

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 Special Education

June 1, 2025



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Introduction

The Maryland State Department of Education (MSDE), Division of Special Education (DSE) 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, DSE, is a critical component of the State's focus on early childhood and school readiness, providing early intervention services and supports to 17,791 infants and toddlers with disabilities and their families in State Fiscal Year (SFY) 2023. Additionally, in SFY 2023, 4,304 children aged three to five received Extended IFSP services based on their families' choice of that option. The total number of children with disabilities and their families receiving early intervention services in SFY 2023 was 22,095.

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 DSE 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 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 technical assistance to 24 local Infants and Toddlers Programs (ITPs)¹ the

¹ In 20 jurisdictions, the Local Education Agency (LEA) serves as the lead agency for the Infants and Toddlers Program; in the remainder (Baltimore City, Baltimore County, Frederick, and Montgomery), the Health Department is the lead agency.

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 2024.

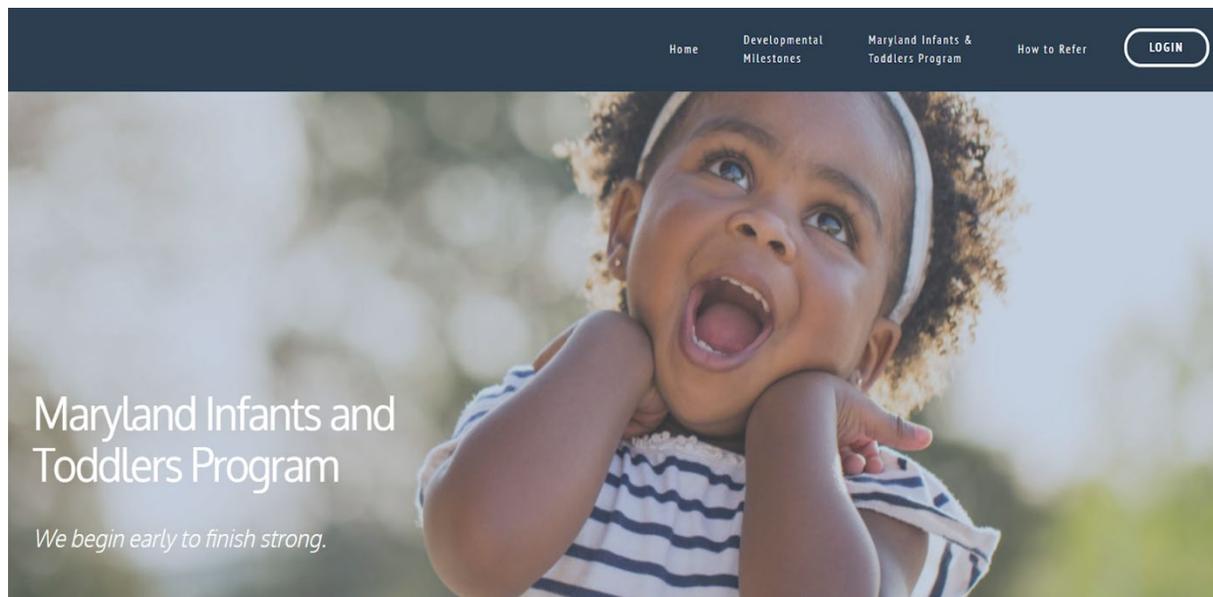
Maryland Infants and Toddlers Program (MITP) Overview

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 SFY 2024, approximately 60% of referrals received came via the Online Referral Tool. The rest take the form of phone calls to the local program or, occasionally, faxes from medical offices.

In addition, MITP launched *Pinwheel*, an MITP community portal that allows 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 24 came primarily from parents/family members (52%) and physicians/medical facilities (38%); child care providers accounted for just 1.3% of the referrals to MITP. During SFY 2024, 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 a QR code linking the Online Referral Tool as well as phone contact information, was developed for dissemination to child care providers.

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 Indicators²). 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 13 of the last 15 years, MITP received a determination of "Meets Requirements." For SFY 2023 (the last year for which a determination has been received), MITP received a State Determination of Meets Requirement. Due. 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

² 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	Meets Requirements
SFY 2024	Anticipated Summer 2025

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. In SFY 2024, we selected and on-boarded 5 LITPs as the second cohort of programs working to systemically implement and scale the practices with support from the State through SSIP.

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

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- 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. In SFY 2024, 14 LITPs achieved 100% compliance and five of the remaining 10 were above 99%.

Referral Date Range	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	7/1/23 - 6/30/24
Percentage within timeline or with family-related reason for delay	98.07%	98.35%	99.05%	98.49%	96.70%	97.03%

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 10/1/23 was 99.22%, with 87.03% receiving services primarily at home and 11.98% receiving services primarily in the community.

Snapshot Data	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22	10/1/23
Percentage of children birth to three served in natural environments	98.14%	98.53%	99.67%	99.19%	98.94%	99.22%

The percentage of children receiving the majority of their Extended IFSP services in a natural environment on 10/1/22 was 99.54%. Performance on this indicator for both age groups met the State target of 96.5%. While the location of services on the Extended IFSP is primarily driven by family choice, over the last several years, MSDE has sought to increase the number of preschool-aged children receiving services in community settings where they engage with typically-developing peers, which may help them be better prepared to enter school. In the SFY 2024 snapshot child count, 30.08% of children received the majority of their extended IFSP services in the community and 69.46% at home.

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	61.45%	N = 5964	63.98%
Acquisition and use of knowledge and skills	65.90%	N = 5964	66.44%
Use of appropriate behaviors to meet their needs	64.29%	N = 5964	67.06%

Child Outcome Area	% of children who exited the program at age level at age three	Number of children exiting	State target
Positive social-emotional development and relationships	40.14%	N = 5964	45.08%
Acquisition and use of knowledge and skills	38.21%	N = 5964	41.88%

Use of appropriate behaviors to meet their needs	38.26%	N = 5964	41.88%
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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 2024, MITP data shows the following:

- 66.03% of children showed this enhanced growth trajectory relative to same-aged peers in social-emotional development,
- 68.61% of children showed this enhanced growth trajectory relative to same-aged peers in learning new skills, and
- 66.05% of children showed this enhanced growth trajectory relative to same-aged peers in meeting their own needs through the 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 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
- Redesign of the State-required COS training process for new staff in response to feedback from LITPs, including creating more self-paced materials to which staff can return to review, 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	98.1%	95.00%

Families effectively communicate the needs of their children	97.6%	95.00%
Families are able to help their children develop/learn	97.8%	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 2024 was 32.9%, a slight increase over the previous year. 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 1.60% in SFY 2024, which was not met based on the 10/1/23 snapshot count. The State continues to partner with the SICC, the medical community, child care providers, Judy Centers, the McKinney-Vento program, Early Head Start, and other community stakeholders to increase awareness of the program. We also continue to analyze patterns of referral, evaluation, and enrollment to determine actions to increase both the number of young children referred to the program and the number of families who choose to engage, with particular attention to detecting patterns of inequity.

Snapshot Date	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22	10/1/23
% of children served	1.68%	1.60%	1.14%	1.31%	1.44%	1.47%
Maryland Resident Population Birth-to-One	70,843 in 2018	69,926 in 2019	69,583 in 2020	66,594 in 2021	69,158 in 2022	69,158 in 2023

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 4.00% in SFY 2024. The percentage of children receiving services exceeded the State target for the last six years.

Snapshot Date	10/1/18	10/1/19	10/1/20	10/1/21	10/1/22	10/1/23
Percent of children served	3.99%	4.24%	3.40%	4.10%	4.63%	4.63%
Maryland Resident Population Birth-to-Three	217,874 in 2018	213,893 in 2019	212,537 in 2020	208,241 in 2021	206,672 in 2022	206,762 in 2023

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, prompt development of initial IFSPs (within 45 days from referral, unless there is a documented family-based reason for delay, such as family request or unavailability). The federal target for this indicator is 100%. While this data for this year remains below this target, it is trending in a positive direction after the previous year's sharp decline. Twelve of 24 local programs met the 100% target, with 4 additional programs over 99% compliant. While some of the remaining jurisdictions made improvements, a few larger programs continue to experience difficulties meeting this requirement due to staffing, vacancies, and other challenges. The State continues to provide support and technical assistance to support these jurisdictions in addressing referrals in a timely way. 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	7/1/18 - 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	7/1/23 - 6/30/24
Percentage within the timeline or with family-related reason for delay	95.94%	97.60%	98.46%	96.93%	89.91%	93.30%

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 that includes the family, members of their early intervention team, and a representative from the LEA be held no later than 90 days before a child’s third birthday so that there is no interruption in services when the child turns three and ages out of early intervention. 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	7/1/18 - 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	7/1/23 - 6/30/24
Percentage of children with timely transition steps and services included on the IFSP	99.77%	99.14%	97.26%	99.54%	98.96%	98.55%

Transition Date Range	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	7/1/23 - 6/30/24
Percentage of children for which the SEA and LEA was notified in a timely manner	100%	100%	100%	100%	100%	100%

Transition Date Range	7/1/18 - 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	7/1/23 - 6/30/24
Percentage of children with timely transition planning meetings or family-related reason for delay	99.38%	99.11%	96.85%	99.50%	98.84%	98.53%

INDICATOR 9: RESOLUTION SESSIONS

There were no resolution sessions in SFY 2024.

INDICATOR 10: MEDIATION AGREEMENTS

There were two mediations held in SFY 2024 and one reached an agreement.

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. Please see the description below of the goals, methods, progress, and next steps of the SSIP.

INDICATOR 12: TIMELY CORRECTION OF NONCOMPLIANCE (NEW FEDERAL INDICATOR FOR SFY 2024)

The table below shows the percentage of incidences of noncompliance corrected within 1 year of notification. Correction must be corrected at the individual child level and through achieving 100% compliance in a subsequent data analysis to be considered corrected, as required by OSEP Memo 23-01.

Date Range	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	7/1/23 - 6/30/24
Percentage of incidences of noncompliance that were fully corrected within 1 year of notification	N/A	N/A	N/A	N/A	N/A	100%

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 DSE 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 provides a vehicle to focus on positive social-emotional development, skills, and relationships to prepare the youngest learners for kindergarten. During SFY 2024, implementation of effective, evidence-based Early Intervention continued across the State. A new cohort of LITPs was selected to receive focused support in installing, scaling, and sustaining Maryland's three high-leverage EBPs by engaging in a team-based continuous improvement process through the SSIP. This report outlines Maryland's progress in implementing the SSIP during Phase III, Year 9, including the coherent improvement strategies, 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 require documentation towards progress of training staff in the EBPs and identification of 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,
- 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 9

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

Year 9 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-based continuous improvement processes,
 - 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 targeted 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 have been made, though a shift from the original continuous improvement model (TAP-IT) to a revised and enhanced approach (Dynamic Impact) has occurred. 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, 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	2023/2024
47.23%	50.59%	49.66%	54.08%	60.08%	55.53%	54.14%	55.66%

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. In SFY 2025, the SIMR will be revisited and new baselines and targets adopted in consultation with stakeholders, to reflect the inclusion of the new SSIP jurisdictions in the work.

Coherent Improvement Strategies Implemented

Throughout the development and implementation of the SSIP, MSDE DSE 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 DSE continues to maintain contracts with the University of Connecticut (UConn) and the Johns Hopkins University/Center for Technology in Education (JHU/CTE) to support State-level content experts in Pyramid Model, Reflective Coaching and RBI. The four original SSIP LITPs continued 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. During SFY 2024, a new cohort of five LITPs was selected through an application process. These jurisdictions began the process of team-based action planning for system change in the spring of 2024. They received professional learning and support in the Dynamic Impact process, as well as in content related to the EBPs.

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.

Evidence-Based Practices with Fidelity

The State Implementation Team (SIT) and the four Local Implementation Teams (LITs) continued to work towards full implementation of the targeted evidence-based practices (reflective coaching, RBI, and the Pyramid Model). The four original SSIP jurisdictions developed plans for the sustainability of the practices in their programs, while also supporting the process of selecting and on-boarding the five jurisdictions into the new SSIP cohort.

Strategic Collaboration for Data-Informed Decisions with Stakeholders

During Phase III, Year 9, 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 SFY 24, including a very successful joint meeting of the original and new jurisdictions in March of 2024. Following that meeting the new cohort jurisdictions, along with the EBP partners, formed the core of the State Implementation team. The SIT 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.

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 3,322 initial IFSPs were reviewed, and an RBI was used in the assessment 58% of the time. While this is a slight decline from the previous year, it is significantly higher than in LITPs that have not participated in the SSIP (9%).
- 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 70% (due to its larger size and staff turnover). They also have rates of training in Reflective Coaching (over 80%) and Pyramid Model (over 85%).

NEXT STEPS

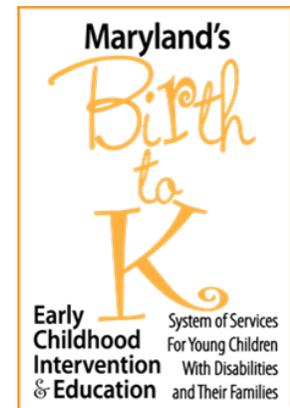
In SFY 2025, the five newly selected LITPs (Anne Arundel, Carroll, Harford, Kent, and Prince George's County) will establish their local implementation teams. These teams will receive training in Dynamic Impact (the team-based, data informed continuous improvement process being used by both the State and local teams), implementation science, and data analysis. They will receive monthly coaching and technical assistance to develop action plans reflecting their local needs and priorities. Unlike the first cohort, these LITPs are at various stages in the adoption and implementation of the practices; they are not beginning from the ground level in all cases. Additionally, based on lessons learned from Cohort 1, these jurisdictions will be supported to develop an individualized approach to implementing and scaling the practices and will not necessarily attempt to initiate all three practices at the same time.

The State Implementation Team (including the leaders from the participating jurisdictions, our local and national experts in the EBPs, family support representatives and MSDE staff) will also engage in Dynamic Impact Cycles. The State Team will identify resources and infrastructure strategies to support implementation of the EBPs to improve outcomes in the SSIP jurisdictions and across the state.

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. The Division of Special Education, 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. LITPs have been required since the inception of the program to serve all 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, while the population of children being served has increased significantly over that time (notwithstanding a brief downturn during the pandemic). 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. The Division of Special Education also allocated federal discretionary funding to support enhancements to Early Intervention Services, such as State-wide professional development on the evidence-based practices and enhancements to State-wide tools including the IFSP system, Online Referral Tool, and Pinwheel Community Portal.

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 analyzing data and addressing patterns of underrepresentation.
- Continue to expand the capacity and use of the Pinwheel Community Portal to promote collaboration and information and resource sharing among families, LITP providers, and other stakeholders, including child care providers, home visitors, pediatricians, and others.
- Launch the redesigned Online Referral Tool with improvements to the user experience for both individuals submitting referrals and LITP staff receiving them, based on extensive feedback
- Promote a common understanding of the fundamental principles and practices of early intervention through an update to our Personnel Standards (professional learning content required for all Early Intervention providers across the State) and improved platform for accessing and tracking use of the content
- Based on recommendations from the Blueprint Special Education workgroup, provide additional guidance and technical assistance on providing services across jurisdictional boundaries, consistently implementing evidence-based practices, and staffing and managing year-round service delivery.

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.