

MSDE Public Website of State Performance Plan Results

Local Infants and Toddlers Program Results for Early Intervention Services Maryland: Indicator 6

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

Results

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
State Baseline:	2.78%	-	-	-	-	-	-	-	-	-	-
State Target:	-	2.88%	2.88%	2.88%	2.88%	2.88%	2.88%	2.95%	3.00%	3.00%	3.05%
State Results:	-	2.88% Target Met	3.03% Target Met	3.05% Target Met	3.26% Target Met	3.11% Target Met	3.54% Target Met	3.39% Target Met	3.43% Target Met	3.51% Target Met	3.50% Target Met
State Total# of Children:	-	229517	229517	229364	224674	231000	217560	217490	217998	221196	220661
State Indicator Measurement:	-	6607	6607	6991	7315	7178	7697	7380	7478	7773	7729

Narrative Description of Indicator

Based on data provided by OSEP on www.ideadata.org, Maryland provided early intervention services to 3.50% of the 2014 Maryland resident birth to three-year-old population of children and met the State target of providing early intervention services to 3.05% of the Maryland 2014 resident birth to three-year-old population. Compared to national data, Maryland provided early intervention services to 0.55% more children birth to three years of age than the national baseline and ranked 16th among the 50 States and the U.S territories.

Eighteen of Maryland's 24 LITPs met the State target of 3.05% of the percentage of birth to three-year-old children receiving early intervention services. Meeting the State target is attributed to State/local targeted public awareness activities, including collaboration with local childcare providers, physicians, hospitals, audiologists, and local departments of social services. Another contributing factor is increased knowledge of many parents, as a result of popular media activities on the importance of the early childhood years in preparing a child for school. If the State target was not met, LITPs were required to develop and implement improvement plan strategies and, as necessary, received technical assistance from MSDE.