

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

Attachments

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General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Overview

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) has the responsibility under the Individuals with Disabilities Education Act (IDEA) to have a comprehensive system of general supervision that monitors the implementation of the IDEA, State laws, and applicable federal and State regulations. The mission of the DSE/EIS is to provide leadership, support, and accountability for results to Local School Systems (LSSs), 24 Local Infants and Toddlers Programs (LITPs), Public Agencies (PAs), and stakeholders through the provision of a seamless, comprehensive system of coordinated services to infants, toddlers, young children, and youth with disabilities, birth through age 21, and their families. The MSDE continues to implement the Extended IFSP Option that allows families to choose the continuation of early intervention services after the child turns three if the child is determined eligible for Part B special education services.

The DSE/EIS organizational structure is based upon principles of collaboration and shared responsibility. The Division is organized by five branches: Policy and Accountability; Performance Support and Technical Assistance; Family Support and Dispute Resolution; Interagency Collaboration; and Resource Management. Birth through five staff are integrated within each branch. The Division matrix organizational design integrates knowledge and skills for improvement of compliance and results, and ensures consistent communication within the DSE/EIS, throughout the Department, and with external stakeholders and partners. The core functions of the DSE/EIS are leadership, accountability for results, technical assistance and performance support, and fiscal and resource management. **Please see Attachment A, which provides a graphic description of the Division’s cross-matrix leadership.**

Through the implementation of cross matrix leadership, the Division is committed to the following essential principles in order to improve results and functional outcomes for all children and youth with developmental delays and disabilities and their families:

- **Transparency:** Maintaining an open door to stakeholders and regularly keeping our stakeholders informed through

formal and informal feedback loops, including quarterly birth through twenty-one special education and early intervention leadership meetings, the Annual Leadership Conference/Professional Learning Institute, meetings of the Assistant State Superintendent's Advisory Council, and regularly scheduled convening of advisory groups, including the State Interagency Coordinating Council, Special Education State Advisory Committee, and the Education Advocacy Coalition.

- **Collaboration:** Continually engaging stakeholders through participatory processes that promote innovation, the sharing of best practices, and dissemination of research and evidence-based models. We are also committed to strengthening partnerships and planning with other MSDE Divisions and external stakeholder groups.
- **Equity, Excellence, Efficiency:** Serving stakeholders in a timely and effective manner, ensuring the availability of 'real-time' data for effective decision-making, and accelerating dissemination of models of best practices quickly and effectively throughout the State.
- **Accountability:** Improving results for all infants, toddlers and preschool age children with developmental delays and disabilities served in LITPS. The DSE/EIS has developed a tiered system of analysis, monitoring, and support to identify LITPs in need of differentiated support and technical assistance. An LITP is assigned to a tier based upon performance on SPP/APR compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and findings identified through monitoring. This information is used to provide differentiated technical assistance that focuses on building capacity to improve results and directs State resources to those LITPs that are the lowest performing. At the same time, LITPs that are achieving success are recognized and provided with the support needed to publish and disseminate successful best practices.

Differentiated Framework

With the emphasis on results driven accountability, the DSE/EIS has increased its focus on the requirements related to results indicators. Each LITP is unique, and their needs for general supervision and engagement from the DSE/EIS vary greatly depending upon numerous factors. Results Driven Accountability (RDA) allows the DSE/EIS staff to monitor and provide technical assistance and support to programs in a more effective, efficient, and systematic manner.

The MSDE, DSE/EIS comprehensive system of general supervision is the *Differentiated Framework*. The *Differentiated Framework* includes tiers of general supervision and engagement to improve birth – 21 special education/early intervention results. The processes embedded in the *Differentiated Framework* include: Data collection; Data verification; Identification of LITP performance status; LITP improvement; Reporting; and Enforcements. Within these processes are the essential components of Maryland's comprehensive system of general supervision:

- 1) Effective policies and procedures;
- 2) State Performance Plan (SPP) goals and targets;
- 3) Monitoring for Continuous Improvement and Results (MCIR);
- 4) Fiscal management;
- 5) Dispute resolution; and
- 6) Targeted technical assistance and support.

The DSE/EIS has aligned its general supervisory responsibilities with engagement for performance support and technical assistance to provide a tiered system of monitoring and supports to address the needs of each LITP. The *Differentiated Framework* illustrates the shared responsibility and shared accountability to improve results for children and youth with disabilities. The Division is committed to maintaining compliance and providing supports to improve the quality of special education services. An LITP is assigned to a tier based upon performance on federal compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and monitoring findings. The corresponding support an LITP can expect to receive is differentiated and based on that agency's assigned tier and a comprehensive analysis of the public agency's needs. **Please see Attachment B for a graphic representation of the *Differentiated Framework*.**

The Differentiated Framework involves directing the Division's attention to LITPs in need of more comprehensive engagement, technical assistance, and support in order to enable those programs to meet indicator targets, improve results, narrow the achievement gap, correct identified noncompliance, and maintain compliance. This represents the foundation of a comprehensive Multi-Tiered System of Support (MTSS) to integrate a continuum of resources, strategies, structures and practices.

A majority of the LITPs are currently in the **Universal Tier of General Supervision**. This represents LITPs that have met identified performance and compliance criteria, resulting in a determination status of "Meets Requirements" or is in the first year of "Needs Assistance." The LITPs assigned to the Universal Tier of General Supervision have no findings of noncompliance or have corrected all findings of noncompliance within one year and have maintained compliance.

Each LITP is monitored annually through a desk audit and cross-divisional data analysis of SPP Indicators, local priorities, and fiscal data. Additionally, a cyclical general supervision monitoring of select LITP includes, at a minimum, child record reviews for IDEA requirements, a review of policy, procedures, and practices, and sub-recipient fiscal monitoring. Each LITP develops and self-monitors an internal work plan including local priorities to address locally identified needs.

In the **Universal Tier of Engagement**, the focus is on professional development/learning and support to address statewide needs based on overall State trend data, (e.g., performance on SPP Indicators, child outcomes, and student achievement). This includes general information related to special education policies, procedures and practices, as well as the general work of the MSDE. Examples of statewide technical assistance include State and regional professional development, online tools, resources through the Maryland Learning Links website, Q&A Documents, and Technical

Assistance Bulletins.

An LITP receiving a determination status of “Needs Assistance” for two or more consecutive years or “Needs Intervention” is assigned to the **Targeted Tier of General Supervision**. An LITP in this tier may have an active Corrective Action Plan(s) (CAPs) for identified noncompliance, and/or, although noncompliance may be corrected within one year, if compliance is not sustained.

Targeted monitoring occurs semi-annually and includes customized data analysis with real-time local and State data. Activities may include, but are not limited to: early intervention record reviews using selected sections of the DSE/EIS record review document, a review of policies, procedures, and practices, a review of the LITP’s system of general supervision, interview questions, and/or case studies. State and local joint cross-departmental and cross-divisional teams are formed to address identified needs. The LITP develops a local Improvement Plan, which is submitted to and approved by the DSE/EIS.

The corresponding **Targeted Tier of Engagement** focuses on professional learning and support (training, coaching, and technical assistance) to address the needs of the LITP on specific topics identified through general supervision. It is a responsive and proactive approach to prevent the LITP from needing substantial support. The LITP leadership is required to engage with the Division to review State and local data and information in order to implement an Improvement Plan that is approved by the DSE/EIS to build capacity to effectively address the identified needs. Evaluation and periodic feedback are critical elements of Targeted Engagement. A Targeted Assistance and Support Committee (TASC) team consisting of jointly identified local and state cross-Divisional members provides performance-based and responsive support.

Continuing up the *Differentiated Framework* tiers, an LITP with a determination status of “Needs Substantial Intervention” is assigned to the **Focused Tier of General Supervision**. These LITPs continue to have findings of noncompliance, have active CAPs for two or more years, and demonstrate little progress despite general and targeted technical assistance.

Focused monitoring is comprised of enhanced and differentiated monitoring and in-depth data analysis, and requires the participation of the State and local superintendent as well as identified stakeholders. Focused monitoring occurs quarterly and may include, but is not limited to: early intervention record reviews using selected sections of the DSE/EIS record review document, a review of the LITP’s real time data, a review of policies, procedures, and practices, a review of the LITP’s system of general supervision, interview questions, provider observations, and case studies. A Focused and Comprehensive Action Plan is jointly developed by the LITP and DSE/EIS.

At this level, the goal of the **Focused Tier of Engagement** is to direct substantial support to address the continuous lack of improvement of the LITP through significant systems change. A multi-faceted State and local leadership team meets regularly to develop and implement an action plan designed to affect systems change in policy, program, instructional practices, and professional learning at multiple systems levels. Principles of effective systems change, implementation, evaluation, and sustainability are foundational elements of the technical assistance. Frequent feedback and general supervision is maintained throughout the extent of the technical assistance.

The State Superintendent and the DSE/EIS Assistant State Superintendent work closely with the local School Superintendent or local Lead Agency Head to develop a cross-departmental, cross-divisional State and local implementation team. The MSDE provides increased oversight activities to assess progress and may direct federal funds, impose special conditions, and/or require a regular submission of data. The LITP leadership is required to participate in a quarterly joint State and local Focused Intervention and Accountability Team (FIAT) to review progress.

At the highest tier, the **Intensive Tier of General Supervision**, an LITP fails to progress and correct previously identified noncompliance despite receiving technical assistance and support. The failure to comply has affected the core requirements, such as the delivery of services to infants, toddlers, and preschool age children with developmental delays and disabilities or to provide effective general supervision and oversight. The LITP enters into a formal agreement with the MSDE to guide improvement and may have additional sanctions. The LITP informs the MSDE of its unwillingness to comply with core requirements.

The **Intensive Tier of Engagement** focuses on providing support based on a Formal Agreement that is developed to guide improvement and correction with onsite supervision. The MSDE may direct, recover or withhold State or federal funds.

Data Collection

As part of the State's general supervision system, data are collected from several sources. In Maryland, all data related to SPP/APR reporting are available in the State's Online IFSP Database, with the exception of complaint data and family outcomes data. The former are collected from the Division of Special Education/Early Intervention Services (DSE/EIS) Complaint Database, while the latter are collected through a State-funded vendor.

The Online IFSP Database is a secure web-based application that serves as the primary case management tool for service coordinators and service providers working with children in the Maryland Infants and Toddlers Program (MITP). The main user function is the development and monitoring of Individualized Family Service Plans (IFSPs). Because IFSPs are entered into the Online IFSP Database through local users, the State has access to the IFSPs of all children receiving services through the MITP. In addition, local and state leaders can utilize the data analysis functions of the Online IFSP to generate both predefined and dynamic reports to assist with programmatic data-informed decision-making.

Data collected at referral and from IFSPs for every eligible child and family are entered into the database by local staff. MSDE and the LITPs generate reports on a regular basis to monitor statewide and local compliance/results and audit for data validity and reliability.

Evidence that the data on the processes and results component are part of a State's or an LITP's system of general supervision includes the following:

- Data are collected as required under the IDEA and by the U.S. Secretary of Education.
- Data are routinely collected throughout the year.
- The LITPs submit data in a timely and accurate manner.
- Data are available from multiple sources and used to examine performance of the LITPs.

IDEA Requirements

The DSE/EIS conducts a comprehensive early intervention record review to ensure LITPs are correctly implementing the regulatory requirements of the IDEA and COMAR. The LITPs are selected for review on a cyclical basis using a representative sample based on child count that includes large, medium and small programs. Every LITP is reviewed at least once during the three year cycle.

Effective Policies, Procedures, and Practices

Maryland has policies and procedures aligned with the IDEA, 34 CFR §303. Maryland State law and Maryland's Code of Maryland Regulations (COMAR) supports State implementation of the IDEA. Each LITP is responsible for developing policies, procedures and practices for effective implementation in accordance with federal and State requirements to ensure the provision of a Free Appropriate Public Education (FAPE) in the Natural Environment (NE). The DSE/EIS has embedded the review of LITP policies, procedures, and practices within existing components of general supervision.

State Performance Plan

The State Performance Plan (SPP) is the State's plan to improve the 11 results and compliance indicators established by the Office of Special Education Programs (OSEP). This plan contains a description of the State's efforts to implement the requirements of Part C of the IDEA, including how it will improve performance on indicators. As part of the SPP, each indicator has a target set by the OSEP or the State. All targets set by the State are approved by the State Interagency Coordinating Council (SICC). The State Performance Plan is located on the MSDE website: <http://www.mdideareport.org>.

Monitoring for Continuous Improvement and Results (MCIR)

The Office of Special Education Programs (OSEP) has revised its monitoring priorities to ensure a balance between compliance and results by placing a greater emphasis on accountability and technical assistance (TA) activities that focus on improving the MSDE's capacity to develop, strengthen, and support improvement at local levels. In response to OSEP's shift in monitoring priorities, the MSDE, DSE/EIS has revised its monitoring procedures and now places greater emphasis on requirements related to improving educational results for children and youth with disabilities. In addition, the MSDE, DSE/EIS uses the *Differentiated Framework*, thus enabling the MSDE, DSE/EIS to work collaboratively with LITPs to identify root causes and focus on areas in need of improvement.

This is accomplished through the Maryland's Monitoring for Continuous Improvement and Results (MCIR) process.

General supervision is accountable for enforcing the requirements and for ensuring continuous improvement. The primary focus of the MCIR process is to improve educational results and functional outcomes for all children and youth with disabilities and their families and ensuring that the MSDE meets the program requirements within IDEA.

The MCIR process verifies data, documents compliance with both IDEA and COMAR regulatory requirements, and provides technical assistance for the timely correction of identified findings of noncompliance. Findings of noncompliance concerning the records of individual children with disabilities always result in verification of correction using a two prong process. First (Prong 1), the records in which the noncompliance was first identified are reviewed to determine if correction has occurred, or, the requirement was completed (for timeline violations), unless the child is no longer within the jurisdiction or the parent has withdrawn consent. Then (Prong 2), a subsequent review of a sample of records is conducted by the DSE/EIS to determine the level of compliance. If both reviews result in 100% compliance, then correction has been achieved and the corrective action is closed.

Comprehensive monitoring occurs at least every 3 years in each LITP. The purpose of comprehensive monitoring is to ensure the LITPs:

- Are compliant with State and federal regulations;
- Have a system of general supervision in place to monitor child progress and make data informed decisions; and
- Are focused on improving outcomes for infants, toddlers, and preschool age children with developmental delays and disabilities, and their families.

While some monitoring activities are universal for all, other monitoring activities are customized to examine areas of need. These areas are identified through a variety of sources such as but not limited to:

- Indicator data verification;
- Other data reviews;
- Grant reviews;
- Fiscal data;
- Medicaid monitoring;
- Family support data;
- State complaints; and
- Advocacy organization concerns.

While compliance continues to be important, the OSEP, like the MSDE, has created a balance with an RDA focus with respect to results monitoring for children and youth with disabilities. In response, the DSE/EIS has developed monitoring activities geared towards these efforts to ensure improved results. Monitoring may be conducted either off-site as a desk audit or on-site depending on the nature of the monitoring activities. The method selected is dependent upon the activity and the information that is or is not accessible online and the need to acquire the necessary documents needed for the review.

Desk Audit

A desk audit refers to a review of data, Individualized Family Service Plans (IFSPs), or other sources of information used in monitoring conducted by DSE/EIS staff at the MSDE. It may be the single method used to complete a review or may be used in combination with an on-site visit. After the completion of the desk audit, the DSE/EIS staff may request further documentation or data to clarify potential findings of noncompliance or verify correction of noncompliance.

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On-Site Monitoring

On-site monitoring refers to a review of data, IFSPs, or other sources of information used in monitoring conducted by DSE/EIS staff within the LITPs. On-site monitoring is specifically used to carry out those activities that are not practical to complete through a desk audit by the DSE/EIS staff. Examples of on-site monitoring may include but are not limited to a review of early intervention records for Medicaid monitoring, provision of related services, data-entry verification, etc.

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Case Study Reviews

The MSDE, DSE/EIS staff conducts case study reviews of an individual child's early intervention record. This allows the reviewer to gauge/conclude whether the child is being provided with appropriate services, which is evidenced by continued growth and progress towards child and family outcomes.

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Interviews

Interviews are conducted with service providers and parents. This measures consistency and understanding of practices across the local program. Additionally, the MSDE, DSE/EIS staff are able to ascertain the knowledge of local program staff pertaining to the implementation of child's IFSP and the responsibilities of staff.

Directed Onsite Visits

The MSDE, DSE/EIS reserves the right to conduct a directed onsite visit at any time based on multiple sources of data indicating potential concerns, evidence of repeated concerns, or a pattern of concerns over time. These concerns may come from examining data reported to the MSDE as part of the accountability system and other sources of information, such as interactions and conversations with parents, advocates, and/or district personnel. The purpose of the directed onsite visit is to monitor compliance and identify areas of need. The scope of each directed onsite visit is based on presenting concerns including relevant regulatory requirements. This is determined on a case-by-case basis and may include a targeted review of any of the following: SPP/APR Indicators; SSIS 618 data; fiscal management; IDEA requirements; or implementation of any other State and federal regulatory requirements. Based on identified needs, ongoing technical assistance is provided to support improvement efforts.

Fiscal Management

It is the primary responsibility of the Resource Management and Monitoring Branch to ensure effective procurement, use, and oversight of Division resources. This branch also provides for the effective, fiscal subrecipient monitoring of all recipients of the IDEA grant funds throughout Maryland, including the LITPs, local School Systems (LSSs), public agencies (PAs), and Institutions of Higher Education (IHE). Through grants management staff, the Branch also ensures fiscal accountability in accordance with federal and State regulations for federal and State funds administered by the Maryland State Department of Education for the benefit of children with disabilities, ages birth through 21. The Branch assists LITPs, and other subrecipients through the application, reporting, and fiscal management of those funds. Technical assistance relative to fiscal matters is also provided to all LITPs and grant subrecipient agencies, as well as the monitoring of subrecipient compliance with State and federal grant regulations, including the Code of Federal Regulations, IDEA,

Education Department General Administrative Regulations, General Education Provisions Act, Office of Management and Budget Circulars and COMAR. The Branch additionally provides data and information to the Division leadership in support of programmatic interventions and to facilitate funding determinations and resource allocations. The Branch is additionally responsible for managing major Special Education State Aid grants and acting as the Fiscal Agent for the Children’s Cabinet Interagency Fund.

Dispute Resolution

The IDEA provides parents certain rights and procedural safeguards. These safeguards include formal dispute resolution requirements, such as mediation, formal complaints, resolution sessions, and due process hearings. The Family Support and Dispute Resolution Branch collects and analyzes data on an ongoing basis using the parent contact and dispute resolution database to ensure effective implementation of the dispute resolution system.

Program Improvement and Correction

Through the State’s Systemic Improvement Plan (SSIP) in the SPP and data from the examination of the LITP performance, ongoing state activities are used for program improvement and progress measurement. The DSE/EIS also aligns improvement activities with existing Department initiatives, such as the Department’s Elementary and Secondary Education Act (ESEA) Flexibility Waiver, Maryland’s Race to the Top grant, and Maryland’s Race to the Top Early Learning Challenge Grant. Technical assistance activities, designed to address the needs of each individual LITP, are based on data that are collected.

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Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Technical Assistance and Support

Through the Division’s strategic plan, *Moving Maryland Forward*, the DSE/EIS focuses on building the capacity of local Infants and Toddlers Programs, local school systems, public agencies, and institutions of higher education, to narrow the performance gap and enable all children to be kindergarten ready. The Division works collaboratively with other Divisions within the MSDE to improve performance on statewide accountability measures and achievement of the Maryland College and Career Ready Standards. **Please refer to Attachment B, *Differentiated Framework, Tiers of Engagement*.**

Team, Analyze, Plan, Implement, Track (TAP-IT)

The TAP-IT process is the universal delivery system for improved results through the DSE/EIS *Differentiated Framework: Tiers of Engagement*. TAP-IT ensures purposeful resource allocation and collaborative effort in support of research-based actions that narrow the achievement gap for children with disabilities and their non-disabled peers. Through TAP-IT the DSE/EIS partners with LITPs around five levers for change based on State Education Agency (SEA) Levers for Change in Local Education Agencies and Schools, Redding, 2013:

- **Opportunity** by braiding of resources to support innovative practices;
- **Incentives** through Statewide recognition of child progress and gap reduction;
- **Systemic Capacity** by providing Statewide data systems that include the Longitudinal Accountability Decision Support System (LADSS), Maryland Online IFSP, and the Maryland Online IEP (MOEIP);
- **Local Capacity** building through expert consultation, establishment of Communities of Practice (CoP), training, coaching and opportunities for diagnostic site reviews;
- **Intervention** through the DSE/EIS Differentiated Framework - Tiers of Engagement that include universal support for internal decision-making processes based on implementation science, and dissemination of proven practices with demonstrated results.

The TAP-IT process begins with the formation of an implementation team comprised of LITP and DSE/EIS representatives who operate in a clearly defined partnership. The team collects all current, relevant data sources [for example: *State Performance Plan/Annual Performance Review (SPP/APR)*, *Maryland Report Card*, *Ready at Five - School Readiness Data*, *Maryland Online IFSP Database*, and *Family Survey Data*]. **Please refer to Attachment C for a graphic representation of TAP-IT.**

Team: The LITP leadership selects team members who are decision makers [programmatic, fiscal, organizational, human capital, and general educator(s) as appropriate] and will represent the LITP in partnership with the MSDE, DSE/EIS team (data, fiscal, and programmatic MSDE liaisons). Collaborative team sessions are scheduled face-to-face and/or through technology applications to establish team function, roles and operating norms. There is attention to building the capacity of the team using implementation science. A partnership is jointly formed by the LITP and DSE/EIS team to guide the work that includes outcomes, design, and assessment.

Analyze: The team studies the processes currently in place to analyze data at the state and LITP levels. The team reviews the available data that include formative, summative, longitudinal summary reports and early warning alert systems that may be in place. The purpose of each data source is reviewed, and the strength and limitations are identified. The team describes/defines the sources and processes to analyze data and identifies opportunities for programmatic support and/or technical assistance. The team analyzes the data using an agreed upon protocol (*a suggestion for data informed discussions is posted on Maryland Learning Links: http://marylandlearninglinks.org/data/ck/sites/121/files/REL_2013001.pdf*) and reports their finding.

Plan: The team reviews the effectiveness of existing processes and interventions to narrow the gap between children with disabilities and their non-disabled peers. The team shares current research and research-based practices for narrowing the achievement gap. Allocation of resources is reviewed to determine their effectiveness in narrowing the gap. The team uses evidence based questioning strategies such as Teams Intervening Early to Reach all Students (TIERS): Asking the Right Questions at <http://www.hdc.lsuhs.edu/tiers/modules/Module>

[/TIERS%20Data%20Use%20Steps%201-8%20output/story.html](#), and implementation science tools that include the Hexagon Tool where information is gathered and organized. These provide the team with a complete picture of the targeted interventions and their use in the LITP (see: <http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context>). Plans are created and resources are aligned to narrow the achievement gap based on the data analysis. Plans use SMART goals that are *Strategic, Measurable, Attainable, Results-based and Time-bound* - and include ideas for sharing success and replication (see: http://www.hr.virginia.edu/uploads/documents/media/Writing_SMART_Goals.pdf)

Implement: The plan is implemented with the supports and resources identified from the LITP, the DSE/EIS, and other external partners. Monitoring of progress, identification and removal of barriers to change, and diagnostic site reviews are conducted.

Track: Team members meet quarterly face-to-face and/or through technology applications. They receive updates from those assigned to monitor each data set, financial reports are discussed and the team modifies the work as needed (e.g., based on fidelity of intervention implementation, child performance, etc.). An annual review and report of the work is completed by the team through the SMART Process. Success is shared, and the work is scaled up as appropriate.

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Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

MSDE DSE/EIS has several key mechanisms in place to ensure that service providers are effectively providing services to improve results for infants, toddlers and preschoolers with disabilities and their families. These include the annual submission of local Comprehensive System of Personnel Development (CSPD) Plans, Suitable Qualifications – Maryland’s Personnel Standards for Early Intervention Service Providers, and ongoing professional learning activities and resources.

Comprehensive System of Personnel Development (CSPD) Plans

Yearly, each Local Lead Agency (LLA)/Local Infants and Toddlers Program (LITP) is required to submit a Consolidated Local Improvement Grant (CLIG) designated as the single grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures to support positive results for infants, toddlers, and preschool children with disabilities and their families. A requirement of the annual CLIG submission is a Comprehensive System of Personnel Development (CSPD) Plan describing how the local early intervention system provides and coordinates training and technical assistance on an interdisciplinary basis, to the extent appropriate for public and private providers, primary referral sources, Family Support Network/Preschool Partners Coordinators, parents, paraprofessionals and service coordinators to improve outcomes for infants and toddlers with disabilities, including children in the Extended IFSP Option, and their families.

The CSPD Plan developed by each local jurisdiction includes, as appropriate, training on the basic components of the early intervention system; the coordination of transition services from the Infants and Toddlers Program to Preschool Special Education services, or another appropriate early childhood program; the implementation of evidence-based practices

through early intervention service options, strategies and instructional practices; and the development, implementation, and incorporation of educational outcomes in the IFSP that promote school readiness, including pre-literacy, language, and numeracy skills. Training activities typically include parents together with service providers and are intended to assist families with enhancing specific areas of a child's development to support their participation as a full partner in the development and implementation of the IFSP.

Training needs are assessed in a variety of ways and may vary from individual to individual and year to year. A formal written survey of training needs is one mechanism for gathering information to support the focus of the CSPD Plan. Other sources of information that are considered when assessing local training needs include:

- Specific data-informed decision-making based on child outcomes, family outcomes, child find practices, and/or natural environments practices;
- Evidence-based and recommended practices;
- Family and child issues currently challenging the program;
- Local, state, and national issues, trends, focuses; and/or
- Training evaluations.

The MSDE supports an evidence-based data-informed decision making process (Team-Analyze-Plan-Implement-Track, TAP-IT) to assist jurisdictions to align local CSPD Plans with conclusions drawn from the review and analysis of the local Suitable Qualifications status report (note: Suitable Qualifications are described below), self-monitoring, local data profiles, improvement plans, corrective action plans, complaints, parent calls, and investigations requiring corrective actions, and other data related to program improvement.

The method and results of the needs assessment are clearly summarized in the data summary section of the CSPD Plan with the list of anticipated in-service topics reflecting the results of the local needs assessment and based on the Learning Forward *Standards for Professional Learning*. Specific documentation about the actual professional learning provided and the results of those professional learning experiences are included in the local Final Program Report.

Required local CSPD Plan components in FFY 2014:

- a) A summary of the specific data on which the plan is based that supports the need for the proposed training activities. Data include the results of the local training needs assessment of public and private providers, primary referral sources, Family Support Network and Preschool Partners coordinators, parents, paraprofessionals, and service coordinators, in addition to other data analysis results;
- b) The specific purpose for which the identified training is being sponsored (e.g., areas of non-compliance and performance, program improvement/results, required corrective actions, suitable qualifications, etc.);
- c) A description of each training activity, including anticipated dates, training level, topic, presenters, audience, supportive resources, and planned follow-up to evaluate and support transfer of training to practice (e.g., coaching, communities of practice, etc.); and
- d) Evaluation levels, instruments, methods or procedures, and the anticipated degree of training impact on the local early intervention system.

An additional requirement of each local CSPD Plan is the inclusion of local/regional training(s) and/or technical assistance on the utilization of the Child Outcomes Summary (COS) process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process. Jurisdictions can access technical assistance from the

Performance Support and Technical Assistance Branch in the Division of Special Education/Early Intervention Services to support local/regional planning and implementation efforts for customized COS professional development. Additionally, Maryland's online COS tutorial can be accessed through www.marylandlearninglinks.org to supplement face-to-face training.

After CLIG submissions are received by the DSE/EIS, each local CSPD Plan is reviewed by designated staff (i.e., programmatic, data and fiscal MSDE liaisons) through the utilization of a comprehensive template created to ensure all required plan components are adequately addressed. Approval of each local CSPD Plan is required to maintain robust professional learning for all early intervention providers, families and other early care and education professionals. When local CSPD plans are missing data or other required components, specific technical assistance is provided to support local plan approval. Designated MSDE, DSE/EIS staff also review Final Program Reports to ensure appropriate implementation of each local CSPD Plan.

Suitable Qualifications

The MSDE/MITP has established policies relating to the establishment and maintenance of personnel standards pursuant to COMAR 13A.13.02.08(I) and 34 CFR §303.119. There are two components to Maryland's Personnel Standards for Early Intervention Service Providers:

1. Personnel providing early intervention services to eligible children and their families shall meet highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services.
2. Personnel providing early intervention services under this part to eligible children and their families in excess of 15 percent of employment hours shall meet:
 - a. Highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services; and
 - b. Suitable qualifications.

Suitable qualifications (SQ) refers to requirements for personnel employed by State, local, and private agencies who provide early intervention services to eligible children and their families in excess of 15% of their employment hours. Requirements include a minimum of 120 contact hours of documented pre-service and/or in-service training, as well as on-site consultation in nine competency areas. Identified competency areas focus on cross-disciplinary topics that are considered essential to providing family-centered early intervention services and include: Infant and Toddler Development (Typical), Infant and Toddler Development (Atypical), Infant and Toddler Assessment (Instruments), Infant and Toddler Assessment (Procedures), Family Assessment, Family Partnerships, Early Intervention Service Options, Strategies, and Instructional Practices, Team Process, and Service Coordination.

The MSDE, MITP is responsible for the review of all SQ applications, storage and monitoring of SQ statuses and data, and the provision of personnel development activities/training to support providers in meeting competency areas.

Ongoing Professional Learning Activities and Resources

In order to improve program quality and services to positively impact child and family outcome results, the MSDE Division of Special Education/Early Intervention Services, in collaboration with numerous partners, provides resources, training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and parents in numerous formats and forums. Dissemination of these trainings, resources, media, and tools to strengthen child outcomes and the early intervention and education services provided to infants, toddlers, and young children with disabilities, and their families, is supported through the DSE/EIS website www.marylandlearninglinks.org in collaboration

with the Johns Hopkins University/Center for Technology in Education (CTE).

Several online professional learning resources have been highly utilized for providing ongoing training and support to **all** early care and education professional as well as families.

- The Embedded Learning Opportunities (ELO) website assists IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the four early childhood outcomes. The website is organized by three common daily routines in which parents/caregivers and children engage: mealtime, bath time, bedtime, and playtime. Within each routine area, various activities are presented by age group (birth through 5 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings Developmental Guidelines. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s)/caregiver(s). <http://olms.cte.jhu.edu/olms2/10634>
- The Child Outcomes Summary (COS) tutorial assists early intervention professionals and families to understand and be successful with measuring early childhood outcome results utilizing the COS process integrated into Maryland's online IFSP. The online tutorial supplements direct face-to-face training and provides an ongoing resource for implementing the COS process in early intervention and engaging families in the COS process in Maryland. <http://olms.cte.jhu.edu/olms2/128970>
- The Birth- Five Evaluation and Assessment Module is an online professional learning resource designed to provide a comprehensive understanding of evaluation and assessment (birth – five), including definitions, purposes, legal requirements, recommended practices and family partnerships. Throughout the module, the learner is engaged in Checks for Understanding to assess knowledge of content. Reflection activities are utilized along with IFSP and IEP toolkits to assist the learner with effectively synthesizing assessment information. Learners are introduced to an evidence-based, data-informed decision making model to ensure purpose-driven evaluation and assessment. Differentiated learning is supported through resource links to regulations, videos, other modules and tutorials, checklists, practice briefs, and supplemental materials. <http://olms.cte.jhu.edu/olms2/142555>
- Maryland Social Emotional Foundations for Early Learning website is based on the research from the Center on the Social and Emotional Foundation for Early Learning (CSEFEL) which promotes a framework for teaching social and emotional skills to young children. The MSDE in collaboration with the University of Maryland School of Social Work/Institute for Innovation and Implementation developed evidence-based, user-friendly, online training modules to assist early childhood educators promote children's social emotional development and address the challenging behavior and mental health needs of young children. The training is divided by age group for infant and toddler program staff and preschool program staff. The trainings are divided into 4 modules, each one containing a pre- and post-assessment and downloadable handouts. <https://theinstitute.umaryland.edu/sefel/about/index.cfm>
- The Prematurity and Atypical Development Professional Learning Series is a website designed to equip early intervention professional learning facilitators with the information and materials needed to deliver a 5-module training series on prematurity and atypical development. The modules include: The ABCs and 123s of Prematurity, Diagnoses Associated with Prematurity and Developmental Implications, Understanding and Using Adjusted Age with Infants Born Prematurely, A Potpourri of Interventions for After the NICU, and Atypical Development-Increasing Awareness. Each module includes a Facilitator's Guide, Learning Objectives, Video Presentation, and Participant Handouts along with a pre-post assessment. <http://olms.cte.jhu.edu/olms2/273786>

The MSDE targets specific universal professional learning activities to local early intervention leaders. These include the annual DSE/EIS Professional Learning Institute with an early childhood strand, quarterly face-to-face Birth through 21 Leadership professional learning, and monthly Birth through 21 Leadership teleconferences. For FFY 2014 and 2015 the focus of the professional learning activities for early intervention leaders will be high-quality, functional, routines-based IFSPs with the rollout of a reflection tool and training modules.

Additional universal professional learning activities are focused on Part C service coordinators with an annual/bi-annual technical assistance forum based on a needs assessment survey. Topics for the FFY 2013 forum included policy updates, collaborative teaming in the IFSP/Child Outcomes Summary Process, innovative online resources to support evidence-based practices, and family partnerships.

As described under Maryland's Technical Assistance System, the *Tiers of Engagement* provide differentiated program support and technical assistance based on State and local needs related to implementing a high quality, seamless, evidence-based early childhood intervention system of services. The Division facilitates data informed systematic planning, implementation, and evaluation of evidenced-based professional learning to enhance the quality of recommended early childhood practices including assessment, environment, family partnerships, instruction, intervention, teaming and collaboration, and transition. The differentiated engagement model focuses on building capacity to improve results and direct State resources to those LITPs that are the lowest performing, while recognizing and providing the support needed to publish and disseminate successful best practices to those LITPs which are achieving success.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

In preparation for the new APR cycle, the MSDE began discussions about new targets with stakeholders at a Professional Learning Institute (PLI) statewide meeting in January 2014. During the meeting, results trend data were shared, proposed target scenarios were provided, and stakeholders were given the opportunity to suggest specific targets for each results indicator. In addition, the MSDE created a SPP/APR Stakeholder Survey to obtain stakeholder feedback regarding proposed SPP/APR targets. Feedback from stakeholders was received through December 5, 2014. Results from this survey guided final target setting and were presented at the January 8, 2015 SICC meeting.

Throughout FFY 2014, the MSDE provided information and preliminary data on the Part C APR indicators and multiple opportunities for questions, comments, and recommendations from a broad range of stakeholders including the SICC, local ITP directors, and local special education directors. Updates on SPP/APR federal reporting requirements and State and local performance data were provided at all SICC meetings throughout the reporting period. A special presentation on the statewide data and the draft APR was made to the SICC on December 3, 2015. The MSDE is not proposing to change any of the previously set and accepted targets.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

As required in the IDEA of 2004, MSDE reported to the public on its FFY 2013 (July 1, 2013-June 30, 2014) performance and will report to the public on the performance of LITPs on Part C Indicators # 1, 2, 3, 4, 5, 6, 7 and 8 for FFY 2014 (July 1, 2014-June 30, 2015). Performance data in numbers and percentages will be reported for each LITP, along with the State target, State performance data, and a narrative description of the indicator. State performance data on Part C Indicators # 9, 10, and 11 will also be reported to the public.

In partnership with the Johns Hopkins University Center for Technology in Education (JHU/CTE), MSDE has developed an accessible, state-of-the art SPP/APR website for local and State performance data. The website currently includes APRs from FFY 2005 to FFY 2013 and can be accessed at <http://www.mdideareport.org>. In addition to the complete SPP/APR, the website includes State and LITP results for all applicable indicators and tools for comparing local performance in relation to the State targets. The public may see progress and slippage through a combination of tables and graphs populated on the website. This site also includes OSEP's annual State determination, and MSDE's annual local Infants and Toddlers Program determinations. The FFY 2014 APR will be included on this website shortly after the State's submission to the Office of Special Education Programs (OSEP) on February 1, 2016. Copies of the APR and SPP will be provided to LITPs, the SICCC, and other stakeholders simultaneously.

Attachments

File Name	Uploaded By	Uploaded Date	Remove
matrixleadershipslide_for2014transitiondoc.pdf	Brian Morrison		<input type="button" value="R"/>
differentiatedframeworkslide_for2014transitiondoc.pdf	Brian Morrison		<input type="button" value="R"/>
attachment c tapit.docx	Brian Morrison		<input type="button" value="R"/>

Actions required in FFY 2013 response

None

Indicator 1: Timely provision of services
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		96.00%	99.00%	95.80%	96.70%	97.30%	96.70%	97.70%	96.90%	97.88%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

Indicator 1: Timely provision of services

FFY 2014 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
8600	10867	97.88%	100%	98.28%	Did Not Meet Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	2,080
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data were collected from the full reporting period of July 1, 2014 to June 30, 2015.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

To report the percentage of infants and toddlers (including 3 and 4 year olds in the Extended Option) with IFSPs who received early intervention services on their IFSPs in a timely manner between 7/1/2014 and 6/30/2015, the MSDE generated a report from the statewide Part C database comparing IFSP meeting date (date of parent consent) and the actual service initiation date for all services on initial IFSPs and any service added during the time period at subsequent IFSP meetings. The State's criterion for timely service delivery is the following: not later than 30 days from the date of the IFSP.

The data reported for this indicator includes data for all 24 LITPs in Maryland. The MSDE and the LITPs verified family-related reasons, IFSP team decision-making reasons, and weather-related agency closings for the legitimate initiation of services outside the 30-day timeline and the report was modified based on the results of state and local reviews and LITP data verification.

Data Collection, Reporting, and Analysis

The percentage of children having timely service initiation includes children who had actual initiation of a new service between 0 and 30 days after parental signature of the IFSP. There were an additional 2,080 children whose service initiation date exceeded 30 days from the parental signature on the IFSP because of family-related reasons, child unavailability (e.g., child illness or hospitalization), or IFSP team decision making (e.g., physical therapy service two times per year).

If the reason for untimely initiation of a service was related to a system issue (e.g., administrative error, scheduling problems, or staff unavailability), the service was considered untimely and the child whose service was untimely was not included in the State's percentage of children receiving timely services. Before finalization of SPP/APR data, local programs were reminded of the requirement to ensure the submission of timely and accurate data. Because the MSDE expects all data to be entered in a timely and accurate manner, local programs are assigned an Improvement Plan (IP) when large amounts of data (generally greater than 15% at the time of profile development) are missing from the database. As part of their IP, local programs are required to develop and implement strategies to correct data entry issues.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

On October 22, 2015, the MSDE re-ran the child-level and summary actual service initiation reports and validated data. These data are used for local determinations and are reported in the State's Annual Performance Report. The data validation for this indicator included contacting jurisdictions about justifications for late services that were unclear. Also, the predefined report includes all services that are untimely, and the MSDE staff must distinguish between those services that are untimely due to family related reasons and those that are late due to system reasons. Untimely services are summed and are reported above. For FFY 2014, local data reports were distributed in April 2015 and January 2016.

To monitor timely service data, the MSDE uses multiple predefined reports that (1) summarize the percentage of timely services, and (2) list all of the children who have untimely services or missing actual service initiation dates. During the FFY 2008 reporting year, the MSDE made changes to the Part C database in order to capture the services that had not been initiated and would never be initiated due to family-related reasons. In particular, some services are added to the IFSP but never actually start, such as when parents change their mind about approving a specific service, when families move out of the local jurisdiction, or when providers are unable to make contact with families despite repeated efforts to do so. These circumstances are now documented in both the early intervention record and the Online IFSP through a "Reason No Actual Service Initiation Date Entered" data field. This data field also reduces the amount of data validation required by the MSDE since the MSDE no longer has to request information about why these service entry dates were not entered. The MSDE also created a report to capture those services that will never start due to family-related reasons (e.g., family changed mind after signing IFSP, family moved out of state, etc.). This report has decreased the validation work required by the MSDE.

Provide additional information about this indicator (optional)

Indicator 1: Timely provision of services

Required Actions from FFY 2013

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2013 response

None

Indicator 1: Timely provision of services
Correction of Previous Findings of Noncompliance

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
230	230	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Systemic Level Noncompliance from FFY 2013

At the systemic level, ten instances of noncompliance, less than 100% compliance, were identified in FFY 2013 for this indicator and all were corrected within 12 months or less or prior to written notification. The correction of noncompliance was confirmed through a review of updated local data and the MSDE data analyses, subsequent to the closing of the Corrective Action Plan (CAP) or Improvement Plan (IP) to verify 100% compliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C.1416(a)(3)(A) and 1442) consistent with timely provision of services (Prong2). The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in IPs or CAPs.

Describe how the State verified that each individual case of noncompliance was corrected

Individual Level Noncompliance from FFY 2013

For FFY 2013, there were 220 individual level incidences of noncompliance. The State reviewed the records of all 220 children whose services were not initiated within Maryland's 30-day timeline in FFY 2013 and verified through the Online IFSP Database that all of the services were eventually provided, although late, as documented on the IFSP (Prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2013

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 2: Services in Natural Environments

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			89.00%	89.50%	90.00%	90.50%	91.00%	91.50%	92.00%	92.00%
Data		89.70%	89.60%	91.20%	92.30%	94.10%	96.30%	97.10%	97.60%	97.81%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	92.50%	93.00%	93.50%	94.00%	94.00%

Key:  Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

Indicator 2: Services in Natural Environments

FFY 2014 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	7,538	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Total number of infants and toddlers with IFSPs	7,729	

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
7,538	7,729	97.81%	92.50%	97.53%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

To report on the percentage of infants and toddlers (birth to age 3) who received early intervention services primarily in natural environments, the MSDE generated a report from the statewide database, which calculated the frequency and intensity of services delivered in all settings for all eligible children with IFSPs on 10/1/14. Infants and toddlers were considered to receive service(s) primarily in the natural environment if more than half of their early intervention service hours were provided in a home or community-based setting. Out of 7,729 active eligible children, 7,538 children received services primarily in the natural environment. There were 191 children who received the majority of their services in settings other than natural environments with appropriate justifications on the IFSP. In FFY 2014, the State met its target of 92.50%.

Indicator 2: Services in Natural Environments

Required Actions from FFY 2013

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2013 response

None

Indicator 3: Early Childhood Outcomes

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? No

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2013	Target ≥						62.80%	80.60%	80.60%	81.10%	66.04%
		Data					62.80%	80.60%	76.00%	70.10%	68.80%	66.04%
A2	2013	Target ≥						83.60%	73.80%	73.80%	74.30%	64.90%
		Data					83.60%	73.80%	68.80%	65.30%	65.60%	64.90%
B1	2013	Target ≥						71.30%	85.80%	85.80%	86.30%	71.17%
		Data					71.30%	85.80%	80.80%	74.10%	73.20%	71.17%
B2	2013	Target ≥						57.30%	69.90%	69.90%	70.40%	61.34%
		Data					57.30%	69.90%	64.10%	60.50%	60.90%	61.34%
C1	2013	Target ≥						55.40%	87.00%	87.00%	87.50%	75.03%
		Data					55.40%	87.00%	81.60%	72.90%	74.30%	75.03%
C2	2013	Target ≥						78.40%	75.40%	75.40%	75.90%	56.16%
		Data					78.40%	75.40%	70.90%	63.50%	59.00%	56.16%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	67.04%	68.04%	69.04%	70.04%	71.04%
Target A2 ≥	65.40%	65.90%	66.40%	66.90%	67.40%
Target B1 ≥	72.17%	73.17%	74.17%	75.17%	76.17%
Target B2 ≥	61.84%	62.34%	62.84%	63.34%	63.84%
Target C1 ≥	76.03%	77.03%	78.03%	79.03%	80.03%
Target C2 ≥	56.66%	57.16%	57.66%	58.16%	58.66%

Key: Blue – Data Update

Explanation of Changes

No data point was prepopulated for the FFY 2018 target for A2.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Indicator 3: Early Childhood Outcomes

FFY 2014 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	4937.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	18.00	0.36%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	999.00	20.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	665.00	13.48%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1410.00	28.58%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1842.00	37.33%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2075.00	3092.00	66.04%	67.04%	67.11%	Met Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	3252.00	4934.00	64.90%	65.40%	65.91%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	14.00	0.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	972.00	19.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	841.00	17.06%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1754.00	35.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1350.00	27.38%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2595.00	3581.00	71.17%	72.17%	72.47%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	3104.00	4931.00	61.34%	61.84%	62.95%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of	Percentage of
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FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Children	Children
a. Infants and toddlers who did not improve functioning	16.00	0.32%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1026.00	20.79%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1095.00	22.19%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2255.00	45.70%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	542.00	10.99%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	3350.00	4392.00	75.03%	76.03%	76.28%	Met Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2797.00	4934.00	56.16%	56.66%	56.69%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Provide additional information about this indicator (optional)

Maryland began integrating the Child Outcomes Summary (COS) process into the IFSP in FFY 2011 with full implementation during FFY 2012. The COS process is completed and documented on the Strengths and Needs Summary page of the IFSP which replaces the COSF as the mechanism for collecting, measuring, and reporting on the three early childhood outcomes. The Strengths and Needs Summary captures multiple sources of information including: the child’s present levels of development (gained through the evaluation/assessment process including naturalistic observation, parent interview, and team involvement), the family’s concerns, priorities and resources, and the family’s daily routines in natural environments. This information is utilized to summarize the child’s strengths and needs in the three early childhood outcome areas.

For each skill/behavior identified as a strength or need, the following questions are considered to guide the conversation with the family and to identify the appropriate COS Rating Descriptor for each of the three early childhood outcome areas:

- Are the skills and behaviors, demonstrated for this area, what one would expect for a child this age? (i.e., age-expected skills)
- If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors? (i.e., immediate foundational skills)
- If not, are the skills and behaviors like those of a MUCH younger child? Are they much earlier than age-expected skills and behaviors or atypical? (i.e., foundational skills)

The COS Rating Descriptors are based on the child’s functioning across settings and situations in the three functional areas compared with what is expected given the child’s age. The COS Rating Descriptors use family-friendly language to assist families to understand their child’s development in relation to same age peers and are matched to the COSF 1 through 7 scale. Only the COS Rating Descriptors are written on the IFSP, not the 1 to 7 numbers. The 1 to 7 numbers are assigned in the database to calculate child progress data.

For each of the three early childhood outcome areas, the appropriate COS Rating Descriptor is documented on the Strengths and Needs Summary page under the question, “How Does My Child’s Development Relate to His/Her Same Age Peers?”

In addition to the COS Rating Descriptor the following question is also required: “Has my child shown any new skills or behaviors related to (outcome area) since the last Strengths and Needs Summary?” “Yes, No or Not Applicable?” This question is identical to the progress question on the COSF, “Has the child shown any new skills or behaviors related to each outcome since the last outcomes summary? (yes or no).” When developing an initial IFSP and completing the COS entry, the answer to the question is “not applicable” since the child has not yet received early intervention services. At exit (or any other time the COS process is completed, e.g., at annual IFSP reviews) this yes/no question must be answered.

Presently, the COS is only required at entry and exit, but best practice guidance has been provided to local programs to complete the COS process at every annual IFSP review. The online IFSP document allows for multiple interim COS ratings. In December 2015, MSDE distributed a Child Outcomes Summary Technical Assistance Bulletin requiring the COS progress/rating to be completed at every annual IFSP review.

Table 1 and Table 2 below provide a detailed data review indicating the completeness of the FFY 2014 COS data (91.7%). Table 1 shows the total number of children exiting Maryland's Part C Birth - 3 program from July 1, 2014 through June 30, 2015. The remaining columns indicate the number of children with COS progress at exit data, the number of children with specific reasons for no COS progress at exit data including children not in the program for 6 months, the number of children with missing COS progress at exit data, the number of children with impossible COS progress data, and finally, the percentage of children with complete COS data including specific reasons.

Table 2 goes into further detail around the five specific reasons for children not having COS progress at exit data. **The primary reason for not having COS progress at exit data is that the child was not in the program for at least 6 months.** Other reasons include: children who are in the program for at least six months but attempts to contact the family were unsuccessful, the child passed away, the family moved out of state, or the family withdrew from the program.

Table 1: Number of Children with COS Data, with Specific Reasons for No Progress at Exit Data, with Missing COS Data, and Percentage of Children with Complete COS Data (Birth to 3)

Child Outcomes Indicator	Total number of children exiting Part C Birth - 3 from 7/1/14 - 6/30/15	Number of children with COS progress at exit data	Number of children with specific reasons for no COS progress at exit data	Number of children with missing COS progress at exit data	Number of children with missing (impossible) COS progress data	Percentage of children with complete COS data in FFY 2014 including specific reasons
Positive social-emotional skills	8570	4934	2927*	706	3	91.7%
Acquisition and use of knowledge and skills	8570	4931	2927*	706	6	91.7%
Use of appropriate behaviors to meet their needs	8570	4934	2927*	706	3	91.7%

* See Table 2

Table 2: *Specific Reasons for No COS Progress at Exit Data (Birth to 3)

Length of time in program	Count 2014 - 2015	Inactive Reason
Not in Birth - 3 program for at least 6 months	2357	
In Birth - 3 program for at least 6 months	290	Attempts to contact unsuccessful
In Birth - 3 program for at least 6 months	13	Deceased
In Birth - 3 program for at least 6 months	58	Moved out of State
In Birth - 3 program for at least 6 months	209	Parent withdrawal
TOTAL: Specific reasons for no COS progress at exit data	2927	

Given that 2,927 (about 34% of all children who exited from July 1, 2014 to June 30, 2015) children had specific reasons for not having exit COS data, the State would be unable to meet OSEP's 70% State Determination cutoff for data completeness.

Indicator 3: Early Childhood Outcomes

Required Actions from FFY 2013

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2013 response

None

Indicator 4: Family Involvement
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2006	Target ≥				74.00%	75.00%	76.00%	78.00%	79.50%	81.00%	81.00%
		Data			76.00%	78.00%	83.00%	87.00%	93.00%	94.90%	94.92%	94.70% 90.20%
B	2006	Target ≥				72.00%	73.00%	74.00%	76.00%	77.50%	79.00%	79.00%
		Data			74.00%	75.00%	81.00%	83.00%	93.00%	94.70%	94.79%	94.71% 89.80%
C	2006	Target ≥				82.00%	83.00%	84.00%	86.00%	87.50%	89.00%	89.00%
		Data			81.00%	86.00%	90.00%	92.00%	94.00%	95.20%	95.15%	94.92% 88.06%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

Explanation of Changes

The preloaded data did not reflect the State's FFY 2013 APR submission. The State reported 94.70%, 94.71%, and 94.92% for indicators 4a, 4b, and 4c, respectively.

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	83.00%	85.00%	87.00%	89.00%	91.00%
Target B ≥	81.20%	83.40%	85.60%	87.80%	90.00%
Target C ≥	89.50%	90.00%	90.50%	91.00%	91.50%

Key: Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Indicator 4: Family Involvement

FFY 2014 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	4443.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	4193.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	4374.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	4097.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	4296.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	4070.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	4262.00

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	94.70%	83.00%	95.86%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.71%	81.20%	95.37%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	94.92%	89.50%	95.50%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

The family outcome indicators are calculated based on family responses to a series of questions administered via a paper/pencil survey. As with previous iterations of this survey, the questions on the survey are those recommended by the National Center for Special Education Accountability Monitoring (NCSEAM) and are valid and reliable. The survey includes 22 core questions followed by two demographic questions, including the relationship of the survey respondent to the child and the child's age when first referred to early intervention. Two additional questions were asked of parents whose children turned three years old before July 1, 2015 and continued to receive services through an IFSP.

The MSDE provided the external evaluation team with a data file of all active eligible children as of June 30, 2015 receiving early intervention services across 24 local Infants and Toddlers Programs (ITPs). Using these data, a unique confidential identification number was matched to each potential survey respondent. In mid-September survey envelopes were mailed in bulk to the 24 local ITPs. The sealed, pre-addressed envelopes, which included an English/Spanish cover letter and survey questionnaire, and a business reply envelope, were then hand-delivered by the local ITPs to their respective families. When this was not possible the survey was mailed to the family by the local program. Service coordinators and

service providers supported families by answering questions and facilitating translations as necessary. Completed surveys were returned via the business reply envelope to the offices of the external evaluation team, where they were opened and logged.

The values for the Office of Special Education Programs (OSEP) Indicator #4 were calculated by dividing the number of responses that agreed, strongly agreed, and very strongly agreed, with specific survey questions (Q19 for 4a; Q17 for 4b; and Q21 for 4c) by the total number of responses. Variations in the denominator occurred due to variations in the number of questions a family answered on the survey.

Response Rates

The 2014-15 Maryland Infants and Toddlers Program Early Intervention Services Family Survey was distributed to 9,444 families across 24 local Infants and Toddlers Programs. The response rates ranged from 21.1% to 100%. Thirteen of the 24 local ITPs (54%) attained a response rate greater than 50%. The overall response rate was 47.0%, which is 3.8% higher than the previous year. In total, nineteen jurisdictions (79%) had a greater response rate than in the prior year.

Survey Representativeness

The attached figures compare the demographic characteristics of all children who were active and eligible for Part C Early Intervention Services on June 30, 2015 to the demographic characteristics of children whose families responded to the 2014-15 Maryland Infants and Toddlers Program Early Intervention Services Family Survey. Demographic data for all active and eligible children were provided to the external evaluation team by the MSDE prior to the survey mailing. These data were then matched to survey respondents using the unique confidential identification number printed on each distributed survey.

Respondent Demographics

In general, the survey was fairly representative across all key respondent demographic variables (see Survey Representativeness Attachment) with the largest discrepancies being an over-representation of families whose primary language is English (5 percentage points) and an under-representation of families whose primary language is Spanish (4 percentage points). There was also an over-representation of families having children diagnosed with a physical or mental condition with a high probability of a developmental delay (4 percentage points); and an under-representation of families having children diagnosed with at least a 25% developmental delay (3 percentage points). The survey representativeness echoed last year’s findings, with all demographic variables within a few percentage points of last year’s representation.

Jurisdiction Representativeness

The Table below displays the representation of jurisdictions in the survey sample. The distribution of survey responses was generally comparable to the active and eligible children distribution across local ITPs. The exceptions were Prince George’s and Baltimore County, which were over-represented by 4.0% and 3.3%, respectively, and conversely, Montgomery and Baltimore City with under-representation of 4.1% and 4.7%, correspondingly. The prior year’s comparison reflected the same pattern.

Survey Representativeness by Jurisdiction

Local Infants and Toddlers Program	Active and Eligible Children		Survey Response		Over- or Under-Representation % pts
	N	% of Total	N	% of Total	
Allegany	107	1.1%	71	1.6%	0.5%
Anne Arundel	1,023	10.8%	460	10.4%	-0.5%
Baltimore City	836	8.9%	185	4.2%	-4.7%
Baltimore County	1,465	15.5%	836	18.8%	3.3%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Calvert	177	1.9%	107	2.4%	0.5%
Caroline	35	0.4%	26	0.6%	0.2%
Carroll	260	2.8%	72	1.6%	-1.1%
Cecil	173	1.8%	91	2.0%	0.2%
Charles	190	2.0%	40	0.9%	-1.1%
Dorchester	66	0.7%	38	0.9%	0.2%
Frederick	308	3.3%	141	3.2%	-0.1%
Garrett	42	0.4%	41	0.9%	0.5%
Harford	465	4.9%	176	4.0%	-1.0%
Howard	432	4.6%	203	4.6%	0.0%
Kent	21	0.2%	5	0.1%	-0.1%
Montgomery	1,869	19.8%	698	15.7%	-4.1%
Prince George's	1,171	12.4%	730	16.4%	4.0%
Queen Anne	61	0.6%	50	1.1%	0.5%
Saint Mary's	231	2.4%	133	3.0%	0.5%
Somerset	16	0.2%	6	0.1%	0.0%
Talbot	59	0.6%	30	0.7%	0.1%
Washington	209	2.2%	101	2.3%	0.1%
Wicomico	161	1.7%	161	3.6%	1.9%
Worcester	67	0.7%	40	0.9%	0.2%
Unknown	--	--	2	<0.1%	<0.1%
Total	9,444	100.0%	4,443	100.0%	--

Explanation of Progress/Slippage

The percentages of families in agreement are similar to last year; in comparison, there were small increases in percentage points across all three indicators this year. The three charts displayed on the following page illustrate the percentage of families in agreement with Indicator #4 items as compared to State targets for Indicator #4 over the past five years. The figures demonstrate a gradual upward trend in agreement across the five years. For all three indicators, the percentage of families in agreement has remained well above the established annual targets. Maryland has put an increased emphasis on the family outcome results over the past several years by including them as part of the local jurisdiction profiles with follow-up improvement plans as necessary and conducting professional learning through yearly family outcome webinars. These efforts have had a positive impact on the family outcome results. Please see the Family Survey Trends attachment for additional information.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Provide additional information about this indicator (optional)

Indicator 4: Family Involvement

Required Actions from FFY 2013

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2013 response

None

Indicator 5: Child Find (Birth to One)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.34%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%
Data		1.24%	1.34%	1.25%	1.33%	1.47%	1.59%	1.48%	1.55%	1.68%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	1.51%	1.52%	1.53%	1.54%	1.55%

Key:  Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

Indicator 5: Child Find (Birth to One)

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 1 with IFSPs	1,119	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	Population of infants and toddlers birth to 1	73,284	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
1,119	73,284	1.68%	1.51%	1.53%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

Compared to the average national data percentage of children birth to 1 year of age receiving early intervention services (1.15%), Maryland served 1.53% of the resident population of children birth to 1 year of age. Maryland exceeds the national average by .38 percentage points and the percentage served ranked 14th among the 50 states and the District of Columbia.

Indicator 5: Child Find (Birth to One)

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 6: Child Find (Birth to Three)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			2.88%	2.88%	2.88%	2.88%	2.88%	2.95%	3.00%	3.00%
Data		2.88%	3.03%	3.05%	3.26%	3.11%	3.54%	3.39%	3.43%	3.51%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	3.05%	3.10%	3.15%	3.20%	3.25%

Key:  Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

Indicator 6: Child Find (Birth to Three)

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 3 with IFSPs	7,729	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	7/2/2015	Population of infants and toddlers birth to 3	220,661	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
7,729	220,661	3.51%	3.05%	3.50%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

Compared to the national data, Maryland served 0.55 percentage points more children birth to three years of age than the national baseline of 2.95% and ranked 16th among the 50 states and the District of Columbia.

Indicator 6: Child Find (Birth to Three)

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 7: 45-day timeline

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		92.00%	93.00%	94.80%	98.70%	99.10%	98.20%	98.70%	98.10%	99.74%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

Indicator 7: 45-day timeline

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2014 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
6,870	8,820	99.74%	100%	98.87%	Did Not Meet Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline)	1,850
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data for Indicator 7 include all eligible children that were referred between July 1, 2014 and June 30, 2015.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

To report the target data for this indicator, the MSDE generated state and local reports throughout the reporting period from the statewide Part C database. The reports are based on the calculation of the number of days between the date of referral and the date of the initial IFSP meeting for each child referred in a selected period. The number/percent of meetings held within the timelines and the reasons why IFSPs were not held within timelines are provided. For this calculation, the referral date is considered Day #1 and an untimely IFSP meeting would be any meeting held on Day #46 or later. When the date of an untimely IFSP meeting (46 days or later from the referral date) is entered into the database, a prompt appears requesting that the reason for the late meeting be entered. Summary and individual child record data generated by the 45-day timeline report are validated by State and LITP staff. In particular, questionable and missing/not entered reasons for late meetings are confirmed by LITPs and included in the reported data.

Data collection, reporting and analysis

Compliance on the 45-day timeline indicator was tracked by the MSDE and LITPs throughout the reporting period. Reasons for untimely meetings were identified and strategies for correction and improvement were implemented. Reasons for meetings not held within timelines were tracked in the database.

In FFY 2009, the MSDE redesigned Maryland’s IFSP and Online IFSP Database. The major focus of the redesign was to create a more family-focused document. The revised Online IFSP Database gives users the ability to complete the IFSP online with IFSP data being entered directly into the database. It is hoped that this process will help to decrease data entry errors by data entry staff. In FFY 2011, the MSDE implemented an “off-line solution” to the database, allowing for the

completion of an IFSP in the Online IFSP Database without Internet access. With this implementation, providers can complete the IFSP with the family and have the data from the IFSP sync with the database at a later time. In FFY 2014, the MSDE continued the development and maintenance of the online IFSP database. Suggestions for online IFSP database updates were obtained through an IFSP Users Group that meets quarterly and includes data managers, local directors, CTE staff, and State staff.

Provide additional information about this indicator (optional)

Indicator 7: 45-day timeline

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 7: 45-day timeline
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
32	32	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Systemic Level Noncompliance from FFY 2013

At the systemic level, 7 instances of noncompliance, less than 100% compliance, were identified in FFY 2013 for this indicator, and all were corrected within 12 months or less or prior to written notification. The correction of noncompliance was confirmed through LITP and the MSDE data analyses of data periods subsequent to the identified noncompliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with timely evaluation, assessment, and IFSP development. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved (Prong 2). This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans.

Describe how the State verified that each individual case of noncompliance was corrected

Individual Level Noncompliance from FFY 2013

For FFY 2013, there were 25 individual incidences of noncompliance identified. The State reviewed the records of all 25 children whose evaluation, assessments, and IFSPs were not provided within the 45-day timeline in FFY 2013 and verified that all of the evaluation and assessments were eventually provided and initial IFSPs completed (Prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2013

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8: Early Childhood Transition

FFY 2014 Data: All Indicator 8 Sections

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2014 SPP/APR Data

Number of toddlers with disabilities exiting Part C	3,836
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,836

Provide additional information about this indicator (optional)

Indicator 8A: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		97.60%	99.00%	99.10%	99.10%	99.60%	99.80%	100%	99.90%	99.94%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

Indicator 8A: Early Childhood Transition

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2014 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	11/25/2015	Number of toddlers with disabilities exiting Part C	3,836	null
Indicator 8	11/25/2015	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,836	null

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Please explain

The State's data also include children with transition steps and services added to the IFSP outside of the specified timeline as a result of documented delays attributed to exceptional family circumstances.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
3,385	3,836	99.94%	100%	99.95%	Did Not Meet Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	449
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data reported for Indicator 8A were based on a database review of Early Intervention records of all children who transitioned between July 1, 2014 and June 30, 2015.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The MSDE and LITPs conducted online record reviews of all transitioning children to determine the percentage of children exiting Part C with timely transition steps and services. In FFY 2010, the MSDE began requiring transition outcomes to be entered directly into the IFSP database. This enabled the MSDE to obtain these data through electronic record review beginning in FFY 2011, whereas in prior years the MSDE had to conduct site visits with the sole purpose of collecting these data. In FFY 2012, changes were made to the predefined transition reports in the IFSP database to capture the "transition outcome" fields. Missing and/or unclear data were validated with local programs to ensure a complete analysis of data. These changes enabled the MSDE to report on all children who transitioned in the reporting year for the first time in FFY 2013 and again in FFY 2014.

In FFY 2014, the MSDE generated state and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs. The statewide database comprises every IFSP, including the Transition Outcomes (Steps and Services) information for all eligible children in Maryland. Once the reports are generated, local programs are asked to validate missing or unclear data before the reports are rerun and finalized.

 Provide additional information about this indicator (optional)

Indicator 8A: Early Childhood Transition

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

Because the State reported less than 100% compliance for FFY 2013, the State must report on the status of correction of noncompliance identified in FFY 2013 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2014 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2013 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2014 APR, the State must describe the specific actions that were taken to verify the correction.

Responses to actions required in FFY 2013 response, **not including correction of findings**

NA

Indicator 8A: Early Childhood Transition
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Systemic Level Noncompliance from FFY 2013

At the systemic level, 2 instances of noncompliance, less than 100% compliance, were identified in FFY 2013 for this indicator and both were corrected within 12 months or less or prior to written notification. The correction of noncompliance was confirmed through subsequent local and the MSDE data analyses of data periods subsequent to the identified noncompliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with timely transition planning. The MSDE found that the systemic incidences of noncompliance were corrected with 100% compliance achieved (Prong 2). This was accomplished through the local implementation of changed practices and processes included by the local program through an Improvement Plan.

Describe how the State verified that each individual case of noncompliance was corrected

Individual Level Noncompliance from FFY 2013

In FFY 2013 there were 2 individual incidences of noncompliance identified. Although late, Transition Steps and Services were added to the IFSP for the identified children (Prong 1).

Correction of Findings of Noncompliance Identified Prior to FFY 2013

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8B: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		98.90%	99.70%	99.90%	99.40%	99.80%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

Indicator 8B: Early Childhood Transition

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2014 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	11/25/2015	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,836	null

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
3,836	3,836	100%	100%	100%	Met Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	0
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Describe the method used to collect these data

The statewide database comprises every IFSP, including the required child and family notification information. To report the target data for Indicator 8B, the MSDE generated monthly reports of all children older than 24 months of age. Each month, the MSDE generated a report with the names, addresses, phone numbers, and birthdates of all children 24-months and older. The reports were sorted by jurisdiction and then uploaded to a secure server for download by both Part C and Part B local staff. The requirement to notify the SEA is met automatically, since the DSE/EIS structure is birth through five in nature.

Between 7/1/14 and 6/30/15, local school systems and the SEA were notified of all 3,836 of the children, potentially eligible for Part B, who transitioned during the time period (3,836/3,836). Notification for 3,458 children occurred at least 90 days prior to the child's third birthday. Another 378 children were found eligible for Part C less than 90 days prior to their third birthday as a result of later referrals to the program. Notification still occurred for all 378 children. Therefore, timely notification to the SEA and LEA (or late notification with a valid reason) occurred for all children potentially eligible for Part B services.

Do you have a written opt-out policy? No

What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data include all children who transitioned in the reporting year, from July 1, 2014 - June 30, 2015.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The statewide database comprises every IFSP, including the required child and family notification information. The MSDE ensures accurate data through data validation monitoring and through the assignment of Improvement Plans for untimely and/or inaccurate data. Since the MSDE provides these data to the LEA and SEA on a monthly basis, the MSDE ensures notification is provided for every child found eligible for early intervention services.

Provide additional information about this indicator (optional)

Indicator 8B: Early Childhood Transition

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 8B: Early Childhood Transition

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2013

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8C: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		92.00%	94.70%	95.00%	96.40%	99.60%	99.40%	99.10%	98.40%	99.53%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

Indicator 8C: Early Childhood Transition

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2014 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	11/25/2015	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,836	null

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services



Yes



No

Please explain

Data also include children with documented delays attributable to exceptional family circumstances.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
3,134	3,836	99.53%	100%	99.06%	Did Not Meet Target	No Slippage

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	15
Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	651

What is the source of the data provided for this indicator?



State monitoring



State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data include all children who transitioned in the reporting year, from July 1, 2014 - June 30, 2015.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

For Indicator 8C, transition compliance data were tracked by the MSDE and LITPs throughout the reporting period. Children whose parents did not consent to participate in a transition-planning conference were not included in the numerator or denominator for 8C. In FFY 2014, fifteen (15) families declined or did not make themselves available to participate in a transition planning meeting for their family.

To report on Indicator 8C, the MSDE generated state and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs. The statewide database comprises every IFSP, including the Transition Planning Meeting information for all eligible children in Maryland. The reports generated by the MSDE to report on Indicator 8C are based on the calculation of the number of days between the date of the transition planning meeting and the child's third birthday. Once the reports are generated, local programs are asked to validate missing or unclear data before the reports are rerun and finalized.

Provide additional information about this indicator (optional)

Indicator 8C: Early Childhood Transition

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 8C: Early Childhood Transition
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
22	22	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Systemic Level Noncompliance from FFY 2013

At the systemic level, 6 instances of noncompliance, less than 100% compliance, were identified in FFY 2013 for this indicator, and all were corrected within 12 months or less or prior to written notification. The correction of noncompliance was confirmed through LITP and the MSDE data analyses of data periods subsequent to the identified noncompliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with the provision of timely transition planning meetings. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved (Prong 2). This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans.

Describe how the State verified that each individual case of noncompliance was corrected

Individual Level Noncompliance from FFY 2013

For FFY 2013, there were 16 individual level incidences of noncompliance. The State reviewed the records of all 16 children whose transition planning meetings were not held within timelines in FFY 2013 and verified through the Online IFSP Database that the transition planning meetings were eventually provided, although late, for 15 children (Prong 1). One child did not have a transition planning meeting due to administrative errors and correction could not occur because the children was no longer within the jurisdiction of the EIS program.

Correction of Findings of Noncompliance Identified Prior to FFY 2013

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY2012	3	0	0

Indicator 9: Resolution Sessions

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	-	-	-	-	-

Key:  Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

Indicator 9: Resolution Sessions

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1(a) Number resolution sessions resolved through settlement agreements	0	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1 Number of resolution sessions	0	null

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
0	0		% - %		Incomplete Data	N/A

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

In FFY 2014, the State had no resolution sessions held.

Indicator 9: Resolution Sessions

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 10: Mediation

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data						0%			100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:  Blue – Data Update

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

 Enter additional information about stakeholder involvement

Indicator 10: Mediation

FFY 2014 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.a.i Mediations agreements related to due process complaints	0	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.b.i Mediations agreements not related to due process complaints	0	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1 Mediations held	0	null

FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data	Status	Slippage
0	0	0	100%			N/A	N/A

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

In FFY 2014, there were no mediation requests received.

Indicator 10: Mediation

Required Actions from FFY 2013

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2013 response

None

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		57.40%
Data	57.40%	59.34%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

Explanation of Changes

The State added its FFY 2014 Data.

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	58.40%	59.40%	60.40%	61.40%

Key: Blue – Data Update

Description of Measure

Background of Data Collection for the MITP's SSIP Measure

In FFY 2010, for the federal reporting of child outcome results, Maryland began using the Child Outcomes Summary Form (COSF) at entry and exit to compare progress to typical peers. In FFY 2011, Maryland began initial implementation of the Child Outcomes Summary (COS) process into the Individualized Family Service Plan (IFSP) process and form, with full implementation during FFY 2012.

In Maryland, the COS process is completed and documented on the Strengths and Needs Summary page of the IFSP which replaces the COSF as the mechanism for collecting, measuring, and reporting on the three early childhood outcomes. The Strengths and Needs Summary captures multiple sources of information including: the child's present levels of development (gained through the evaluation/assessment process including naturalistic observation, parent interview, and team involvement), the family's concerns, priorities and resources, and the family's daily routines in natural environments. This information is utilized to summarize the child's strengths and needs in the three early childhood outcome areas.

For each skill/behavior identified as a strength or need, the following questions are considered to guide the conversation with the family and to identify the appropriate COS Rating Descriptor for each of the three early childhood outcome areas:

- Are the skills and behaviors, demonstrated for this area, what one would expect for a child this age? (i.e., age-expected skills)
- If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors? (i.e., immediate foundational skills)

- If not, are the skills and behaviors like those of a MUCH younger child? Are they much earlier than age-expected skills and behaviors or atypical? (i.e., foundational skills)

The COS Rating Descriptors are based on the child’s functioning across settings and situations in the three functional areas compared with what is expected given the child’s age. The COS Rating Descriptors use family-friendly language to assist families to understand their child’s development in relation to same-age peers and are matched to the COS 1 through 7 scale. Only the COS Rating Descriptors are written on the IFSP, not the 1 to 7 numbers. The 1 to 7 numbers are assigned in the database to calculate child progress data.

For each of the three early childhood outcome areas, the appropriate COS Rating Descriptor is documented on the Strengths and Needs Summary page under the question, “How Does My Child’s Development Relate to His/Her Same Age Peers?”

In addition to the COS Rating Descriptor the following question is also required: “Has my child shown any new skills or behaviors related to (outcome area) since the last Strengths and Needs Summary?” “Yes, No or Not Applicable?” This question is identical to the progress question on the COSF, “Has the child shown any new skills or behaviors related to each outcome since the last outcomes summary? (yes or no).” When developing an initial IFSP and completing the COS entry, the answer to the question is “not applicable” since the child has not yet received early intervention services. At exit (or any other time the COS process is completed, e.g., at annual IFSP reviews) this yes/no question must be answered.

The MITP's SSIP Measure

The MITP's SSIP measure is aligned with Summary Statement #1 of Indicator 3a: Of those children who entered the program below age expectations in positive social-emotional skills, the percent who substantially increased their rate of growth by the time they exited the program. Baseline and target data are inclusive of both children receiving services through an IFSP birth to three, as well as children receiving services through an Extended IFSP after age three. To be included in analyses, children birth to three must receive services for at least 6 months before exit and children older than three must receives service for at least 3 months before exit. The State's SSIP Measure is:

The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children in four local Infants and Toddlers Programs.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).



Enter additional information about stakeholder involvement

Overview

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Stakeholder Involvement

The Maryland Infants and Toddlers Program (MITP) conducted numerous stakeholder workgroup meetings specific to data analysis. During each meeting, stakeholders were engaged through data presentations, small group analysis and discussion, opportunities for comments, and requests for additional data and data analysis. Prior to each meeting with external stakeholders, internal stakeholders analyzed system data, examined meaningful differences in data, and prepared data charts and graphs. The MITP data analyses with internal and external stakeholders occurred at five meetings with meeting notes/materials shared with the stakeholders after each meeting.

Below is a brief summary of each stakeholder meeting:

- 1) Stakeholder meeting #1 (12/5/13) – SPP/APR data were presented to stakeholders.
- 2) Stakeholder meeting #2 (4/29/14) – Preschool Suspension and Race Data (eligibility, withdrawal, loss of contact, etc.) were disaggregated by race.
- 3) Stakeholder meeting #3 (6/5/14) – Race Data were presented again. Child and Family Outcomes disaggregated. Stakeholders asked for Child and Family Outcomes to be disaggregated further.
- 4) Stakeholder meeting #4 (9/19/14) – Further disaggregation of Child and Family Outcomes. Child Find, Kindergarten Readiness, preschool suspension data, and KIDS COUNT mental health data were also presented.
- 5) Stakeholder meeting #5 (9/26/14) – A combined comprehensive presentation of all data analyses was given and stakeholders agreed that analysis was complete.

All stakeholders were invited to attend each meeting (except the 4/29/14 meeting, which was specific to statewide leaders) and then given the opportunity to provide input in the data analyses after meeting notes/materials were distributed. The specific attendance of stakeholders at those workgroup meetings is indicated below:

Internal Stakeholders

Stakeholder	12/5/13	4/29/14	6/5/14	9/19/14	9/26/14
Assistant State Superintendent, DSE/EIS		X			

Policy and Accountability Branch Chief, DSE/EIS		X			
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X	X	X
Programmatic Support and Technical Assistance Branch Chief, DSE/EIS		X			
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS	X	X	X		
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X	X	
Birth through Five Education Program Specialist, DSE/EIS	X	X			
Birth through Five Education Program Specialist, DECD					X
MSRRC TA Provider			X		
Consultant				X	

External Stakeholders

Stakeholder	12/5/13	4/29/14	6/5/14	9/19/14	9/26/14
Parents	X	X	X		
LITP Directors	X	X	X	X	X
Preschool Coordinators	X	X	X	X	
Directors of Special Education	X	X	X		
Local Program Supervisors	X	X	X	X	
Early Intervention Providers	X	X	X	X	X
State Interagency Coordinating Council	X		X	X	
Institutes of Higher Education	X	X	X	X	X
Department of Health and Mental Hygiene/Health Department	X		X		X
Head Start	X		X		
Early Head Start	X		X		X
Advocacy Groups	X	X	X	X	
Maryland Chapter of the American Academy of Pediatrics	X		X	X	X
Division of Early Childhood Development/Child Care	X	X	X	X	X
Maryland Insurance Administration	X		X		
Homeless Education	X		X	X	
Foster Care	X		X		

Mental Health	X		X	X	
Governor’s Office for Children	X		X		
Maryland Family Network (Family Support)	X		X		
Maryland Developmental Disabilities Council	X		X	X	
Maryland Screening Consortium Members	X		X	X	X
LICC Chairs/Members	X		X	X	

Sources of Data

Data analyses for Maryland’s State Systemic Improvement Plan (SSIP) were completed using data from many different sources. In Maryland, all data related to SPP/APR and 618 data reporting are available in the MITP’s Online Individualized Family Service Plan (IFSP) Database, with the exception of complaint data and family outcomes data. The former is collected from the MSDE, DSE/EIS Complaint Database, while the latter is collected through a State-funded vendor. Additional data used in the Phase 1 of SSIP development were collected from the Longitudinal Accountability Decision Support System (LADSS), Consolidated Local Implementation Grant (CLIG) applications, the Ready at Five School Readiness reports, and other sources of data and reports, such as KIDS’ Count.

Online IFSP Database

The Online IFSP Database is a secure web-based application that serves as the primary case management tool for service coordinators and service providers working with children in the MITP. The main user function is the co-development, co-implementation, and co-evaluation of IFSPs. Since all IFSPs are entered into the Online IFSP Database through local users, the State has access to the IFSPs of all children and families receiving services through the MITP. In addition, local and state leaders utilize the data analysis functions of the Online IFSP to generate both predefined and dynamic reports to assist with programmatic data-informed decision-making.

Family Outcomes Survey Data

Data for the Family Outcomes Indicators 4A, 4B, and 4C are collected through the distribution of family surveys, compiled and aggregated by a MSDE contractor, and then analyzed by the MSDE staff. The survey utilized for these data are those recommended by the National Center for Special Education Accountability and Monitoring (NCSEAM), with two additional items to address children/families receiving services through the Extended IFSP Option. These data are compiled for MITP’s Annual Performance Report. Additionally, local data dashboards are distributed annually to assist within programmatic decision-making and family outcomes.

The MSDE, DSE/EIS Complaint Database

The number and type of state complaints are monitored and tracked in the MSDE, DSE/EIS Compliant Database. These data are compiled and used for the MITP's Annual Performance Plan. Data are analyzed for statewide patterns and targeted technical assistance is provided if patterns are identified.

Longitudinal Accountability Decision Support System (LADSS)

The MSDE, DSE/EIS, in collaboration with the Johns Hopkins University Center for Technology in Education (CTE) has developed the Maryland Special Education and Early Intervention Longitudinal Accountability Decision Support System (LADSS). This system encompasses the integration of statewide demographic and outcome data with special education and early intervention services data collection tools through a linked special education longitudinal data warehouse. These data are useful for examining the long-term benefits of early intervention and special education.

Consolidated Local Implementation Grant (CLIG) Applications

The CLIG is designated as the single grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures. As part of each local program's CLIG submission, information on local funding contribution is collected. This information is useful when determining the total level of program funding.

Other Sources of Data*Ready at Five School Readiness Data*

Ready at Five is an organization, founded in 1992, with the mission of ensuring school readiness for all children in Maryland. Each year, Ready at Five publishes school readiness data, based on the performance of kindergarteners on the Maryland Model for School Readiness (MMSR) Work Sampling System (WSS). Children are identified as either fully ready, approaching readiness, or developing readiness in seven domains of learning: Language and Literacy, Physical Development, Social Studies, Scientific Thinking, Mathematical Thinking, The Arts, and Social/Personal Development. Statewide Readiness Data are published on the organization's website, found here <http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.html>. Information from Ready at Five is disaggregated by subgroups and is useful for making programmatic decisions about reducing the school readiness gap for specific populations.

KIDS COUNT Data Center

The KIDS COUNT Data Center tracks the well-being of the nation's children and families, including the number of children who have one or more emotional, behavioral, or developmental concerns. These data promote an overall state picture of how children and families are doing.

Maryland Excellence Counts in Early Learning and School-Age Child Care (EXCELS)

Maryland EXCELS is a voluntary Quality Rating and Improvement System (QRIS), which awards ratings to family providers, center-based, and public school child care programs, and school age before and after school programs that meet increasingly higher standards of quality in key areas. Maryland EXCELS includes standards in different areas of early care and education, including licensing, learning environments, staffing, and professional development, developmentally

appropriate learning and program practices, child assessment, program administration and policies, and accreditation. The Maryland EXCELS database includes relevant information about each childcare program, to inform families and other stakeholders about the quality of these programs.

Early Childhood Mental Health Consultation (ECMHC) Database

The ECMHC Outcomes Monitoring System (OMS) is a web-based data entry and tracking system developed by The Institute for Innovation and Implementation (The Institute) with funding from the MSDE. The ECMHC OMS provides ongoing monitoring of MSDE-funded ECMHC programs across the state of Maryland. Ongoing monitoring and evaluation strengthens implementation efforts of ECMHC, drives the improvement of outcomes for those served, and may help to secure additional funding for these vital programs that intend to enhance professional development for early care and education (ECE) staff and improve children's social and emotional development and school readiness. THE ECMHC OMS enables consultants to enter tracking and assessment data, which reduces the amount of time needed to manually maintain evaluation databases, reduces ECMHC consultant and program burden, and eliminates the need for duplicate data entry. Data from the ECMHC Database are used to monitor the fidelity of the Mental Health Consultants as well as individual and programmatic child-level results.

Types of Data Analyzed

During Phase I of SSIP development the MITP analyzed and disaggregated numerous types of data. Analyzed data were presented at stakeholder meetings for feedback and suggestions for additional data analyses were considered. The MITP started with broad data analysis and became more focused after each stakeholder meeting. The types of data analyzed included:

- 1) *State Performance Plan (SPP)/Annual Performance Report (APR) Compliance and Results Data, including 618 data*, disaggregated over time and by jurisdiction;
- 2) *Child Find Data*, disaggregated by referral source and jurisdiction;
- 3) *Race Data*, disaggregated by percent eligible/ineligible, withdrawal from services, loss of contact, and jurisdiction;
- 4) *Family Outcomes Data*, disaggregated by race, eligibility criteria, primary family language, age at referral, length of time in the program, relationship to the child, and child outcomes data;
- 5) *Child Outcomes Data*, disaggregated by Medical Assistance (MA) status, length of time in the program, eligibility status, age at referral, race, number of community settings, jurisdiction, primary service setting, natural vs. non-natural environment, MA and jurisdiction, MA and eligibility criteria, MA and race, and funding per child. Child Outcomes data were also compared to national data and examined over time;
- 6) *MSDE, DSE/EIS Complaint Data*, disaggregated by year, jurisdiction, and type of complaint.
- 7) *Kindergarten Readiness Data*, disaggregated by race, domain, gender, disability vs. no disability, income status, jurisdiction, and year;
- 8) *Preschool Suspension Data*, disaggregated over time, by race, and by jurisdiction;
- 9) *KIDS COUNT Data*, national mental health data disaggregated over time;
- 10) *Early Childhood Mental Health Consultation Report and Data*, evaluation results;
- 11) *Maryland EXCELS Data*, program enrollment and quality data; and
- 12) *Social Emotional Foundations for Early Learning (SEFEL) Informal Survey*, LITPs were surveyed about the extent of SEFEL training of providers in each jurisdiction.

Data Findings

Data were examined using the Early Childhood Technical Assistance (ECTA) meaningful differences calculator.

- 1) *Compliance* – Generally, high levels of compliance were found throughout the state. Correction of noncompliance by all programs has occurred in a timely manner consistent with OSEP’s 09-02 Memo. No indication that compliance data have a direct connection with results data was found.
- 2) *Child Find Data*
 - a. *Referrals* – Increase in referrals over past 3 years.
 - b. *Referral Sources* – Decrease in referrals by physicians over past 3 years with increases in referral by parents.
- 3) *Race* – Local programs were much more likely to lose contact with African American families than families of other races. This is relatively consistent across the state. More recent data suggest that this is improving.
- 4) *Family Outcomes*
 - a. *Trends* – Not much variability noted from year to year (~95%).
 - b. *Race* – Slightly higher outcomes reported by Asian families.
 - c. *Eligibility Criteria* – No meaningful differences noted.
 - d. *Primary Language* – No meaningful differences noted.
 - e. *Age at Referral* – Families of children referred between the ages of 2 and 3 were more likely to report that they know their rights than families of children referred between ages 1 and 2. Families of children referred before age 1 were more likely to report that they can communicate their children’s needs and can help their children develop and learn than families of children referred between ages 1 and 2.
 - f. *Length of Time in the Program* – Families in the program longer generally had better outcomes than families in the program for less time.
 - g. *Relationship to Child* – Fathers were more likely to report they knew their rights and can help their children develop and learn than mothers.
 - h. *Gender* – Families of female children were more likely to report that they can communicate their children’s needs and can help their children develop and learn than families of male children.
- 5) *Child Outcomes*
 - a. *Trends* – A recent change in data collection methodology (the inclusion of COS into the IFSP process) prevents making conclusions based upon trends.
 - b. *Extended IFSP Option* – Small sample sizes and several changes to the ending age of the option prevents drawing conclusions specifically about this population.
 - c. *Comparison to National Data* – MITP data are higher than the national average for 5 of 6 subindicators.
 - d. *Local Jurisdiction Data* - More LITPs were below the State target for indicators 3a SS#1 (11 LITPs) and 3c SS#1 (11 LITPs) than other indicators 3a SS#2 (8 LITPs), 3b SS#1(8 LITPs), 3b SS#2 (7 LITPs), and 3c SS#2 (5).
 - e. *Medical Assistance (MA) Status* – Children with MA tend to make less progress in the program than children without MA.
 - f. *Length of Time in the Program* – Children with 19-24 months in the program tend to make the most progress.
 - g. *Eligibility Criteria* – Children with 25% delays tend to make more progress in social-emotional development and knowledge and skills than other eligibility categories. Children with atypical development are the most likely to leave at age level.
 - h. *Age at referral* – Children are less likely to leave the program at age level if they are referred older than

when they are referred younger.

- i. *Race* – In general, African American children do not make as much progress in the program as children of other races.
- j. *Number of Community Settings* – Children who spend time in at least 4 different community settings are more likely to make substantial progress or leave the program at age level in *Social Emotional Development* than children who spend almost no time in community settings.
- k. *MA by jurisdiction* – Across jurisdictions, children with MA tend to make less progress than children without MA.
- l. *MA by Race* – Unlike other races, African American children without MA are not more likely to make substantial progress in social emotional development than those with MA.
- m. *Funding* – In general, the total amount of program funding seems unrelated to outcomes except for the 6 programs with the lowest funding per child. These 6 programs tend to have lower outcomes.

6) *MSDE, DSE/EIS Complaint Data*

- a. Small sample sizes limit the drawing of conclusions, but state complaints do not seem to be indicative of a larger systemic issue.

7) *School Readiness*

- a. *Trends* – Full readiness has improved since FFY 2001 and has been relatively consistent for the past 2 years.
- b. *Race* – Hispanic children tend to be less ready for school than other children for every domain except social-emotional. African American children are least likely to be fully ready in the social-emotional domain. White children tend to be the most ready for school.
- c. *Domain* – The lowest two domains are Scientific Thinking and Language Arts & Literacy. The highest two domains are Physical Development and the Arts. All domains showed an increase from 2012/2013 to 2013/2014 except the Physical Development and Social and Personal Development domains.
- d. *Gender* – No differences were noted.
- e. *Disabilities* – The school readiness gap increased by 1 percentage point in FFY 2013. The gap has increased by 18 percentage points since FFY 2001. The gap is 29 points in FFY 2013.
- f. *Income* – The gap decreased from 18 percentage points in FFY 2001 to 11 percentage points in FFY 2013.
- g. *Disabilities by Domain* - The school readiness gap for children in special education is larger in the area of social and personal development than all other school readiness domains.

8) *Suspension Data*

- a. *Race* – African Americans have the highest rate of suspension in both general and special education. The rate of suspension is much higher than their prevalence in the population.
- b. *Preschool Suspension* – In FFY 2011, approximately 5 times as many preschool-age children were suspended compared to FFY 2010. In FFY 2012, approximately 4 times as many preschool-age children were suspended compared to FFY 2010.

9) *KIDS COUNT Data*

- a. *National Data* - Compared to other states, Maryland was ranked 12th in the nation on the overall well-being of its children based on 16 indicators in four domains: economic well-being, education, health, and family and community. Maryland ranked 14th, 8th, 14th, and 19th in the four domains, respectively. Maryland also ranks 15th in the nation in the number of children who have one or more emotional, behavioral, or developmental conditions.
- b. *Trends* – Maryland was ranked 10th in the nation in overall well-being in 2012 and 2013, but slipped to 12th in 2014. The economic ranking remained consistent at 14th, education decreased from 5th to 8th, health

decreased from 8th to 14th, and family and community increased from 20th to 19th.

- c. *Emotional and Behavioral Issues* – Maryland has approximately 204,000 (about 17% of its population) children with one or more emotional, behavioral, or developmental conditions.

10) *Early Childhood Mental Health Consultation Data*

- a. *Program Evaluation Data* – Children referred for the child-focused ECMHC intervention showed an improvement of social-emotional functioning. In addition, the ECMHC reduced the overall problem behaviors reported in classrooms. Parents of children served by the ECMHC Project reported a decrease in parenting stress.

11) *Maryland EXCELS*

- a. *Current EXCELS Data* - Over 3,600 programs participating; most programs are currently published at Level 1 – the lowest level, with 136 programs currently published at highest level.

12) *Informal SEFEL Survey Data*

- a. Most LITPs indicated either that staff had not been SEFEL trained or that they needed to be retrained. The training that most providers received was specific to classroom settings. Almost all programs reported that they had not used the SEFEL parent modules with families.

Overall Data Quality

The MSDE, DSE/EIS has adopted a data informed decision-making approach to programmatic improvement. As a result, the MITP places great importance on the ability of local programs to provide timely and accurate data. To help foster the provision of timely and accurate data, the state has and continues to implement a variety of strategies.

IFSP Database Structure

The Online IFSP Database was built with a mechanism to detect data entry errors in order to improve the accuracy of data entry. For example, when inaccurate dates are entered into the system, a message appears during data entry to indicate that there is a problem with the data. The Database also has an audit function that ensures that all required information is entered into the system before an IFSP can be made “active.”

The Referral Information and IFSP Online Database and Reporting System Manual

This document provides comprehensive instructions for completing an IFSP online or entering IFSP and other child/family data into the database system, as well as system requirements for its use. It also provides step-by-step instructions for data analysis through the Online IFSP’s built in reporting section.

IFSP Process Guide

The IFSP Process Guide assists service coordinators and related service providers in understanding the IFSP process in order to successfully complete the IFSP with the family. In addition to process instructions, the guide includes examples of high-quality strengths and needs summaries and child/family outcomes.

Local Determinations

In order to emphasize the importance of timely submission of high quality data, the MITP has incorporated this requirement into its local determination criteria. Local programs are required to submit all data, including programmatic and fiscal reports, in a timely and accurate manner.

Birth Through 21 Record Reviews

As part of the MSDE, DSE/EIS birth through 21 monitoring process, monitoring staff from the MSDE, DSE/EIS examines Early Intervention Records (EIRs) for the presence of documentation that supports family related reasons for missing timelines. The MITP's goal is to ensure that documentation in the EIR is consistent with data entry.

Data Reports

The MITP runs reports in multiple formats to ensure consistency across data reports. The MITP works with the software developer to resolve programming issues. The Online IFSP Database also includes audit reports, which help verify the presence and accuracy of data. MITP runs these reports periodically and recommends that LITPs run the reports monthly to ensure high-quality data. Sample audit reports include: "Greater than 33 months old and no Transition Meeting Date," "Inactive Status but no inactive date entered," "Service start date is after the ending date," and "Services entered but don't start within 30 days of the first meeting."

Improvement Plans/Corrective Action Plans

The MITP requires that LITPs submit data to the Online IFSP Database in a timely and accurate manner and assigns Improvement Plans and/or Corrective Action Plans when local programs fail to do so.

Assurances

The MITP includes language in the Assurance section of the annual Consolidated Local Implementation Grant (CLIG) application that local programs will provide timely and accurate data for all children receiving early intervention services.

Professional Learning and Technical Assistance

The MITP conducts hands-on statewide trainings to roll out major changes to the Online IFSP Database. The MITP conducts on-site and Online IFSP Database technical assistance to LITPs to help ensure competence with data entry and database report capabilities.

Child Outcomes Data Quality

The MITP believes that its child outcomes data are generally of high quality and ECTA's State Outcomes Data Quality Profile supports this belief. The MITP continues to ensure high data quality through the implementation of the following strategies:

Child Outcomes Missing Data

In the past, the MITP had concerns about the amount of missing child outcomes data. The MITP began assigning Improvement Plans and Corrective Action Plans for local programs with large amounts of missing data. This concern has also been addressed through the Child Outcome Summary (COS) integration process. In other words, by integrating the COS into the IFSP document, it is not viewed by local providers as a process separate from service delivery. Instead, local IFSP teams use the COS process as a way to inform outcome development, service delivery discussions, and progress monitoring. The MITP also included a field in the database to indicate reasons for missing COS data. These reasons include: “not in the program for at least 6 months,” “attempts to contact unsuccessful,” “parent withdrawal,” “moved out of state,” and “deceased.” The MITP continues to implement strategies to decrease the amount of missing COS data.

Child Outcomes Data Accuracy

In an effort to strengthen the integration of the COS process into the IFSP process, additional improvement activities were completed. These included the development of a COS Tutorial, which was intended to assist early intervention professionals to understand and effectively measure early childhood outcome results. The online tutorial was designed to supplement direct face-to-face training and provide an ongoing resource for implementing the integration of COS into the IFSP process.

Two video resources were created to increase the accuracy of COS data and promote family-centered practices: *Engaging Families in the Child Outcomes Summary (COS) Process* and *Functional Outcomes and School Readiness*. These resources were created to help early intervention service providers develop a deeper understanding of the importance of eliciting functional information from families, to anchor discussions of a child’s strengths and needs in age-expected development, to utilize collaborative decision-making for the COS ratings, and to create functional child outcomes integrated into family routines, even when the outcome is specifically focused on school readiness.

The accuracy of COS data continues to be addressed statewide through professional learning opportunities and ongoing technical assistance. The annual local Comprehensive System of Personnel Development (CSPD) Plan includes a requirement for the inclusion of local/regional training(s) and/or technical assistance on the utilization of the COS process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process. Specific individualized technical assistance around the COS process, child outcomes data quality, and child outcomes data analysis continues to be provided by the MITP at program request. State and local stakeholders are in agreement that continued professional learning efforts around the accuracy of COS data must be provided on a regular basis to all early intervention staff, including the implementation of the COS Competency Check currently being piloted at the national level.

Compliance Data

During the Data Analysis process, the MITP considered all SPP/APR data, including compliance data. The MITP’s compliance data are generally high (>95%) and local programs continue to correct noncompliance within one year of notification. LITP compliance data are also, in general, very high. There is not much variability between programs in terms of compliance levels. In analyzing data, there does not appear to be a link between compliance data and child and/or family outcomes.

Additional Data Required

The MITP believes, and stakeholders agree, that no additional data are required for the Data Analysis component.

Data Conclusions

The MITP's compliance, 618, and family outcomes data are generally very high. Correction of noncompliance continues to occur in a timely manner consistent with OSEP's 09-02 Memo. The MITP's child outcomes data are consistent with national data (if not slightly higher) and have been deemed generally valid and accurate by ECTA.

Specific data findings have led to the MITP and its stakeholders concluding that there is a need to increase positive social-emotional development of infants, toddlers, and preschool-age children with disabilities. These include:

- The school readiness gap for children in special education is largest in the area of social and personal development;
- The relation of Maryland children's well-being, compared to other states, is decreasing;
- Unlike other races, African American children without MA were not more likely to make substantial progress in positive social-emotional development than African American children with MA;
- African American children are least likely to be fully ready in the social-emotional domain and the most likely to be suspended in school;
- Approximately 5 times as many preschoolers were suspended in FFY 2011 compared to FFY 2010 and approximately 4 times as many preschool-age children were suspended in FFY 2012 compared to FFY 2010;
- Social-emotional development was one of two school readiness domains that did not show improvement from 2012/2013 to 2013/2014;
- Almost half of LITPs are below the state target for positive social-emotional skills summary statement #1; and
- Most LITPs self-identified a need for additional social-emotional training.

Indicator 11: State Systemic Improvement

Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Stakeholder Involvement

The MITP engaged in a systemic process to analyze the capacity of Maryland's infrastructure to support improvement and build capacity at the local level in relation to the SIMR. Prior to meeting with external stakeholders, internal stakeholders generated a description of each of the seven infrastructure components described below. With the help of its stakeholders, the MITP analyzed its current infrastructure and examined the capacity of the infrastructure to support improvement at both the state and local levels, using the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analyses. It should be noted, however, that stakeholders decided to discuss the components of Professional Learning and Technical Assistance together and for that reason they are combined in the discussion below.

Infrastructure analyses with internal and external stakeholders occurred at two workgroups and meeting notes were shared with all stakeholders after the meetings. All stakeholders were invited to attend each meeting and then given the opportunity to provide input in the infrastructure analysis after meeting notes were distributed. These stakeholders will be instrumental in supporting the MITP to implement Phase 2 of the SSIP.

The specific attendance of stakeholders at those workgroups is indicated below.

Internal Stakeholders

Stakeholder	9/19/14	10/2/14
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS		X

Birth through Five Quality Assurance Specialist, DSE/EIS	X	X
Director of the Office of Childcare at MSDE, DECD		X
Birth through Five Education Program Specialist, DECD	X	
Consultant	X	

External Stakeholders

Stakeholder	9/19/14	10/2/14
Parents		X
LITP Directors	X	X
Preschool Coordinators	X	X
Directors of Special Education		X
Local Program Supervisors	X	X
Early Intervention Providers	X	X
State Interagency Coordinating Council	X	X
Institutes of Higher Education	X	X
Department of Health and Mental Hygiene		X
Head Start		X
Early Head Start		X
Advocacy Groups	X	X
Maryland Chapter of the American Academy of Pediatrics	X	X
Division of Early Childhood Development/Child Care	X	X
Maryland Insurance Administration		X
Homeless Education	X	X
Foster Care		X
Mental Health	X	X
Governor's Office for Children		X
Maryland Family Network		X
Maryland Developmental Disabilities Council	X	X
Maryland Screening Consortium Members	X	X
LICC Chairs/Members	X	X

In addition to the stakeholder workgroup meetings above, internal MSDE stakeholders representing the State Superintendent's Executive Team received a presentation on the IDEA State Systemic Improvement Plan process on February 5, 2015. The Executive Team includes the Assistant State Superintendent from each MSDE division, as well as the Chief Performance Officer, Chief Academic Officer, and Chief Operating Officer. During the meeting, attendees reviewed and participated in a combined SWOT analysis for Part C (Early Intervention Services, Birth - 4) and for Part B (Special Education, 3 -21). For this meeting it was decided for several reasons to combine the Part C and Part B SWOT analyses. An important reason was that the MSDE, DSE/EIS is responsible for both Part C and Part B programs. As such, the Division has a strategic plan that spans the birth through 21 early intervention and special education services. It was decided that taking this unified approach with the representatives of the Executive Leadership provided a comprehensive approach to address both infrastructure analysis and to begin to consider Phase 2, infrastructure development. By approaching the infrastructure analysis in this unified manner, stakeholders were able to see the extent to which there were cross program strengths and opportunities for improvement.

Overview of Maryland's Infrastructure

Early intervention and education has been a critical part of Maryland's commitment to promote the success of every young learner, including the development of their social-emotional skills. The MSDE is the lead agency for the MITP (Part C of the Individuals with Disabilities Education Act), with interagency coordination through the Department of Mental Health and Hygiene, the Department of Human Resources, the Department of Disabilities, and the Governor's Office for Children. The MSDE became the lead agency for the Part C program in 1997, and in 2005 all other early childhood programs were placed under the umbrella of the MSDE, allowing for increased collaborative efforts and support for all young children, including infants, toddlers, and preschoolers with disabilities.

At the MSDE, the DSE/EIS coordinates the Maryland Infants and Toddlers Program. The MSDE, DSE/EIS provides leadership, support, and accountability for results to Local School Systems (LSS), Public Agencies (PA), and stakeholders through a seamless, comprehensive system of coordinated services to children and youth with disabilities, birth through 21, and their families. The MSDE, DSE/EIS's bold vision is for all children, including children with disabilities, to be ready for school, achieve in school, and be prepared for college, careers, and community living as a result of their participation in Maryland's early intervention and special education programs.

Extended IFSP Option

In 2009, the MSDE, MITP received a \$14.4 million grant from the United States Department of Education, Office of Special Education Programs (OSEP) as part of the American Recovery and Reinvestment Act (ARRA). The grant money provided Maryland the opportunity to implement the Extended IFSP Option, giving families the choice for their child to remain on an IFSP after age three. To be eligible for the Extended IFSP Option, children must currently be in the MITP before age 3 and be found eligible for Part B preschool special education services. Families of eligible children are able to continue receiving services on an IFSP until the beginning of the school year following the child's fourth birthday. However, at any time a family may choose to end IFSP services and transition to preschool special education services delivered through an IEP. Once the family makes the choice, through written notification, to terminate services through an IFSP and pursue services through an IEP, the choice to return to services on an IFSP is no longer available.

The Extended IFSP Option combines family education, service coordination, and year-round services with special instruction, in the form of educational outcomes to promote school readiness. The extension of IFSP services beyond the third birthday incorporates the strength of special education/preschool education program with the existing Infants and

Toddlers Program's family-centered model. Since Maryland began offering this family choice, over 8,000 families have elected to remain on an IFSPs after age 3. The implementation of the Extended IFSP Option has been a catalyst in Maryland's mission of creating a seamless and comprehensive statewide system of coordinated early intervention and education services, for young children with disabilities birth through five and their families, and to narrow the school readiness gap.

The DSE/EIS Strategic Plan

Rolled out in October 2013, the DSE/EIS strategic plan, *Moving Maryland Forward*, is a five-year plan designed to guide the work of the DSE/EIS and the MSDE, compel stronger interagency and intra-agency collaboration in support of children and families, and serve as a necessary resource for partners and stakeholders. *Moving Maryland Forward* was developed and informed by the innovative thinking of stakeholders across Maryland, including Local School System superintendents, special education directors, LITP directors, preschool special education coordinators, instruction and curriculum specialists, family advocates and support coordinators, parents, and community partners. The plan focuses essential resources, expertise, and support on narrowing the achievement gap between Maryland's children with disabilities and their nondisabled peers.

Moving Maryland Forward is implemented through the four core functions of the MSDE, DSE/EIS, which include Leadership, Accountability For Results, Technical Assistance and Program Support, and Fiscal and Resource Management. The plan consists of four Action Imperatives: Early Childhood; Professional Learning; Access, Equity, and Progress; and Secondary Transition. These Action Imperatives are addressed through each of five branches in the MSDE, DSE/EIS cross-matrix leadership structure and are critical for narrowing the gaps in school readiness, school achievement, and readiness for adult life after school. These gaps will be narrowed through four key strategies: Strategic Collaboration, Family Partnerships, Evidence-Based Practices, and Data-Informed Decisions. **Please refer to the Attachment: *Strategic Plan – Moving Maryland Forward*.**

The MITP has integrated the key components of *Moving Maryland Forward* into its SSIP. Improvement strategies are discussed in the context of the *Moving Maryland Forward's* four key strategies. Additionally, the MITP's Theory of Action was written to include the four core functions of the MSDE, DSE/EIS.

Race to the Top: Early Learning Challenge Grant (RTT-ELCG)

On December 16, 2011, Maryland received a four-year, \$50 million grant award from the United States Department of Education under the national Race to the Top – Early Learning Challenge (RTT-ELC) grant competition. The RTT-ELCG program supports states in building statewide systems that raise the quality of early learning and development programs and increases access to high-quality programs for children with high needs, so that all children can enter kindergarten ready to succeed. The RTT-ELCG in Maryland consists of ten projects with the following goals:

1. Project 1: Create 24 local early childhood councils.
2. Project 2: Implement a Tiered Quality Rating and Improvement System (TQRIS) for all early learning and development programs.
3. Project 3: Build capacity for quality, including the Making Access Happen project.
4. Project 4: Revise the existing early learning standards to align with Maryland's College and Career Readiness Standards (MCCRS).

5. Project 5: Conduct professional development to promote the use of early learning standards by all early learning and development programs.
6. Project 6: Revise Maryland's comprehensive assessment system in early childhood, including the Maryland Model for School Readiness.
7. Project 7: Support children's health and behavioral needs through early intervention and prevention programs. Maryland's Early Childhood Mental Health Consultation in Pediatric Care provides detection and intervention by pediatricians and family practitioners.
8. Project 8: Create a coalition for family engagement.
9. Project 9: Establish Leadership Learning Academies to enable early childhood educators who work with children ages 4 to 7 to learn rigorous, yet developmentally appropriate instructional practices that support the MCCRCS.
10. Project 10: Expand the Early Care and Education Data System. To enhance professional development processes, the Child Care Automated Tracking System will be expanded to provide access to professional development plans, applications for grants and incentives, and an online training approval application.

Several projects have important linkages to the MSDE, DSE/EIS and the infants, toddlers, and children receiving early intervention or special education services that are worth noting in more detail:

Project 1 – Local Early Childhood Councils: Local Early Childhood Councils in all 24 Maryland jurisdictions have coordinated grant efforts and developed local action plans to improve school readiness for all children, including children with disabilities. Many councils are specifically targeting enhanced results for young children with disabilities and are beginning to engage in specific initiatives targeting this specialized population. Collaboration between Local Early Childhood Councils and Local Interagency Coordinating Councils is recommended as best practice in supporting young children with disabilities and their families.

Project 2 – Tiered Quality Rating and Improvement System (TQRIS): The focus of this project is to enhance and administer a full-scale implementation of the TQRIS called Maryland EXCELS with the ultimate goal of increasing the quality of childcare for all children in Maryland. Maryland EXCELS offers families with disabilities information on identifying and selecting high quality childcare programs that meet their child's individual and unique needs.

Project 3 – Quality Capacity Building: The RTT-ELCG provided fiscal resources to the MSDE, DSE/EIS to implement the Making Access Happen initiative. Making Access Happen was designed to increase the participation of three- to five-year-old children with disabilities in public and private community-based early care and education settings through the delivery of job embedded professional development. At the heart of expanding access in the Making Access Happen program is the development of practitioners' skills in universal design for learning (UDL) and collaborative practices to narrow the school readiness gap for all children. The project uses a training-of-trainers reflective coaching model to build local program capacity through enhanced professional learning, including the use of video. With Birth - Five early intervention/preschool special education taking the lead, local early care and education partners work in collaboration to build capacity through ongoing professional learning on evidence-based practices to expand access and promote positive school readiness outcomes for young children with disabilities.

Project 4 – Early Learning Standards and MCCRCS: In this project, stakeholder groups, including state and local representation from preschool special education, convened to create the alignment to MCCRCS and develop the Guide to

Early Childhood Pedagogy. Resources, references, and early learning strategies address inclusive and fully accessible curriculum strategies to meet the needs of young children with disabilities.

Project 6 – Early Childhood Assessment: Part of this project includes the implementation of developmental screening by licensed childcare programs and providers with the goal of identifying children with developmental delays and disabilities. Beginning July 1, 2016, all licensed programs and providers will be required to conduct a developmental screening for all children within 90 days of entry into childcare. In addition to the developmental screening at entry, children birth to three will be screened twice annually and children three years to kindergarten entry will be screened once annually.

Project 7 – Children’s Health and Behavioral Needs: Part of this project focuses on expansion of SEFEL for use by Early Care and Education Providers and families with young children. Training as part of Project 7 provides strategies for successfully meeting children’s individual needs in areas of social and emotional development and to support the early identification of young children with potential delays in social and emotional development. Data analysis continues to guide future efforts to reduce the school readiness gap for children with disabilities.

Project 9 – Leadership Learning Academies: This project promotes rigorous, yet developmentally appropriate teaching practices for early childhood. These Academies include specialized and general educators, including early care and education partners, to create a continuity of instruction across early childhood general and special education.

The RTT-ELCG has served as a vehicle for increased collaboration between the Division of Early Childhood Development and the Division of Special Education/Early Intervention Services. With a focus on high needs populations, many initiatives have been inclusive of young children with disabilities and their families. The MITP is integrating and aligning specific components from the RTT-ELCG into the State Systemic Improvement Plan.

Infrastructure Components

The MSDE, DSE/EIS considers infrastructure to be comprised of seven major components. Each component contributes to performance data in Maryland. The components are governance, accountability/monitoring for results, data, fiscal, quality standards, professional learning, and technical assistance. Since the components of professional learning and technical assistance are very closely related, they are discussed together in this analysis. For each component the MITP has provided an overview of the State’s structure based on the analysis conducted by the MITP and its stakeholders, as well as a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis. The SWOT Analyses were completed in stakeholder workgroups and then sent to additional stakeholders for further feedback. The results from the SWOT Analyses are summarized in chart form within each infrastructure component.

Governance Component

In Maryland, 24 LITPs implement a family-centered early intervention program for young children with developmental delays and disabilities and their families, through coordination with the Maryland School for the Deaf and the Maryland School for the Blind as well as local interagency partners. The Local Lead Agency (LLA) in 19 jurisdictions is the Local School System (LSS), while in 5 jurisdictions it is the local health department, with each LITP having a single point of entry. Governed by the federal IDEA through the Code of Federal Regulations (CFR) and the Code of Maryland

Regulations (COMAR), services are provided by LITPs to infants, toddlers and preschoolers (birth – age 4) and their families. Maryland is the only State implementing the Extended IFSP Option offering families of eligible children the choice to remain on an IFSP after age three, until the beginning of the school year following the child’s 4th birthday [COMAR 13A.13.01.03(B)(29)(b)].

A robust State Interagency Coordinating Council (SICC) that includes family members actively engages, advises, assists, coordinates, and collaborates with the MSDE regarding the provision of services for children with disabilities birth through age five. Local Interagency Coordinating Councils (LICCs) serve the same role for the 24 LITPs. Annually, a joint SICC/LICC meeting provides the opportunity for communication, collaboration and relationship building with stakeholders, including families and partners at all levels.

Organizational/Administrative Structure

The MSDE, DSE/EIS organizational structure is based upon principles of collaboration and shared responsibility. The Division is organized by five branches: Policy and Accountability; Programmatic Support and Technical Assistance; Family Support and Dispute Resolution; Interagency Collaboration; and Resource Management. Birth through five staff are integrated within each branch. The Division matrix organizational design integrates knowledge and skills for improvement of compliance and results, and ensures consistent communication within the DSE/EIS, throughout the Department, and with external stakeholders and partners. A monthly Cross-Divisional Birth-Five meeting enhances communication and collaboration. **Please refer to the Attachment: *Cross-Matrix Leadership*.**

Through the implementation of cross-matrix leadership, the Division is committed to the following essential principles in order to improve results and functional outcomes for all children and youth with developmental delays and disabilities and their families:

- **Transparency:** Maintaining an open door to stakeholders and regularly keeping our stakeholders informed through formal and informal feedback loops, including quarterly birth through twenty-one special education and early intervention leadership meetings, the Annual Leadership Conference/Professional Learning Institute, meetings of the Assistant State Superintendent’s Advisory Council, and regularly scheduled convening of advisory groups, including the State Interagency Coordinating Council, Special Education State Advisory Committee, and the Education Advocacy Coalition. Division staff also meet with birth through five family support providers in each local jurisdiction, including two statewide meeting and several regional meetings, annually.
- **Collaboration:** Continually engaging stakeholders through participatory processes that promote innovation, the sharing of best practices, and dissemination of research and evidence-based models. We are also committed to strengthening partnerships and planning with other MSDE Divisions and external stakeholder groups.
- **Equity, Excellence, Efficiency:** Serving stakeholders in a timely and effective manner, ensuring the availability of ‘real-time’ data for effective decision-making, and accelerating dissemination of models of best practices quickly and effectively throughout Maryland.
- **Accountability:** Improving results for all infants, toddlers, and preschool age children with developmental delays and disabilities served in LITPS. The MSDE, DSE/EIS has developed a tiered system of analysis, monitoring, and support to identify LITPs in need of differentiated support and technical assistance. Further detail about the State’s

accountability processes are described in the Accountability section below.

IDEA Requirements

The MSDE, DSE/EIS has the responsibility under the IDEA to have a comprehensive system of general supervision that monitors the implementation of the IDEA, State laws, and applicable federal and State regulations. The MSDE, DSE/EIS conducts comprehensive early intervention record reviews to ensure LITPs are correctly implementing the regulatory requirements of the IDEA and COMAR. The State’s monitoring protocols are discussed in further detail in the Accountability/Monitoring for Results Infrastructure Component section.

The IDEA provides parents certain rights and procedural safeguards. These safeguards include formal dispute resolution requirements, such as mediation, formal complaints, resolution sessions, and due process hearings. The MSDE, DSE/EIS collects and analyzes data on an ongoing basis using the parent contact and dispute resolution database to ensure effective statewide implementation of the dispute resolution system.

Effective Policies, Procedures, and Practices

Maryland has policies and procedures aligned with the IDEA, 34 CFR §303, Maryland State law, and the Code of Maryland Regulations (COMAR) to support the state implementation of the IDEA. Each LITP is responsible for developing policies, procedures, and practices for effective implementation in accordance with federal and State requirements to ensure the provision of a Free Appropriate Public Education (FAPE) in the Natural Environment (NE). The MITP has embedded the review of LITP policies, procedures, and practices within existing components of general supervision.

Below is the SWOT Analysis for Governance completed by stakeholders:

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> ● Extended IFSP provides a more seamless birth through five system of services ● Online IFSP data system – IFSP, referral, and family information is available for all children/families ● Early Childhood Intervention and Education staff and the Division of Early Childhood Development in same department ● Matrix leadership w/early intervention in all Branches in the DSE/EIS ● Braided funding Initiative, combining resources ● Making Access Happen (MAH) 	<ul style="list-style-type: none"> ● Variability among jurisdictions ● Collaboration between the DSE/EIS and the Division of Early Childhood Development, (however, it is improving). ● Lack of needed staff support; hiring freezes and budget cuts ● Administrative burdens and increasing paperwork ● Not all the “players” are known – organizations; agencies; groups, etc.

<p>Project</p> <ul style="list-style-type: none"> ● State Interagency Coordinating Council (SICC) and other stakeholders play a major role in system development ● Birth mandate state – no cost to families ● Broad eligibility criteria – greater percentage of children served in Maryland than in many other states 	
<p>Opportunities</p> <ul style="list-style-type: none"> ● State Interagency Coordinating Council (SICC) ● Evolving collaboration between the Division of Special Education/Early Intervention Services (DSE/EIS) and the Division of Early Childhood Development ● Transition to results based outcomes ● Maryland Learning Links website ● Grant Initiatives ● Local Early Childhood Councils ● Assistant State Superintendent with Early Childhood expertise and passion ● Partnerships for less administration/procurement issues ● State/local silos: May be broken by local Early Childhood Advisory Councils and Local Interagency Coordinating Councils ● Change from compliance-driven to results-driven accountability 	<p>Threats</p> <ul style="list-style-type: none"> ● Change in State Leadership in Annapolis (potential) ● Competing interests of stakeholders

Accountability/Monitoring for Results Component

Maryland's System of General Supervision

The MSDE, DSE/EIS comprehensive system of general supervision is the *Differentiated Framework* and illustrates the shared responsibility and shared accountability to improve results for children and youth with disabilities. This framework

utilizes comprehensive information from the Monitoring for Continuous Improvement and Results (MCIR) process to assign every LITP to one of four tiers, each with a defined level of general supervision and differentiated engagement. This section describes the MCIR, the general supervision components of the four tiers of the Differentiated Framework, and the SWOT analysis conducted with stakeholders.

Monitoring for Continuous Improvement and Results (MCIR)

The Office of Special Education Programs (OSEP) has revised its monitoring priorities to ensure a balance between compliance and results by placing a greater emphasis on accountability and technical assistance (TA) activities that focus on improving the MSDE capacity to develop, strengthen, and support improvement at local levels. In response to OSEP's shift in monitoring priorities, the MSDE, DSE/EIS has revised its monitoring procedures and now has increased the emphasis on requirements related to improving educational results for children and youth with disabilities. This is accomplished through Maryland's Monitoring for Continuous Improvement and Results (MCIR) process. The primary focus of the MCIR process is to improve educational results and functional outcomes for all children and youth with disabilities and their families and ensuring that the MSDE meets the program requirements within IDEA.

The MSDE, DSE/EIS utilizes qualitative and quantitative results from multiple sources and processes to make monitoring decisions. While some monitoring activities are universal for all, other monitoring activities are customized to examine areas of need. These areas are identified through a variety of sources such as, but not limited to:

- State Performance Plan performance;
- Indicator data verification;
- Other data reviews;
- Policy and Procedures reviews;
- Grant reviews;
- Fiscal data;
- Medicaid monitoring;
- Family support data;
- State complaints; and
- Advocacy organization concerns.

Each LITP is monitored annually through a desk audit, data verification, and cross-divisional data analysis of SPP Indicators, local priorities, and fiscal data. Additionally, cyclical comprehensive monitoring occurs at least every 6 years in each LITP. The purpose of comprehensive monitoring is to ensure the LITPs:

- Have policies and procedures in place that are consistent with State and federal regulations;
- Are compliant with the State and federal regulations;
- Have a system of general supervision in place to monitor child progress and make data informed decisions; and
- Are focused on improving outcomes for infants, toddlers, and preschool age children with developmental delays and disabilities, and their families.

Monitoring at any time may be conducted either off-site as a desk audit or on-site depending on the nature of the monitoring activities. The method selected is dependent upon the activity and the information that is or is not accessible online and the practicality involved in acquiring the necessary documents needed for the review.

Desk Audit

A desk audit refers to a review of data, IFSPs, or other sources of information used in monitoring conducted by MSDE, DSE/EIS staff. It may be the single method used to complete a review or may be used in combination with an on-site visit. After the completion of the desk audit, the MSDE, DSE/EIS staff may request further documentation or data to clarify potential findings of noncompliance or verify correction of noncompliance.

On-Site Monitoring

On-site monitoring refers to a review of data, IFSPs, or other sources of information used in monitoring conducted by the MSDE, DSE/EIS staff within the LITPs. On-site monitoring is specifically used to carry out those activities that are not practical to complete through a desk audit by the MSDE, DSE/EIS staff. Examples of on-site monitoring may include but are not limited to a review of early intervention records for Medicaid monitoring, provision of related services, data-entry verification, etc.

Case Study Reviews

The MSDE, DSE/EIS staff conducts case study reviews of an individual child's early intervention record. This allows the reviewer to gauge/conclude whether the child is being provided with appropriate services, which is evidenced by continued growth and progress towards child and family outcomes.

Interviews

Interviews are conducted with service providers and parents. This measures consistency of implementation and understanding of practices across the local program. Additionally, the MSDE, DSE/EIS staff are able to ascertain the knowledge of local program staff pertaining to the implementation of the child's IFSP and the responsibilities of staff.

Data Verification

The MCIR process verifies data, documents compliance with both the IDEA and the COMAR regulatory requirements, and provides technical assistance for the timely correction of identified findings of noncompliance. Findings of noncompliance concerning the records of individual children with disabilities always result in verification of correction using a two-prong process. First (Prong 1), the records in which the noncompliance was first identified are reviewed to determine that correction has occurred, or, the requirement was completed (for timeline violations), unless the child is no longer within the jurisdiction or the parent has withdrawn consent. Then (Prong 2), a subsequent review of a sample of records is conducted by the MSDE, DSE/EIS to determine the level of compliance. If both reviews result in 100% compliance, then correction has been achieved and the corrective action is closed.

Directed Onsite Visits

The MSDE, DSE/EIS reserves the right to conduct a directed onsite visit at any time based on multiple sources of data

indicating potential concerns, evidence of repeated concerns, or a pattern of concerns over time. These concerns may come from examining data reported to the MSDE as part of the accountability system and other sources of information, such as interactions and conversations with parents, advocates, and/or district personnel. The purpose of the directed onsite visit is to monitor compliance and identify areas of need. The scope of each directed onsite visit is based on presenting concerns including relevant regulatory requirements. This is determined on a case-by-case basis and may include a targeted review of any of the following: SPP/APR Indicators, 618 data, fiscal management, IDEA requirements, or implementation of any other State and federal regulatory requirements.

Ongoing technical assistance may be provided to support improvement efforts, based on needs identified during any and all monitoring activities. Annually, comprehensive information from the MCIR process is used to assign each LITP to one of four tiers of general supervision and engagement within the Differentiated Framework.

Linking Funds for Program Improvement

The MITP, as part of its annual application for local funding requirements, requires that LITPs assign funding to areas of noncompliance or poor performance. Funding is required to be linked to improvement if the data show a history of two or more required Corrective Action Plans (CAP) for a Compliance Indicator over a two-year period, data result in the assignment of a CAP for the most recent data period, and/or data show a history of not meeting the State target for a Results Indicator, as determined by the requirement of an Improvement Plan in two or more data periods over a two-year period.

Differentiated Framework

Each LITP is unique, and their needs for general supervision and engagement from the MITP vary greatly depending upon numerous factors. Results Driven Accountability (RDA) allows the MSDE, DSE/EIS staff to monitor and provide technical assistance and support to programs in a more effective, efficient, and systematic manner. The MSDE, DSE/EIS has aligned its general supervisory responsibilities with engagement for program support and technical assistance to provide a four-tiered system of monitoring and supports to address the needs of each LITP. Each tier of the framework contains two components: general supervision and engagement. The corresponding support/engagement an LITP can expect to receive is differentiated and based on that agency's assigned tier of supervision. **Please refer to the Attachment: Differentiated Framework.**

The Differentiated Framework's four tiers support the Division in directing attention to LITPs in need of more comprehensive engagement, technical assistance, and support in order to enable those programs to meet indicator targets, improve results, narrow the achievement gap, correct identified noncompliance, and maintain compliance. This represents the foundation of a comprehensive Multi-Tiered System of Support (MTSS) to integrate a continuum of resources, strategies, structures, and practices.

An LITP is assigned to a tier based upon performance on SPP/APR compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and findings identified through monitoring. This information is used to provide differentiated technical assistance that focuses on building capacity to improve results and directs State resources to those LITPs that are the lowest performing (See also Professional Development/Technical Assistance Infrastructure

Component). At the same time, LITPs that are achieving success are recognized and provided with the support needed to publish and disseminate successful best practices.

A majority of the LITPs are currently in the **Universal Tier of General Supervision**. This represents LITPs that have met identified performance and compliance criteria, resulting in a determination status of “Meets Requirements” or are in the first year of “Needs Assistance.” The LITPs assigned to the Universal Tier of General Supervision have no findings of noncompliance or have corrected all findings of noncompliance within one year and have maintained compliance.

The *Universal Tier of Engagement* is statewide professional learning and technical assistance to support statewide needs based on overall State trend data (e.g., performance on SPP Indicators, child outcomes, and student achievement). This includes general information related to early intervention and special education policies, procedures and practices, as well as the general work of the MSDE. Examples of statewide technical assistance include State and regional professional learning, online tools, resources through the Maryland Learning Links website, Q&A Documents, and Technical Assistance Bulletins.

An LITP receiving a determination status of “Needs Assistance” for two or more consecutive years or “Needs Intervention” is assigned to the **Targeted Tier of General Supervision**. An LITP in this tier may have an active Corrective Action Plan(s) (CAPs) for identified noncompliance, and/or, although noncompliance may be corrected within one year, compliance is not sustained.

Targeted monitoring occurs semi-annually and includes customized data analysis with real-time local and State data. Activities may include, but are not limited to: early intervention record reviews using selected sections of the MSDE, DSE/EIS record review document, a review of policies, procedures, and practices, a review of the LITP’s system of general supervision, interview questions, and/or case studies. State and local joint cross-departmental and cross-divisional teams are formed to address identified needs. The LITP develops a local Improvement Plan, which is submitted to and approved by the MSDE, DSE/EIS.

The *Targeted Tier of Engagement* focuses on professional learning and support (training, coaching, and technical assistance) to address the needs of the LITP on specific topics identified through general supervision. It is a responsive and proactive approach to prevent the LITP from needing substantial support. The LITP leadership is required to engage with the Division to review State and local data and information in order to implement an Improvement Plan that is approved by the MSDE, DSE/EIS to build capacity to effectively address the identified needs. Evaluation and periodic feedback are critical elements of Targeted Engagement. A Targeted Assistance and Support Committee (TASC) consisting of jointly identified local and state cross-Divisional members provides performance-based and responsive support.

Continuing up the *Differentiated Framework* tiers, an LITP with a determination status of “Needs Substantial Intervention” is assigned to the **Focused Tier of General Supervision**. These LITPs continue to have findings of noncompliance, have active CAPs for two or more years, and demonstrate little progress despite general and targeted technical assistance.

Focused monitoring is comprised of enhanced and differentiated monitoring and in-depth data analysis, and requires the participation of the State and local superintendent as well as identified stakeholders. Focused monitoring occurs quarterly and may include, but is not limited to: early intervention record reviews using selected sections of the MSDE, DSE/EIS record review document, a review of the LITP’s real time data, a review of policies, procedures, and practices, a review of the LITP’s system of general supervision, interview questions, provider observations, and case studies. A Focused and Comprehensive Action Plan is jointly developed by the LITP and the MSDE, DSE/EIS.

The State Superintendent and the MSDE, DSE/EIS Assistant State Superintendent work closely with the local School Superintendent or local Lead Agency Head to develop a cross-departmental, cross-divisional State and local implementation team. The MSDE provides increased oversight activities to assess progress and may direct federal funds, impose special conditions, and/or require a regular submission of data. The LITP leadership is required to participate in a quarterly joint State and local Focused Intervention and Accountability Team (FIAT) meetings to review progress.

At this level, the goal of the ***Focused Tier of Engagement*** is to direct substantial support to address the continuous lack of improvement of the LITP through significant systems change. A multi-faceted State and local leadership team meets regularly to develop and implement an action plan designed to affect systems change in policy, program, instructional practices, and professional learning at multiple systems levels. Principles of effective systems change, implementation, evaluation, and sustainability are foundational elements of the technical assistance. Frequent feedback and general supervision is maintained throughout the provision of the technical assistance.

At the highest tier, the ***Intensive Tier of General Supervision***, an LITP fails to progress and correct previously identified noncompliance despite receiving technical assistance and support. The failure to comply has affected the core requirements, such as the delivery of services to infants, toddlers, and preschool age children with developmental delays and disabilities or to provide effective general supervision and oversight. The LITP enters into a formal agreement with the MSDE to guide improvement and possibly additional sanctions. The LITP informs the MSDE of its unwillingness to comply with core requirements.

The ***Intensive Tier of Engagement*** focuses on providing support based on a Formal Agreement that is developed to guide improvement and correction with onsite supervision. The MSDE may direct, recover, or withhold State or federal funds.

Below is the SWOT Analysis for Accountability/Monitoring for Results completed by stakeholders:

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> ● Online IFSP data system allows for supervision of state, local, and provider level data ● State oversight of data system 	<ul style="list-style-type: none"> ● Compliance driven but starting to focus more on outcome data and IFSP quality ● Lack of longitudinal child outcomes data due to change in data collection methodology

<ul style="list-style-type: none"> ● Linking funds for program improvement requirement in the application for local funds ● Posting of data/outcomes leads to accountability ● Stakeholders involved in discussions of monitoring and determination criteria ● Looking at outcomes regularly ● Tiers of General Supervision and Engagement 	<ul style="list-style-type: none"> ● Determining child and family outcomes related to specific early intervention providers ● Variability in/across jurisdictions <ul style="list-style-type: none"> ○ Different personnel ○ Different focuses/priorities
<p>Opportunities</p> <ul style="list-style-type: none"> ● Refine data for all the variables ● Online IFSP data system ● Developmental screening initiatives ● Stakeholder input and receptiveness to partnerships within the Maryland Infants and Toddlers Program (MITP) ● Extended option offers focus on children who might have fallen through “cracks” ● IFSP Quality Reflection tool in development 	<p>Threats</p> <ul style="list-style-type: none"> ● Developmental screening ● Lack of state and local resources to fully implement the SSIP process ● Some local program outcome data are low ● Lack of collaboration with Early Childhood Mental Health Consultants and services

Data Component

In Maryland, all data related to SPP/APR reporting are available in the MITP’s Online IFSP Database, with the exception of complaint data and family outcomes data. The former is collected from the MSDE, DSE/EIS Complaint Database, while the latter is collected through a State-funded vendor.

The Online IFSP Database is a secure web-based application that serves as the primary case management tool for service coordinators and service providers working with children and their families in the MITP. The main user function is the development and monitoring of Individualized Family Service Plans (IFSPs). IFSPs are entered into the Online IFSP Database through local users and the State has access to the IFSPs of all children receiving services through the MITP. In addition, local and state leaders can utilize the data analysis functions of the Online IFSP to generate both predefined and dynamic reports, including reports that display child outcomes progress, to assist with programmatic data-informed decision-making. Data collected at referral and from IFSPs for every eligible child and family are entered into the database by local staff. The MITP and the LITPs generate reports on a regular basis to monitor statewide and local

compliance/results and audit for data validity and reliability.

Evidence that the data on the processes and results component is part of a State's or an LITP's system of general supervision and includes the following:

- Data are collected as required under the IDEA and by the U.S. Secretary of Education.
- Data are routinely collected throughout the year.
- The LITPs submit data in a timely and accurate manner.
- Data are available from multiple sources and used to examine performance of the LITPs.

State Performance Plan (SPP)

The SPP is the MITP's plan to improve the 11 results and compliance indicators established by the OSEP. This plan contains a description of the MITP's efforts to implement the requirements of Part C of the IDEA, including how it will improve performance on indicators. As part of the SPP, each indicator has a target set by the OSEP for compliance or by the State for results. All targets set by the State are approved by the SICC. The SPP is located on the MSDE website:

www.mdideareport.org

Family Outcomes Survey

To collect family outcome information, the MITP uses survey questions recommended by the National Center for Special Education Accountability and Monitoring (NCSEAM). The survey includes 22 core questions followed by two demographic questions, including the relationship of the survey respondent to the child and the child's age when first referred to early intervention. Two additional questions are asked of parents of children who continued to receive services on an Extended IFSP after age three. Family survey data are collected, compiled, and analyzed by the MITP's vendor. The State and local programs with sample sizes greater than five are provided with a comprehensive dashboard that disaggregates the family outcomes data. Each dashboard analysis includes survey response rate, representativeness, responses, and results. These dashboards are instrumental for understanding local program results, as well as overall family outcomes results statewide.

The MSDE, DSE/EIS Complaint Data

The IDEA provides parents certain rights and procedural safeguards. These safeguards include formal dispute resolution requirements, such as mediation, formal complaints, resolution sessions, and due process hearings. The Family Support and Dispute Resolution Branch collects and analyzes data on an ongoing basis using the parent contact and dispute resolution database to ensure effective implementation of the dispute resolution system.

Longitudinal Accountability Data Support System

The MSDE, DSE/EIS Longitudinal Accountability Data Support System (LADSS) encompasses the integration of statewide demographic and outcome data with special education and early intervention services data collection tools through a linked special education longitudinal data warehouse. The LADSS allows for progress monitoring, service logging, and embedded high quality professional development and supports.

The Division of Early Childhood Development Data Sources

- **Ready at Five** - Ready at Five annually publishes school readiness data, based on the performance of kindergarteners on the Maryland Model for School Readiness (MMSR) Work Sampling System (WSS). Children are identified as either fully ready, approaching readiness, or developing readiness in seven domains of learning: Language and Literacy, Physical Development, Social Studies, Scientific Thinking, Mathematical Thinking, The Arts, and Social/Personal Development. Statewide Readiness Data are published on the organization’s website, found here <http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.html>
- **Maryland EXCELS** - Maryland EXCELS is a Quality Rating and Improvement System (QRIS), that awards ratings to registered family childcare providers, licensed childcare centers (e.g., Head Start, Letter of Compliance facilities, and school age-only childcare), and public pre-kindergarten programs that meet increasingly higher standards of quality identified areas. Maryland EXCELS is currently voluntary and is designed to increase parent and provider awareness of the key elements of high quality childcare. A database has been created to collect the QRIS data for continual monitoring and analysis of high quality childcare.

Below is the SWOT Analysis for Data completed by stakeholders:

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • Online IFSP data system provides real time data and advanced reporting capabilities • State staff provide data results in various ways for local jurisdictions and State Interagency Coordinating Council (SICC) • Annual Birth through Five Legislative Booklet highlighting early intervention and preschool special education data and accomplishments • Real time data • IFSP Users Group, stakeholder involvement in development of IFSP requirements, and database specifications • High response rates for family survey 	<ul style="list-style-type: none"> • Quality of child outcomes data – need competency check for Child Outcome Summary • Aggregation of data leads to heterogeneity and inability to break things down further • Data system allows for only one eligibility category determination so data conclusions are difficult when children are eligible in more than one category (25% delay, atypical, high-probability condition) • Lack of quality assurance/IFSP quality at local level in some jurisdictions • Family Survey mainly includes those very happy or those who are very upset • No current consistent way to verify the reliability of COS ratings – need COS Competency Check

Opportunities	Threats
<ul style="list-style-type: none"> ● Greater use of parent survey data ● Potential longitudinal analysis with unique identifiers ● Multiple eligibility criteria (explore with outcomes) ● Greater interest in early childhood and early intervention by researchers and MSDE data ● Displaying/including levels of statistical significance when data shared ● Useful data are collected through the IFSP process ● COS Competency Check will ensure valid and reliable data across the state. 	<ul style="list-style-type: none"> ● Unknown consequences of results from better eligibility classification (related to only being able to use one eligibility classification). ● Potential misuse of data ● Greater interest in MSDE data by researchers

Fiscal Component

Within the MSDE, DSE/EIS, it is the primary responsibility of the Resource Management and Monitoring Branch working in conjunction with the Division of Business services at the MSDE to ensure effective procurement, use, and oversight of MSDE, DSE/EIS resources. This Branch also provides for the effective, fiscal subrecipient monitoring of all recipients of the IDEA grant funds throughout Maryland, including the LITPs, LSSs, PAs, and Institutions of Higher Education (IHEs). Through grants management staff, the Branch also ensures fiscal accountability in accordance with federal and State regulations for federal and State funds administered by the MSDE for the benefit of children with disabilities, ages birth through 21. The Branch assists LITPs and other subrecipients through the application, reporting, and fiscal management of those funds. Technical assistance relative to fiscal matters, is also provided to all LITPs and grant subrecipient agencies, as well as the monitoring of subrecipient compliance with State and federal grant regulations, including the Code of Federal Regulations, IDEA, Education Department General Administrative Regulations, General Education Provisions Act, Office of Management and Budget Circulars, and COMAR. The Branch additionally provides data and information to the Division leadership in support of programmatic interventions and to facilitate funding determinations and resource allocations. The Branch is also responsible to manage major Special Education State Aid grants and to act as the Fiscal Agent for the Children’s Cabinet Interagency Fund.

The MSDE, DSE/EIS system of general supervision includes oversight in the distribution and appropriate use of IDEA funds at both the state and LSS/PA level. As part of this system, the MSDE, DSE/EIS ensures that fiscal resources are directed to SPP indicator improvement, including child and family results, or the correction of noncompliance. The MSDE, DSE/EIS provides fiscal oversight and monitoring to determine if the LSS/PA has mechanisms and procedures for ensuring fiscal accountability in the distribution and use of IDEA funds; obligates and liquidates funds in a timely fashion; and appropriately manages maintenance of effort. Under the fiscal management of funds, the MSDE, DSE/EIS requires each LSS/PA to submit a Consolidated Local Implementation Grant (CLIG) for IDEA Part C and each LSS to submit a Local Application for Federal Funds (LAFF) for IDEA Part B. The MSDE, DSE/EIS requires that the application is developed

with stakeholder input and approved by the local board of education and that midterm and final progress reports are submitted on time. Each LSS/PA is subject to a review of projects and expenditures.

The MSDE, DSE/EIS maintains fiscal responsibility using several strategies. To ensure fiscal certainty, the MSDE, DSE/EIS requires the development of strong Memorandum of Understandings (MOUs) documenting agency responsibility in the program. Additionally, the MSDE, DSE/EIS has implemented a *Braiding Funds to Blend Programs* strategy, which gives local programs the option to use discretionary funds to support one or more priorities to specifically focus on results. For the past 5 years, the CLIG has included a **“Linking Federal Funds to Program Improvement”** component. Local programs with poor results or patterns of noncompliance are required to designate funding toward improvement.

Below is the SWOT Analysis for Fiscal completed by stakeholders:

<p><u>Strengths</u></p> <ul style="list-style-type: none"> ● Braiding funds strategy – combining resources ● Birth mandate state – can use Part B funds on early intervention ● Assistant Superintendent with passion for Early Childhood <ul style="list-style-type: none"> ○ Continued funding for Extended Option when no designated state or federal funding was available ● Some Race to the Top – Early Learning Challenge Grant (RTT-ELCG) funding going to the MSDE, DSE/EIS to support access and quality ● Online IFSP data system provides real time data for fiscal decision making based on program needs ● Strong MSDE, DSE/EIS fiscal monitoring 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> ● Level state funding for years ● Fairly level federal funding ● State continues to have “budget shortfalls” ● Sustainability of Race to the Top – Early Learning Challenge Grant (RTTT-ELCG) efforts ● As a birth mandate state, the MITP cannot charge family fees or bill private insurance for IFSP services
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> ● New governor? ● Increased funding for public pre-kindergarten ● Focus on results may provide support for additional funding through data progress 	<p><u>Threats</u></p> <ul style="list-style-type: none"> ● Increase in new referrals and numbers served with level funding ● Variability in local funding ● Hiring freezes

Quality Standards Component

Healthy Beginnings

In Maryland, *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* are developmental and learning guidelines supporting a comprehensive high quality system of services for young children. These guidelines were developed to ensure that anyone who cares for infants and young children has the knowledge and resources to support and encourage children during the ongoing process of growth and learning. Specifically designed for caregivers of infants and toddlers from birth through age three, *Healthy Beginnings* provides knowledge and support around child care and child development, while an online Activity Planner provides fun, developmentally appropriate activities that build on young children's skills and promote all kinds of learning.

Over the past several years, the MITP has placed a strong focus on understanding typical development as Maryland moved to measuring child outcomes utilizing the Child Outcomes Summary (COS) process integrated into the IFSP process. The Healthy Beginnings indicators and activities have been incorporated into the Online IFSP as resource documents and as part of a "Typical Development Wizard." This allows IFSP teams to have immediate access to information about typical development crosswalked with the three early child outcomes.

Maryland's Early Learning Standards

Maryland's Early Learning Standards are now a part of Maryland's College and Career-Ready Standards. The State Board adopted these Standards in June 2010 and schools began implementing in the 2013-2014 school year. To align with the new state standards, Maryland is currently in the process of moving from The Maryland Model for School Readiness (MMSR) to Ready for Kindergarten (R4K)/Maryland's Early Childhood-Comprehensive Assessment System (EC-CAS). This research-based assessment and instructional system is designed to provide teachers, families, and the early childhood community with a common understanding of what children know and are able to do upon entering kindergarten. All kindergarten children, including children with disabilities, are assessed in the fall of their kindergarten year to determine their level of readiness across seven domains. This assessment reflects the ability of each child to demonstrate skills, knowledge, behaviors, and interests that are indicators of future school success. The Division of Early Childhood Development/Early Learning Office coordinates and monitors the implementation of the R4K/EC-CAS at the local school level, provides professional development and technical assistance to the early childhood community, and analyzes and publishes the MMSR/R4K assessment results.

The newly implemented R4K provides a single coordinated system for recognizing the needs and measuring the learning progress (knowledge, skills, and abilities) of all children from 36 to 72 months (3 to 6 years of age) in seven domains of child learning: social and emotional development, physical development, language and literacy, mathematical thinking, scientific thinking, social studies, and the arts. The new Early Childhood - Comprehensive Assessment System/R4K has two components.

- The **Kindergarten Readiness Assessment (KRA)** is administered to all incoming kindergarteners, measuring school readiness in seven developmental domains. The KRA provides a snapshot of school readiness levels, making it possible to confidently determine if entering students have the knowledge, skills, and abilities required to succeed in kindergarten. The KRA also identifies the individual needs of children, enabling teachers to make informed instructional decisions. Maryland completed the first administration of the KRA in the fall of 2014 and results are

still pending.

- The **Early Learning Assessment (ELA)** measures the progress of learning in young children, 36 to 72 months, across five levels of learning progressions across the seven domains. They describe the pathway that children typically follow as they learn or the sequence in which knowledge, skills, and abilities develop. Each child's progress is monitored along a continuum and tracked over time. In this way, early educators working with 3- and 4-year-olds can create individualized learning opportunities and plan interventions, if needed, to ensure that children are on the path of kindergarten readiness. At this time the ELA is still under development, with 2015 being the pilot year.

While the R4K is organized into 7 domains of learning, the MSDE, DECD's *Supporting Every Young Learner: Maryland's Guide to Early Childhood Pedagogy Birth to Age 8* emphasizes that executive functioning and self-regulation are the key to being successful in all seven domains. The Social and Emotional Development domain makes up almost one-third of the KRA and the ELA. This acknowledges, based on research, the strong role social foundations play in a child's readiness for school.

Maryland EXCELS

High quality childcare is important because the early years are critical when it comes to building social, emotional, and cognitive skills. The MSDE, DECD created Maryland EXCELS as part of the RTT-ELCG to increase the quality of child care programs in Maryland. Maryland EXCELS is a voluntary Tiered Quality Rating and Improvement System (TQRIS) that recognizes the accomplishments of early childhood and school age programs and providers. EXCELS has five levels that offer a pathway to high-quality and includes standards in different areas of early care and education, including licensing, learning environments, staffing and professional development, developmentally appropriate learning and program practices, child assessment, program administration and policies, and accreditation.

The EXCELS program is beneficial for both families and child care providers because it provides information to families to help them choose a high quality child care and education program and articulates to the public the level of quality. Childcare providers participating in Maryland EXCELS have the opportunity to share information and resources about the quality of care in their program. Advertising an EXCELS level demonstrates to parents and the community that providers are committed to excellence and are continually working toward greater achievements.

Suitable Qualifications

The MSDE/MITP has established policies relating to the creation and maintenance of personnel standards pursuant to COMAR 13A.13.02.08(I) and 34 CFR §303.119. There are two components to Maryland's Personnel Standards for Early Intervention Service Providers:

1. Personnel providing early intervention services to eligible children and their families shall meet the highest requirements in the state that apply to the profession or discipline in which a person is providing early intervention services.
2. Personnel providing early intervention services under this part to eligible children and their families in excess of 15 percent of employment hours shall meet:
 - a. Highest requirements in the state that apply to the profession or discipline in which a person is providing early intervention services; and

b. Suitable qualifications.

Suitable qualifications (SQ) requirements include a minimum of 120 contact hours of documented pre-service and/or in-service training, as well as on-site consultation in nine competency areas. Identified competency areas focus on cross-disciplinary topics that are considered essential to providing family-centered early intervention services and include: Infant and Toddler Development (Typical), Infant and Toddler Development (Atypical), Infant and Toddler Assessment (Instruments), Infant and Toddler Assessment (Procedures), Family Assessment, Family Partnerships, Early Intervention Service Options, Strategies, and Instructional Practices, Team Process, and Service Coordination. At present, the MITP is working to revise the Personnel Standards document to include content indicators consistent with the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008) and the DEC Recommended Practices (Division for Early Childhood, 2014).

Below is the SWOT Analysis for Quality Standards completed by stakeholders:

<p><u>Strengths</u></p> <ul style="list-style-type: none"> ● Local programs know child and family outcomes ● State is highly compliant ● Standards are publicly reported, stakeholders are involved ● Real time data system (online IFSP data system) ● Tailored state engagement to program needs ● Family outcomes survey and input ● Child Outcome Summary (COS) integration into the IFSP 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> ● Passive complaint reporting <ul style="list-style-type: none"> ○ Parents don't know how to access ● As the number of Maryland Infants and Toddlers Program (MITP) staff has decreased, there is a less intimate relationship with the MSDE/MITP and local Infants and Toddlers Programs (LITPs) ● Question reliability of Child Outcome Summary (COS) without a competency check ● Professional development: local versus national perspective, lack of funds toward opportunity to attend. ● Services for children who are medically fragile – need more collaboration among agencies
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> ● Child Outcome Summary (COS) process gives a better view of child for IFSP development ● Formal reporting and review of data ● Increase networking among local programs 	<p><u>Threats</u></p> <ul style="list-style-type: none"> ● Providers not evenly prepared: <ul style="list-style-type: none"> ○ Child Outcome Summary (COS) ○ Adult learning styles to build family/caregiver capacity ○ Child care provider communication/ coaching

<ul style="list-style-type: none"> ● Coaching and mentoring (change in culture/adult learning styles) ● Opportunity to use information from Family Survey ● Emphasis on social-emotional development in the new Ready for Kindergarten Assessment 	<ul style="list-style-type: none"> ● Fear of change: new ways of thinking
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Professional Learning and Technical Assistance Components

The MSDE, DSE/EIS has several key mechanisms in place to ensure that service providers are effectively providing services to improve results for infants, toddlers, and preschoolers with disabilities and their families. Discussed previously under Quality Standards, Maryland has a robust system of Personnel Standards. Other mechanisms to ensure quality services and improve results include Comprehensive System of Personnel Development (CSPD) Plans, the Tiered System of Engagement, and ongoing professional learning activities and resources.

Comprehensive System of Personnel Development (CSPD) Plans

Yearly, each Local Lead Agency (LLA)/LITP is required to submit a Consolidated Local Improvement Grant (CLIG) designated as the single grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures to support positive results. A requirement of the annual CLIG submission is a Comprehensive System of Personnel Development (CSPD) Plan describing how the local early intervention system provides and coordinates training and technical assistance on an interdisciplinary basis, to the extent appropriate for public and private providers, primary referral sources, Family Support Network/Preschool Partners Coordinators, parents, paraprofessionals, and service coordinators to improve outcomes for infants, toddlers, and preschool-age children with disabilities, including children in the Extended IFSP Option, and their families.

The CSPD Plan developed by each local jurisdiction includes, as appropriate, training on the basic components of the early intervention system; the coordination of transition services from the Infants and Toddlers Program to Preschool Special Education services, or another appropriate early childhood program; the implementation of evidence-based practices through early intervention service options, strategies and instructional practices; and the development, implementation, and incorporation of educational outcomes in the IFSP that promote school readiness, including pre-literacy, language, and numeracy skills. Training activities typically include parents together with early care and education providers and are intended to assist families and caregivers with enhancing specific areas of a child’s development to support their participation as full partners in the development and implementation of the IFSP.

Training needs are assessed in a variety of ways and may vary from individual to individual and year to year. A formal written survey of training needs is one mechanism for gathering information to support the focus of the CSPD Plan. Other sources of information that are considered when assessing local training needs include:

- Specific data-informed decision-making based on child outcomes, family outcomes, child find practices, and/or natural environments practices;
- Evidence-based and recommended practices;
- Family and child issues currently challenging the program;
- Local, state, and national issues, trends, focuses; and/or
- Training evaluations.

The MSDE supports an evidence-based data-informed decision making process (Team-Analyze-Plan-Implement-Track or TAP-IT) to assist jurisdictions to align local CSPD Plans with conclusions drawn from the review and analysis of the local suitable qualifications report, self-monitoring, local data profiles, improvement plans, corrective action plans, complaints and investigations requiring corrective actions, and other data related to program improvement.

The method and results of the needs assessment are clearly summarized in the data summary section of the CSPD Plan with the list of anticipated in-service topics reflecting the results of the local needs assessment and based on the Learning Forward *Standards for Professional Learning*. Specific documentation about the actual professional learning provided and the results of those professional learning experiences is included in the local Final Program Report.

Required local CSPD Plan components in FFY 2013:

- a) A summary of the specific data on which the plan is based that supports the need for the proposed training activities. Data includes the results of the local training needs assessment of public and private providers, primary referral sources, Family Support Network and Preschool Partners coordinators, parents, paraprofessionals, and service coordinators, in addition to other data analysis results;
- b) The specific purpose for which the identified training is being sponsored (i.e., areas of non-compliance and performance, program improvement/results, required corrective actions, suitable qualifications, etc.);
- c) A description of each training activity, including anticipated dates, training level, topic, presenters, audience, supportive resources, and planned follow-up to evaluate and support transfer of training to practice (i.e., coaching, communities of practice, etc.); and
- d) Evaluation levels, instruments, methods or procedures, and the anticipated degree of training impact on the local early intervention system.

An additional requirement of each local CSPD Plan is the inclusion of local/regional training(s) and/or technical assistance on the utilization of the Child Outcomes Summary (COS) process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process. Jurisdictions can access technical assistance from the Programmatic Support and Technical Assistance Branch in the MSDE, DSE/EIS to support local/regional planning and implementation efforts for customized COS professional development. Additionally, Maryland's online COS tutorial can be accessed through www.marylandlearninglinks.org to supplement face-to-face training.

After CLIG submissions are received by the MITP, each local CSPD Plan is reviewed by designated staff (i.e., programmatic, data, and fiscal MSDE liaisons) through the utilization of a comprehensive template created to ensure all required plan components are adequately addressed. Approval of each local CSPD Plan is required to maintain robust professional learning for all early intervention providers, families and other early care and education professionals. When local CSPD plans are missing data or other required components, specific technical assistance is provided to support local plan approval. Designated MITP staff also reviews Final Program Reports to ensure appropriate implementation of each

local CSPD Plan.

The MITP believes that it is important that all IFSP teams are considered “COS competent,” as defined by the ECTA Center COS Competency Check (COS-CC). The COS-CC will be a required component of CSPD plans beginning in FFY 2016. The purpose of the COS-CC is to provide states with a mechanism to verify that program staff have the basic competencies to conduct the COS process. Once released by the ECTA Center, the COS-CC will also help the MITP and local programs identify professional development needs. The MITP expects that all individuals (100%) on IFSP teams will be determined COS competent by the end of FFY 2016. All newly hired program staff will be expected to be COS competent within 1 calendar year of hire.

Ongoing Professional Learning Activities and Resources

In order to improve program quality and services to positively impact child and family outcome results, the MITP, in collaboration with numerous partners, provides resources, training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders, and parents in numerous formats and forums. Dissemination of these trainings, resources, media, and tools to strengthen child outcomes and the early intervention and education services provided to infants, toddlers, and young children with disabilities, and their families, is supported through the MSDE, DSE/EIS website www.marylandlearninglinks.org in collaboration with the Johns Hopkins University (JHU)/Center for Technology in Education (CTE).

Several online professional learning resources have been highly utilized for providing ongoing training and support to **all** early care and education professionals as well as families.

- The Maryland Learning Links (MLL) website is a site co-owned by the MSDE, DSE/EIS and the JHU CTE. The site was created to provide guidance and resources related to early intervention and special education in Maryland. The site is structured into six main topic areas or channels, including Early Learning, Individualized Education, Professional Learning, Leadership, Family and Community, and Policy. Also included on the site are sections for blogs, communities of practice, and a calendar of events. In addition to content embedded on the site, MLL also provides helpful links to other sites.
- The Embedded Learning Opportunities (ELO) website assists IFSP teams with selecting learning experiences to integrate into families’ daily routines in an effort to enhance young children’s development of functional skills and behaviors across the three early childhood outcomes. The website is organized by four common daily routines in which parents/caregivers and children engage: mealtime, bath time, bedtime, and playtime. Within each routine area, various activities are presented by age group (birth through 5 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland’s Healthy Beginnings Developmental Guidelines. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children’s IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child’s parent(s) or caregiver(s)
<http://olms.cte.jhu.edu/olms2/10634>
- The Child Outcomes Summary (COS) Tutorial assists early intervention professionals and families to understand and be successful with measuring early childhood outcome results utilizing the COS process integrated into Maryland’s online IFSP. The online tutorial supplements direct face-to-face training and provides an ongoing resource for implementing the COS process in early intervention and engaging families in the COS process in Maryland. <http://olms.cte.jhu.edu/olms2/128970>
- The Birth-Five Evaluation and Assessment Module is an online professional learning resource designed to provide

a comprehensive understanding of evaluation and assessment (birth – five), including definitions, purposes, legal requirements, recommended practices and family partnerships. Throughout the module, the learner is engaged in Checks for Understanding to assess knowledge of content. Reflection activities are utilized along with IFSP and IEP toolkits to assist the learner with effectively synthesizing assessment information. Learners are introduced to an evidence-based, data-informed decision making model to ensure purpose-driven evaluation and assessment. Differentiated learning is supported through resource links to regulations, videos, other modules and tutorials, checklists, practice briefs, and supplemental materials. <http://olms.cte.jhu.edu/olms2/142555>

- Maryland Social Emotional Foundations for Early Learning website is based on the research from the Center on the Social and Emotional Foundation for Early Learning (CSEFEL) which promotes a framework for teaching social and emotional skills to young children. The MSDE, in collaboration with the University of Maryland School of Social Work/Institute for Innovation and Implementation, developed evidence-based, user-friendly, online training modules to assist early childhood educators as they promote children’s social-emotional development and address the challenging behavior and mental health needs of young children. The training is divided by age group for Infants and Toddlers Program staff and preschool program staff. The trainings are divided into 4 modules, each one containing a pre and post assessment and downloadable handouts. <https://theinstitute.umaryland.edu/sefel/about/index.cfm>
- The Prematurity and Atypical Development Professional Learning Series is a website designed to equip early intervention professional learning facilitators with the information and materials needed to deliver a 5-module training series on prematurity and atypical development. The modules include: The ABCs and 123s of Prematurity, Diagnoses Associated with Prematurity and Developmental Implications, Understanding and Using Adjusted Age with Infants Born Prematurely, A Potpourri of Interventions for After the NICU, and Atypical Development-Increasing Awareness. Each module includes a Facilitator’s Guide, Learning Objectives, Video Presentation, and Participant Handouts along with a pre-post assessment. <http://olms.cte.jhu.edu/olms2/273786>

The MSDE targets specific universal professional learning activities to local early intervention and early care and education leaders. These include the annual MSDE, DSE/EIS Professional Learning Institute with an early childhood strand, quarterly face-to-face Birth through 21 Leadership professional learning, and monthly Birth through 21 Leadership teleconferences. This year the focus of the professional learning activities for early intervention leaders is high-quality, functional, routines-based IFSPs with the rollout of a reflection tool and training modules.

Additional universal professional learning activities are focused on Part C service coordinators with an annual/bi-annual technical assistance forum based on a needs assessment survey. Topics for this year’s forum included policy updates, collaborative teaming in the IFSP/Child Outcomes Summary Process, innovative online resources to support evidence-based practices, and family partnerships.

Technical Assistance

Through the Division’s strategic plan, *Moving Maryland Forward*, the MSDE, DSE/EIS focuses on building the capacity of LITPs, local school systems, public agencies, and institutions of higher education to narrow the performance gap and enable all children to be kindergarten ready. The Division works collaboratively with other Divisions within the MSDE to improve performance on statewide accountability measures, including Ready 4 Kindergarten, and achievement of the Maryland College and Career Ready Standards.

- Tiers of Engagement provide the differentiated tiers of support and technical assistance to an LITP based on identified results and compliance criteria. The Tiers of General Supervision and Engagement were described earlier in the Accountability/Monitoring for Results component but the Tiers of Engagement are again discussed briefly below. **Please refer to the Attachment: *Differentiated Framework*.**

- o The **Universal Tier of Engagement** is statewide professional learning and technical assistance to support statewide needs based on overall State trend data (e.g., performance on SPP Indicators, child outcomes, and student achievement). This includes general information related to early intervention and special education policies, procedures, and practices, as well as the general work of the MSDE. Examples of statewide technical assistance include State and regional professional learning, online tools, resources through the Maryland Learning Links website, Q&A Documents, and Technical Assistance Bulletins.
- o The **Targeted Tier of Engagement** focuses on professional learning and support (training, coaching, and technical assistance) to address the needs of the LITP on specific topics identified through general supervision. It is a responsive and proactive approach to prevent the LITP from needing substantial support.
- o The goal of the **Focused Tier of Engagement** is to direct substantial support to address the continuous lack of improvement of the LITP through significant systems change. A multi-faceted State and local leadership team meets regularly to develop and implement an action plan designed to affect systems change in policy, program, instructional practices, and professional learning at multiple systems levels.
- o The **Intensive Tier of Engagement** focuses on providing support based on a Formal Agreement that is developed to guide improvement and correction with onsite supervision. The MITP may direct, recover or withhold State or federal funds.

- **Team, Analyze, Plan, Implement, Track (TAP-IT)**

The TAP-IT process is the universal delivery system for improved results through the MSDE, DSE/EIS *Differentiated Framework: Tiers of Engagement*. TAP-IT ensures purposeful resource allocation and collaborative effort in support of research-based actions that narrow the achievement gap for children with disabilities and their non-disabled peers. Through TAP-IT the MSDE, DSE/EIS partners with LITPs around five levers for change (based on State Education Agency (SEA) Levers for Change in Local Education Agencies and Schools, Redding, 2013):

- o **Opportunity** by braiding of resources to support innovative practices;
- o **Incentives** through Statewide recognition of child progress and gap reduction;
- o **Systemic Capacity** by providing Statewide data systems that include the Longitudinal Accountability Decision Support System (LADSS), Maryland Online IFSP, and the Maryland Online IEP (MOEIP);
- o **Local Capacity** building through expert consultation, establishment of Communities of Practice (CoP), training, coaching, and opportunities for diagnostic site reviews; and
- o **Intervention** through the MSDE, DSE/EIS Differentiated Framework - Tiers of Engagement that include universal support for internal decision-making processes based on implementation science and dissemination of proven practices with demonstrated results.

The TAP-IT process begins with the formation of an implementation team comprised of LITP and the MSDE, DSE/EIS representatives who operate in a clearly defined partnership. The team collects current, relevant data sources (for example: SPP/APR indicator data, Ready at Five - School Readiness Data, Maryland Online IFSP Database, and Family Survey Data), analyzes the data using an agreed upon protocol, plans interventions and aligns resources, implements with support and resources identified, and tracks ongoing progress to scale up as appropriate. **Please refer to the Attachment: TAP-IT.**

Below is the SWOT Analysis for Professional Learning/Technical Assistance completed by stakeholders:

<p>Strengths</p> <ul style="list-style-type: none"> ● Web-based Maryland Learning Links portal for 	<p>Weaknesses</p> <ul style="list-style-type: none"> ● Face to face instruction lacking (staff capacity)
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<p>professional learning</p> <ul style="list-style-type: none"> ● Online IFSP data system provides real time data to help make decisions about specific program needs ● Internships of college students available at local level ● Retention because personnel love the field of early intervention ● Thoughtful review of suitable qualification requirements ● Local program can create own professional learning based on local program identified needs ● Well-educated and enthusiastic providers ● Identifying experts to provide targeted trainings/technical assistance ● Observations/child outcome data/trends guides professional learning <ul style="list-style-type: none"> ○ Both statewide and local ● The MITP offers professional learning opportunities to build capacity of providers 	<ul style="list-style-type: none"> ● Shortage of specialized therapist and experienced providers in some areas ● No options for recruitment/retention bonus ● Limited knowledge on systematic and effective professional learning ● Data not used effectively for professional learning. Some providers take professional learning based on funding/costs not on need ● Recruiting qualified personnel who can provide high quality services and have the ancillary skills and knowledge to build family/caregiver capacity and maintain quality support to families ● Challenge = broad scope of competencies/skill set needed to communicate and engage with all aspects of a child and family and their entire support system ● Many staff report feeling inadequate regarding dealing with social-emotional difficulties ● Disadvantage is the disconnect between all child serving systems – leads to disconnected professional learning – need better interagency collaboration ● “Buy in” because not getting continuing education credits for required trainings: some employees are not willing and have “union protection” ● Challenges with implementation ● Lack of focus on paraprofessionals/aides (all people working in classroom) ● Communication and partnership
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Opportunities	Threats
<ul style="list-style-type: none"> ● Professional development to be provided across the field ● Coordinated training across jurisdictions with high-level experts (save funding by coordinated effort and collaboration) ● Serving on local ECAC and other stakeholder groups ● State effort to unify professional learning ● Family Support Services, Judy Centers, local Early Childhood Advisory Councils (ECACs), LICCs (but not sure how are they using the information) ● Need to coordinate education at Institutes of Higher Education to combine all early childhood educators ● Be inclusive of more outside agencies, programs in a stream-lined, effective way and target on those not interested yet ● What is the data from other programs that could guide professional learning/technical assistance? ● IFSP Quality Reflection Tool being developed 	<ul style="list-style-type: none"> ● Some Local School Systems do not have time and/or funding to participate in early intervention training ● High caseloads leave limited time for professional development ● Lack of inclusion of smaller entities in large scale professional learning/technical assistance – leading to lower outcomes in some smaller jurisdictions ● Direct technical assistance not always provided after professional learning opportunities – need follow-up ● Engrained philosophy of some providers ● Missed services during professional learning activities – legal threat and fiscal implication for missed billing opportunities and the cost of substitute providers

System Strengths and Areas for Improvement: Summary of Major SWOT Analysis Findings

Through its SWOT Analysis with stakeholders, the MITP identified several strengths that were common themes embedded in multiple infrastructure components. For example, the MITP’s online IFSP data system was mentioned as a strength in each of the identified infrastructure components. The data system better enables the MITP to examine State, local, and provider level data. In addition, access to real time data helps the MITP make programmatic decisions, including those related to governance, accountability, quality standards, professional learning, technical assistance, and fiscal considerations. Access to these data will be instrumental during the Infrastructure Development of Phase II.

Another strength identified via SWOT Analysis is the MITP’s involvement of stakeholders. In particular, the MITP involves stakeholders in decision-making for each infrastructure component. Throughout the year, the MSDE, DSE/EIS

provides numerous opportunities for stakeholders to help guide the birth through five system in Maryland. Examples include the SICC, Special Education State Education Committee (SESAC), Professional Learning Institute meetings, IFSP Users Group meetings, state initiative workgroups/taskforces, the Education Advocacy Coalition (EAC), and statewide webinars/teleconferences. No major decisions are made without discussion with internal and external stakeholders.

The stakeholder SWOT analysis identified relevant areas for improvement within and across the system. More than anything else, collaboration was mentioned as something that is a current weakness or threat. Stakeholders felt that better collaboration with numerous partnering agencies is needed to ensure that children with behavioral and mental health concerns are provided with an appropriate continuum of services, including those that provide services to children considered medically fragile. For example, stakeholders identified the collaboration between the MSDE, DSE/EIS and the MSDE, DECD as something that is getting better but still needs improvement. In addition, lack of adequate State and local collaboration with the Early Childhood Mental Health Consultation Project and other mental health providers was identified as a threat to our system. And, better coordination among agencies is important to ensure adequate use of resources and a better connected system of professional learning. It is important to note that increasing collaboration with outside researchers was viewed as an opportunity to aid in data-informed decision making.

A common theme identified as an opportunity across infrastructure components in the SWOT Analysis was the State and federal shift towards results driven accountability. Stakeholders proposed that demonstrating increased results presents an opportunity for increased funding. To this end, stakeholders viewed the integration of COS into the IFSP as a better way to view the child during IFSP development and believed that better child outcomes will result from this integration. In addition, they identified the newly developed IFSP Reflection Tool (see Coherent Improvement Strategy #3) as an opportunity to refine local program practice in developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The development, implementation, and evaluation of functional, routines-based IFSPs, it is believed, will lead to better results for children and their families.

Conclusions

Engaging in a thorough data review and infrastructure analysis has led to several critical conclusions. Data indicate that social-emotional development is one of two school readiness domains that have not increased, the special education gap is largest in social-emotional development, and the numbers of preschool age children being suspended is increasing. These data points are congruent with the information identified in infrastructure analysis indicating that: training in social-emotional development needs to be more widespread; children and families need better access to high-quality childcare and mental health services; and collaboration with families, childcare, early childhood mental health, and other early care providers needs to be strengthened.

Indicator 11: State Systemic Improvement**Plan****Data and Overview**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool-age children in four local Infants and Toddlers Programs.

Description

Stakeholder Involvement

After a comprehensive review of the State's data and infrastructure, as well as current research relating to school readiness, the MITP engaged stakeholders in discussion regarding a proposed SIMR on November 19, 2014. All stakeholders felt that the ultimate goal should be school readiness, but there was some disagreement on which child outcomes indicator(s) was most related to readiness. The discussion was immediately narrowed to social-emotional development and knowledge and skills. Some stakeholders felt that the focus should be on knowledge and skills because of its more direct link to school readiness. Others, however, emphasized the importance of executive functioning and approaches toward learning as they relate to social-emotional development. Much of the November 19th meeting was related to stakeholder discussion about social-emotional versus knowledge and skills and then whether Summary Statement #1 or Summary Statement #2 was more appropriate. Ultimately, the group reached consensus to focus on a substantial increase in social-emotional skills over knowledge and skills because they believed that positive social-emotional development is the foundation for school success and that the attainment of knowledge and skills is difficult when challenging behaviors interfere with that attainment.

On November 19th, the MITP also proposed that 3 to 4 LITPs would be "SSIP programs" and stakeholders were all in agreement. During the discussions about potential "SSIP programs", LITP names were not used, only county numbers, to avoid any bias from stakeholders. The MITP wanted decisions to be made based on data and infrastructure, not on an unrelated stakeholder agenda or bias. After reaching consensus on substantially increasing positive social-emotional development, the proposed SIMR was discussed at two additional meetings (December 10, 2014 and January 8, 2015) with consensus being reached by the end of each meeting. With input from the stakeholder meetings, MSDE reviewed data and initiatives and determined that the SIMR would initially include work with four local programs.

Selection of the SSIP programs was based on numerous factors. First, the local programs needed to have the capacity to implement identified improvement strategies and/or the ability to make changes to their infrastructure that would enable them to have the capacity. Second, the MITP and its stakeholders believe that it is important that the strategies and activities implemented as part of the SSIP process ultimately can influence State data for SPP/APR Indicator 3. As a

result, the MITP identified four programs that account for about one-third of the MITP’s total Part C child count. Third, it was important to have programs with varying structures because the ultimate goal is to implement SSIP strategies on a larger scale. For this reason, the MITP selected two programs that were Health Department lead agencies and two programs that were Education lead agencies. Fourth, demographic variables were also considered during the selection. The selected programs were around major urban areas and those that were more rural in nature. Finally, it was important that the programs selected would have interest and buy in to the SSIP process. Prior to finalization of the selection of local programs, each of the proposed SSIP programs was contacted to confirm their interest in the participation in the SSIP process.

The specific involvement of stakeholders taking part in SIMR discussions is provided below:

Internal Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS			X
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X
Behavioral Specialist, DSE/EIS		X	X
Part C Monitoring Specialist, DSE/EIS			X
Director of the Office of Childcare at MSDE, DECD			X
Birth through Five	X	X	

Education Program Specialist, DECD			
Consultant	X	X	

External Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
Parents	X	X	X
LITP Directors	X	X	X
Preschool Coordinators	X	X	X
Local Program Supervisors	X	X	X
Early Intervention Providers	X	X	X
State Interagency Coordinating Council	X	X	X
Institutes of Higher Education	X	X	X
Department of Health and Mental Hygiene/Health Department	X	X	X
Head Start			X
Early Head Start			X
Advocacy Groups	X	X	X
Maryland Chapter of the American Academy of Pediatrics			X
Division of Early Childhood Development/Child Care	X	X	X
Maryland Insurance Administration			X
Homeless Education	X	X	X
Foster Care			X
Mental Health	X	X	X
Governor’s Office for Children			X
Maryland Family Network (Family Support)	X	X	X
Maryland Developmental Disabilities Council	X	X	X
Maryland Screening Consortium Members	X	X	X
LICC Chairs/Members	X	X	X

Supporting Research

Science has established a compelling link between social/emotional development and behavior and school success (Raver, 2002; Zins, Bloodworth, Weissberg, & Walberg, 2004). Academic achievement in the first few years of schooling appears to be built on a foundation of children’s emotional and social skills (Raver, 2002). Young children cannot learn to read if they have problems that distract them from educational activities, problems following directions, problems getting along with others and controlling negative emotions, and problems that interfere with relationships with peers, teachers, and parents. “Learning is a social process” (Zins et al., 2004).

The National Education Goals Panel (1996) recognized that a young child must be ready to learn, e.g., possess the prerequisite skills for learning in order to meet the vision and accountability mandates of academic achievement and school success. Academic readiness includes the prosocial skills that are essential to school success. Research has demonstrated the link between social competence and positive intellectual outcomes as well as the link between antisocial conduct and poor academic performance (Zins et al., 2004). Programs that have a focus on social skills have been shown to improve outcomes related to dropout and attendance, grade retention, and special education referrals. They also have improved grades, test scores, and reading, math, and writing skills (Zins et al., 2004). “From the last two decades of research, it is unequivocally clear that children’s emotional and behavioral adjustment is important for their chances of early school success” (Raver, 2002).

The State's SSIP Measure

Through both data and infrastructure analyses, as well as through a thorough review of current research, the MITP has identified a need to focus on social-emotional development. As such, the MITP has developed the following SIMR:

The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool-age children in four local Infants and Toddlers Programs.

The State's SSIP measure is aligned with Summary Statement #1 of Indicator 3a: Of those children who entered the program below age expectations in positive social-emotional skills, the percent who substantially increased their rate of growth by the time they exited the program. Once the SIMR was defined the MITP and its stakeholders discussed the creation of baseline and target data. At any given time, one identified SSIP program serves between 20% and 25% of all children in the MITP, whereas the other three programs combined serve about 10%. As a result, stakeholders proposed weighting the baseline and targets based on program size. Therefore, the baseline was set using a calculator provided by the Early Childhood Technical Assistance (ECTA) Center. This calculator uses each local program’s child count to create a weighted baseline. It is expected that, as a result of the strategies and activities listed below, the SSIP programs will experience significant gains in social-emotional data equal to at least one percentage point per fiscal year beginning in FFY 2015. Baseline and target data are inclusive of children receiving services through an IFSP birth to three, as well as children receiving services through an Extended IFSP after age three. To be included in analyses, children birth to three must receive services for at least 6 months before exiting and children older than three must receives service for at least 3 months before exiting. The baseline and targets for the Part C SSIP through FFY 2018 are:

Year	Baseline FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Target	57.40%	57.40%	58.40%	59.40%	60.40%	61.40%

Indicator 11: State Systemic Improvement

Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Stakeholder Involvement

As stakeholders were engaged in identifying coherent improvement strategies and ultimately the Theory of Action, two overarching questions were an integral part of all discussions:

- 1) What would Maryland need to see at the state and local levels for administrators, practitioners, and families to improve positive social-emotional skills of young children with disabilities?
- 2) What specific improvement strategies would the state need to implement to support positive social-emotional skills of young children with disabilities?

The MITP led discussions around improvement strategies over three stakeholder workgroup meetings. During the first workgroup meeting, stakeholders were asked to identify root causes for low social-emotional child outcomes scores, regardless of whether or not the causes were actionable. The following root causes were identified: homelessness, toxic stress, lack of education about parenting strategies, inadequate high-quality and affordable childcare with consistent staff, parental disabilities, cultural awareness, access to and provision of adequate child and caregiver mental health services, family transiency, poverty/economics, genetics, parent-school mismatched expectations, lack of prenatal care, language barriers, parent inability to read child cues, adult learning strategies, substance abuse, lack of awareness of resources by families and staff, transportation, Post-Traumatic Stress Disorder (PTSD), teen parents, caregiver and service provider rigidity, inadequate knowledge of social-emotional development by providers, inadequate understanding and use of evidence-based social-emotional strategies, family status, unaligned attachment styles, and gender stereotypes.

At both the first and second workgroup meeting, stakeholders were asked to consider actionable root causes linked to the data analysis and infrastructure analysis. These included the data analysis indicating lower social-emotional school readiness scores for young children with disabilities, the low outcome data in some programs and the variability in the outcome data around positive social-emotional skills for young children with disabilities, the concerns about the competency of providers to build family capacity and implement evidence-based practices with fidelity (e.g., the inconsistent implementation of SEFEL in early care and education programs throughout the state), the need to improve the quality of childcare (EXCELS), the need for improved collaboration between the MSDE, DSE/EIS and the MSDE, DECD, particularly with regard to the ECMHC Project in some jurisdictions, the inconsistent use of data-informed decision-making at all levels, the concerns about COS data quality, the concerns about IFSP quality, and the concerns about effective and efficient professional learning and technical assistance.

Additionally, at both the first and second workgroup meetings, members discussed potential improvement strategies in the

context of the *Hexagon Tool for Assessing Evidence-Based Practice Readiness of Fit*. This tool facilitates a discussion by reviewing six broad factors in relation to the strategy:

- **NEED** – Is the improvement strategy aligned with early care and education, parent, and community perception of need and is data supporting the need?
- **FIT** – Does the improvement strategy fit with current initiatives and priorities, early childhood principles, and good practices?
- **RESOURCES AND SUPPORT** – are resources available to support the strategy, such as programmatic, staffing, technology, data systems, coaching, and supervision?
- **EVIDENCE** – is there evidence to support use of the improvement strategy – in the early childhood literature, developmentally appropriate practice?
- **READINESS FOR REPLICATION** – are resources available to support implementation – administrative support, professional learning and TA availability, qualified providers?
- **CAPACITY TO IMPLEMENT** – does the state have the capacity to support local program implementation – administrative support, qualified staff, stakeholder support?

Based on all the above discussions, stakeholders generated numerous improvement strategies for substantially increasing the rate of growth of positive social-emotional skills of infants, toddlers, and preschool-age children with disabilities:

- Focus on family assessment - particularly through the use of the Routines Based Interview (RBI), implementation of the Seven Key Principles for Providing Early Intervention in Natural Environments, and the DEC Recommended Practices for Assessment and Family Practices
- Stronger collaboration with other home visiting programs (i.e., Early Head Start, Parents as Teachers)
- Stronger collaboration with child care community - Maryland EXCELS
- Stronger collaboration with mental health providers, in particular the Early Childhood Mental Health Consultation Project
- Full implementation with fidelity of Social Emotional Foundations for Early Learning (SEFEL) for early intervention providers, early childhood mental health consultants, and child care providers
- Stronger focus on reflective coaching with families and other caregivers (i.e., child care providers)
- Continuation of Making Access Happen initiative
- Embedding data-informed decision-making at all levels
- Child Outcomes Summary - Competency Check
- Utilization of the Implementation Science Framework/Research

At the third workgroup meeting, stakeholders were presented with the previously identified improvement strategies and were given the opportunity to provide additional input on those or other strategies. Additional improvement strategies that were identified included:

- Stronger collaboration with healthcare providers
- Stronger collaboration with Institutes of Higher Education
- Focus on high-quality, functional, routines-based IFSPs

After each meeting, notes/materials were shared with all stakeholders to allow for input from those who could not attend.

The specific attendance of stakeholders at those groups is indicated below.

Internal Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS			X
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X
Behavioral Specialist, DSE/EIS		X	X
Part C Monitoring Specialist, DSE/EIS			X
Director of the Office of Childcare at MSDE, DECD			X
Birth through Five Education Program Specialist, DECD	X	X	
Consultant	X	X	

External Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
Parents	X	X	X
LITP Directors	X	X	X
Preschool Coordinators	X	X	X
Local Program Supervisors	X	X	X
Early Intervention Providers	X	X	X

State Interagency Coordinating Council	X	X	X
Institutes of Higher Education	X	X	X
Department of Health and Mental Hygiene/Health Department	X	X	X
Head Start			X
Early Head Start			X
Advocacy Groups	X	X	X
Maryland Chapter of the American Academy of Pediatrics			X
Division of Early Childhood Development/Child Care	X	X	X
Maryland Insurance Administration			X
Homeless Education	X	X	X
Foster Care			X
Mental Health	X	X	X
Governor’s Office for Children			X
Maryland Family Network (Family Support)	X	X	X
Maryland Developmental Disabilities Council	X	X	X
Maryland Screening Consortium Members	X	X	X
LICC Chairs/Members	X	X	X

Stakeholders felt strongly that the MSDE, *DSE/EIS Strategic Plan: Moving Maryland Forward* provided a solid foundation for Maryland’s SSIP and that while many improvement strategies were already in place, many ongoing strategies and practices needed to be strengthened. Additional discussion with stakeholders around both the feasibility and impact at both the local and State level helped to combine, narrow down, and better organize improvement strategies to specifically focus on stronger collaborative practices, targeted technical assistance, and capacity building for data-informed decision-making.

Selection of Coherent Improvement Strategies

Promoting social-emotional development for Maryland infants and toddlers is the priority for Maryland’s State Systemic Improvement Plan (SSIP). This priority is in alignment with *Moving Maryland Forward: The DSE/EIS Strategic Plan*, which focuses on kindergarten readiness as one of four Action Imperatives. During the Division’s strategic planning process, four key strategies were identified to help improve results for children with disabilities and their families in Maryland. These key strategies are:

- Family Partnerships – The MSDE, DSE/EIS will continue to create and sustain strong family partnerships and will support school and community personnel in their efforts to encourage families, as their child’s first teacher, to make active and informed decisions that contribute to their child’s success;
- Strategic Collaboration – The MSDE, DSE/EIS will employ strategic collaboration with partners across State agencies, across divisions within the MSDE, among public education agencies, with Institutes of Higher Education (IHEs), and with families, advocates, and community partners, in order to promote access for all children to high-quality teaching and learning;

- Evidence-Based Practices – The MSDE, DSE/EIS will promote the adoption and implementation with fidelity of evidence-based practices to narrow school readiness and achievement gaps. The MSDE, DSE/EIS will identify and share evidence-based practices, including multi-tiered systems of academic and behavioral supports, to ensure equitable access to high-quality instruction that leads to child/student progress; and
- Data-Informed Decision Making – The MSDE, DSE/EIS will increase the capacity to make data-informed decisions at the state and local levels by providing access to real-time child/student data. The MSDE, DSE/EIS will support the implementation of an evidence-based and customized data analysis and decision-making process.

These broad key strategies continue to be essential in every aspect of the work of the DSE/EIS as well as the implementation of MITP's SSIP. To substantially increase positive social-emotional outcomes of young children with disabilities the MITP will focus on a set of coherent improvement strategies to do the following:

- 1) Provide leadership for strategic collaboration and resource management;
- 2) Provide technical assistance and programmatic support focused on family partnerships and evidence-based practices; and
- 3) Ensure accountability with a focus on results through data-informed decision-making.

These improvement strategies were identified as a priority by stakeholders and were selected because they fit within the state's current capacity and resources, as well as provide a coherent approach to the State's specific needs to: 1) narrow the school readiness gaps in social-emotional development, 2) increase collaborative practices, 3) build family capacity to support positive social-emotional development, 4) scale up the use of evidence-based practices, 5) provide effective professional learning opportunities, and 6) increase the use of data-informed decision-making. While previously implemented improvement strategies have addressed positive social-emotional skills in the broad sense, the selected coherent improvement strategies place a laser focus on results for substantially increasing positive social-emotional skills by supporting local infrastructure and capacity to implement evidence-based practices with fidelity. The MITP is building on current effective strategies and initiatives while adding new supportive coherent improvement strategies. It is important to note that these coherent improvement strategies are evidence-based and are/will be rolled out with careful and thoughtful planning using the principles of Implementation Science.

Implementation Science is the study of methods to promote the integration of research and evidence into practice. There are four functional stages of implementation with sustainability being embedded in each. According to Metz and Bartley (2012), they are:

- 1) Exploration – During this stage teams will assess needs, examine innovations, examine implementation, and assess fit;
- 2) Installation – During this stage teams will acquire resources, prepare the organization, prepare implementation, and prepare staff;
- 3) Initial Implementation – During this stage teams will use data to assess implementation, identify solutions, and drive decision making;
- 4) Full Implementation – During this stage the new learning occurs at all levels and becomes integrated into practice, organization, and system settings and practitioners skillfully provide new services.

Implementation Science seeks to examine the causes of ineffective implementation and to investigate new approaches to improve programs. As a result, the incorporation of Implementation Science helps ensure that interventions/changes to programs are implemented effectively and consistently over time. The MITP believes that the incorporation of

Implementation Science into each improvement strategy increases the likelihood of success and decreases the likelihood that strategies will lose their effectiveness over time.

MITP Key Strategy #1 – Provide leadership for strategic collaboration and resource management.

The MITP and LITPs are connected and have relationships with statewide and local programs and services that support families with young children. Emphasis to maintain and strengthen these partnerships is an ongoing process and examples include but are not limited to:

- 1) Maryland's Early Childhood Mental Health Consultation (ECMHC) Project: *The MITP believes that collaboration with the ECMHC Project will result in a more seamless system of services for children with atypical social-emotional development. Collaboration will also help retain children with behavioral and mental health needs in quality childcare programs who would otherwise be expelled.*
- 2) Home Visiting Programs: *The MITP believes that collaboration with home visiting programs will increase access to evidence-based programs that provide developmental and parenting support to families.*
- 3) Maryland EXCELS: *The MITP believes that the continued expansion of the Maryland EXCELS system will result in higher-quality childcare with better emotional support, thereby producing better social-emotional outcomes for children in the MITP and throughout Maryland.*
- 4) Health Care Providers: *The MITP believes that continued collaboration with healthcare providers will result in better coordination of services, earlier referral and, consequently, better child outcomes.*
- 5) Making Access Happen (MAH): *The MITP believes that the continuation of the MAH initiative, even after RTT-ELCG funds are expended, will result in more children three through five with developmental delays and disabilities, being supported with their typically developing peers in high quality environments.*

The MITP believes that strengthening partnerships/collaboration with the projects, programs, and agencies listed, including those that are part of the MSDE, DECD will result in a more comprehensive and seamless system of services for infants, toddlers, and preschool age children with developmental delays and disabilities.

State and local level leaders recognize the importance of nurturing relationships at every level, which requires ongoing, continuous collaborative partnering. Based on the research regarding structures for implementation, the following new improvement strategies will be implemented to maintain and strengthen the above collaborations:

- 1) Statewide Leadership Implementation Team - The MITP will form a Statewide Leadership Implementation Team with key decision-making leaders from the Division of Special Education/Early Intervention Services, the Division of Early Childhood Development - including a representative from the Early Childhood Mental Health Consultation Project and the childcare community, the chair of the SICC (a healthcare provider), the University of Maryland School of Social Work, the Johns Hopkins University School of Education, Parents' Place of Maryland (MD's Parent Information and Training Center), and other critical partners based on stakeholder input. This team will serve as a model for local leadership implementation teams, ensure that improvement strategies at every level are based on evidence and utilize the principle of Implementation Science, as well as strengthen fiscal management and collaborative efforts for results.
- 2) Local Leadership Implementation Teams - Local Leadership Teams will be identified to strengthen existing local collaborations, develop new partnerships as appropriate, and receive ongoing support from the state team to address fiscal management and implementation drivers such as selection, training, coaching, and the data-informed decision-making needed for implementation of evidence-based practices.

The MITP believes that the development of Statewide and Local Leadership Implementation Teams will enhance state/local infrastructure and will result in evidence based-strategies being implemented with fidelity.

MITP Key Strategy #2 – Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices.

As part of the MSDE, DSE/EIS strategic plan, the MITP has placed a strong focus on family partnerships and evidence-based practices. Family-centered principles are a set of interconnected beliefs and attitudes that shape program philosophy and behavior of personnel as they organize and deliver services to children and families. Family-centered practice is a way of working with families that increases their capacity to care for and protect their children. In particular, family-centered means focusing on children’s needs within the context of families.

Ongoing practices within Maryland LITP’s that exemplify this strategy include:

1. DEC Recommended Practices/ Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments - Maryland has adopted both the DEC Recommended Practices (Division for Early Childhood, 2014) and the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008). Maryland has incorporated both documents into its Personnel Standards and Suitable Qualifications Requirements. Technical assistance and programmatic support focused on both Recommended Practices and Key Principles will continue to be a priority.
2. Family Assessment - Research shows that children learn best in the context of everyday routines and activities (e.g., Shonkoff & Phillips, 2000). The provision of family assessment is included in both the IDEA, as well as the Code of Maryland Regulations. The intent of this requirement is to invite families to voluntarily share information to help early intervention providers to adequately address family concerns, priorities, and resources related to supporting their child’s learning and development. This process also helps families identify their available supports to help attain desired outcomes. Technical assistance and programmatic support focused on high-quality family assessment will continue, with an emphasis on evidence-based family assessment tools.
3. Reflective Coaching - Coaching is an evidence-based strategy used in training by program supervisors and early intervention providers and in service delivery by early intervention providers and families. Coaching is considered a competency driver in Implementation Science (Metz & Bartley, 2012). The idea is that even though new skills are introduced through training they must be practiced and mastered with the help of a coach.

In 1997, Campbell forwarded the notion of an early intervention service provider as a coach, rather than a direct therapy provider. In this role, the early intervention provider would be in a position alongside the family, instead of taking a more lead role (Hanft & Pilkington, 2000). Research shows that family involvement results in greater early intervention effects (Shonkoff & Hauser-Cram, 1987; Ketelaar, Vermeer, Helders, & Hart, 1998).

Rush and Shelden (2005) define coaching as “an adult learning strategy in which the coach promotes the learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.” In early intervention in Maryland, service providers use reflective coaching to help parents develop their interaction abilities with their children to help support development. In other words, coaching is essentially capacity building within families to increase families’ abilities to promote learning and development.

Coaching consists of five components:

1. Initiation – Identification of a joint plan that includes the purpose and the anticipated outcomes of the coaching process;
2. Observation – Observation of an existing strategy or new skill. The purpose is to assist in building the competency of the person being coached;
3. Action – Real life activities that serve as the incorporation of the new skills;
4. Reflection – Questioning of the person being coached about what is currently happening, what he or she wants to happen, and about strategies to merge the two; and
5. Evaluation – Review of the effectiveness of the coaching process.

The MITP believes that the continued implementation of the DEC Recommended Practices, Key Principles and Practices for Providing Early Intervention Services in Natural Environments, high quality family assessments, and reflective coaching will support families, early intervention providers, and other early care and education staff to embed social-emotional learning opportunities into daily routines, which will result in better fidelity of implementation and increased family/caregiver capacity, resulting in better social-emotional outcomes for Maryland's children.

In addition to focusing efforts on continued refinement of current practices, new improvement strategies to be implemented within the targeted jurisdictions will include:

1. *Routines Based Interview* - The benefits of family-directed assessments were discussed above. As part of the SSIP process, the MITP plans to roll out the Routines Based Interview (RBI) (McWilliam, 2010) in select jurisdictions. The RBI supports the MITP's adoption of the *Mission and Key Principles for Providing Early Intervention Services in Natural Environments* and the *DEC Recommended Practices*. The RBI is a semi-structured interview that was designed to establish a positive relationship with the family, obtain a rich and detailed description of child and family functioning, and result in a list of outcomes and goals chosen by the interviewee. During the interview, the interviewer assesses the child's engagement, independence, and social-relationships with everyday routines, as well as the family's perceptions of how the child is participating in daily routines. Use of the RBI will assist IFSP Teams in developing outcomes that are routines-based, functional, and meaningful to the family. Also, the RBI will increase the ability of IFSP Teams to ask about and gather information about social-emotional needs and to support the identification of outcomes related to social-emotional needs through conversations with families.

The MITP believes that the integration of the RBI as a family assessment tool will result in higher quality, more contextually appropriate IFSPs, including specific IFSP outcomes related to social-emotional needs, supports, and capacity building, and, consequently, better positive social-emotional outcomes for young children with disabilities.

2. *Social Emotional Foundations for Early Learning* - Social Emotional Foundations for Early Learning (SEFEL) is a framework that uses evidence-based strategies to promote the social-emotional development and school readiness of young children birth to age 5. This conceptual model was developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL). CSEFEL is a national resource center for disseminating research and evidence-based practices to early childhood programs across the country.

It is also important to note that the SEFEL framework aligns with other Maryland State initiatives. SEFEL incorporates a multi- tiered system of support. This multi- tiered model is similar to the Positive Behavior

Interventions and Support System (PBIS) model that has been adopted in many Maryland public schools. By introducing this framework in early intervention systems, it improves the continuum of services that are available to our infants, toddlers, and preschool-age children with disabilities. This alignment provides common language, uses evidence based interventions, and allows for richer collaboration between professionals that are serving and teaching Maryland children from birth to 21.

The training and implementation model that will be used to disseminate the SEFEL framework first involves building capacity at the state level. The State Leadership Implementation Team will identify evaluation tools to measure implementation fidelity, create a system to collect and analyze child outcome data, and carefully select a cadre of professional development experts to deliver training and provide external coaching to establish high-fidelity implementation. Each targeted jurisdiction will have access to both face-to-face technical assistance and virtual support to help guide them through levels of implementation of SEFEL. Providing high levels of post-training support and coaching will increase the likelihood that systemic change will occur. Detailed descriptions of the SEFEL implementation plan will be provided in Phase II of the SSIP.

The MITP believes that the integration of the SEFEL framework and strategies into local programs will increase both provider and family awareness and knowledge about typical and atypical social-emotional development, including both identification and the use of appropriate strategies and that the use of reflective coaching as a follow-up to professional learning on social-emotional development will increase the competency of early intervention providers to recognize opportunities to integrate social-emotional support across settings and activities with families.

MITP Key Strategy #3 – Ensure accountability with a focus on results through data-informed decision-making

Ongoing Practice - TAP-IT Protocol

As part of the MSDE, DSE/EIS strategic plan, the Division has adopted an evidence-based data analysis and decision-making process based on implementation science, called the TAP-IT Protocol. TAP-IT stands for Team, Analyze, Plan, Implement, and Track and this process guides State/local leaders and practitioners through a structured examination of data, inquiry, and evaluation. This protocol guides: 1) the formation of implementation **teams**, 2) the **analysis** of comprehensive data to determine specific needs at each level of the system, 3) action **planning** to address the identified need at each stage of implementation, 4) ongoing support (through the implementation team) for **implementation** of innovative practices to address needs, and 5) **tracking** progress and implementation fidelity. The MITP will support the use of the TAP-IT Protocol within local leadership implementation teams.

It is anticipated that the continued use of Implementation Science and the TAP-IT protocol will provide support within local programs to engage in data-informed decision-making around scaling up evidence-based practices that support positive social-emotional development of young children.

New improvement strategies to be implemented within the targeted jurisdictions will include:

1. ***IFSP Reflection Tool – Developing High-Quality Functional, Routines-Based IFSPs*** - The MITP has created and will begin rolling out the *IFSP Reflection Tool* and its three companion modules. The *IFSP Reflection Tool* was developed by MSDE and stakeholders to assist lead agencies and service providers in refining their practice in

developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The tool is a self-assessment that may be used for professional learning and program improvement; it is not an evaluation of any kind.

The MITP believes that the integration and use of the IFSP Reflection Tool will provide additional data to local implementation teams and will support data-informed decision-making and action planning to better address positive social-emotional skills of young children with disabilities and to build family/caregiver capacity to embed positive social-emotional skill development within daily routines.

2. Data Quality – Child Outcome Summary Competency Check - Appropriate data-informed decision-making cannot occur without valid and accurate data. To help ensure accurate data, the Early Childhood Technical Assistance Center (ECTA) is currently creating the Child Outcome Summary – COS Competency Check (COS-CC). The COS-CC is being created to provide states with a mechanism to verify that early intervention staff have the basic competencies to complete the COS process. The COS-CC will also assist the MITP and local programs identify professional learning needs. At present, the COS-CC has not yet been released. However, when it is released the four targeted jurisdictions will be considered for an initial pilot. Over the next several years the COS Competency Check will then become a requirement in Maryland for all providers involved in the COS process.

The MITP believes that the requirement of all IFSP teams to be COS competent will result in more accurate child outcomes data which can then be used to make appropriate data informed decisions, including those supporting the development of positive social-emotional skills.

Conclusions

The application of Implementation Science will be utilized in the four targeted jurisdictions beginning with the formation of a local implementation team. While the above set of coherent improvement strategies have been identified by stakeholders through data and infrastructure analysis, including the identification of root causes, the local implementation teams in each jurisdiction will guide how and when these strategies will be installed. During Phase 2 of the SSIP, additional work with stakeholders will be completed to assist the MITP in further development of a logical sequence for implementation of the coherent improvement strategies, evaluation of the strategies, and the specifics around the actual implementation plan, including steps, outcomes, resources needed, scale up plan, and timelines.

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[Maryland Part C Theory of Action](#) Maryland Part C Theory of Action

Illustration

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Stakeholder Involvement

Using OSEP's Theory of Action as a guide, stakeholders developed the MITP's Theory of Action with two workgroups. After a total of 11 draft Actions were developed by the two groups, they went through several iterations to arrive at a more manageable Theory of Action aligned with both the Core Functions of the MSDE, DSE/EIS and OSEP's Theory of Action. The major components of this Theory of Action include Leadership, Technical Assistance, Accountability for Results, and Resource Management.

The attendance of specific stakeholders is listed below.

Internal Stakeholders

Stakeholder	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS		X
Quality Assurance Specialist, DSE/EIS	X	X

Part C Monitoring Specialist, DSE/EIS		X
Behavioral Specialist, DSE/EIS	X	X
Director of the Office of Childcare at MSDE, DECD		X
Birth through Five Education Program Specialist, DECD	X	
Consultant	X	

External Stakeholders

Stakeholder	12/10/14	1/8/15
Parents	X	X
LITP Directors	X	X
Preschool Coordinators	X	X
Local Program Supervisors	X	X
Early Intervention Providers	X	X
State Interagency Coordinating Council	X	X
Institutes of Higher Education	X	X
Department of Health and Mental Hygiene/Health Department	X	X
Head Start		X
Early Head Start		X
Advocacy Groups	X	X
Maryland Chapter of the American Academy of Pediatrics		X
Division of Early Childhood Development/Child Care	X	X
Maryland Insurance Administration		X
Homeless Education	X	X
Foster Care		X
Mental Health	X	X
Governor's Office for Children		X
Maryland Family Network (Family Support)	X	X
Maryland Developmental Disabilities Council	X	X

Maryland Screening Consortium Members	X	X
LICC Chairs/Members	X	X

MITP Theory of Action

The MITP’s Theory of Action aligns with the MSDE, DSE/EIS Core Functions as described in *Moving Maryland Forward: Leadership, Technical Assistance, Accountability, and Resource Management*. Incorporated throughout the Theory of Action are the MITP’s Key Improvement Strategies to: provide leadership for strategic collaboration and resource management; provide technical assistance and programmatic support focused on family partnerships and evidence-based practices; and ensure accountability with a focus on results through data-informed decision-making.

The MITP anticipates that the three SSIP Key Improvement Strategies will lead to the achievement of improved results for infants, toddlers, and preschool-age children with disabilities and their families. Each Key Strategy represents a sequence of strategic actions that have a rationale based on data and infrastructure analysis. The MITP’s Theory of Action and strategies will provide an indication of whether MITP is on the right track. As such, the graphic representation will help the MITP and its stakeholders develop evaluation strategies for both progress and implementation fidelity in Phase 2 of the SSIP process.

The Theory of Action explicitly articulates the rationale of how these strategies fit within the *Moving Maryland Forward* strategic plan’s Core Functions and will build the capacity to lead to meaningful change:

- The strategic leadership efforts supported by the MITP with all of its stakeholders (families, local jurisdictions, other MSDE division, state agencies, early childhood higher education preparatory programs, and other early care and education partners) to continue to build a collaborative vision for implementing an efficient, effective, comprehensive, and coordinated birth to five system of services will lead to a shared vision by local programs. Local programs will develop a highly efficient and effective infrastructure that encourages linkages, coordination and access to mental health services, and high quality early intervention/early care and education services among all partnering agencies.
- The technical assistance provided by the MITP to create an implementation infrastructure that utilizes data and evidence-based practices with fidelity will lead to systems of support within and across agencies to enhance provider skills to identify typical and atypical social-emotional development, to promote strategies to support positive social-emotional development, and to increased access to cross-agency intervention.
- Holding local jurisdictions accountable for clearly identified, measureable results, including increased data quality and public awareness activities, and engaging early intervention and early care providers in the data informed decision process (TAP-IT) to continuously improve programs focused on the social-emotional development of infants, toddlers, and preschool age children and the capacity of families to foster that development will lead to early intervention and early care providers having the tools for using data to improve: a family’s understanding and knowledge of social-emotional development; the co-development, co-implementation, and co-evaluation of high-quality, functional, routines-based IFSPs; data quality; the utilization of evidence-based strategies with fidelity; and access to early intervention and mental health services.
- The alignment of allocations and resources to specifically address identified issues and the efficient, effective, and equitable use of technical assistance and other resources by the MITP will lead to LITPs coordinating and aligning resources and funding streams that improve system effectiveness, evidence-based practices, and ensure efficient use of resources.

The MITP believes this Theory of Action will drive change that results in substantially increasing the rate of growth in positive social-emotional skills of infants, toddlers, and preschool-age children with disabilities in Maryland.

Indicator 11: State Systemic Improvement

Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Introduction

In alignment with the MSDE priorities, the Division of Special Education/Early Intervention Services (DSE/EIS) leads a seamless integrated system that serves children and youth with disabilities from birth through 21 and their families. This comprehensive system balances the statutory requirements with equal emphasis on programmatic leadership aimed to narrow existing gaps. The DSE/EIS works in partnership with 24 local Infants and Toddlers Programs (LITPs), 24 Local School Systems (LSS), the Maryland School for the Blind, the Maryland School for the Deaf, other Public Agencies (PA), and nonpublic agencies and organizations.

Early intervention and special education services are supported through a combination of federal, State, and local funds. On average, across Maryland, approximately 70 percent of the funding for these early intervention services comes from local sources and flows directly to the designated lead agency. The DSE/EIS has responsibility for direct oversight and management of federal, State, and special funds. Additionally, the DSE/EIS provides State and local capacity-building strategies for braiding funds to blend programs through pass-through and competitive and non-competitive discretionary grant funding opportunities. This initiative allows local flexibility to address identified priorities focused on narrowing the existing performance and school readiness gaps (Moving Maryland Forward: 2013).

As the lead agency for the Maryland Infants and Toddlers Program (MITP), an interagency, family-centered program supporting our youngest learners with disabilities and their families, the MSDE provides innovative leadership to implement a seamless system of services Birth to Kindergarten. Beginning in 2010, with initial grant funding through the Office of Special Education Programs (OSEP), the MSDE, DSE/EIS expanded early intervention services to children and families beyond a child's third birthday. The Extended Individualized Family Service Plan (IFSP) Option, now a part of Maryland law, offers families of eligible children the choice to remain on an IFSP after age three, until the beginning of the school year following the child's 4th birthday. This system and infrastructure change for the State of Maryland served as a major catalyst for a heightened focus on school readiness results.

With the DSE/EIS' laser focus on Results Driven Accountability (RDA) and in alignment with the *DSE/EIS Strategic Plan, Moving Maryland Forward*, the MITP continues to transform and augment support to LITPs, to not only comply with regulatory requirements, but also to narrow the school readiness gap. This transformation began with the DSE/EIS'

infrastructure changes around the four Core Functions: Leadership, Technical Assistance, Accountability, and Resource Management.

- **Leadership:** to build a comprehensive and coordinated birth through twenty-one system of services with high expectations for all children;
- **Technical Assistance and Performance Support:** to build and sustain local capacity to implement evidence-based practices;
- **Accountability for Results:** to narrow the achievement gap – maximizing learning for all children, and to ensure State and local compliance; and
- **Fiscal/Resource Management:** to ensure efficient and transparent use of federal, State and special funds.

During Phase I of the State Systemic Improvement Plan (SSIP), as stakeholders analyzed data and infrastructure components including the components of the DSE/EIS Strategic Plan, they were able to assist the DSE/EIS to further refine and identify the specific areas for infrastructure development and improvement for the MITP. The following chart clearly summarizes the specific infrastructure development identified by stakeholders and necessary to implement the Part C SSIP.

Leadership (Collaboration/Communication)	Technical Assistance (Professional Learning)	Accountability (Data Informed Decision Making)
The State will focus on collaboration and communication with intra- and interagency partners through enhanced teaming structures to support a seamless, comprehensive birth to kindergarten (B-K) system of services.	The State’s technical assistance will focus on supporting LITPs through systems and content coaching as they build an implementation infrastructure focusing on evidence-based practices that attends to the implementation drivers – competency, organization, and leadership.	The State’s evidence-based data-informed decision making model, TAP-IT (Team, Analyze, Plan, Implement, and Track), will help LITPs to form high performing teams focused on using data in a practice to pol feedback loop when implementing evidence-based practices, including the C Outcomes Summary process and high-quality functional routines-based IFSPs, so that needed adjustments can be made.

Further Infrastructure Analysis and Refinement from Phase I of the Part C SSIP

To build upon the State’s infrastructure analysis from Phase I of the SSIP and to continue prioritizing the areas of infrastructure improvement, the State utilized the Early Childhood Technical Assistance (ECTA) Center’s System Framework. The ECTA Center’s System Framework was created to help states build and sustain high-quality early intervention and preschool special education systems. In particular, the System Framework helps states to evaluate their current systems, identify potential areas for improvement, and develop more effective, efficient systems that support implementation of evidence-based practices.

The System Framework is composed of six components, including governance, finance, personnel/workforce, data systems, accountability and quality improvement, and quality standards. The DSE/EIS ensured internal and external stakeholder involvement in the process by assigning pieces of the Framework to related groups with enough expertise to rate current infrastructure:

- Governance – Performance Support and Technical Assistance (PSTA) Branch, Policy and Accountability (PA) Branch, State Interagency Coordinating Council (SICC)
- Finance – Resource Management (RM) Branch, PA Branch
- Personnel/Workforce – PSTA Branch, PA Branch
- Data System – PA Branch, PSTA Branch, Johns Hopkins University/Center for Technology in Education (JHU/CTE), IFSP User’s Group
- Accountability and Quality Improvement - PSTA Branch, PA Branch, Division of Early Childhood Development (DECD)
- Quality Standards - PSTA Branch, PA Branch, SICC, DECD

After completion of each section of the framework, DSE/EIS staff compiled responses from the groups to create a final completed Framework. While many of the components of the System Framework overlap, the DSE/EIS, with stakeholder input (as identified above), focused in on areas of infrastructure requiring significant change (Governance, Data Use, and Accountability and Quality Improvement). The completed Framework concentrated on recommended changes that were aligned with the DSE/EIS Strategic Plan, and built on the State’s Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis findings and three coherent improvement strategies identified in Phase I. A specific component under either Governance, Data Use, or Accountability and Quality Improvement was identified for each coherent improvement strategy to provide a broad baseline measure for overall infrastructure changes.

- *Provide leadership for strategic collaboration and resource management:* ECTA Self-Assessment Component Governance (GV8) - Part C and 619 state staff or representatives use and promote strategies that facilitate clear communication and collaboration, and build and maintain relationships between and among Part C and Section 619 stakeholders and partners;
- *Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices:* ECTA Self-Assessment Component Accountability (AC7) - Leadership at all levels work to enhance the capacity to use data-informed practices to implement effective accountability and improvement schemes; and
- *Ensure accountability with a focus on results through data-informed decision making:* ECTA/DaSy Self-Assessment Component Data Use (DU6) - Part C/619 state staff or representatives support the use of data at state and local levels.

An additional area of refinement promoted by stakeholder involvement was around the MITP Theory of Action. Given the complexity of the State’s original submission in Phase I and with guidance from stakeholders, it was decided to create a condensed, summarized version of the Theory of Action. This consolidated version helps guide all partners and stakeholders through the State’s Theory of Action in a more cohesive narrative:

2014	57.40%	59.34%
2015	58.40%	-
2016	59.40%	-
2017	60.40%	-
2018	61.40%	-

Phase II Component #1: Infrastructure Development

1(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and/or EIS providers to implement and scale up evidence-based practices to improve the State-identified Measurable Result(s) for infants and toddlers with disabilities and their families.

Three key State infrastructure improvements, aligned with the three MITP key strategies discussed in Phase 1, will better support LITPs to implement and scale up evidence-based practices to improve social-emotional results for infants and toddlers with disabilities and their families. These include:

- Leadership for Collaboration/Communication
- Technical Assistance and Professional Learning
- Accountability Using Data-Informed Decision Making

Leadership for Collaboration/Communication - *The State will focus on collaboration and communication with intra- and interagency partners through enhanced teaming structures to support a seamless, comprehensive birth to kindergarten system of services. This is aligned with Key Strategy #1: Provide leadership for strategic collaboration and resource management.*

Based on implementation research, in order to intentionally strengthen ongoing collaborations and target support for LITPs to implement and scale-up evidence-based practices with fidelity, the State is creating and defining several new implementation structures. These include a State Executive Leadership Team, a Birth – 21 Core Planning Team, a State Implementation Team, Evidence-Based Practice Expert Teams, Local Implementation Teams, and Key Stakeholder groups.

The State has developed a visual to detail the decision-making teaming structure and flow of information toward achieving the State Identified Measurable Result. Please see Figure #2 attached.

Specific infrastructure development around teaming includes the team description, meeting frequency, and role.

- **State Executive Leadership Team:** The State Executive Leadership Team is comprised of state leaders with decision-making power across the state. Members include representatives from every Division across the MSDE, as well as the Superintendent of Maryland Public Schools and the Superintendent's three deputies (School Effectiveness, Teaching and Learning, and Finance and Administration). The State Executive Leadership Team meets twice annually to ensure cross-departmental collaboration and provide feedback on current SSIP progress. During Phase II, this team designated cross-departmental team members to the State Implementation Team.
- **Birth - 21 Core Planning Team:** The core planning team ensures that Maryland integrates support for children/students with disabilities and their families birth through age 21 throughout the SSIP Part C and Part B work. Members of this team meet quarterly and include the Assistant State Superintendent, the Branch Chief for Policy and Accountability and the Branch Chief for Performance Support and Technical Assistance, the Director of the MITP, a lead education specialist who supports the SPDG grant, a lead education specialist B-K, two external consultants and two evaluation consultants. Throughout Phase II of the SSIP work this Core Team has assisted with the formation and selection of the State Implementation Team as well as the specific Birth to Kindergarten (B-K) liaison assignments. Currently, this team is engaged in the following activities: (1) development of the Part B and Part C logic models and evaluation plans (2) identification of the training needed by DSE/EIS staff to implement infrastructure changes, e.g., TAP-IT, Implementation Science, and Systems Coaching; and (3) development of an action/logistics plan which allocates staff time and other resources to the SSIP jurisdictions and to jurisdictions identified in either the Targeted, Focused, or Intensive Tier, as defined by the *Differentiated Framework: Tiers of Supervision and Engagement* (see Attachment 1).
- **State Implementation Team:** The State Implementation Team meets monthly with all intra- and interagency partners involved directly in implementation of the Part C SSIP. The primary responsibility of this team is to identify and support infrastructure development and to shepherd the implementation and evaluation of the Part C SSIP. The State Implementation Team members include a parent representative from Maryland's Parent Training and Information (PTI) Center (Parents' Place of Maryland), the four LITP Directors identified as Part C SSIP jurisdictions, cross-divisional DSE/EIS staff, including the Part C SSIP Coordinator/MITP Director and B-K liaisons serving as a systems coach (each LITP is assigned a B-K liaison charged with supporting the building of capacity in the SSIP jurisdictions as well as other local jurisdictions through the tiers of engagement, using the TAP-IT process, Active Implementation Frameworks, and Systems Coaching), the SICC Chair, a representative from the Division of Early Childhood Development (DECD), a representative from the Division of Educator Effectiveness, a representative from the JHU/CTE, and representatives from each of the Evidence-Based Practice Expert Teams described below.
- **Evidence-Based Practice Expert Teams:** Evidence-Based Practice (EBP) Expert Teams are small working teams responsible for the major planning and implementation of each evidence-based practice. Birth - K liaisons, as well as external contracted partners, are part of these teams in order to help integrate EBP and existing practitioner wisdom. These teams inform the work of the Core Planning Team, the State Implementation Team, and Key Stakeholder Groups. There are three EBP expert teams that meet typically monthly:
 1. Systems Coaching/Data Informed Decision-Making (including COS and IFSP Quality)
 2. Routines-Based Interview (RBI)
 3. Reflective Coaching/Social Emotional Foundations for Early Learning (SEFEL)
- **Local Implementation Teams:** Local Implementation Teams have been created in each of the four SSIP jurisdictions, with the main purpose of addressing implementation drivers, such as selection, training, coaching, and the data-informed decision-making needed for the implementation of evidence-based practices. These teams meet monthly and will also strengthen existing local collaborations, develop new partnerships as appropriate, and receive ongoing support from the State Implementation Team, as well as specific DSE/EIS staff (B-K liaisons) assigned to each team.

This ongoing support in the form of “systems coaching” will be discussed further.

- **Key Stakeholder Groups:** While the key stakeholder groups are not new teams, these identified stakeholders will have ongoing involvement in the development of the infrastructure as responses will be used to make necessary adjustments to teaming structures, technical assistance and professional learning as evidence-based practices are implemented and scaled up in LITPs.
 1. **Primary SSIP Stakeholder Group - State Interagency Coordinating Council (SICC)** – The SICC has been designated as the internal and external SSIP stakeholder group because of its broad intra- and interagency representation. The SICC is the State’s Advisory Committee, consistent with both State and federal regulations. The Committee includes parents, birth through five administrators and providers, a state legislator, representatives from institutes of higher education, medical personnel/pediatricians, personnel preparations staff, and State staff responsible for special education/early intervention, health insurance, Head Start, child care, homeless education, foster care, mental health, home visiting, and Medicaid. The State also has an Executive SICC, which is comprised of MSDE Staff, the SICC Chair, the SICC Co-Chair, a family advocate, an LITP Director, and a pediatrician. General SICC and Executive SICC Meetings each occur four to five times per year and significant time is allotted at each meeting for SSIP work.
 2. **Focused SSIP Stakeholder Groups**
 1. i) **IFSP User’s Group** – The IFSP User’s Group is a group of stakeholders that make recommendations about updates and changes to the IFSP and Online IFSP Database. The group consists of LITP Directors, Data Managers, local providers, JHU/CTE staff, and DSE/EIS staff. The IFSP User’s Group meets quarterly and will be specifically involved in the SSIP when IFSP revisions may be needed to support the implementation of evidence-based practices.
 2. ii) **Early Childhood Mental Health Steering Committee (ECMHSC)** – The purpose of the ECMHSC is to infuse mental health services into existing early childhood settings and to create a continuum of services that extend from prevention through treatment and therapy services. Members include parents, child and family advocates, childcare providers, the Assistant State Superintendent of the DSE/EIS and other DSE/EIS staff, DECD staff, LITP Directors, the Department of Health and Mental Hygiene (DHMH) staff, Department of Human Resources (DHR), Center for Infants Studies staff, institutes of higher education representatives, researchers, local health department administrators, a representative from the Social Security Administration, local mental health providers, private practitioners, staff from the Maryland Family Network, ZERO to THREE staff, and physicians. The ECMHSC meets monthly and is responsible for identifying where young children in need of mental health services are, to bring appropriate personnel to them, and to ensure coordination between mental health providers in Maryland.
- **Maryland Early Intervention and Screening Consortium** – The Maryland Early Intervention and Screening Consortium is a group of stakeholders that share an interest in improving early intervention and screening services in Maryland. Members include representatives from the DSE/EIS, the DECD, LITPs, JHU/CTE, Kennedy Krieger Institute, the Maryland Center for Developmental Disabilities, DHMH, local school systems, Johns Hopkins, and Franklin Square Hospital. The group meets monthly and strives to maximize developmental outcomes of children birth through five with special needs through access to appropriate quality services by connecting a diverse system of screening, referral, follow up, and intervention.

To operationalize further infrastructure change focusing on strategic collaboration with intra- and interagency partners, the MSDE has identified specific programs/initiatives in which to strengthen ongoing collaboration and communication around the social-emotional needs and challenges of young children with disabilities and their families. These are:

- **Maryland’s Early Childhood Mental Health Consultation (ECMHC) Project:** The ECMHC Project is a child-specific consultative model which addresses the social-emotional development of young children within their early

care and education (ECE) program. Services are provided at the request of the childcare director or teacher and with the permission of the child's parent or guardian. Better collaboration with the ECMHC Project will help retain children with behavioral and mental health needs in quality childcare programs who would otherwise be expelled.

- **Home Visiting Programs:** The U.S. Department of Health and Human Services (HHS) defines Home Visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and stipulates that funding may only support evidence-based Home Visiting programs that meet federal criteria. The Maryland MIECHV Program recognizes five evidence-based home visiting programs (Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPI), and Early Head Start-Home Based Model) being implemented throughout Maryland. These programs consist of a variable but comprehensive set of services, including medical care, behavioral health care, social services, and health education. Better collaboration with home visiting programs will increase access to evidence-based programs that provide developmental and parenting support to families, especially children in need of social-emotional supports as part of a more comprehensive set of family services.
- **Maryland EXcellence Counts in Early Learning and School-Age Care (EXCELS):** Maryland EXCELS is a Quality Rating and Improvement System (QRIS), that awards ratings to registered family child care providers, licensed childcare centers (e.g., Head Start, Letter of Compliance facilities, and school age-only child care), and public pre-kindergarten programs that meet increasingly higher standards of quality in identified areas. Maryland EXCELS is currently voluntary and is designed to increase parent and provider awareness of the key elements of high quality childcare. Continued expansion of the Maryland EXCELS system will result in higher-quality childcare with better social foundations support, thereby producing better social-emotional outcomes for children in the MITP and throughout Maryland.
- **Health Care Providers:** Health care providers include not only pediatricians and other physicians, but also groups with the intended purpose of increasing the identification and enhancing service provision to infants, toddlers, and preschool age children with developmental delays and disabilities. Three examples of these groups include the Maryland Developmental Screening Consortium, the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP), and the Maryland Premature Infant Health Network. Better collaboration with health care providers will result in better coordination of services, earlier referral and, consequently, better child outcomes for children in MITP and throughout Maryland.
- **Maryland Early Childhood Advisory Council (ECAC) -** The Maryland ECAC is a council comprised of early childhood educators, policy-makers, and community advocates. Its mission is to identify the most important factors and most effective strategies for making the greatest possible gains in early care and education. The Maryland ECAC works towards the goal of ensuring all children enter school with healthy minds and bodies. Therefore, collaboration with the Maryland ECAC, as well as local Early Childhood Advisory Councils, will promote a more comprehensive and coordinated system of services for all young children, including children with disabilities.

The second State infrastructure improvement to better support LITPs to implement and scale up evidence-based practices to improve results for infants and toddlers with disabilities and their families is:

Technical Assistance and Professional Learning: *The State will focus on supporting LITPs through systems and content coaching as they build an implementation infrastructure that attends to the implementation drivers – competency, organization, leadership.* This is aligned with Key Strategy #2: Provide technical assistance and performance support with a focus on family partnerships and evidence-based practices.

The federal shift towards results driven accountability has provided an impetus to revise the State's System of General

Supervision. Stakeholders noted that this focus presents an important opportunity for the State to increase its focus on achieving positive outcomes for children and their families. The revision to a birth through 21 seamless monitoring system, described in detail in the Phase I submission, is being further refined. For example, the State has changed from a six-year comprehensive monitoring cycle to a three-year cycle. In addition, the State has added a self-assessment component to monitoring activities. LITPs are required to complete the self-assessment as part of the comprehensive monitoring process and are encouraged to voluntarily complete it as ongoing capacity-building processes during off-monitoring years.

The MSDE, DSE/EIS has aligned its general supervisory responsibilities with engagement for performance support and technical assistance providing a Differentiated Framework or tiered system for monitoring and technical assistance. The Differentiated Framework illustrates the Division’s shared responsibility to improve results for infants, toddlers, children and youth with disabilities and their families. An LITP is assigned to a tier of general supervision and oversight, based upon performance on federal compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and monitoring findings, and is also assigned a corresponding tier of engagement for performance support and technical assistance (see *Attachment #1*).

The following chart describes the tiers of performance support and technical assistance including the frequency of interactions between the State and an LITP at each level. While LITPs identified as SSIP jurisdictions were not identified due to multiple needs with little to no improved results, the SSIP jurisdictions were identified with low child outcomes data with the capacity for systems change/improvement, particularly in the area of social-emotional skills, and will be supported as an identified **Focused** jurisdiction. Changes that will be implemented as part of SSIP to ongoing performance support and technical assistance in each tier are in italics.

TIER	PERFORMANCE SUPPORT AND TECHNICAL ASSISTANCE	FREQUENCY
Universal	In this tier of engagement the MSDE, DSE/EIS provides technical assistance through the development of tools, resources and professional learning opportunities that addresses Statewide needs based on overall State trend data, e.g., performance on State Performance Plan/Annual Performance Report (SPP/APR) indicators, child outcomes, and school readiness.	<ul style="list-style-type: none"> · Quarterly Professional Learning Institute (PLI) · Webinars, phone conference · Ongoing relationship building
Targeted	In this tier the technical assistance focus is on providing ongoing support to the LITP in order to address a specific need identified through monitoring and APR indicators. The LITP leadership will be required to collaborate with the DSE/EIS to review multiple sources of data in order to (1) isolate the root causes(s) of an identified need, (2) select strategies to address it, and (3) develop an Improvement Plan.	<ul style="list-style-type: none"> · Monthly Check-In (format c · Face-2-Face meetings as needed in addition to monthly check-in · Quarterly TAP-IT meetings (fiscal year)
Focused*	When a LITP receives a Focused designation, the State Superintendent and the Assistant State Superintendent will contact the local School Superintendent/Health Officer to advise local leadership of a need to meet together with cross-departmental, cross-divisional State and local leaders. The LITP leadership is also required to participate in a quarterly joint State	<ul style="list-style-type: none"> · Bi-monthly Check-In (one c meetings should be F-2-F) · Additional F-2-F meetings a

*All SSIP LITPs

and local Focused Intervention and Accountability Team (FIAT) to review progress. The DSE/EIS may direct federal or State funds.

The technical assistance provided in this tier is focused on providing substantial support to the LITP in order to address multiple needs identified through monitoring and APR indicators. Substantial support will necessitate a higher frequency of contact between the State and a local jurisdiction in order to take a critical look as to why the LITP has continuously been unable to improve results. The LITP leadership (including the Superintendent or Health Officer, depending on the lead agency) will be required to collaborate with the Division to review multiple sources of data in order to (1) isolate the root causes(s) of an identified need, (2) select strategies to address it, and (3) develop an Improvement Plan.

will be supported with Focused Intensity

· Quarterly TAP-IT meetings per fiscal year)

The MSDE will support the formation of a local implementation team that will be responsible for overseeing the implementation of the improvement plan strategies and will use the TAP-IT process to create a data feedback loop to inform decision making. In practice, there is an expectation that this team will meet at least quarterly to review both adult practice and child and family results data and determine any adjustments to the plan based on the information analyzed.

The DSE/EIS will act as a systems coach through relationship-based work with the local implementation teams as they implement improvement strategies.

Intensive

Formal, collaborative agreement between the State and Local Lead Agency Superintendent/Health Officer to guide improvement and correction, with onsite supervision and sanctions (sanctions may include direction, recovery, or withholding of funds).

To provide the tiered system of support for improved results described above, each LITP is assigned a B-K liaison charged with supporting the building of capacity in the SSIP jurisdictions as well as other local jurisdictions through the tiers of engagement, using the TAP-IT process, Active Implementation Frameworks and Systems Coaching. The MSDE DSE/EIS has assigned a different B-K liaison to each of the four LITPs identified as SSIP jurisdictions. Through a **systems coaching evidence-based model**, the MSDE Birth-K liaisons will collaborate with the LITP leaders through monthly State Implementation Team meetings and will support Local Implementation Teams to implement and scale-up evidence-based practices to fidelity.

To better understand the differences between the roles of the monitors and those of the B-K liaisons (systems coaches), see the table below:

ROLES

RESPONSIBILITIES

Team Development

- Develop a relationship with the LITP team
- Facilitate the development of an Implementation Team at the LITP level
- Use the “UNITED” protocol to build a high performing team
- Facilitate a team based project management process

Engagement and Collaboration

- Relationship development
- Supporting behavior changes
- o Build relationships
- o Listen carefully
- o Understand perspectives

B-K Liaison/
Systems
Coach

- o Affirm strength
- o Build trust
- o Manage distress
- o Resolve conflicts

Change Facilitation

- Implementation facilitation
- Intervention development
- Coaching

Discovery and Diagnosis

- TAP-IT
- o Diagnose and strategically analyze data
- o Data-informed decision making
- Review of APR data to determine which LITP has not met individual Indicators

Monitor

- Require LITP who has not met an Indicator to develop an improvement plan related to the Indicator
- Monitor the progress the LITP is making in implementing the improvement plan

- Collaborate with TA providers as appropriate

These changes to the State infrastructure will support LITPs with the implementation of coherent improvement strategies and activities in a sustainable manner because the B-K liaisons and the LITP leaders will utilize a systems coaching model with Local Implementation Teams, who will then provide the ongoing support at the local program level that is needed to implement evidence-based practices with fidelity. To accomplish this goal, all B-K liaisons and two LITP leaders from each Local Implementation Team will receive training in **systems coaching** in order to become competent in four essential functions: engagement and collaboration, team development, discovery and diagnosis, and change facilitation.

The State B-K liaisons and the LTP leaders will both utilize a **systems coaching** model to support ongoing evidence based practices including the Division of Early Childhood (DEC) Recommended Practices, Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments, high quality family assessment through evidence-based family assessment tools, and reflective coaching practices. Additionally, through systems coaching, State and Local Implementation Teams will establish routines for data-informed decision-making through **TAP-IT** meetings which, in turn, will promote a practice-to-policy data feedback loop to assess implementation progress and implementation barriers so any needed adjustments can be made.

With active stakeholder involvement during Phase I of the SSIP, several specific evidence-based practices were identified for initial installation in the four SSIP jurisdictions to support positive social-emotional outcomes for infants, toddlers and preschoolers with disabilities. These evidence-based practices, Routines-Based Interview (RBI), and Reflective Coaching/Social Emotional Foundations for Early Learning (SEFEL), will be supported by State B-K liaisons and LITP leaders, through **systems coaching** with local implementation teams and evidence-based practices experts through **content coaching** with a local cadre of coaches/trainers.

Content experts in RBI and Reflective Coaching/SEFEL were identified and specific grants have been secured during 2015-17 to support these new efforts. An initial RBI Summer Institute was held in August 2015 with national expert, Dr. Robin McWilliam of the RAM Group, and a nationally-certified trainer, Mary Hendricks from the Johns Hopkins University School of Education. Initial Reflective Coaching/SEFEL trainings are being held during the late winter/spring 2016 provided by a nationally certified trainer, Sarah Nadiv, from the University of Maryland School of Social Work. Follow-up coaching with a local cadre of coaches/trainers is built into both of these professional learning initiatives.

Additional infrastructure development through ongoing work of the State Implementation Team continues to focus on exploration activities, including the readiness of fit and creating a hospitable environment for the implementation of evidence-based practices. Future work of both the State and Local Implementation Teams involve decision-making around fidelity protocols for each evidence-based practice as well as assessing implementation drivers.

The third State infrastructure improvement to better support LITPs to implement and scale up evidence-based practices to improve results for infants and toddlers with disabilities and their families is:

Accountability Using Data-Informed Decision Making: *An evidence-based data-informed decision making model, TAP-IT, will help LITPs to form high performing teams focused on using data in a practice to policy feedback loop when implementing evidence-based practices, including the Child Outcomes Summary process and high-quality functional routines-based IFSPs, so that any needed adjustments can be made.* This aligns with Key Strategy #3: Ensure accountability with a focus on results through data-informed decision making.

TAP-IT (Team, Analyze, Plan, Implement, and Track) is the Division's continuous improvement process that ensures the formation of a high performance team that uses data to: analyze the root cause of the problem, select evidence-based strategies to address the identified need, and oversee the implementation of the selected strategies. TAP-IT has been embedded into the DSE/EIS Technical Assistance protocol as discussed earlier. The Performance Support and Technical Assistance Branch has worked with experts in the field and will provide training on TAP-IT and Implementation Science to the B-K liaisons and the local ITP leaders to build capacity to actively support implementation of the SSIP using the active implementation frameworks as the State and LITPs move through the improvement cycle. Continued follow-up on both TAP-IT and Implementation Science frameworks will be implemented through the systems coaching model.

Two new tools to assist B-K liaisons and local ITP leaders to make better data-informed decisions are the Child Outcomes Summary - Competency Check (COS-CC) and the IFSP Reflection Tool. The DSE/EIS has the personnel and fiscal resources in place, through a continued partnership with the Johns Hopkins University/Center for Technology in Education, to focus on COS fidelity and on IFSP quality, both aligned with our SSIP work.

To guide additional infrastructure development for implementation of the COS process with fidelity, in-depth face-to-face COS interviews with each of the local SSIP jurisdictions is currently underway. This will then inform a more large-scale needs assessment and the gradual roll-out of additional professional learning opportunities, both face to face and online, based on users' needs. The State will define key COS implementation requirements and provide additional tools to support both knowledge and skill development around the COS process including an online COS simulation case study and the COS Team Collaboration checklist. Ultimately, the DSE/EIS will implement the Child Outcomes Summary - Competency Check (COS-CC) being created by ECTA/DaSy to provide states with a mechanism to verify the basic competencies of staff with regard to the COS process. When COS-CC becomes available nationally, the DSE/EIS will pilot the tool with the four LITPs participating in the SSIP work, and following revisions and stakeholder feedback, make the COS-CC a requirement for all providers involved in the COS process.

The recently created High-Quality, Functional Routines-Based IFSP Reflection Tool is a self-assessment that may be used for professional learning and program improvement. Further infrastructure work around the IFSP Reflection Tool will be guided by specific feedback gathered on the reflection tool and modules once these are posted on Maryland Learning Links. Overall infrastructure development will be necessary to identify and implement IFSP revisions related to the implementation of evidence-based practices. To support this work, a High-Quality IFSP workgroup will be formed, including members of the IFSP User's Group.

Finally, a specific infrastructure improvement related to data-informed decision making around personnel was identified by stakeholders during the SWOT analysis during Phase I and during the completion of the ECTA System's Framework in Phase II. Both analyses indicate the need to identify the attributes of highly qualified staff that lead to positive child and family outcomes. Currently, the State cannot make data-informed decisions around personnel as the State's Personnel Standards for Early Intervention Service Providers data reside in an antiquated FileMaker Pro database. This database has

several limitations, including an inability to run and analyze reports to look for patterns and the inability for LITPs to access these data. As a result, the State is in the process of planning a new data system that would allow for LITP access and better evaluation of content areas of need for personnel. It is anticipated that the development of this system will lead to better data-informed decision-making at both the State and local levels.

1(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

- *What are the current improvement plans and initiatives in the State?*
- *What are the specific steps the State has taken to further align current statewide initiatives and improvement plans that impact infants and toddlers with disabilities and their families?*
- *How is the State aligning and leveraging the current improvement plans across the Lead Agency, and how will this work specifically impact infants and toddlers with disabilities and their families?*

In Maryland, a major infrastructure change took place in 2009, when the State applied for and received American Recovery and Reinvestment Act (ARRA) Funding offered by the Office of Special Education Programs (OSEP) to implement IFSP services after age three. These funds enabled the State to develop a more seamless B-K system of services, which offers families of eligible children a choice to remain on an IFSP or to receive preschool special education services through an IEP. The Extended IFSP Option incorporates the strength of the special education/preschool education program, including a school readiness component, with the existing infants and toddlers' family-centered model. Current State regulations allow children and families to remain on the Extended IFSP Option until the beginning of the school year following the child's fourth birthday. Since the start of the Extended IFSP Option, approximately 65% of families of eligible children have chosen to remain on an IFSP at age three. Maryland has aligned the Extended Option infrastructure change with the Part C SIMR, as the data, baseline, and targets to substantially increase the rate of growth of positive social-emotional skills includes infants, toddlers and preschoolers with disabilities.

In 2013, the DSE/EIS Strategic Plan - *Moving Maryland Forward* provided a framework to align the State work impacting children with disabilities and their families Birth - 21. With Early Childhood as one of three strategic imperatives, messaging to all partners and stakeholders has communicated the vision that school readiness begins at birth and we are in this business to *narrow the gap*. The DSE/EIS has clearly articulated the key strategies to move forward this vision. Strategic collaboration, family partnerships, evidence-based practices, data-informed decision-making and professional learning, when implemented with fidelity using the principles of implementation science, will produce results. Each of these key strategies are integrated throughout the Part C SSIP work.

During the State's Phase I data and infrastructure analysis and continued work on infrastructure development in Phase II, stakeholders frequently emphasized the need for more integration and collaboration with the Division of Early Childhood Development (DECD). As discussed earlier, the State is proposing that one of the three major infrastructure improvements focuses on leadership for collaboration and communication with intra- and interagency partners. The outcome of this infrastructure improvement will further align personnel and fiscal resources, through the creation of new teaming structures and through intentional relationship building to support ongoing collaborations, specifically with the Early Childhood Mental Health Consultation Project, Home Visiting/Early Head Start, and EXCELS - Maryland's quality improvement rating system for early care and education settings. Through partnerships with early childhood programs that include all

children, the DSE/EIS and DECD can strengthen service delivery to our most vulnerable populations, including infants, toddlers, and preschool-age children with developmental delays and disabilities.

Through the Race to the Top - Early Learning Challenge Grant (RTT-ELCG), further alignment has occurred and continues to occur within early learning initiatives. One of these initiatives, Making Access Happen (MAH), received funding through Maryland's RTT-ELCG and involves a collaboration between the MSDE (the DSE/EIS and the DECD) and the Johns Hopkins University School of Education. It is designed to increase the participation of three- to five-year-old children with disabilities in public and private community-based early care and education programs. This initiative uses a training-of-trainers reflective coaching model to build local program capacity through enhanced professional learning, including the use of video. With DSE/EIS B-K early intervention/preschool special education staff taking the lead, local early care and education partners work in collaboration to build capacity through customized, sustainable professional learning on evidence-based practices to expand access and promote positive school readiness outcomes for young children with disabilities. The DSE/EIS and the DECD are working collaboratively to continue the MAH initiative to further support children three through five with developmental delays and disabilities with their typically developing peers in high-quality environments. Additionally, the reflective coaching evidence-based model has been integrated into the SEFEL initiative to further align early intervention service delivery with infants, toddlers and preschoolers with disabilities and their families.

The DECD in collaboration with the DSE/EIS has been actively involved with the implementation of SEFEL throughout the State. While initially these efforts focused on preschool settings, the RTTT-ELCG expanded SEFEL training to early care and education settings over the past several years, with online SEFEL modules available to all early care and education providers. Since the trainings went live in July 2013, a cumulative total of 1,065 unique individuals have completed all four SEFEL Preschool training modules, earning certificates. Since September 2014, 645 individuals have completed all three SEFEL Infant Toddler modules, earning certificates. To date, 173 individuals have completed all four SEFEL Preschool modules and all three Infant Toddler modules, earning certificates. While local early intervention providers may have been included with their preschool counterparts for SEFEL training or completed online training, these trainings did not focus on home visiting and did not incorporate the principles of reflective coaching. As part of Phase I, the need for focused and aligned SEFEL home visiting training for all early intervention providers was identified. Infrastructure development has occurred during Phase II to implement this training with fidelity, beginning with the four SSIP jurisdictions and then expanding statewide. Full implementation of SEFEL for all early care and education providers in Maryland provides a common language for supporting the social-emotional strengths and needs of young children and for working with families to promote positive social-emotional skills for all young children, including infants, toddlers and preschoolers with disabilities.

Another area where the State is aligning the B-K work to specifically impact infants, toddlers and preschoolers with disabilities and their families is around the measurement of child outcomes. The MITP began integrating the COS process into the IFSP in FFY 2011 with full implementation during FFY 2012. The COS process is completed and documented on the Strengths and Needs Summary page of the IFSP which replaces the COSF as the mechanism for collecting, measuring, and reporting on the three early childhood outcomes. The Strengths and Needs Summary captures multiple sources of information including: the child's present levels of development (gained through the evaluation and assessment processes including naturalistic observation, parent interview, and team involvement), the family's concerns, priorities and resources, and the family's daily routines in natural environments. This information is utilized to summarize the child's strengths and needs across settings and situations in the three early childhood outcome areas.

Building upon the continued refinement of the State's B-K seamless system of services, the MITP COS Integration initiative led to an integration of COS into Maryland's IEP for preschool age children in FFY 2015. This change ensures a consistent approach to child outcomes measurement for children B-K in Maryland. Families of young children with disabilities also benefit since this common metric for measuring child outcomes provides a bridge as children and families transition from IFSP to IEP.

With the roll-out of the COS process in Maryland for preschoolers receiving services through an IEP, initial fidelity checks through an online assessment and simulator were developed. The DSE/EIS is currently working on the infrastructure to support these initial fidelity checks birth to kindergarten, including an online COS simulation case study and the COS Team Collaboration checklist. Once the national COS-CC has been finalized, Maryland will make this a requirement for all providers involved in the COS process.

Finally, the DSE/EIS is aligning its ongoing processes for grant reviews and targeted funding with the Part C SSIP work. Each LITP in Maryland is required to submit a Consolidated Local Implementation Grant (CLIG) to the MSDE. The CLIG is designed to support the programmatic implementation of each LITP. To build capacity and to more fully understand the systems planning that takes place at the local level, B-K MSDE staff members work directly with LITPs in the CLIG development and review. CLIGs for each of the LITPs engaged in the SSIP will be further reviewed by the B-K liaison assigned to the SSIP LITP for the purpose of supporting local implementation teams in aligning current initiatives with those of the SSIP. To further align fiscal resources with support for social-emotional needs as additional funds become available, the DSE/EIS will require LITPs to identify through the data informed decision making process (TAP-IT) how to best utilize discretionary fiscal resources toward achieving progress in positive social-emotional outcomes.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

As discussed earlier under 1(a), a multi-level teaming structure has been created to support the identification and implementation of infrastructure changes, including continuous internal and external stakeholder engagement, see the SSIP Teaming Structure Flowchart (*Figure 2*).

An MITP (Part C) SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice, resources needed, who is responsible, and timelines for completing improvement efforts. Please see *Attachment 2 - MITP SSIP Action Plan*.

What resources will be needed to get to the expected outcomes?

In planning for Phase II there has been significant effort focused on the alignment of existing resources and initiatives to

support the SIMR. Through the establishment of the SSIP teaming structure previously discussed, efforts have been made to use the SSIP to organize the intra- and interagency work across Departments, Divisions, and Branches to better support LITPs as they implement EBPs with fidelity in order to achieve the State's SIMR.

In addition, we have identified two primary resources needed to accomplish this work:

- Staff Time - To intentionally collaborate in strategic partnerships and to participate in TAP-IT, Implementation Science, and Systems Coaching training and ongoing implementation through a partnership with the National Implementation Research Network (NIRN)/State Implementation and Scaling-up of Evidence-based Practice Center (SISEP); and
- Fiscal Resources – For Systems Coaching Training, to support RBI training with follow-up coaching, Reflective Coaching/SEFEL training with follow-up coaching, and continued collaboration to improve data-informed decision making around COS competency and high quality IFSPs.

What are the timelines to complete changes to the infrastructure and build capacity within the State to better support the LEA program?

In SSIP Phase I, stakeholders identified the following areas for improvement in relation to the State's infrastructure: **Leadership for Collaboration, Technical Assistance and Professional Learning, and Accountability for Data Informed Decision Making.** During Phase II, the DSE/EIS has moved forward with many infrastructure changes, which include:

- The development and implementation of enhanced teaming structures to support **Leadership for Collaboration;**
- The identification of and hiring/contracting with content experts in RBI and Reflective Coaching/SEFEL to support **Technical Assistance and Professional Learning;** and
- The creation and initial implementation of the IFSP Reflection Tool and the TAP-IT process to support **Accountability for Data Informed Decision Making.**

However, the DSE/EIS will continue to focus on further infrastructure development by providing professional learning for State B-K liaisons and local ITP leaders in the following areas: TAP-IT, Implementation Science, and Systems Coaching. We are specifically requesting support from our technical assistance partners for Systems Coaching and are targeting **Summer, 2016** as the completion date for staff training in these areas. Additional infrastructure development will support data-informed decisions focusing on:

- Qualifications and competencies of early intervention personnel through the creation of a new database;
- COS competency by creating and implementing an assessment tool and simulator required for all early intervention providers; and
- Support of high quality functional, routines-based IFSPs through potential IFSP revisions necessary for full implementation of evidence-based practices.

An MITP (Part C) SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice, resources needed, who is responsible, and timelines for completing improvement efforts. Please see *Attachment 2 - MITP SSIP Action Plan.*

1(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure?

In an effort to better support EIS programs and providers, how does the SSIP promote collaboration within the Lead Agency and among other State agencies to improve the State's infrastructure?

The MSDE/DSE/EIS has and will continue to involve multiple offices within the State Lead Agency and among other State agencies through our enhanced teaming structures to improve the State's infrastructure. These include:

- The State Executive Leadership Team - promoting collaboration across the Lead Agency/MSDE;
- The Birth - 21 Core Planning Team - promoting collaboration across the DSE/EIS;
- The State Implementation Team - promoting collaboration across the MSDE with other early childhood partners, across the DSE/EIS with multiple branch and cross-functional representation, and across other State agencies and stakeholders, including Parents' Place of MD parent representative, the SICCC chair, local ITP directors, and evidence-based practice experts; and
- The SICCC - promoting collaboration with broad intra- and interagency partners and serving as the primary SSIP Stakeholder Group with SSIP infrastructure updates and feedback at every quarterly meeting.

Additional activities identified in the MITP SSIP Action Plan (*Attachment 2*) under Strategy #1 support strategic collaboration across multiple offices within the State Lead Agency.

What mechanisms would the State use to involve multiple offices and/or other State agencies in the improvement of the State's infrastructure?

Specific mechanisms that the State will use to involve multiple offices and other State agencies in the improvement of the State's infrastructure will include:

- Ongoing communication and messaging about the DSE/EIS Strategic Plan - Moving Maryland Forward and the Part C and Part B SSIP at all Statewide events including Professional Learning Institutes, the SICCC, the Special Education State Advisory Council, Maryland Early Childhood Advisory Council, Maryland Early Intervention and Screening Consortium, the Early Childhood Mental Health Steering Committee, etc.;
- Written materials to include a SSIP one-pager and newsletter, at least twice a year, posted on MLL;
- Intentional strengthening of ongoing collaboration and communication around the social-emotional needs and challenges of infants, toddlers and preschoolers with disabilities and their families (see page 7 and the MITP SSIP Action Plan Strategy #1);
- Statewide surveys of LITPs including social emotional practices and child outcomes summary practices; and
- Ongoing, robust stakeholder involvement

How will stakeholders be involved in the infrastructure development?

All teaming structures and messaging protocols discussed above will continue to keep Maryland stakeholders involved in the infrastructure development. Our external stakeholders (SICC and Focused Stakeholder Groups) provided input during SSIP infrastructure development and will have an ongoing role during implementation. All stakeholders (internal and external) will be asked to provide information at regular intervals through the SSIP formative assessment process. In this way, stakeholders will have ongoing opportunities to evaluate SSIP infrastructure change and provide input on any needed adjustments to the process.

The following list provides dates in which external stakeholders provided specific feedback in Maryland's Phase II SSIP development:

- SICC - 5/7/15, 10/1/15, 12/3/15, 2/1/16
- IFSP User's Group - 4/8/15, 9/24/15, 1/21/16
- ECMH Steering Committee - 12/8/15, 2/9/16, 3/8/16
- Maryland Early Intervention and Screening Consortium - 11/6/15, 2/26/16

As discussed earlier, the primary SSIP Stakeholder Group is the State Interagency Coordinating Council (SICC). Specific designated time has been, and continues to be, devoted to gathering stakeholder input on all aspects of the State's SSIP work. Please see *Attachment 3* for a sample of activities completed with stakeholders specific to infrastructure development from the October 6, 2015 SSIP Stakeholder meeting.

Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Phase II Component #2: Support for Implementation of Evidence-Based Practices

2(a) Specify how the state will support EIS programs and providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program and EIS provider practices to achieve the State-identified Measurable Result(s) for infants, toddlers, and preschoolers with disabilities and their families.

- *Did the State describe the evidence used to select evidence-based practices that will be implemented?*
- *How did the State consider the EIS program and provider needs and the best fit for the coherent improvement strategies and evidence-based practices?*
- *How did the State assess the readiness and capacity for implementation within the Lead Agency, EIS programs, and with EIS providers?*
- *What implementation drivers are needed to effect change in EIS provider practices?*
- *What is the professional development (PD) or TA support for high-fidelity adoption, implementation and sustainability of selected coherent improvement strategies and EBPs?*

- *How will the State support the EIS programs and providers in scaling up EBP?*

The DSE/EIS Part C SSIP implementation approach will focus on improvement strategies that impact the **system**. Systems Coaching will be used as an overall evidence-based approach because it is State and local leaders who establish the conditions that are necessary for successful implementation (DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2014) through utilization of a data informed decision making model (TAP-IT) and the principles of implementation science. Furthermore, by building the capacity of the DSE/EIS B-K liaisons and local ITP leaders to become Systems Coaches, the State will be able to support LITPs not only with the implementation of EBP with fidelity, but can provide ongoing support for scale-up and sustainability. Maryland believes if the DSE/EIS B-K liaisons and local ITP leaders are competent Systems Coaches, the jurisdiction will have the capacity to effectively implement a program, practice, or approach to enhance child outcomes (Metz: SPDG National Conference, 2015).

As Maryland has adopted the DEC Recommended Practices in Early Intervention/Early Childhood Special Education, and aligns its work with a laser focus on three key strategies (Leadership for Collaboration, Technical Assistance and Professional Learning, and Accountability for Data Informed Decision Making), specific indicators around Leadership provide the evidence and support for a systems coaching approach. These include:

L6. Leaders establish partnership across levels (State and local) and with their counterparts in other systems and agencies to create coordinated and inclusive system of services and supports.

L7. Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.

L9. Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

L12. Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

Since the State focuses its technical assistance at the jurisdiction level with administrative level staff, we know that most LITPs are not knowledgeable about the Active Implementation Frameworks nor do they collect data on adult behavior on an ongoing basis. Consequently, when a new innovation is selected it may conflict with other initiatives, providers may not understand what it is or have sufficient training and ongoing support, the environment may not be hospitable, and very often there is no ongoing data collection on practitioner implementation. We have learned from our research and experience with other initiatives, that a selected EBP needs both the ongoing support of an instructional/content coach and the ongoing support of jurisdictions' leaders through systems coaching, as well as attention to the other implementation drivers through a Local Implementation Team, if it is going to be implemented with fidelity. Consequently, our rationale for using Systems Coaching is recognition that if we do not help system level personnel understand the necessity of attending to the implementation frameworks, it is unlikely that they will be able to implement the selected EBP (Reflective Coaching/SEFEL and RBI) with fidelity. That is why the DSE/EIS is focused on building the capacity of B-K liaisons and LITP leaders in the four essential functions (engagement and collaboration, team development, change facilitation, and discovery and diagnosis) of a systems coach. Knowledge and skill in these areas will build the competency of local system level staff to coach local early intervention providers to implement EBPs with fidelity.

As mentioned above, two new evidence-based strategies to support social-emotional outcomes for infants, toddlers and preschoolers with disabilities (RBI and Reflective Coaching/SEFEL) were selected for exploration, installation, initial implementation and scale-up in the four SSIP jurisdictions. These were selected based on a review of literature, thoroughly detailed in Phase I, with stakeholder input. Both RBI and Reflective Coaching/SEFEL are supported by the DEC Recommended Practices (2014) to improve outcomes for young children with disabilities, their families, and the personnel who serve them. Specific indicators in the area of Assessment, Environment, Family, Instruction and Interaction highlight recommended practices resulting in better outcomes and support the alignment of the Part C SSIP work around three key strategies. These DEC Recommended Practices (2014) indicators include:

Assessment

A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.

A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.

Environment

E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

Family

F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Instruction

INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

INS9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Interaction

INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

The training and implementation model that will be used to install the RBI process and Reflective Coaching/SEFEL framework first involves building capacity at the state level. The State Implementation Team will identify evaluation tools to measure implementation fidelity, create a systemic process to collect and analyze child outcome data, and carefully select a cadre of professional learning experts to deliver training and provide external content coaching to establish high-fidelity implementation. Each targeted jurisdiction will have access to both face-to-face professional learning and technical assistance, as well as virtual support to help guide them through levels of implementation of both RBI and Reflective Coaching/SEFEL. Providing high levels of post-training support through both systems and content coaching will increase the likelihood that systemic change will occur.

The State believes that the adoption of the systems coaching process and a **system** improvement approach, will enable the DSE/EIS system coaches (B-K liaisons) to competently coach the LITP local leaders as they embark on the installation of new evidence-based practices. In turn, local programs will be supported in two ways, through **systems coaching** with local implementation teams and by evidence-based practices experts through **content coaching** with a local cadre of coaches/trainers in order to scale-up the implementation of EBPs within the jurisdiction. Systems coaching in tandem with content coaching will enable Maryland to focus on a systemic approach to SSIP implementation, by engaging all levels of the early intervention system - State, local, provider, family and child - in a coherent capacity-building process.

Consideration of Best Fit, Readiness, and Capacity for Implementation

During Phase I infrastructure and data analyses, stakeholders discussed potential improvement strategies in the context of the *Hexagon Tool for Assessing Evidence-Based Practice Readiness of Fit* to narrow down a set of coherent improvement strategies that would substantially increase the rate of growth of positive social-emotional skills for infants, toddlers and preschool-age children with disabilities. To identify SSIP LITPs and to determine the best fit for the coherent improvement strategies and evidence-based practices, the State again used its data and infrastructure analyses. These analyses pointed to four LITPs that had social emotional child outcomes data well below the State mean, but also had the systemic capacity, at both the administration and provider level, to implement new EBPs as part of the SSIP. The DSE/EIS engaged in conversations with local program directors to ensure its analyses of local infrastructure was consistent with a local perspective and that the local director believed that proposed EBPs could be implemented in the jurisdiction as part of the SSIP process. It is important to note that all four LITPs identified by the State and its stakeholders indicated an interest in participation in the SSIP and supported being a part of this intensive technical assistance process.

During Phase II, initial SSIP work with these four local programs, through the monthly State Implementation Team meetings, has primarily focused on using implementation frameworks to improve child outcomes. Several resources have been highlighted at these meetings with specific discussions around assessing the readiness and capacity issues locally. These resources include: *Active Implementation Frameworks for Program Success* (Metz & Bartley, *Zero to Three*, March 2012) and *An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems* (Research Brief OPRE 2015-48, May 2015). Local implementation teams have been or are being put into place in each SSIP LITP to enhance the stage-based implementation work, primarily around exploration. These activities include assessing the “goodness of fit” between the evidence-based practices and the needs of children and families served, building awareness and buy-in for these new approaches, and deciding on a plan of action and the resources needed.

During the installation stage of implementation, the competency drivers (selection, training, coaching, and fidelity

assessment) will be used to effect changes at the State, LITP, and provider levels. The following chart aligns actions with each of the competency drivers. These actions are primarily targeting the implementation of the **system** improvement strategy – systems coaching - but also reference the specific EBP professional learning and content coaching that will be provided at the local ITP level and individual provider level.

Competency Driver	State Level	LITP Level	Provider Level
Selection	<ul style="list-style-type: none"> ● Selection of State Implementation Team members. ● Select performance support/technical assistance B-K staff from the DSE/EIS to take the role of a systems coach for each LITP. ● Select evidence-based practices experts to conduct training. 	<ul style="list-style-type: none"> ● Selection of members of the Local Implementation Team. ● Select 2 representatives of the Local Implementation Team to take the role of a local systems coach. ● Selection of system and content coaches. ● Determine the specific timeframe for the rollout of each EBP based on local program variables. ● Selection of providers for initial implementation if not initially rolled out across the LITP. 	<ul style="list-style-type: none"> ● Local content coaches sign a letter of agreement
Training	<ul style="list-style-type: none"> ● Selected DSE/EIS staff will be trained by NIRN/SISEP in the four essential functions of systems coaching and will develop the Useable Intervention document that includes a clear description of the program, clear essential functions that define the program, operational definitions of essential functions and a practical performance assessment e.g., practice profile for systems coaching. ● Development of training for selected EBP. ● Useable Intervention document developed for each EBP. ● Local EBP experts conduct training for content coaches and providers. 	<ul style="list-style-type: none"> ● Selected LITP staff will be trained by NIRN/SISEP in the four essential functions of systems coaching and will develop the Useable Intervention document that includes a clear description of the program, clear essential functions that define the program, operational definitions of essential functions and a practical performance assessment e.g., practice profile for systems coaching. ● Local content coaches will be trained/certified in the evidence-based practice. 	<ul style="list-style-type: none"> ● Providers receive training on EBPs.

Coaching	<ul style="list-style-type: none"> ● DSE/EIS staff will receive ongoing support from NIRN/SISEP. ● Evidence-based practice experts will provide ongoing content coaching support to locally-identified content coaches. 	<ul style="list-style-type: none"> ● LITP leaders will receive ongoing systems coaching support from the State. ● Content coaches develop a service delivery plan for ongoing coaching to support early intervention service providers. ● District designs mechanism, e.g. coaches clinic, for ongoing support for content coaches. 	<ul style="list-style-type: none"> ● Early intervention p work with coaches to ef implement EBP with fid
Fidelity Assessment	<ul style="list-style-type: none"> ● Development and implementation of fidelity assessments for the EBP selected (RBI, reflective coaching, SEFEL). 	<ul style="list-style-type: none"> ● Development and implementation of practice profile for content coaches. 	<ul style="list-style-type: none"> ● Providers engage in fidelity assessment, incl Recommended Practices

While the above information only focused on the competency drivers, as this stage-based implementation work continues, the State and Local Implementation Teams will need to address both organizational drivers and leadership drivers for installation, initial implementation, full implementation and eventual scaling up to other LITPs. With the teaming structures in place to support this work, and the professional learning being provided to B-K liaisons and local leaders around systems coaching, a hospitable environment has been created for future work around implementation drivers to scale-up and sustain evidence-based practices in the four SSIP jurisdictions.

2 (b) Identify steps and specific activities needed to implement the coherent improvement strategies including

- *communication strategies;*
- *stakeholder involvement;*
- *how identified barriers will be addressed;*
- *who will be in charge of implementing;*
- *how the activities will be implemented with fidelity;*
- *the resources that will be used to implement them;*
- *how the expected outcomes of the improvement strategies will be measured; and*
- *timelines for completion.*

- *What are the short term and long term activities for each coherent improvement strategy and timelines for completion of those activities?*
- *What are the communication strategies the State will use to implement the Plan?*
- *How will stakeholders be involved in implementation and where are their decision-making roles during the planning stage?*
- *Given the barriers identified in Phase I, how are they being addressed within the Plan?*
- *How will the implementation teams at the EIS program and provider levels ensure that personnel/providers are trained to implement the coherent improvement strategies and EBPs with fidelity?*
- *What are the short term and long term activities for each coherent improvement strategy and timelines for completion of those activities?*

A robust communication/messaging plan will be a significant part of the SSIP work as the DSE/EIS provides leadership for collaboration and communication around the social-emotional strengths and challenges of our youngest learners with disabilities and their families. The SSIP plan will be posted on the MSDE, DSE/EIS webpages <http://marylandpublicschools.org/MSDE/divisions/earlyinterv/index.html> and <http://mdideareport.org> with a link to the SSIP page on Maryland Learning Links, our interactive web-based portal for educational and community stakeholders. Additionally, the following activities will be part of a comprehensive communication plan:

- Ongoing communication and messaging about the DSE/EIS Strategic Plan - Moving Maryland Forward and the Part C and Part B SSIP at all Statewide events including Professional Learning Institutes, the SICC, the Special Education State Advisory Council, Maryland Early Childhood Advisory Council, Maryland Early Intervention and Screening Consortium, the Early Childhood Mental Health Steering Committee, etc.;
- Written materials to include a SSIP one-pager and newsletters, at least twice a year; and
- Feedback on statewide interviews and surveys of LITPs around social emotional practices and child outcomes summary practices.

The State's Part C Coordinator, who also functions as the State's Part C SSIP Coordinator, will be a conduit for two-way communication among key SSIP teams, e.g., the Core Planning Team, the State Implementation Team, the Evidence-Based Practices Expert Teams and the Local Implementation Teams. The SSIP Coordinator will provide opportunities for two-way communication about implementation efforts with Maryland stakeholders external to the MSDE, e.g., advisory groups.

Like with Phase I, the SSIP implementation structure proposed in Phase II is designed to routinely engage both internal and external stakeholders. Internal stakeholders, that is, the State Executive Leadership Team, Birth - 21 Core Planning Team, and Evidence-Based Practice Expert Teams are comprised of personnel from across the department or those whose services have been contracted. These individuals have otherwise defined roles and responsibilities but have participated in SSIP planning and will be involved in an ongoing manner in SSIP implementation and evaluation. They will continue to have input into decisions being made around resource allocation and any changes to the State's system of support, which will be influenced by the SSIP process. The State Implementation Team meetings began in October 2015 with both internal and external stakeholders providing feedback on the consolidated Theory of Action, Logic Model, and evaluation strategies and measures. This feedback loop will continue to be built into every State Implementation Team meeting and provide invaluable formative assessment to move the work forward with fidelity in the implementation phases of the SSIP.

Additionally, over 200 educational partners (local school systems, public agencies, institutes of higher education, general education partners, advisory council leaders, and strategic partners) were brought together for our Professional Learning Institute on December 9, 2015. A session was presented on the SSIP data-informed decision-making process, Theory of Action, and Logic Model. Participants were encouraged to offer suggestions for the SSIP Part C and Part B Theory of Action and Logic Model.

Our external stakeholders (SICC and Focused Stakeholder Groups) provided input during SSIP planning, including development of an evaluation plan, and will have an ongoing role during implementation. All stakeholders (internal and external) will be asked to provide information at regular intervals through the SSIP formative assessment process. In this way, stakeholders will have ongoing opportunities to evaluate SSIP implementation progress and provide input on any needed adjustments to the process.

The following list provides dates in which external stakeholders provided specific feedback in Maryland's Phase II SSIP development:

- SICC - 5/7/15, 10/1/15, 12/3/15, 2/1/16
- IFSP User's Group - 4/8/15, 9/24/15, 1/21/16
- ECMH Steering Committee - 12/8/15, 2/9/16, 3/8/16
- Maryland Early Intervention and Screening Consortium - 11/6/15, 2/26/16

Finally, the SSIP Theory of Action and Logic Model were shared across the DSE/EIS to ensure understanding of the process and SSIP efforts ahead. Questions were fielded and smaller groups were provided the opportunity to dig deeper into the direction of the work.

The DSE/EIS is focusing on building the capacity of the State Implementation Team and Local Implementation Teams in the four essential functions of Systems Coaching. Consequently, the DSE/EIS is recommending that the Local Implementation Teams address the exploration and installation stages of implementation during the first year of Phase III of the SSIP. This will enable the implementation teams to (1) work to plan the rollout of evidence-based practice aligned to local needs, (2) select coaches, (3) develop practice profiles/fidelity measures (4) select and work with providers to design training for selected EBP, (5) ensure coaches and early intervention providers have received training, and (6) implement fidelity assessments for EBPs with providers. Although some LITPs will begin initial implementation of EBPs in FFY 2015, we will target initial implementation of EBPs to occur by the end of FFY 2016.

In order to ensure implementation by FFY 2016, the DSE/EIS will provide face-to-face professional learning by expert trainers on RBI and Reflective Coaching/RBI directly to early intervention personnel and providers. The DSE/EIS will adhere to high quality professional learning indicators, e.g., preparation, introduction to content, demonstration, engagement, self-evaluation and content and skill mastery activities (Dunst & Trivette, 2012). Each SSIP jurisdiction will have access to both face-to-face professional learning, technical assistance, and follow-up coaching as well as virtual support to help guide them through levels of implementation of both RBI and Reflective Coaching/SEFEL. The provision of high levels of post-training support through both systems and content coaching will increase the likelihood of implementation of evidence-based practices with fidelity for systemic change.

A MITP Part C SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice around each improvement strategy, resources needed, who is responsible, and timelines for completing improvement efforts. Please see *Attachment 2 - SSIP MITP Part C Action Plan*.

2(c) Specify how it would involve multiple offices within the Lead Agency (and other state agencies) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

- *How will the multiple offices within the Lead Agency and other State agencies (including the SEA) support the EIS programs and providers during the scaling up period and in sustaining the implementation of EBPs?*

- *How will the multiple offices within the Lead Agency and other State agencies (e.g., the SEA) ensure that the steps and specific activities occur within the timelines?*

The DSE/EIS has incorporated multiple offices within the Lead Agency and other state agencies into several decision-making teams, including the State Executive Leadership Team, the State Implementation Team, EBP Expert Teams, and Key Stakeholder Groups. This incorporation will support the scale-up of EBPs through a sharing of knowledge and resources, and through an ongoing formative assessment process to assess SSIP implementation progress and provide input on any needed adjustments to the process.

The DSE/EIS has also developed a grant opportunity for the University of Maryland School of Social Work to develop SEFEL training modules both face-to-face and online with follow-up content coaching. This training has been specifically tailored for early intervention providers who support young children with disabilities and their families in LITPs as part of the MITP. Additionally, the DSE/EIS has developed a grant opportunity with the Johns Hopkins University School of Education to develop an RBI Summer Institute, which includes a certification process and follow-up content coaching.

Intentional strengthening of ongoing collaboration and communication around the social-emotional needs and challenges of infants, toddlers and preschoolers with disabilities and their families at the State level will also lead to increased collaboration at the local level through systems coaching and support. Once EBPs have been fully implemented with fidelity, the DSE/EIS will continue to support LITPs through systems coaching to ensure sustainability of the installed EBPs and to move forward with scaling-up these practices within LITPs throughout Maryland.

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Phase II Component #3: Evaluation Plan

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP. Specify its impact on achieving measurable improvement in the SIMR for young children with disabilities.

The MSDE leadership, in collaboration with an external evaluation team, designed a multi-year evaluation plan identifying clear indicators with short-, medium- and long-term outcomes aligned to the *MITP SSIP Theory of Action* (see *Figure 1*) addressed through the implementation science drivers. The evaluation plan will monitor the implementation process and outcomes of infrastructure development, training, coaching, and LITP implementation of evidence-based practices.

Together, through formative assessment aligned with Implementation Science and guided by data-based implementation, the SSIP will impact the social-emotional development of infants, toddlers, and preschool aged children, resulting in measurable improvement in the identified SIMR.

Inputs and Outputs

The *MITP SSIP Logic Model (Attachment 4)* includes inputs, implementation activities and outputs, as well as short-, medium- and long-term outcomes aligned with the *MITP SSIP Theory of Action (Figure 1)*. The *MITP SSIP Evaluation Plan (Attachment 5)* provides outcomes, indicators, evaluation questions and measures aligned with the *Theory of Action*, the *Logic Model* and overarching evaluation questions. Evaluation of inputs and outputs will ensure that the processes and products (i.e., state-level collaboration, LITP training and coaching) meet the needs of local providers and adhere to Implementation Science principles. Inputs include state infrastructure, intra- and interagency staff, national experts, local expertise, stakeholder involvement, data systems, and braided funding. Outputs include trained state systems coaches, local systems and content coaches and local implementation teams, a resource toolbox, structured process and tools, and protocols for implementation fidelity.

Short-, Medium- and Long-Term Outcomes

The short-term, medium-term and long-term outcomes have been aligned with indicators as identified in the *MITP SSIP Evaluation Plan (Attachment 5)*. These indicators encompass short-term outcomes including knowledge, skills, and use of resources; medium-term outcomes including infrastructure and behavior changes which result in implementation fidelity of evidence-based practices, systems change through collaboration and data-informed decision making, and increased engagement of families; and long-term outcomes including the SIMR: *The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four local Infants and Toddlers Programs*. Annual SIMR data will inform inputs and outputs, identifying both areas of success and continued improvement.

The *MITP SSIP Evaluation Plan* displays the alignment of the *Logic Model*, overarching evaluation questions, outcomes, indicators, and evaluation questions and measures. Indicators include:

- MSDE partners with four LITPs to implement evidence-based practices (EBPs) in early intervention.
- The MSDE engages in intra- and interagency collaboration to support cross-agency initiatives, develop products, and monitor progress.
- The MSDE collaborates with partners and integrates stakeholder feedback into data-informed decisions.
- The MSDE and LITP Systems Coaches demonstrate expertise in essential functions of systems coaching, e.g., Implementation Science (active implementation frameworks), and TAP-IT. LITP Content coaches demonstrate innovation fluency in EBPs of RBI and Reflective Coaching/SEFEL.
- MSDE and LITP Systems/Content Coaching is of high quality and addresses the needs of adult learners.
- Early intervention providers have knowledge of EBPs (e.g., RBI, Reflective Coaching/SEFEL) and know how to implement these EBPs.
- LITP Systems Coaches monitor systems implementation and make systems improvements.
- Early intervention providers utilize the essential features of RBI and Reflective Coaching/SEFEL in daily practice.
- Local Implementation Teams follow the TAP-IT process to use data to design, provide, and modify individual child/family supports.
- Families are identifying concerns and priorities within daily routines and activities as part of the IFSP process,

resulting in functional routines-based IFSP outcomes.

- Early intervention providers address social-emotional development through the use of SE specific linkages, assessment tools, and outcomes.
- SIMR goal: *The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four local Infants and Toddlers Programs.*

As identified in the evaluation plan, progress and achievement of each indicator will be monitored through one or more evaluation measures. Each evaluation measure is described in the evaluation plan.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

As described in Component 1(a), key stakeholders involved in the design of the SSIP included the primary SSIP Stakeholder Group - the State Interagency Coordinating Council, and focused SSIP Stakeholder Groups - the IFSP User's Group, the Early Childhood Mental Health Steering Committee, and the Maryland Early Intervention and Screening Consortium. The SSIP Logic Model and Evaluation Plan were developed collaboratively by the Birth-21 Core Planning Team with input from the State Executive Leadership Team, the State Implementation Team, and the State Interagency Coordinating Council (SICC). During the December 2015 and February 2016 SICC meetings, focused feedback activities were created to engage stakeholders in providing specific input around the logic model. Please see *Attachment 6* for a sample of activities completed with stakeholders specific to evaluation planning and development from the December 3, 2015 SSIP Stakeholder meeting.

Ongoing dissemination and input from these groups on the implementation and formative data from the SSIP will be obtained on at least a quarterly basis. Additional input from stakeholders on the SSIP evaluation plan will be attained through monthly meetings with the State Implementation Team. Modifications to implementation or evaluation will be documented in the meeting summaries and reported in Phase III of the SSIP. Progress and outcomes will be monitored on an ongoing basis and disseminated through an annual evaluation presentation/report.

State Interagency Coordinating Council

The SICC will continue to be an ongoing partner in the evaluation design, implementation, and data-informed decision making for ongoing improvement. The SSIP will be an agenda item at each of the General SICC and Executive SICC meetings. Ongoing implementation and evaluation data will be provided, and this group will discuss and inform modifications to inputs, outputs, evaluation measures, and training content in order to meet the indicators (identified above) and ensure progress on the SIMR. These modifications will be documented in meeting minutes/summaries.

Involvement of Local Infants and Toddler Programs

Feedback from LITPs on implementation of the SSIP will be obtained through a variety of methods. Administrators and early intervention providers from LITPs are members of the SICC and will provide ongoing feedback through that group. Additionally, the State Implementation Team will meet monthly to provide progress updates, collaborate across the four LITPs and strategize solutions to implementation barriers. These LITPs will inform the SSIP implementation and evaluation through a collaborative data-informed process. Early intervention providers participating in training will provide feedback on the training and coaching provided by the Local Implementation Team systems and content coaches. Both qualitative and quantitative data will be analyzed and reported to the trainers and MSDE systems and content coaches following each training event. Monthly State Implementation Team meetings will continue to provide the forum to discuss and document feedback as well as make adjustments to the training and coaching content and process.

Data from the State and Local Implementation Teams monthly progress updates, systems coaching logs, questionnaires, knowledge assessments, fidelity measures, and IFSP audits will be used to evaluate implementation. In addition to implementation progress and areas for improvement, these data will provide feedback into the usefulness, effort, and timeliness of data to inform state-level and local-level decision-making. Modifications to the evaluation measures will be a direct result of this feedback.

Family Engagement

Families will inform the implementation and evaluation of the SSIP. Parents are members of the SICC and will continue to provide ongoing feedback through that group. Additionally, a parent who works for Maryland's Parent Training and Information (PTI) Center, Parents' Place of Maryland, is part of the State Implementation Team. Monthly feedback will continue to inform both LITP and MSDE implementation and evaluation efforts. Additionally, to inform SSIP implementation and evaluation, families will provide annual feedback through the Maryland Early Intervention Family Survey. These data will be aggregated, analyzed and used to inform both LITP and MSDE implementation and evaluation efforts.

Through the implementation of Routines-Based Interview as part of the IFSP process, families will identify concerns and priorities for their child's daily routines and activities. This will result in increased functional, routines-based IFSP outcomes as measured by the High Quality, Functional, Routines-Based IFSP Reflection Tool.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR.

The evaluation will be conducted by the MSDE in collaboration with external evaluators, State data systems, MSDE Systems and Content Coaches, and Local Systems/Content Coaches. Quantitative and qualitative methods will be utilized to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving the

SIMR. Please refer to the *MITP SSIP Evaluation Plan (Attachment 5)*.

State-Level

To measure implementation in the state infrastructure, agendas and meeting minutes/summaries from the State Implementation Team meetings, Evidence-Based Practice Expert Team meetings, and stakeholder group meetings will be analyzed to determine progress in collaboration strategies, alignment efforts, and implementation of the coherent improvement strategies. These agendas and meeting minutes/summaries will also be reviewed to determine outcomes of collaborative efforts and the ongoing use of data to inform infrastructure refinement. A document analysis of collaborative products will be used to determine the extent to which the MSDE provides protocols, resources and tools that support implementation and sustainability of evidence-based practices.

To address the Implementation Science Selection Driver, the MSDE has clearly articulated LITP responsibilities and systems/content coaching roles, responsibilities, and qualifications. These have been provided to the LITP and both the MSDE and Local Systems Coaches. To address the Implementation Science Training Driver, the MSDE members of the State Implementation Team will observe training provided to State and local systems coaches, local content coaches and early intervention providers. Through a structured observation protocol, they will document training fidelity and the presence or absence of indicators of high-quality professional development, including opportunities to practice skills, relate the content to the local context, and reflect on learning. Participants' knowledge assessments (pre/post) and demonstration of skills will ensure that the training facilitators effectively taught the essential content of the practice(s). In the Implementation Science Coaching Driver, State Systems Coaches (Birth - K liaisons) will log their coaching, including the focus areas and next steps for both the Local Implementation Team and the State Systems Coach. These coaching logs will be analyzed to determine implementation progress and areas for continued training across LITPs. Feedback from Local Implementation Teams and Local Systems Coaches, through monthly progress updates and feedback at collaborative meetings will be used to determine the extent to which the state infrastructure is meeting the needs of LITPs.

Local-Level

The SSIP evaluation will measure improvements in LITP implementation of systems alignment, TAP-IT, and stage-based evidence-based practice implementation (i.e., Routines-Based Interview and Reflective Coaching/Social Emotional Foundations for Early Learning). Systems alignment in the LITPs will be evaluated through a document review of their Consolidated Local Implementation Grants (CLIGs) and Local Implementation Team monthly progress updates. Implementation fidelity will be evaluated through the RBI Implementation Checklist, SEFEL Benchmarks of Quality Checklist, Family Coaching Checklist, Child Outcomes Summary – Competency Check, and High-Quality Functional Routines-Based IFSP Reflection Tool. These measures will guide self-reflection and support coaching designed to deepen implementation of EBPs. Early intervention providers will provide feedback on the quality of the coaching they receive through the Coaching Feedback Questionnaire. These data will inform both systems and content coaching and MSDE support necessary for coaching and implementation fidelity. Data from the Maryland Early Intervention Family Survey and the analysis of functional routines-based IFSP outcome will provide ongoing feedback to the Local Implementation Teams to continually expand implementation and increase/maintain fidelity. These data will also support the MSDE and Local Systems/Content Coaching to monitor progress, evaluate the effectiveness of training and coaching, and customize

their focus to meet the needs of early intervention providers.

Family and Child Results

To support data-informed decisions around implementation and evaluation, feedback from families will be analyzed through the annual Maryland Early Intervention Family Survey and family engagement in the IFSP process will be verified through document analysis of the IFSP for functional routines-based outcomes. Child progress will be measured through the IFSP review/analysis and the Child Outcomes Summary at entry, annually and exit. Through sustained implementation of evidence-based instructional practices, and collaborative data-informed decision making structures, **the Maryland Infants and Toddlers Programs will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children** as measured through the Child Outcomes Summary process.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; the evaluation, assessment of the progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

The MSDE will incorporate evaluation data from multiple sources to examine the effectiveness of the implementation, progress toward achieving intended improvements, and to make modifications of the SSIP inputs and outputs as necessary. At the State level, the State Implementation Team will be responsible for directing and utilizing ongoing analysis of inputs, outputs, and outcomes data. The State Implementation Team will meet monthly to monitor progress and determine implementation strengths and areas for improvement. The State Implementation Team, in collaboration with from the Birth – 21 Core Planning Team and Evidence-Based Practice Expert Teams, will be directly responsible for initiating modifications that will lead to increased implementation fidelity and child outcomes. Additionally, this team will strategize inputs and outputs to address continued or newly-identified areas of improvement. The MSDE will implement ongoing modifications to better support LITPs and early intervention providers in implementing evidence-based practices to improve the social-emotional skills of infants, toddlers, and preschool-aged children. Successes and modifications to training, coaching, and systems alignment will be documented through meeting minutes/summaries. As described in component 3(b), the primary internal and external SSIP stakeholder group is the State Interagency Coordinating Council. These stakeholders, along with additional focused SSIP stakeholder groups, including Local Implementation Teams, will be ongoing, integral partners in examining the effectiveness of implementation, assessing progress toward achieving intended improvement, and recommending modifications to the SSIP as necessary.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

To effectively implement the State's SSIP, the Maryland Infants and Toddlers Program (MITP) will continue to rely on federal funding to support the process. The State plans to utilize federal funds to support the contracting of external evaluators, as well as to provide discretionary funds to Local Infants and Toddlers Programs (LITPs) with a focus on the SSIP work, including the provision of training and implementation of evidence-based practices. Support for LITPs in the form of systems and content coaching will be provided, again using federal funds allocated to the MITP.

In addition to funding, the State continues to rely on federal Technical Assistance (TA) Centers, including the Early Childhood Technical Assistance (ECTA) Center, the DaSy Center, and the National Center for Systemic Improvement (NCSI). TA providers have delivered SSIP-related guidance and MSDE staff utilize many of the online resources around evidence-based practices (e.g., DEC Recommended Practices Checklists). Staff from both ECTA and NCSI have reviewed the State's Phase II submission and provided feedback.

Finally, the MSDE relies on the cross-state collaboratives coordinated by federal TA Centers. MSDE staff have participated, and will continue to participate, in numerous learning communities/communities of practice (CoPs), including the NCSI Social Emotional Outcomes Cross-State Learning Collaborative (SEO CSLC), the DaSy SSIP Social Emotional CoP, the DaSy/ECTA COS Data Community of Practice, the Center for IDEA Fiscal Reporting CoP, and the Integrating Outcomes Learning Community. The MSDE requests that these supports continue throughout SSIP Implementation and Evaluation.

Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

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