

**MARYLAND'S FFY 2007 (2007 – 2008)
STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT**

**Overview of Development of FFY 2007
State Performance Plan and Annual Performance Report**

The Part C Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2007 was developed by the Maryland Infants and Toddlers Program (MITP) staff in the Maryland State Department of Education (MSDE)/Division of Special Education/Early Intervention Services, in collaboration with the State Interagency Coordinating Council (SICC) and local Infants and Toddlers Programs (LITPs). In preparation for submission of the APR in February 2009, MITP collected and analyzed data on Monitoring Priority Indicators #1, 2, 5, 6, 7, 8, 9, 10, 11, 13, and 14 for FFY 2007 (July 1, 2007-June 30, 2008) from the following sources:

- Statewide Part C Database
- LITP Program Reports
- Corrective Action Plans/Improvement Plans
- On-site Monitoring Activities
- Data Validation by State and Local Staff; and
- State-level Complaint Investigation

The State's Part C database is a web-based system specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the State and the U.S. Office of Special Education Programs (OSEP). Data collected at referral and from IFSPs for every eligible child and family is entered into the database by local staff. MSDE and the LITPs generate reports on a regular basis to monitor statewide and local compliance/performance and audit for data validity and reliability.

Data for Indicator #4 was collected through the National Center for Special Education Accountability Monitoring (NCSEAM) Early Intervention Surveys that were sent to all families active in LITPs as of June 30, 2008, and was aggregated for reporting by a contractor with expertise in the development of the NCSEAM survey and the analysis of its results.

Indicator #3 in the State Performance Plan (SPP) has been updated to include progress data for children who received services for at least six months and exited the program between July 1, 2007 and June 30, 2008. Entry and exit evaluation and assessment data (Present Levels of Development, or PLOD) was collected from the Part C database, aggregated, and reported by the database developer based on specifications consistent with OSEP reporting requirements. For verification purposes, LITPs were also required to complete Child Outcome Summary Forms (COSF) on children who participated in the program for six months and exited the program between July 1, 2007 and June 30, 2006. The COSF data was collected from the Part C database, aggregated, and reported by the database developer based on specifications consistent with OSEP reporting requirements. The PLOD results and the COSF results are presented in the APR and in-depth analysis will be done during FFY 2008.

The State is not required to report on Indicator #12 (Resolution Sessions) because it established Part C policies and procedures related to due process hearing requests.

The status of existing improvement activities and new or revised Improvement activities have been included in the FFY 2007 APR, and will be added to the SPP that is posted on MSDE's website after submission of the APR.

Stakeholder Input:

Throughout FFY 2007, MSDE provided information and preliminary data on the Part C SPP/APR indicators and multiple opportunities for questions, comments, and recommendations from a broad range of stakeholders. Updates on SPP/APR federal reporting requirements and State and local performance data were provided at all SICC meetings in 2007-2008, and special presentations on the statewide data and the draft APR were made in January 2009.

In addition to the SICC membership documented in the SPP, representatives of LITPs, local Interagency Coordinating Councils (LICCs), preschool programs, family support services, and other community-based partners attended monthly meetings of the SICC and assisted with the implementation of improvement activities for selected SPP indicators, as appropriate.

In September 2008, MSDE held its annual Early Intervention/Special Education Leadership Conference for LITP Directors, local Directors of Special Education, local Family Support services coordinators and parent representatives, and Chairs of the SICC and State Special Education Advisory Committee. The three-day leadership conference emphasized local presentations of improvement activities utilized by a representative sample of counties to correct non-compliance for Indicators 1 and 8, and to improve performance for Indicators 3 and 4. MSDE staff also presented and discussed data issues with LITP directors and additional local staff, specifically on Indicators 1 and 3.

Public Reporting:

MSDE will make the APR and revised SPP available to the public on the MSDE website, www.mdpublicschools.org, shortly after submission to the Office of Special Education Programs on February 1, 2009. Copies of the APR and revised SPP will be provided to LITPs, the SICC, and other stakeholders simultaneously.

As required in the Individuals with Disabilities Education Act (IDEA) of 2004, MSDE will report to the public on the performance of LITPs on Part C Indicators # 1, 2, 4, 5, 6, 7 and 8 for FFY 2007 (July 1, 2007-June 30, 2008). 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, 11, 13 and 14 will also be reported to the public. Part C Indicator # 12 is not applicable to Maryland. State and local performance data for Part C Indicator # 3 will be reported in 2011.

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, available at www.mdideareport.org. Through a State map on the website, the public may select a specific jurisdiction, review performance data on all APR indicators for that jurisdiction's LITP, and compare the jurisdiction's data to State targets and performance. In addition, the public will be able to select a particular indicator and view the performance of all LITPs for that indicator against the State target and performance. The SPP/APR website will be linked to related reports and data on MSDE's website to provide a context for early intervention and special education performance data.

Part C State Annual Performance Report (APR) for FFY 07 – INDICATOR #1

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: 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)

Measurement
Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.
Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2007: 95.8%

To report the percentage of infants and toddlers with IFSPs who received early intervention services on their IFSPs in a timely manner between 7/1/07 and 6/30/08, MSDE generated a report from the statewide Part C database comparing the IFSP meeting date and the actual service initiation date for all services on initial IFSPs and any service added during the time period at subsequent IFSP meeting with the State’s criteria for timely service delivery: *not later than 30 days from the date of the IFSP*. The target data reported for this indicator includes data for all 24 LITPs in Maryland. MSDE and the LITPs verified family-related reasons or IFSP team decision making for the legitimate initiation of services outside the 30-day timeline and the report was modified based on the results of the State and local review and the LITP validation.

Number of eligible children	Number/Percent of children with actual timely service initiation dates	Number/Percent child unavailable, family-related reasons, & IFSP team decisions validated by LITPs	Total number of children within timeline or not within timeline because of reasons	Percent of children with timely actual service initiation dates
6,668*	5,444 (81.6%)	945 (14.1%)	6,389	95.8%

* Reflects data from all 24 jurisdictions

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage That Occurred for FFY 07:

State monitoring and technical assistance activities:

MSDE continued to monitor the implementation of the timely service requirement through the data system and by data verification done by MSDE and LITPs. The timely service indicator for projected service initiation dates is included in the data profiles distributed to all LITPs semiannually. In regards to actual service initiation dates, MSDE required that all LITPs implement an Improvement Plan with strategies to:

- Achieve 100% compliance;
- Collect and validate actual service initiation dates for all IFSP services and the reasons why any service was not delivered in a timely manner;
- Add this information to the MSDE data system; and
- Monitor compliance with this requirement on an ongoing basis.

MSDE required that the Improvement Plan for this indicator be submitted with the annual local application for funds and the grant award for FFY 2007 was contingent on approval of this plan. Technical assistance on achieving compliance for this indicator and related IFSP decision-making issues was provided to all LITPs at a statewide meeting and to specific LITPs that did not reach full compliance for this indicator. Technical assistance/training was also provided to local data managers on how to input actual service initiation dates and reasons for untimely service initiation.

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. Also included in the percentage of children having timely service initiation are those children whose service initiation date exceeded 30 days from the parental signature on the IFSP because of family choice, child unavailability (e.g., child illness or hospitalization), or IFSP team decision making (e.g. physical therapy service two times per year). For calculation purposes, the children with service initiation after 30 days with the above reasons are added to the numerator *and* the denominator. If the reason for untimely initiation of a service was related to a systemic issue (e.g., 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.

In the second week of September 2008, MSDE generated child-level and summary actual service initiation reports with fields documenting reasons for untimely actual service initiation for each LITP for the period from 7/1/07 to 6/30/08. MSDE provided paper copies of these actual service initiation reports for FFY 2007 to all LITPs on a September 25, 2008 meeting with local directors. LITPs were required to input missing data, actual service initiation dates, and reasons for untimely service initiation into the State tracking system by November 15, 2008. On November 19, 2008, MSDE re-ran the child-level and summary actual service initiation reports and validated data when necessary. For FFY 2008, statewide and local data reports were run on 9/15/08 and will be run again on 3/15/09.

Addressing system capacity issues:

Staffing shortages, and federal and State funding which does not keep pace with the increasing number of infants and toddlers identified as being in need of early intervention services (4.1% increase) have a direct effect on the capacity of LITPs to achieve full compliance and meet State targets. For FFY 2007, MSDE requested an increase for LITPs in its Department budget; unfortunately, the State budget for the MITP remained the same despite advocacy efforts by stakeholders at every level. Federal Part C funding for FFY 2007 decreased by 3.3%.

Without an increase in State funding and with decreases in federal funding, LITPs continue to seek additional local funds and to piece together budgets, which in many cases do not adequately support

the staffing capacity needed to serve eligible children and families. In this regard, LITPs are committed to using limited resources effectively to serve eligible children and families.

In FFY 2007, MSDE provided training on the primary service delivery model. Although not appropriate for every child, this model appears to promote more effective utilization of staff and more caregiver involvement in helping children and families achieve functional outcomes. Additionally, several LITPs, using grant funds from MSDE, conducted Hanen training and began to utilize this method of service delivery. This method also appeared to promote more effective utilization of staff and more caregiver involvement.

Explanation of Progress or Slippage:

The percentage (95.8%) for actual timely service initiation for FFY 2007 cannot be compared to previous years because MSDE formerly reported on timely service initiation based on projected service initiation dates. For FFY 2007, MSDE also calculated the percentage for timely service initiation based on projected service initiation. The projected percentage for timely service initiation date for FFY 2007 is 97.5%, which is a decrease from the FFY 2006 figure of 99.0%; this data continues to demonstrate substantial compliance for this indicator.

Regarding the actual timely service initiation figure of 95.8%, 5,444 children (81.6%) had actual service initiation within 30 days; 553 children (8.3%) had actual service initiation beyond 30 days of the IFSP because of family reasons; 211 children (3.2%) had service initiation dates beyond 30 days because the child was not available; and 181 children (2.7%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family. The non-compliance figure of 4.2% was primarily related to staffing shortages due to funding and vacant staff positions.

Six instances of non-compliance, less than 100% compliance, identified in FFY 2006 for this indicator based on projected service initiation dates were all corrected within 12 months or less or prior to notification. See Indicator #9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

New/Revised Improvement Activities:

1. In FFY 2007 - FFY 2010, MSDE will complete and fully implement modifications to the Part C database to refine data collection, reporting, and analysis related to timely service provision (e.g., electronic reports with reasons for and comparisons of untimely projected and actual service initiation dates), and a change in the database structure which would more closely align the addition of services to IFSP meeting dates.

Accomplished Tasks: The database structure was modified to more reliably link actual service initiation dates with appropriate IFSP meetings. Child level and summary reports were developed and included in the list of predefined reports that can be run by MSDE staff for every LITP; reports may also be run by local program directors/data managers for their individual county.

Additional Tasks: MSDE will modify the data system to account for children who exit the MITP program prior to scheduled service initiation. MSDE will provide training to LITP directors/data managers on entering actual service initiation dates because of the substantial number of missing service initiation dates discovered when the program was initially run, which subsequently required data verification and additional data entry. Additionally, MSDE will require all LITPs as part of the annual application for funds to submit the local jurisdiction procedure for submitting actual service initiation to data entry staff for entry into the database.

2. In FFY 2007 - FFY 2010, MSDE will require a Corrective Action Plan (CAP) as part of enforcement actions when an LITP does not attain substantial compliance (95%) on this indicator. An LITP that does not meet the State target of 100%, but has attained substantial compliance will be required to implement an Improvement Plan.

Accomplished: In FFY 2007, LITPs did create a CAP or an Improvement Plan for untimely projected service initiation when necessary as a result of data analysis and State and local verification.

Activity Revision: In FFY 2008 – 2010, LITPs will create a CAP or an Improvement Plan for untimely actual service initiation when necessary as a result of data analysis and State and local verification. MSDE will require jurisdictions to develop and implement Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance (95%) for a six-month period. A CAP is ended when a LITP demonstrates two consecutive months of substantial compliance and MSDE verifies that the correction has occurred. MSDE monitors LITPs with CAPs on a monthly basis and does focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.

Activity Revision: In FFY 2008 – 2010, LITPs will create a CAP or an Improvement Plan for untimely actual service initiation when necessary as a result of data analysis and State and local verification. MSDE will require jurisdictions to develop and implement Improvement Plans when data compliance for a six-month period is at least 95%, but less than 100%. The Improvement Plan will be ended when a LITP achieves 100% compliance for at least a two-week period and MSDE verifies that the correction has occurred. MSDE monitors programs with Improvement Plans on a monthly basis and does focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.

3. **New Activity:** In FFY 2008 – FFY 2010, MSDE will provide training on the primary model of service delivery statewide, regionally and in individual counties. Aspects of this model of service delivery will also be added to the IFSP Development and Implementation on-line tutorial on the Early Childhood Gateway. This model of service delivery, when deemed appropriate to improve child and family outcomes, promotes better utilization of staff.
4. **New Resource:** For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 44% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2010.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #2

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	89.5% of active eligible children will receive early intervention services primarily in natural environments (e.g., home and community settings)

Actual Target Data for FFY 07: 91.2%

To report on the percentage of infants and toddlers who receive early intervention services primarily in natural environments, MSDE generated a report from the statewide database, which calculated the frequency of services delivered in all settings for all eligible children with IFSPs on 10/27/07. In addition, MSDE reviewed a report of all services that were not provided in natural environments to determine the presence of justifications on IFSPs.

Number and Percent of Children Whose Primary Setting is a Natural Environment (n=6991)

Home	Community Setting	Total in NE	Total in Other	Percent in NE
5,792	584	6,376	615	91.2%

100% percent of children had justifications on the IFSP when services were not provided in natural environments. However, between 7/1/07 to 6/30/08, 77 children (with a total of 129 services) had justifications for services provided in non-natural environments that were not based on the needs of the child.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

State monitoring and technical assistance activities:

MSDE reported 618 data for this indicator in the APR, but 6/30 data on the percentage of children served in natural environments (NE) are also provided to LITPs so that progress can be tracked over time. MSDE continues to monitor the progress on this indicator by including the percentage of children primarily receiving services in natural environments on local data profiles distributed to LITPs two times annually. Also included on the profile is the percentage of services not provided in NE that have justifications on the IFSP and whether the justifications are based on the needs of the children.

If below State target, LITPs were required to include an Improvement Plan for the NE indicator in their annual local application to MSDE. LITPs were required to report progress on the NE indicator in semiannual and final program reports. If justifications were missing in the database for services not provided in NE, LITPs were required to review the early intervention record and enter justifications as they appeared on the IFSP.

During FFY 2007, MSDE and contractors provided training/consultation to LITPs on implementing services in the NE for children with autism or autism-like symptoms, conducting assessments that include functional components, developing functional outcomes, and collaborating with child care, library and other community programs. Local programs developed strategies on how to enhance NE service provision within their own counties and/or with other jurisdictions via telephone conference calls or face-to-face meetings.

At statewide Service Coordinator Resource Group meetings, MSDE staff, contractors and local ITP programs presented information related to providing early intervention services in the NE, conducting functional evaluations and understanding/developing appropriate justifications if services are not provided in the NE.

The online Maryland Early Childhood Gateway section on evaluation and assessment in the NE and IFSP development and implementation in the NE was revised and incorporated into the trainings mentioned above.

Data collection, reporting and analysis:

The percentage of children served in the natural environment includes children in which the majority of services are provided in a natural environment. Justifications for services that are not provided in the natural environment are entered into the Part C database. MSDE reviews the actual justifications and verifies that justifications are based on the needs of the child. Prior to the submission of 618 data reported in this indicator, MSDE runs an audit report and reviews the settings that are entered under the "Other" category. When settings in the "Other" category appear to be community-based settings, MSDE contacts LITPs and clarifies the definition of NE settings and includes them in the appropriate category.

Of the 24 LITPs, 19 programs met or exceeded the State target of 89.5%. Five LITPs did not meet the State target. Of the five LITPs that did not achieve the State target, the following patterns emerged:

- 1 large county missed the target by 1%, but improved from the previous year by 1%.
- 1 large county missed the target by 7.5%, but improved from the previous year by 6%.
- 1 mid-size county (about 100 children) missed the target by 3.5%, and had a 5% reduction in the percentage of children receiving services primarily in the natural environment.
- 1 large county missed the target by 6.5%, but improved from the previous year by 18%.
- 1 mid-size county (about 100 children) missed the target by 10.5%, but improved from the previous year by 18%.

In Maryland, determined by a snapshot count, there are:

- 8 small counties (serving <90 children)
- 11 mid-size counties (serving 90 – 599 children); and
- 5 large counties (serving 600 or more children).

One hundred and twenty-nine (12.8%) of 1,007 justifications (1,007 services) for not providing services in the natural environment were not based on the needs of the child. One hundred and twenty of these justifications occurred in a large urban jurisdiction with a substantial number of families experiencing poverty. In this jurisdiction, both staff members and parents reported concerns about providing services in the natural environment due to potential neighborhood violence. Many parents in this jurisdiction have reported an inability to provide transportation to a safer neighborhood for themselves and their children. Therefore, many parents elected to obtain therapy services from private agencies that are not natural environments because these agencies are located in safe neighborhoods and provide reliable transportation for these families.

Technical assistance on providing early intervention services in a natural environment in the above urban jurisdiction was provided in November 2007 with assistance from the Mid-South Regional Resource Center (MSRRC). MSDE will insure that recommendations from this technical assistance are being implemented by this LITP in the jurisdiction's Improvement Plan.

Also in the above jurisdiction, a large number of early intervention services, with the exception of service coordination, are provided by private agencies with longstanding reputations in the community as being the "experts" at providing services to children with disabilities and helping children and their families. There is a concern that enforcement actions to correct this situation with the LITP and participating private agencies may result in some current or future families withdrawing from *or not* participating at all in the LITP and, therefore, would receive physical and occupational therapy services and speech-language pathology services from private agencies without the rights and protections insured by Part C of IDEA. These private agencies have the ability to bill Medicaid directly and not through the local early intervention system. Because of these reasons, the primary reason for not providing services in the natural environment was "parent prefers service be provided outside the home".

It is important to note that the above LITP contracts with private agencies that in the past have only provided services in non-natural environments. Recently, however, some of the private agencies have added home visits to their list of services provided. While this may not immediately result in an increase in the percentage of children served primarily in the natural environment (because many children will continue to access the majority of their services in a non-natural environment), it is worth acknowledging the addition of home-based services for children previously not receiving services in the home.

It is also important to note that during service provision by the private agencies referenced above, parents are full participants in the early intervention activities. Techniques used to involve parents include modeling of early intervention strategies, parental role-playing, and other techniques. Parents are commonly provided workbooks to take home that describe the strategies with drawings and narratives. Service providers also discuss with parents ways to incorporate intervention strategies into home and community activities.

Addressing system capacity issues:

Due to inadequate staffing/funding, increased referrals, safety issues, and parental preference, some LITPs struggle to provide services in the appropriate NE settings. Some LITPs have increased service collaborations with child care, Early Head Start, library and other community programs, and have been able to train paraprofessionals to provide special instruction under the supervision of a special educator.

Explanation of progress or slippage:

In FFY 2007 the State met its target of 89.5% and improved from the previous year by 0.5%.

Achievement of the target was accomplished by requiring LITPs to complete improvement plans as well as by providing trainings for LITPs, which emphasized increasing the inclusion of infants and toddlers with disabilities in community programs and IFSP decision making that supports the provision of services in the NE. Another factor was statewide promotion of the web-based Maryland Early Childhood Gateway (mdecgateway.org) with tutorials on evaluation/assessment and IFSP development and implementation. These tutorials include lessons on how to incorporate NE and functional practices in evaluation/assessment and IFSP development and implementation.

For this indicator, there were no findings of non-compliance identified through the State data system for FFY 2006.

**Revisions, with Justification, to Proposed Targets /Improvement Activities/
Timelines/Resources for FFY 08:**

New/Revised Improvement Activities:

1. In FFY 2007 - FFY 2010, MSDE will require an LITP to do improvement plans when the State target is not met. LITPs will report their progress in semiannual and final program reports. This task was done in FFY 2007.
2. In FFY 2007 - FFY 2010 MITP will implement methods of informing referral sources, families and other stakeholders of evidence-based practices for providing early intervention services in NE. Methods will include:
 - a. Maryland Early Childhood Gateway website;
 - b. Publication of the revised *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Maryland's System of Early Intervention Service*; and
 - c. Local public awareness efforts.

Accomplished Tasks: Local LITP directors and service providers were also informed of evidenced-based practices for providing early intervention services in natural environments during FFY 2007. Stakeholders, administrators, and service providers were informed via the following forums:

- a. Service Coordinators' Resource Group Training/Technical Assistance Quarterly Sessions – Early Childhood Gateway (ECG) reminders and updates regarding new postings of content, resources, navigation upgrades and solicitation of input for new content and navigation features;
- b. Early Intervention Leadership Academy (EILA) – ECG site is referenced and content incorporated in all five course offerings;
- c. Annual Special Education/Early Intervention Services Leadership Conference – Pre-conference sessions on the ECG were sponsored which focused on highlighting new site development features, content, resources and solicitation of input for enhancements;
- d. Kennedy Krieger's Center for Autism and Related Disorders: Professional Classroom Immersion Training Program and Local Technical Assistance – ECG content and resources were referenced in both programs during implementation and follow-up;
- e. Promoting Social Emotional Development Statewide Trainings – ECG content and resources were highlighted at the onset of each training;

- f. State Interagency Coordinating Council (SICC) – Reminders about the ECG resources available through the distribution of fliers, posters and magnet clips during meetings; and
 - g. IFSP Regional Training in November, 2007 with Follow-up Training in April, 2008, provided by Barbara Hanft, a national expert on early intervention. Agenda items related to provision of service in natural environments included:
 - Development of multidimensional, functional child outcomes to guide intervention and assess a child’s progress;
 - Case studies with small group analysis and large group discussion;
 - Topics for follow-up and online discussions;
 - What worked/challenges regarding supporting families in natural environments;
 - Discussion of functional outcomes provided by conference participants;
 - Blending team services and supports and team/parent communication; and
 - On-line resources.
3. In FF 2007 - FFY 2009, MSDE, Mid-South Technical Assistance Center staff and LITP staff from a large urban jurisdiction will develop and implement strategies to improve the percentage of services provided in natural environments considering challenges encountered in an urban environment.
- Accomplished Task:** This technical assistance was provided, but the improvement activity is not complete.
- Revised Task:** In FF 2008 - FFY 2010, Technical assistance will be provided to the LITP of a large urban jurisdiction and participating private agencies on providing services in a natural environment and writing justifications based on the needs of the child when services are not provided in a natural environment. This technical assistance will be provided to other LITPs and other participating private agencies as necessary.
4. **New Activity:** In FFY 2008 – FFY 2010, MSDE staff will consult with other states and NECTAC on strategies to improve the percentage of children receiving services in natural environments and development of appropriate justifications.
5. **New Activity:** In FFY 2008 – FFY 2010, MSDE staff through the local application process and sub-recipient monitoring visits will review LITP contracts with private agencies providing early intervention services. Specific areas of focus will be the provision of services in the natural environment.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #4

Overview of the Annual Performance Report Development

Data for this indicator were collected through the distribution of parent surveys, compiled and aggregated by an MSDE contractor, and analyzed by MSDE staff to develop State and local program improvement activities.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: 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 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	<p>74% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>72% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>82% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>

Actual Target Data for FFY 07: Part C Early Intervention Family Survey Report for Data Collected in 2008

Indicator #4A: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

Percent at or above indicator 4A standard (539): 78%	(SE of the mean = 1.1%)
---	--------------------------------

Indicator #4B: Percent of families participating in Part C who report that early intervention services have helped the family:

B. Effectively communicate their children’s needs.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

Percent at or above indicator 4B standard (556): 75%	(SE of the mean = 1.1%)
---	--------------------------------

Indicator #4C: Percent of families participating in Part C who report that early intervention services have helped the family:

C. Help their children develop and learn.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale: “Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs.”

Percent at or above indicator 4C standard (516): 86%	(SE of the mean = 0.9%)
---	--------------------------------

Number of Valid Responses: **1,561**
Measurement reliability: **0.92-0.95**

Mean Measure: **661**
Measurement SD: **164.0**

On October 15, 2008, 7,078 surveys were either directly mailed to families with active eligible children as of 6/30/08 or directly mailed to local jurisdictions for hand delivery to all families with active eligible children as of 6/30/08. For families indicated in the Part C database that Spanish was their primary language, the survey was sent out in Spanish.

In an attempt to improve response rates, local jurisdictions in Maryland determined how surveys would be distributed to families. Eight jurisdictions chose to have surveys mailed directly to families by the vendor, Avatar International, Inc, using an address file provided by the MITP from the data system. A total of 3,170 surveys were directly mailed to families with a response rate of 18.4%. Sixteen jurisdictions chose to deliver the family surveys by hand. A total of 3,908 surveys were hand delivered to families with a response rate of 25.2%. The overall response rate for both methods was 22.2% (1,570/7,078).

Of the surveys sent by direct mail and for hand delivery, 1,561 were returned with measurable data on the survey's Impact on Family scale, needed for reporting the SPP/APR Indicators 4a, 4b, and 4c. The effective response rate was 22.1%. Each of Maryland's 24 jurisdictions had surveys returned with measurable data. Individual survey items' overall agreement percentages are associated with a 1.9% margin of error, at a 95% confidence level. The data meet or exceed the NCSEAM 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality expected from this survey.

With regard to the percentages of families who reported that early intervention services helped them for each sub indicator, the numerators are the numbers of families who agreed, strongly agreed, or very strongly agreed with related items on the survey, and the denominators are the number of valid survey responses.

4A.	Know their rights:	1216/1561	78%
4B.	Effectively communicate their children's needs	1171/1561	75%
4C.	Help their children develop and learn	1342/1561	86%

Extent to which Results are Representative:

Race/Ethnicity	Percentage of Children Active/Eligible 6/30/08	Percentage of Family Survey Responses*
American Indian	0%	0%
Asian	5%	5%
Black (Not Hispanic)	32%	21%
Hispanic	10%	8%
White (Not Hispanic)	53%	66%
Total	100%	100%

***Responses include data from all 24 jurisdictions**

The chart above indicates the extent to which the survey results are representative of the children who were active and eligible on 6/30/08. The percentage of survey responses from Asian families are representative of the Asian population in Maryland. The survey responses from Hispanic families are slightly underrepresented this year. The actual percentage of family survey responses from Hispanic families stayed approximately the same from FFY2006 to FFY2007, but the number of active and eligible Hispanic children increased by 1%.

Responses from African American families are underrepresented by approximately 11%. This is a slight improvement with regard to representative responses from FFY2006 to FFY2007, as African American families were underrepresented by 14% last year. Responses from white families continue to be overrepresented. Despite several ethnic groups being under- or over-represented, the data meet or exceed the NCSEAM 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality expected from this survey.

MSDE shared and will continue to share local aggregate survey response data with each local Infants and Toddlers Program in order to assist with local improvement efforts concerning representativeness of responses and response rate to the statewide family survey. All jurisdictions are required to complete an improvement plan with regard to Indicator 4.

Sixty-five percent of the survey responses were received from families with male children participating in the Infants and Toddlers Program. This result was representative of MITP's population, which was 64% male for FFY 2007.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

Understanding the Data:

During FFY 2007 several improvement activities were completed to assist stakeholders in understanding the statewide data and local data.

- On March 12, 2008 MSDE held a statewide meeting for Infants and Toddlers directors and Family Support Network coordinators to review statewide and local data and to identify ways to use the results to plan program improvement activities. Ms. Debby Metzger, Program Manager and Ms. Pam Miller, Family Support Services Coordinator presented “Family Outcomes: Review of Statewide and Local Early Intervention Family Survey Data.” In addition, four local programs did informal presentations on “Sharing Family Benefit and Outreach Strategies” in order to assist local jurisdictions to begin considering local improvement efforts.

Local Improvement Planning:

Improvement activities during FFY 2007 linked the purpose and usefulness of the survey results to local improvement efforts by requiring all jurisdictions to complete an improvement plan on Indicator 4.

- MSDE developed a required framework for local improvement planning as part of the local application and grant process that included:
 - Steps to improve the response rate and representativeness of responses to the statewide family survey, such as identifying ways that family support staff and service coordinators can assist families to complete the survey;
 - Steps to involve local stakeholders to understand the purpose of the survey, and importance of family benefit;
 - Steps to identify targeted improvement activities based on local survey results and other local sources of information on family benefit;
 - Description of how ranked survey items will be used as a guide for providers and families.
- MSDE reviewed each local application and provided technical assistance as needed to ensure that a family survey improvement plan was in place. In many local applications, the family survey data was used to integrate additional family support services activities within local public awareness and professional development efforts.
- MSDE provided additional technical assistance to local jurisdictions regarding the family survey data through phone consultation, on-site visits and local presentations to early intervention staff.
- MSDE provided IFSP Regional Training in November 2007, with Follow-up Training in April 2008. This training was provided by Barbara Hanft, a national expert on early intervention. Agenda items related to family outcomes included:
 - Development of multidimensional, functional child outcomes with caregiver input to guide intervention and assess a child’s progress;
 - Case studies with small group analysis and large group discussion;
 - Topics for follow-up and on-line discussions;
 - What worked/challenges regarding supporting families in natural environments;
 - Discussion of functional outcomes provided by conference participants;
 - Blending team services and supports and team/parent communication; and
 - On-line resources.

Collaboration with Parent-to-Parent Networks:

MSDE continued collaboration with parent-to-parent networks throughout the state by providing training and technical assistance to local Family Support Network, Preschool Partners, and Partners for Success coordinators and by continuing to develop working relationships with the Parents' Place of Maryland, the Maryland Developmental Disabilities Council, and local agencies that provide specific support group activities.

On March 13, 2008, MSDE co-sponsored a statewide training on cultural diversity and outreach strategies for all stakeholders involved in parent-to-parent networks in Maryland.

Explanation of progress or slippage:

The family survey results from FFY 2006 to FFY 2007 had an overall increase. Indicator 4A changed from 76% to 78%; Indicator 4B changed from 74% to 75% and Indicator 4C changed from 81% to 86%. Based on the FFY 2007 measurable and rigorous targets, this year's data represent a 4% increase on Indicator 4A, a 3% increase on Indicator 4B, and a 4% increase on Indicator 4C. Overall, there has been statistically significant progress on all three indicators.

Requiring local improvement plans for Indicator 4 and providing statewide family outcomes training for local directors and family support network coordinators for the past two years have assisted local jurisdictions to focus on family outcomes. This year, local improvement plans began to identify local improvement activities. Several of the large jurisdictions provided targeted professional development activities regarding family outcomes, which produced significant increases in 4c.

In addition, Barbara Hanft, a national expert in early intervention, conducted a series of regional training sessions on functional child outcomes for provider/parent teams. Functional child outcomes are easier for families to incorporate into their daily routines in order to help their child develop and learn. This in turn may have attributed to the significant increase in Indicator 4C. In summary, improvement in overall indicator percentages can be attributed to State and local program improvement efforts and/or to the changes made in survey distribution.

Revisions, with Justification, to Proposed Targets / Improvement Activities Timelines / Resources for FFY 08:

New/Revised Improvement Activities:

1. **Revised Activity:** In FFY 2008 – FFY 2010, MSDE will continue the improvement activities done in FFY 2007 and described previously in **Local Improvement Planning** and in **Collaboration with Parent-To-Parent Networks** in order to meet the proposed targets for this indicator. Local improvement plans with increased rigor will be required as part of the annual application process. In order to improve response rates and representativeness of responses, MSDE will collaborate with local stakeholders to further analyze the two methods of survey distribution used in FFY 2007 and to decide on methods of survey distribution for FFY 2008.
2. **New Activity:** In FFY 2008 – FFY 2010, professional development opportunities will be created in order to facilitate the sharing of best practices by local jurisdictions with regard to increases in survey response rates, representativeness of responses, and significant percentage increases across indicators.
3. **Continued Activity:** In FFY 2008 – FFY 2010, MSDE is planning continued collaboration with parent-to-parent networks through the provision of statewide training on the Parent Modules – "Positive Solutions for Families" developed by the center on Social and Emotional Foundations for Early Learning (CSEFEL).

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #5

Overview of the Annual Performance Report Development

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and will be reviewed by the SICC.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.

Actual Target Data for FFY 07: 1.25%

Based on the data provided by OSEP on www.ideadata.org, Maryland served 1.25% of its 2007 resident birth to one population in the reporting period.

- A. Of the 23 states and 2 territories classified by OSEP as having a broad eligibility definition in 2007, Maryland ranks 13th. When the number of at-risk infants and toddlers are excluded, Maryland ranks 11th.
- B. Compared to national data, Maryland served .20% more children birth to one than the national baseline and ranked 17th (tie) among the 50 states, the District of Columbia, and reporting territories. When the number of at-risk infants and toddlers are excluded, Maryland ranks 15th (tie).

Birth-One Population Served	2007 Resident Population	Percent Served
979	78,060	1.25%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

State monitoring and technical assistance activities:

MSDE continued to monitor the local implementation of Child Find requirements through the data system; technical assistance (TA) was provided as needed. For example, MSDE provided TA via telephone to several local directors and at statewide service coordinator meetings on the clarification of the Maryland high probability eligibility definition for several medical conditions including prematurity/low birth rate, prenatal exposure to illegal drugs, unilateral hearing loss and exposure to lead. Clarification via the same venues was also provided on the Maryland eligibility definition for atypical development especially with children exhibiting atypical social-emotional behavior.

LITPs were required to develop improvement plans in their local applications if the previous year data for the 0 -1 child find indicator was below the State target. All LITPs were required to include Public Awareness Plans in their local applications, which included trend and referral source data, and data disaggregated by race/ethnicity groups. Strategies to improve participation of any underserved groups were also included. MSDE staff reviewed these plans and provided technical assistance as necessary. LITPs were required to report child find data in their semiannual and final program reports, which included explanations of increases or decreases in percentages served.

MSDE reviewed research on the demographic factors that included child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets.

Interagency Child Find Activities

MSDE and the Department of Health and Mental Hygiene (DHMH) continued to implement mechanisms to exchange data from the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs. Joint meetings were held to review LITP release of information forms and the State Interagency Agreement for Part C.

MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local policies and procedures to ensure that infants and toddlers who are victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs.

MSDE and the SICC continued to draft a revision of the *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Early Intervention Services*. Also, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.

MSDE collaborated with the Maryland Academy of Pediatrics and DHMH (ABCD Screening Academy) to implement pilot programs for the American Academy of Pediatrics guidelines for developmental screening as part of primary care. Several LITP directors also participated in this collaboration to improve the referral process to LITPs, and the ongoing communication with primary care physicians. A statewide LITP referral form to be used by primary physicians was developed and is being used in the four pilot practices. The Maryland Academy of Pediatrics has recently started regional developmental screening training for primary care providers.

MSDE and DHMH collaborated on the continued implementation of the Autism Screening Pilot Project to improve early identification of autism by pediatricians and facilitate referrals for early intervention.

Explanation of Progress or Slippage:

The percentage of birth-to-one year old children served decreased from 1.34% in FFY 2006 to 1.25% in FFY 2007. Fourteen of the 24 LITPs demonstrated decreases in the percentage of birth to one year olds served. Fifteen LITPs did not meet the State target of 1.50% of the resident population of birth to one year olds in their jurisdictions. Only two of Maryland's largest jurisdictions attained the State target for this indicator, while another large jurisdiction was slightly below the State target. One large jurisdiction served only 0.82% of the birth to one year olds residing in the county.

The State's birth-to-one public awareness activities did not effectively impact the influx of population in the State. The resident population of birth to one-year olds increased statewide by 5.4% from FFY 2006 to FFY 2007, while the number of birth to one-year old referrals increased by only 1.9% from FFY 2006 to FFY 2007.

Despite the increased number of referrals received, the statewide number of birth-to-one children served decreased by 17 children from FFY 2006 to FFY 2007. Thus, the increase in referrals has not resulted in an increase in the number of children served. It seems that many of the referrals are found to be ineligible, as the number of referrals for birth to one year olds found ineligible for services increased by 17.4% from FFY 2006 (2,208) to FFY 2007 (2,594). A review of the referral sources shows no significant changes from FFY 2006 to FFY 2007, so it does not appear that any particular referral source is responsible for the increase in ineligible referrals.

All LITPs were required to include a public awareness plan in the annual application for FFY 2007 Part C and State funding. Additionally, the LITPs who did not attain the State target on 10/27/06 were required to develop an improvement plan to increase the percentage of birth to one year olds served. Local strategies included LITPs attending local health fairs, speaking to parent groups, meeting with primary health care provider groups, and speaking to staff from local departments of social services.

Despite these strategies, the State did not meet its FFY 2007 target for this indicator. One factor may be the basis on which the State targets were set in the SPP. Prior to the submission of the FFY 2005 APR, MSDE used the number of live-births in the State to determine the percentage of children served, rather than the current OSEP requirement to use the U.S. Census residence figures. The State target for Indicator 5 was based on live-births. Another factor may be that the *'MITP Physician Guide'* has not been distributed to pediatricians and other pediatric primary care providers for about 8 years.

For this indicator and related requirements, there were no findings of non-compliance identified through the State data system or through on-site monitoring.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:**New/Revised Improvement Activities:**

1. In FFY 2007 - FFY 2010, LITPs will be required to develop improvement plans as part of the local application if they do not meet the State target for the percentage of the birth-one population served and to report on the status of the Improvement Plan in semiannual and final program reports.

Activity Status/Revision: This activity was done in FFY 2007. For specific jurisdictions, more rigorous improvement plan strategies will be required.

2. In FFY 2007 – FFY 2010, MSDE will disseminate the revised *MITP Physician's Guide* to primary care and other providers and other stakeholders.

Activity Status: The guide was redesigned and edited in collaboration with members of the SICC. The guide will be completed and distributed in FFY 2008.

3. In FFY 2005 – FFY 2010, MSDE and the SICC will review and analyze research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets based on research.

Activity Status: In FFY 2007, the list of examples of high probability conditions for automatic ITP eligibility was reviewed as part of the review/modification process for the *MITP Physician's Guide*. The revised examples of high probability conditions will be shared with local programs in FFY 2008. Additionally, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.

4. Beginning in FFY 2006 – FFY 2010, MSDE will collaborate with the State Department of Health and Mental Hygiene on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families, and LITPs.

Activity Status: During FFY 2007, four physician practices in the Baltimore metropolitan area trained their staff to administer developmental screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state.

5. **New Activity:** In FFY 2008 – FFY 2010, MSDE will do focused monitoring on LITPs who are not making adequate progress on this indicator with input from local programs who are making progress and/or who achieved the State target.
6. **New Activity:** In FFY 2008 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services.
7. **New Activity:** In FFY 2008 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.
8. **New Activity:** In FFY 2008 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to one.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #6

Overview of the Annual Performance Report Development

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and will be reviewed by the SICC.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.**
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.**

FFY	Measurable and Rigorous Target
2007 (2007-2008)	The percent of infants and toddlers birth to three with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.

Actual Target Data for FFY 07: 3.05%

Based on data provided by OSEP on www.ideadata.org, Maryland met its target of 2.88% of its 2007 resident birth-to-three population in the reporting period.

- A. Of the 23 States and 2 territories classified by OSEP as having a broad eligibility definition in 2007, Maryland ranks 9th. When the number of at-risk infants and toddlers are excluded, Maryland ranks 8th.
- B. Compared to the national data, Maryland served .52% more children birth to three than the national baseline and ranked 17th among the 50 States, the District of Columbia, and reporting territories. When the number of at-risk infants and toddlers are excluded, Maryland ranks 16th.

Birth-Three Population Served	2007 Resident Population	Percent Served
6,991	229,364	3.05%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

State monitoring and technical assistance activities:

MSDE continued to monitor the local implementation of Child Find requirements through the data system and technical assistance was provided to LITPs as needed. LITPs were required to develop improvement plans in their local applications if the previous year data for the 0-3 Child Find indicator was below the State target. All LITPs were required to include Public Awareness Plans in their local applications, which included trend and referral source data, and data disaggregated by race/ethnicity groups. Strategies to improve participation of any underserved groups were also included. MSDE staff reviewed these plans and provided technical assistance as necessary. LITPs were required to report child find data in their semiannual and final program reports, which included explanations of increases or decreases in percentages served.

MSDE provided technical assistance via telephone to several local directors and at statewide service coordinator meetings on the clarification of the Maryland high probability eligibility definition for several medical conditions including prematurity/low birth rate, prenatal exposure to illegal drugs, unilateral hearing loss and exposure to lead. Clarification via the same venues was also provided on the Maryland eligibility definition for atypical development especially with children exhibiting atypical social-emotional behavior.

MSDE reviewed research on the demographic factors that included child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets.

Interagency Child Find Activities:

MSDE and DHMH continued to implement mechanisms to exchange data from the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs. Joint meetings were held to review LITP release of information forms and the State Interagency Agreement for Part C.

MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local policies and procedures to ensure that infants and toddlers who are victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs.

MSDE and the SICC continued to draft a revision of the MITP Physician's Guide, which has not been distributed for approximately 8 years. Also, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.

MSDE collaborated with the Maryland Academy of Pediatrics and DHMH (ABCD Screening Academy) to implement pilot programs for the American Academy of Pediatrics guidelines for developmental screening as part of primary care. Several LITP directors also participated in this collaboration to improve the referral process to LITPs, and the ongoing communication with primary care physicians. A statewide LITP referral form to be used by primary physicians was developed and is being used in the four pilot practices. The Maryland Academy of Pediatrics has recently started regional developmental screening training for primary care providers.

MSDE and DHMH collaborated on an Autism Screening Pilot Project to improve early identification of autism by pediatricians and appropriate referrals to early intervention.

Explanation of Progress or Slippage:

In FFY 2007, MITP served 3.05% of children birth-three living in the State, which exceeds the target of 2.88%. Nine (3 large jurisdictions, 3 mid-size and 3 small) of Maryland's 24 LITPs demonstrated an increase in the percentage of the birth-three population served. For the state, there was an increase from 6,717 in FFY 2006 to 6,991 in FFY 2007 or 274 more children, 4.1% increase. This increase in percentage served is attributed to State/local targeted public awareness activities, including collaboration with local child-care providers, physicians, hospitals, audiologists, and local departments of social services and at health fairs and libraries. Another contributing factor is increased knowledge of many parents, as a result of the popular media of the importance of the early childhood years in preparing a child for school.

Additional analysis shows that 13 of 24 LITPs exceeded the State target. One small LITP that met the State target in FFY 2006 did not meet the target in FFY 2007. To the contrary, one mid-sized LITP that did not meet the State target in FFY 2006 did meet the target in FFY 2007. Twelve LITPs met the State target in FFY 2006 and 2007, while 10 LITPs did not meet the target in either year.

It appears that the impact of public awareness activities has reached a plateau. The number of birth to age three referrals from 10/27/05 to 10/27/06 was 11,564, while the number of referrals from 10/26/06 to 10/26/07 increased by only 14 to 11,564. The resident population of the birth-to-three population increased from 221,978 in FFY 2006 to 229,364 (a 3.3% increase).

For this indicator and related requirements, there were no findings of non-compliance identified through the State data system or through on-site monitoring.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:**New/Revised Improvement Activities:**

1. In FFY 2007 - FFY 2010, LITPs will be required to develop improvement plans as part of the local application if they do not meet the State target for the percentage of the birth-one population served and to report on the status of the Improvement Plan in semiannual and final program reports.

Activity Status: This activity was done in FFY 2007.

2. In FFY 2007 – FFY 2010, MSDE will disseminate the revised *MITP Physician's Guide* to primary care and other providers and other stakeholders.

Activity Status: The guide was redesigned and edited in collaboration with members of the SICC. The guide will be completed and distributed online and in print in FFY 2008

3. In FFY 2005 – FFY 2010, MSDE and the SICC will review and analyze research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets based on research.

Activity Status: In FFY 2007, the list of examples of high probability conditions for automatic ITP eligibility was reviewed as part of the review/modification process for the *MITP Physician's Guide*. Additionally, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.

4. Beginning in FFY 2006, MSDE will collaborate with DHMH on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families and LITPs.

Activity Status: During FFY 2007, four physician practices in the Baltimore metropolitan area trained their staff to administer developmental screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state.

5. **New Activity:** In FFY 2008 – FFY 2010, MSDE will do focused monitoring on LITPs who are not making adequate progress on this indicator with input from local programs who are making progress and/or who achieved the State target.
6. **New Activity:** In FFY 2008 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services.
7. **New Activity:** In FFY 2008 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #7

Overview of the Annual Performance Report Development

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and 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)

Measurement:
Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.
Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the referral for 100% of eligible children.

Actual Target Data for FFY 07: 94.8%

To report the target data for this indicator, 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 is validated by State and LITP staff.

Referral Range	Number/Percent within 45 days	Number/Percent delayed due to family-related reasons	Total Number/Percent in compliance with timeline
7/1/07 – 6/30/08 (n = 7,172)	5,499 76.7%	1,300 18.1%	6,799 94.8%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

State monitoring and technical assistance:

MSDE continued to monitor the implementation of the 45-day timeline requirement by LITPs through the data system. Data profiles were provided by MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct non-compliance through corrective action when substantial compliance (95%) was not achieved or to implement improvement plans when substantial compliance, but not 100% compliance, was achieved. All LITPs were required to report progress or slippage in the semiannual and final program reports.

MSDE required all LITPs to track and monitor their compliance with the 45-day timeline and to implement improvement strategies, as necessary. MSDE and LITPs continued to analyze data on missed initial IFSP timelines to distinguish family-related reasons from program, individual child, or systemic reasons.

Technical assistance on achieving compliance in this indicator and related IFSP decision-making issues was provided to LITPs using several different methods, including phone conversations, site-visits, and service coordination resource group meetings. This technical assistance was often specific to the jurisdiction requiring guidance. An example of the technical assistance provided was when LITPs were not using all available information, especially from medical providers, in the evaluation and assessment and IFSP process. In particular, several LITPs were not using pediatrician or hospital discharge summary reports as a secondary evaluator. Instead, LITPs delayed evaluation and assessment until a second evaluator became available. The TA provided resulted in the consistent use of all available information when evaluation and assessment was completed.

Additionally, several LITPs trained staff, specifically speech-language pathologists, nurses, occupational therapists and physical therapists, on evaluation tools that assessed all areas of development. These disciplines traditionally evaluated specific areas of development. For example, nurses traditionally assessed the health status of the child by observation, parent interview and medical record review. The nurses were taught to evaluate all areas of development in collaboration with another discipline, e.g. a speech-language pathologist who would do a more in-depth assessment of the communication area.

Data collection, reporting and analysis:

Compliance on the 45-day timeline indicator was tracked by 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 timeline were tracked in the database.

MSDE has identified a need to help LITPs identify referrals that are close to the 45-day timeline. A previous report only displayed children with completed initial IFSPs. As such, MSDE created a 45-day timeline monitoring report so that LITPs can examine referrals on a regular basis and make efforts to complete the evaluation and initial IFSP prior to the 45-day timeline. The 45-day timeline monitoring report also allows LITPs to more closely examine IFSPs that missed the 45-day timeline. In particular, the report allows for the examination of systematic reasons for late IFSPs in relation to the number of days past the 45th day.

Addressing system capacity issues:

MSDE provided technical assistance to LITPs, which helped them to analyze service delivery models as a possible systemic barrier to meeting timelines. This was helpful when local resources were limited or LITPs were having difficulty filling vacant speech language pathology, teacher, physical therapy and occupational therapy positions.

During the reporting year, LITPs continued to have staff shortage issues. Neither State nor federal funding has kept pace with the increasing number of infants and toddlers identified as needing early intervention services. In particular, State General Funds remained consistent at \$5,810,782 from FFY 2006 to FFY2007 and Federal Funds actually decreased \$265,750 (3.3%) from FFY 2006 to FFY2007. However, the number of children served increased from 6,717 in FFY2006 to 6,991 in FFY2007 (4.1% increase).

These issues play a significant role in the ability of LITPs to achieve full compliance and meet State targets. Without increases in federal and State funding, LITPs continue to seek additional local funds and to piece together budgets, which in many cases, do not adequately support the staffing capacity needed to serve eligible children and families. This is expected to have a negative effect on the performance at the State and local levels in the future despite the local commitment to using limited resources effectively to serve eligible children and families.

Explanation of Progress or Slippage:

When comparing FFY 2007 results (94.8%) to FFY 2006 results (93%), there is an improvement of 1.8% in the percentage of eligible infants and toddlers for whom an evaluation, assessment, and IFSP were completed within 45 days of the referral. Eighteen of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. This progress is noteworthy since State funding did not increase, while the number of children referred increased by 9% from 11,549 in FFY2006 to 12,577 in FFY2007.

Several major reasons for systemic untimely meetings were noted. Most of the 373 missed timelines were due to limited appointments and staffing issues (186 or 49.9%) or administrative/scheduling errors (173 or 46.4%). Other reasons included provider illnesses (7 or 1.9%), interpreter delays (6 or 1.6%), and waiting for medical records (1 or 0.2%). Of the 373 missed timelines for systemic reasons, 231 were reportedly due to a late evaluation and assessment.

Missed timelines due to systemic reasons were also examined in relation to the number of days past the 45-day timeline. Most of the missed timelines occurred between 46 and 60 days after referral (260 or 69.7%), followed by 61 to 90 days (100 or 26.8%), 91 to 120 days (8 or 2.1%), and over 120 days (5 or 1.3%). Staff shortages and limited appointments were the major reasons for taking over 90 days to complete the IFSP. Of the 13 referrals in which the IFSP occurred at least 90 days after the referral, 10 (76.9%) were due to staff shortage issues.

Progress on this indicator was accomplished through several strategies, including utilization of a predefined report to monitor 45-day timelines as well as the addition of the 45-day monitoring report. Both database reports allowed LITPs to more closely monitor compliance for the 45-day timeline. In particular, the new 45-day monitoring report allows jurisdictions to run an report on a regular basis to determine which children have been referred but do not yet have an IFSP developed.

Compared to performance on this indicator in FFY 2006, six LITPs regressed, five LITPs had the same results as the previous year (100% compliance), and thirteen LITPs improved. Twelve LITPs achieved substantial compliance ($\geq 95\%$), five LITPs achieved 100% compliance, and seven LITPs achieved less than substantial compliance ($< 95\%$). Of note is that:

- 1 mid-size jurisdiction improved their compliance by 22% to over 90%.
- 1 mid-size jurisdiction improved their compliance by 43% to over 90%.
- 1 large jurisdiction improved their compliance by 10% to reach substantial compliance.

All non-compliance, less than 100% compliance, identified (22 instances) in FFY 2006 for this indicator was corrected in a timely manner. See Indicator #9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

New /Revised Improvement Activities:

1. In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.

Activity Status: This activity was done in FFY 2007.

Activity Revision: In FFY 2008 - FFY2010, MSDE will require jurisdictions to develop and implement a Corrective Action Plan (CAP) as part of enforcement actions when an LITP does not attain substantial compliance (95%) for a six-month period. A CAP is ended when a LITP demonstrates two consecutive months of substantial compliance and MSDE verifies that the correction has occurred. MSDE monitors LITPs with CAPs on a monthly basis and does focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.

Activity Revision: In FFY 2008 – FFY 2008, MSDE will require jurisdictions to develop and implement Improvement Plans when data compliance for a six-month period is at least 95%, but less than 100%. An Improvement Plan will be ended when a LITP achieves 100% compliance for at least a two week period and the MSDE verifies that the correction has occurred. MSDE monitors programs with Improvement Plans on a monthly basis and does focused monitoring visits, with input from LITPs that have achieved the State target of 100%, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #8

Overview of the Annual Performance Report Development

Data for this indicator were collected through the Part C database, verified by LITPs, validated by MSDE, and reviewed by the SICC.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

<p>Measurement:</p> <p>A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.</p> <p>B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.</p> <p>C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.</p>

FFY	Measurable and Rigorous Target
2007 (2007-2008)	<p>100% of children exiting Part C receive timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday, including:</p> <ul style="list-style-type: none"> A. IFSPs with transition steps and services; B. Notification to LEA of potentially Part B eligible children; and C. Transition planning meetings within timelines

Actual Target Data for FFY 07: To report the target data for Indicator 8B and 8C, MSDE generated State and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs. Data reported for Indicator 8A are based on a review of 781 Early Intervention records, which is approximately 22.5% of all children who transitioned at age three between 7/1/07 and 6/30/08 (n=3,476). This sample size represents a 3.1% margin of error with a 95% confidence level. Data were collected from all 24 jurisdictions.

The data for Indicator 8B are obtained from the Part C database’s transition report, specifically the number of transition planning meetings held for children turning three years of age between 7/1/07 and 6/30/08. It is State and local policy to invite Part B staff to these meetings and to provide Part B staff at the time of invitation with the names, addresses, phone numbers, and birth dates of children turning 3 years old.

The reports for 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. The number/percent of meetings held within the timelines and the reasons why meetings are not held within timelines are provided. When the date of an untimely transition planning meeting (date later than 90 days before the child’s third birthday) is entered into the database, a prompt appears requesting that the reason for the late meeting be entered.

- A.** During the reporting period, 774, or **99.1%**, of the records reviewed by MSDE and LITPs had transition steps and services (n= 781).

Transition Date Range	Number/Percent of Children Reviewed	Number/Percent with Transition Outcomes
7/1/07 – 6/30/08	781 22.5%	774 99.1%

- B.** Between 7/1/07 and 6/30/08, local school systems were notified of **99.9%** (3,467) of the children, potentially eligible for Part B, who transitioned during the time period (n=3,471).

Transition Date Range	Number of Children Turning 3 with Children Referred after 34.5 Months and Children Whose Families Declined to Participate Removed	Number of Children Potentially Eligible for Part B with LEA Notification	Percentage of Children with LEA Notification
7/1/07 – 6/30/08	3,471	3,467	99.9%

- C.** Between 7/1/07 and 6/30/08, **95.0%** of children who transitioned had a transition planning meeting within the timelines or there was a documented family-related reason for the delay (n=3,233).

Transition Date Range	Number of Children Turning 3 with Children Referred after 31.5 Months and Children Whose Families Declined to Participate Removed	Number/Percent Within Timelines	Number/Percent Delayed Due to Family-Related Reasons	Total Number/Percent in Compliance with Timelines
7/1/07 – 6/30/08	3,233	2,719 84.1%	351 10.9%	3,070 95.0%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

State monitoring and technical assistance activities:

MSDE continued to monitor the transition planning requirement through the data system. Data profiles were provided by MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct non-compliance for this indicator when substantial compliance was not achieved.

All LITPs were required to report progress or slippage in the semiannual and final program reports. MSDE required all LITPs to track and monitor their compliance with the transition requirements and to implement improvement strategies, as necessary. MSDE and LITPs continued to analyze data on missed transition timelines to distinguish family-related reasons from program, individual child, or systemic reasons. Reasons for untimely meetings were reviewed to make sure that there was not a systemic cause for untimely meetings.

In November 2007, regional IFSP training on transition outcomes was provided for all LITPs. Part of the training included practice on developing child and family-oriented transition outcomes. Information and small group activities from the Early Childhood Gateway tutorial on Part C Transition were also utilized. Participants were also encouraged to utilize the activities from the tutorial on an ongoing basis.

Technical assistance was provided to LITPs to assist in analyzing transition models to determine possible systemic issues or child specific issues making transition compliance difficult. An example is unnecessary testing being done by Part B staff to determine Part B eligibility when Part C provides updated information to the Part B program.

Data collection, reporting, and analysis:

MSDE and LITPs conducted record reviews to determine the percentage of children exiting Part C with transition steps and services.

Transition compliance data was tracked by MSDE and LITPs throughout the reporting period. Reasons for untimely meetings were identified and strategies for correction and improvement were implemented. Family factors resulted in 351 (10.9%) of missed timelines. Several situations were noted as family reasons for missed timelines including parent preference to have a later meeting, child unavailability (e.g., family/child illness), and parents originally declining then changing their mind about having a transition planning meeting within 90 days of the child's third birthday. Two hundred and forty children were referred after 31.5 months of age. These children were not included in the denominator for 8C because the timeline for eligibility determination and IFSP development would occur beyond the 90 day period before the third birthday of the children. Reasons for meetings not held were also tracked in the database. Children whose parents declined to participate in a transition-planning meeting were not included in the denominator. Only four parents declined to participate in a transition-planning meeting.

During FFY 2007, collaboration with Part B was initiated to create a unique identifier that would allow for more accurate tracking of children transferring from Part C to Part B or other community programs. This is intended to ensure the data are accurate and reliable across systems and is also part of a longitudinal study being planned for the birth-through-21 population. To date, unique identifiers have been assigned to 10,334 children. All children referred to the MITP since January 1, 2007, have been provided unique identifiers.

As part of this collaboration, MITP and preschool special education staff from MSDE met on several occasions to discuss refinements of the State policies for transition from Part C. Topics included definition of LEA notification and responsibilities of LITP and preschool special education staff.

Addressing system capacity issues:

During the reporting year, LITPs continued to have staff shortage issues. Neither State nor federal funding has kept pace with the increasing number of infants and toddlers transitioning from Part C. In particular, State General Funds remained consistent at \$5,810,782 from FFY 2006 to FFY2007 and federal funds actually decreased \$265,750 (3.3%) from FFY 2006 to FFY2007. However, the number of children transitioning from Part C increased slightly from 3,446 in FFY2006 to 3,476 in FFY2007. These issues play a significant role in the ability of LITPs to achieve full compliance and meet State targets. Without increases in federal and State funding, LITPs continue to seek additional local funds and to piece together budgets which in many cases, do not adequately support the staffing capacity needed to transition children from Part C to preschool special education and/or other community programs.

Explanation of Progress or Slippage:

State data indicates substantial compliance in sub-Indicators 8A, 8B, and 8C. Progress in the area of transition was assisted by efforts at the State level to provide regional IFSP trainings, which included information on transition outcomes. Another factor contributing to the progress was the closer collaboration of the LITPs, the Part B local early childhood special education programs and community-based programs such as Head Start and child care programs. Local jurisdictions have refined the process of transitioning children from Part C to Part B or other community programs. This was accomplished by local training, in part utilizing the web-based Early Childhood Gateway transition from Part C tutorial.

For sub-Indicator 8A, 18 jurisdictions achieved the State target of 100%. Three large jurisdictions achieved percentages of 98% to 99%. Three jurisdictions with 5 to 40 children transitioning had achieved percentages of compliance ranging from 80% to 96%. When compared to FFY 2006, the compliance rate remained essentially the same, 99%.

For sub-Indicator 8B, 21 jurisdictions achieved the State target of 100%. Three local education agencies were not notified of 4 potentially eligible children. When compared to FFY 2006, the compliance percentage increased from 99.7 to 99.9%.

For sub-Indicator 8C, 8 jurisdictions achieved the State target of 100%. Five of which achieved 100% compliance in FFY 2006 and 07. Six jurisdictions achieved a compliance percentage of at least 95% but less than 100%. The remaining 10 jurisdictions had a compliance percentage that ranged from 82% to 94.9%. Nine jurisdictions improved their compliance with the largest gain being 8 percentage points. Ten jurisdictions decreased their compliance with the largest loss being 5 percentage points. When compared to FFY 2006, the compliance percentage increased from 94.7% to 95.0%. All four instances of non-compliance, less than 100% compliance, for Sub-Indicator 8A were corrected within one year. All three instances of non-compliance, less than 100% compliance, for sub-Indicator 8B were corrected within one year. All sixteen instances of non-compliance, less than 100% compliance, for sub-Indicator 8C were corrected within one year. See Indicator #9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:**New/Revised Improvement Activities:**

1. In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.

Activity Status: This activity was done in FFY 2007.

Activity Revision: In FFY 2008 - FFY2010, MSDE will require jurisdictions to develop and implement a Corrective Action Plan (CAP) as part of enforcement actions when an LITP does not attain substantial compliance (95%) for a six-month period. A CAP is ended when a LITP demonstrates two consecutive months of substantial compliance and MSDE verifies that the correction has occurred. MSDE monitors LITPs with CAPs on a monthly basis and conducts focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.

Activity Revision: In FFY 2008 – FFY 2010, MSDE will require jurisdictions to develop and implement Improvement Plans when data compliance for a six-month period is at least 95%, but less than 100%. An Improvement Plan will be ended when a LITP achieves 100% compliance for at least a 2-week period and the MSDE verifies that the correction has occurred. MSDE monitors programs with Improvement Plans on a monthly basis and does focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress is not made.

Activity Revision: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.

2. In FFY 2007-FFY 2010, MSDE will implement Regional IFSP trainings with a particular focus on the creation of child and family focused IFSP outcomes, including transition outcomes.

Activity Status: IFSP Regional Training took place in November 2007 with the Follow-up Regional Training in April 2008 – This training was provided by Barbara Hanft, a national expert on early intervention. Part of this training included the discussion of functional outcomes provided by conference participants.

3. In FFY 2007-FFY 2010, MSDE will implement a unique identifier so that children can be more easily followed when transitioning from Part C to Part B or other community resources.

Activity Status: The unique identifier was implemented in FFY 2007. MSDE will continue to implement a unique identifier so that children can be more easily followed when transitioning from Part C to Part B or other community resources.

4. In FFY 2007 - FFY 2010, MSDE will monitor local Infants and Toddlers Programs and local school systems jointly to ensure that compliance with Part C requirements for timely transition planning and Part B requirements for timely IEP development and implementation result in smooth transition from Part C to Part B preschool special education.

Activity Status: In FFY 2007 MSDE engaged in on-site monitoring to determine the presence of transition steps and services. This activity will also be completed in FFY 2008.

5. **New Activity:** In FFY 2008 – FFY 2009, MSDE will modify State transition policies and procedures and require local lead agencies and local education agencies to modify policies and procedures accordingly.
6. **New Activity:** In FFY 2008 - FFY2010, MSDE will make changes to the MITP data system that assist LITPs by creating new data columns in the preexisting transition report, including revised denominators to exclude children who were referred late for a timely transition planning meeting. These columns will simplify the work that needs to be done to the preexisting report by LITPs to get meaningful data.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #9
Overview of the Annual Performance Report Development

Data for this indicator were collected through the Part C database, onsite visits, record reviews, and complaint investigations. Data was verified by LITPs, validated by MSDE, and reviewed by the SICC.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects non-compliance as soon as possible but in no case later than one year from identification.

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

Measurement: Percent of non-compliance corrected within one year of identification:

- a. # of findings of non-compliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any non-compliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	Maryland’s general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of non-compliance as soon as possible but in no case later than one year from identification.

Actual Target Data for FFY 07: 100% of FFY 2006 Findings Were Corrected in FFY 07

FFY 2006

For FFY 2007, MSDE identified the following two six-month data periods for identification of non-compliance for Indicators 1, 7, 8B and 8C:

1. 7/1/07 to 12/31/07
2. 1/1/08 to 6/30/08

The following chart presents the key periods of time and dates for the above six-month periods:

Data Period	Notification of LITPs	Twelve-Month Correction & Verification Period
7/1/07 – 12/31/07	3/08	3/09
1/1/08 – 6/30/08	10/08	10/09

If an LITP demonstrates non-compliance in one or more indicators in the first six-month period and is required to develop and implement a Corrective Action Plan (CAP) or an Improvement Plan, the LITP data for the second six-month period does not result in an additional CAP or Improvement Plan for the one or more indicators that the LITP is in the process of correcting.

For FFY 2007, Maryland changed the monitoring of Indicator 1 to include actual service initiation dates and continued to also monitor projected service initiation dates. Data for Indicator 8A were obtained via record reviews for children transitioning in FFY 2007 during the period of time from 8/1/08 to 10/30/08.

For Indicator 4, every LITP was required to do an Improvement Plan to increase response rate and to improve the percentage of families who “know their rights”, “effectively communicate their children’s needs”, and “help their children develop and learn. If State targets were not met, the LITP will be required to develop and implement an Improvement Plan in March 2009. For Indicators 5 and 6, LITPs were required to do Improvement Plans if State targets were not met.

FFY 2006

FFY 2006 findings of non-compliance corrected in FFY 2006 or in FFY 2007 (within 12 months of LITP notification) include findings identified through State-level monitoring and complaint investigations. The total number of findings reported includes findings identified from 7/1/06 to 6/30/07. The number of corrected findings reported includes 32 findings that were corrected/verified beyond the reporting period, but within the twelve-month period following notification.

- For Indicator 7, there were two reporting periods – 7/1/06 to 12/31/06 and 1/1/07 to 6/30/07, and there were two notification dates – 3/07 and 12/07.
- For Indicator 1 (Projected Service Initiation Dates), there was one data period – 7/1/06 to 6/30/07, and one notification date – 12/1/07.
- For sub-Indicators 8A, 8B and 8C, there was one data period – 7/1/06 to 6/30/07 and one notification date – 3/07.

Percent of Non-compliance Corrected within One Year of Identification For FFY 07

Findings and Corrections by Monitoring Priorities/Other Requirements For FFY 07*

Priority indicator/Other Areas	# of Findings	# of Corrections Within 1 Year of Notification	% Corrected Within 1 Year of Notification
Indicator #1 - Timely Service Delivery	6	6	100%
Indicator #7 - 45-day Timeline*	22	22	100%
Indicator #8a- Transition Steps/Services	4	4	100%
Indicator #8b - Notification to the LEA	3	3	100%
Indicator #8c - Timely Transition Planning Meetings	16	16	100%
Complaint Resolution – Indicator #1 –Timely Service Delivery	1	1	100%
Complaint Resolution – Service provided in excess of what was documented on the IFSP	1	1	100%
Totals	53	53	100%

* OSEP's C-9 worksheet is included as an attachment

Summary of Correction of Findings:

Indicator #1 - Timely Service Delivery

Since database reports were not yet available to LITPs to track projected service initiation dates, identification and correction of non-compliance was documented by reviewing projected service initiation date reports generated by MSDE's database developer, which were then verified by LITPs, and validated by MSDE.

Six of the seven findings for Indicator #1 in FFY 2006 were identified through the State data system; one of the findings was identified through State-level complaint investigation. Of the seven findings for Indicator 1:

- 4 were corrected within 8 months
- 1 (complaint finding) was corrected within 4 months. Specifically, MSDE found a delay in the initiation of Occupational Therapy services and that services were offered to compensate the child for the delay.
- 2 were corrected prior to notification

Indicator #7 – 45-Day Timeline

Of the 22 findings of non-compliance for Indicator #7 in FFY 2006:

- 15 were corrected prior to notification
- 2 were corrected in 1 month
- 1 was corrected in 3 months
- 2 were corrected in 4 months
- 1 was corrected in 6 months
- 1 was corrected in 7 months

Indicator #8A – Transition Steps and Services

Of the 4 findings of non-compliance for Indicator #8A in FFY 2006:

- 4 were corrected in the 12-mo period

Indicator #8B – Notification to the LEA

Of the 3 findings of non-compliance for Indicator #8B in FFY 2006:

- 3 were corrected in 4 months

Indicator #8C – Timely Transition Planning Meetings

Of the 16 findings of non-compliance for Indicator #8C in FFY 2006:

- 8 were corrected in 4 months
- 2 were corrected in 5 months
- 3 was corrected in 6 months
- 1 was corrected in 7 months
- 2 were corrected in 10 months

Other Areas of Non-compliance: Service is provided in excess of what is documented on the IFSP: In FFY 2006, one finding, not included in the above OSEP indicators, was identified through a complaint process. Specifically, MSDE found that the number of Special Instruction services included in the IFSP were in excess of the consented amount. The finding was corrected in 4 months.

State Monitoring and TA:

During the FFY 2006 reporting period, MSDE monitored all 24 LITPs through data extracted from the statewide Part C database for federal/State priority indicators, verified accuracy and completeness of the data collaboratively with LITPs, and issued State/local data profiles displaying trend data, current percentages of performance/compliance for each indicator, and number of State-level complaints received. Through local data profiles, MSDE notified LITPs when Corrective Action Plans were required (did not achieve 95% compliance) for Indicators 1, 7, 8A, 8B and 8C. LITPs were also notified when Improvement Plans were required (did achieve 95% compliance but did not achieve 100% compliance) for Indicators 1, 7, 8A, 8B and 8C. LITPs were also notified when Improvement Plans were required (did not achieve the State target of 100%) for Indicators 2, 4, 5 and 6.

Corrective Action Plans (CAPs) were integrated into local improvement plans that are required for all LITPs as part of the local grant award for federal and State funding. LITPs with CAPs were required to submit an initial quarterly report analyzing progress and updating improvement strategies as needed. If the quarterly report did not document correction, LITPs were required to submit monthly reports until correction was documented. In addition, all LITPs were required to report on their performance in the compliance and performance indicators in semi-annual and final program reports for each reporting period.

MSDE reviewed the local CAP reports submitted by LITPs and ran independent data reports to verify local data on the percentage of compliance for the periods following the implementation of the CAPs. Timely data entry and reporting are critical factors when using an online database to identify and correct noncompliance. If timely data entry was identified as an issue for an LITP with a CAP, MSDE notified the LITP that available data was not sufficient to track progress and LITPs implemented strategies to improve the timeliness of data entry. When MSDE verified that the LITP with a CAP

reached or exceeded 95% compliance for two successive months, MSDE notified the LITP in writing that the CAP was closed. The LITPs that did not attain 100% compliance were required to continue implementing the CAP strategies in the form of an Improvement Plan. The Improvement Plan required less frequent reporting to MSDE. If adequate progress was not demonstrated by a LITP with a CAP or an Improvement Plan, a focused monitoring visit was made by MSDE to the local jurisdiction.

Jurisdictions were considered to have corrected noncompliance when data demonstrated at least two weeks of compliance for a given indicator. For findings of non-compliance identified through State-level complaint investigations, MSDE required LITPs to implement child-specific and systemic corrective action plans, and to integrate the corrective and improvement activities related to the complaint into existing local improvement plans and CAPs, when appropriate.

MSDE provided technical assistance through statewide meetings, individual on-site meetings, and phone consultation on request or when indicated through review of current data or other sources of information.

Explanation of Progress or Slippage:

When compared to FFY 2006, the percentage of correction in FFY 2007 remained consistent at 100%.

In FFY 2006, MSDE filled one vacant State-level position to assist with monitoring/TA responsibilities and filled a second position for Lead Monitoring Specialist in Fall 2007. The additional positions will increase MSDE's capacity to work more closely with LITPs to validate and track data, and provide technical assistance as needed. Currently, the one position for monitoring and technical assistance is again vacant and the MSDE Office of Human Resources is preparing to advertise the position either internally or externally. Also, the vacant Program Director position has been filled, but the new director has not fully transitioned from her current position within a local school system.

As they focus on correcting noncompliance and assuring high-quality services for children and families, LITPs are increasingly concerned about sustaining the current level of effectiveness without increased federal Part C and targeted State funding support.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:**New Revised Improvement Activities:**

1. In FFY 2007 - 2010, MSDE will refine its cycle of identification to ensure that data obtained through an online database is used effectively in identification of noncompliance and in documenting progress and correction.

Activity Update: MSDE revised its cycle of identification to align the identification of noncompliance with the release of Statewide data and Local Profiles. In FFY 2008, this cycle of identification was also aligned with local reporting requirements (Semi-Annual and Annual Reports).

2. In FFY 2007 - FFY 2010, MSDE will identify and provide multiple sources of direct technical assistance to local staff, such as LITPs with successful practices, individual consultants with expertise in targeted areas, and national TA Centers to assist LITPs to maintain or achieve full compliance and meet State targets. Opportunities for technical assistance will include regional and on-site meetings, conference calls, and online discussions planned through an Electronic Learning Community, which is a component of MSDE's Early Childhood Gateway (mdecgateway.org), developed and supported in collaboration with the Johns Hopkins University/Center for Technology in Education (JHU/CTE).

- New Activity:** In FFY 2008 – 2010, MSDE will explore strategies internally and with local jurisdictions to expedite the assignment of surrogate parents which has been cited as one reason for delayed 45-day timeline compliance.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #9

Overview of the Annual Performance Report Development

Data for this indicator was collected through the Complaint Investigations Branch database, and verified by Part C staff.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of all complaint investigations are completed within the required timelines

Actual Target Data for FFY 07: No Complaints were received
No signed written Part C complaints were received in FFY 2007.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

As described in the Part C SPP, the Complaint Investigation Branch within MSDE’s Division of Special Education/Early Intervention Services has the responsibility for investigating Part C complaints with the consultation and assistance of State Part C staff. Systemic findings of non-compliance identified through complaint investigations are incorporated into the Part C monitoring process. Complaint findings are taken into consideration when decisions are made about the level of monitoring and degree of State technical assistance and intervention for individual LITPs.

MSDE will continue its collaborative approach to ensure that complaint investigations are thorough and timely.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

None.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #11

Overview of the Annual Performance Report Development

Data for this indicator was provided by the Office of Administrative Hearings, and verified by Part C staff.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.

Actual Target Data for FFY 07: No fully adjudicated due process requests

No requests for due process hearings were received in FFY 2007.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

MSDE will continue to work with the Office of Administrative Hearings to ensure that Part C policies, procedures, and timelines are followed when parents file a request for due process under Part C of IDEA.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

None.

Part C State Annual Performance Report (APR) for FFY 07 – Indicator #12

Overview of the Annual Performance Report Development.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: 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)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
(Insert FFY)	<i>(Insert Measurable and Rigorous Target.)</i>

Actual Target Data for *(Insert FFY):*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for *(Insert FFY):*

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for *(Insert FFY)*
[If applicable]

**Part C State Annual Performance Report (APR) for FFY 07 – Indicator #13
Overview of the Annual Performance Report Development**

Data for this indicator was provided by the Office of Administrative Hearings and verified by Part C staff.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2007 (2007-2008)	No target required because fewer than 10 mediation sessions were requested.

Actual Target Data for FFY 07: No mediation sessions were held.
During the reporting period, no requests for mediation were submitted.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

No improvement activities required because fewer than 10 mediation sessions were requested.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

None.

**Part C State Annual Performance Report (APR) for FFY 07 – Indicator #14
Overview of the Annual Performance Report Development**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

<p>Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:</p> <ul style="list-style-type: none"> a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2007 (2007-2008)	100% of State reported data (618, SPP, and APR) is timely and accurate.

Actual Target Data for FFY 07: 100%

To calculate the percentage of State-reported data that is timely and accurate for FFY 2007, MSDE used the rubric recommended by OSEP for Indicator 14, which combines the timeliness of 618 and APR submission with the accuracy of data reported in the SPP/APR. The completed rubric has been inserted on the following page. With electronic edits built into the Part C database and systematic procedures for data verification and validation, MSDE has met substantial compliance for this indicator.

- a. For the reporting period, all Part C 618 data tables and the Part C SPP were submitted on the due dates.
- b. All State-reported data is accurate, including data reported through 618 tables, the State Performance Plan, and Annual Performance Report with exception of for Indicator 1.

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 2, 2009)		5
	Grand Total		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/08	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/08	1	1	1	N/A	3
Table 4 – Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
				Subtotal	14
				Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)	35
Indicator # 14 Calculation					
			A. APR Total	35	
			B. 618 Total	35	
			C. Grand Total	70	
Percent of timely and accurate data = (C divided by 70 times 100)			70 / (70) X 100 =		100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 07:

618 Data Accuracy

Part C 618 data for Tables 1, 2, and 3 is collected through the statewide web-based Part C data system. LITPs enter data into individual child records in the database from referral and intake forms and the statewide IFSP document. Predefined reports with child-level and summary data for each of the 618 tables have been programmed into the database.

During FFY 2007, the following procedures were in place to ensure the accuracy of 618 data collection and reporting:

- MSDE provides an online data dictionary with definitions of data fields. The Data Specialist provides regular updates to LITP program and data managers when new data fields and reports are added to the database.
- MSDE and LITPs generate individual child and aggregate data reports throughout the reporting period to track changes and verify data accuracy. Electronic data edits have been programmed into the database to prohibit the entry of out-of-range data or inconsistent cross-field relationships.
- Prior to data collection for the annual 618 data reports, MSDE's Data Specialist requests that all LITPs run local audit reports developed to identify inconsistent or incomplete data, correct data errors, and enter missing data.
- Following the local auditing and verification, MSDE runs statewide audit reports and notifies LITPs of inconsistent or missing data and provides a final timeline for the data entry and correction before generating the final 618 data tables.
- Prior to the submission of the 618 data tables, the Part C Section Chief for Program Improvement and Data Specialist compare the current State and local data with the previous year's submission, identify significant increases or decreases, and contact the LITP Program and Data Managers for clarification, when necessary. This information is used to respond accurately to data that WESTAT flags for explanation after the data tables are submitted to OSEP.
- Year-to-year comparisons of 618 data are provided to LITPs and are used as part of State monitoring for relevant indicators.
- Data for 618 Table 4 is collected and reported through a Part C/Part B database which tracks compliance and corrective action data on all State-level complaint investigations and findings.

SPP/APR Data Accuracy

MSDE developed the web-based Part C data system to allow for comprehensive monitoring of State and local data in federal/State monitoring priorities as a major component of its Part C general supervision system. Through its online data system, MSDE and LITPs monitored data accuracy and performance against the priority indicators on a regular basis, and adjusted strategies for improvement and correction based on current data analysis. During FFY 2007, MSDE modified the database by adding new fields and reports to increase State and local capacity to verify and validate data reported in the SPP/APR. MSDE generated and disseminated semi annual data profiles, which include trend and current data on federal/State compliance indicators.

In addition to the procedures described above, MSDE ensured the accuracy of the SPP/APR data through the following:

- MSDE provided the OSEP measurement criteria for all monitoring indicators to the database developer to ensure that child-level and summary reports provide accurate data for federal, State, and local reporting.
- MSDE generated reports from the Part C database to report actual target data for Indicators 1, 2, 5, 6, 7, 8, and 9. Throughout the reporting period, MSDE and LITPs generated child-level and summary data and analyzed the data for inconsistencies and trends. Prior to the submission of SPP and APR data, MSDE generated child-level data reports for the compliance indicators and requested that LITPs validate the accuracy of data through review of the database and paper early intervention records. MSDE integrated data collected from onsite monitoring and complaint investigations to further validate the electronic results. Based on the results of State and local validation, MSDE modified the electronic data reports to accurately and reliably report SPP/APR data.

- For indicator #1, MSDE added fields to the Part C database to collect reasons for delay in the projected service initiation date, actual service initiation date, and the reasons for delay in the actual service initiation date. The following reports were developed for state and local use in future reporting periods:
 - Summary by Projected Service Initiation Date,
 - Child Level by Projected Service Initiation Date,
 - Summary with Late Reason by Projected Service Initiation Date,
 - Summary by Actual Service Initiation Date,
 - Child Level by Actual Service Initiation Date, and
 - Summary with Late Reason by Actual Service Initiation Date.
- For indicator #3, MSDE developed formulas for each of the OSEP progress categories, using assessment data entered into the Part C database after each child enters and exits the local early intervention system. The formulas were tested multiple times using individual child data and were refined as needed to ensure that children met the criteria in each OSEP progress category.
- To report baseline data for Indicator #4, MSDE selected the NCSEAM Early Intervention Family Survey, which has been calibrated using a valid and reliable measurement scale and has been piloted with documented results that are accurate and consistent across States. To aggregate and analyze baseline data for Indicator #4, MSDE contracted with a vendor that was involved in the development and piloting of the NCSEAM Family survey, and worked closely with the vendor to understand and analyze the results and to plan targeted improvement activities.
- For Subindicator 8A, MSDE and LITPs confirmed the presence of transition outcomes in early intervention records of 22.5% of the children who turned 3 years of age during the reporting period.
- To report data on Indicators 10, MSDE maintains a database which tracks compliance and corrective action data on all State-level complaint investigations and findings. Data for indicators 11 and 13 comes directly from the Office of Administrative Hearings, which conducts Part C mediation and due process hearings. All data from these sources is verified before it is reported in the SPP or APR.
- MSDE provides ongoing technical assistance and clarification through statewide meetings, onsite visits, and phone consultations on all aspects of data entry and reporting, especially those related to the federal/State monitoring priorities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 08:

None.