consistently high levels of support and satisfaction, with over 90% of respondents reporting that the support has helped improve implementation of the various EBPs with fidelity. The survey was discontinued in 2021 after maximum usefulness was determined, but it will be incorporated into the evaluation plan for new jurisdictions.
- The State tracks the number of EI providers in each of the counties who are in training or have been trained to fidelity since 2018. Three of the four counties have over 95% of their providers in training or trained to fidelity in RBI, with the fourth over 80% (due to its larger size and staff turnover).

PLANS FOR NEXT YEAR

State Implementation Team partners, as well as the DEI/SES will continue to focus on moving toward full implementation of evidence-based practices (EBPs) to support child and family success across Maryland. The State Implementation Team partners and national experts will continue to provide professional learning opportunities during monthly SIT meetings.

Steps in the scale-up process will include:

- Selection of four new SSIP sites (completed December 2023)
- New sites will begin to develop implementation and evaluation plans (with external evaluators)

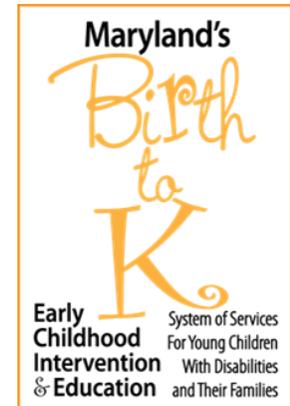
- New sites will develop infrastructure plans to implement EBPs (e.g., professional development, fiscal)
- Updated evaluation plan submitted to OSEP for review
- Updated SiMR submitted to OSEP for review
- Current SSIP sites begin to transition off SIT to mentorship role

The major focus of the next steps for the EBPs in the next reporting period will be to help the newly identified SSIP LITPs determine a locally appropriate process and timeline for introducing and/or expanding the implementation of the evidence-based practices. One of the lessons learned from the four current SSIP LITPs was that attempting to learn and scale three new practices county-wide was extremely challenging, and that new sites would be better served in selecting a single practice (or two) to concentrate on initially. This will allow for time to begin work with foundation-building, particularly around networks of Professional Development for Training and Technical Assistance for staff. Therefore, the work to scale the current evidence-based practices beyond the four SSIP jurisdictions will be the goal of the State leadership in collaboration with the current locals and State Implementation Team partners.

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

Maryland's vision is to ensure that all infants, toddlers, and young children with disabilities and their families receive high-quality early intervention and preschool special education services with full access, participation, and supports.

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



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

ENSURING EXPANSION (NOT SUPPLANTATION) OF MITP PROGRAMMING

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

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

IMPLEMENTATION

Implementing a seamless B-K system of services for infants, toddlers, and preschool-age children and their families supports Maryland's overall goal of reducing the school readiness gap for young children with disabilities. MSDE recommends continued resources for capacity building of local, jurisdiction-wide infrastructure to support a B-K seamless, comprehensive system of coordinated services. Targeted funding serves as the catalyst for a local jurisdiction to integrate intra- and interagency service delivery models for infants, toddlers, and preschool-age children with disabilities and their families served through an IFSP, Extended IFSP, or an Individualized Education Program (IEP). With this targeted funding, MITP will work to implement the following goals for children and families:

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

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

differentiated, coordinated responses and actions to address the needs of the LITPs to support infants, toddlers, and preschoolers with disabilities and their families.