



MSDE Public Website of State Performance Plan Results

Local Infants and Toddlers Program Results for Early Intervention Services

Maryland: Indicator 5

Percent of infants and toddlers birth to 1 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	2015/16	2016/17	2017/18	2018/19
State Baseline:	1.22%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Target:	-	1.33%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.51%	1.52%	1.53%	1.54%	1.55%
State Results:	-	1.24%	1.34%	1.25%	1.33%	1.47%	1.59% Target Met	1.48%	1.55% Target Met	1.68% Target Met	1.53% Target Met	1.61% Target Met	1.59% Target Met	1.53%	1.68% Target Met
State Total# of Children:	-	76493	76493	78060	75362	76511	71523	73059	71976	73267	73284	72907	72580	72259	70843
State Indicator Measurement:	-	951	951	979	1005	1126	1134	1083	1113	1232	1119	1176	1155	1104	1187

Narrative Description of Indicator

Based on data provided by OSEP on www.ideadata.org, the 24 LITPs provided early intervention services to 1.68% of the Maryland 2018 resident birth to one-year-old population and met the state target of providing early intervention services to 1.55% of the Maryland 2018 resident birth to one-year-old population. The percentage of children birth-to one-year of age receiving early intervention services in Maryland increased from 1.53% in FFY 2017 to 1.68% in FFY 2018. Compared to national data, Maryland provided early intervention services to 0.43% more children birth to one year of age than the national baseline of 1.25% and ranked 13th among the 50 States and U.S. territories.

Seventeen of the 24 LITPs met the State target for the percentage of birth to one year old children receiving early intervention services. Efforts were made throughout the State to increase public awareness of the program, especially with primary health care providers, in an attempt to increase the number of referrals from both parents and providers. 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.