

Part C State Annual Performance Report (APR) for FFY 2009

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. The figure reported in this APR includes the initiation of initial or additional services for children birth to 36 months and the initiation of additional services for children older than 36 months (maximum age 41 months due to the Extended Option initiation date). The data for the two age groups is combined into one reporting figure. This indicator includes data on services added per the IFSP process for children in the Extended IFSP Option between February 1, 2010 and June 30, 2010.

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, including the reasons for delays.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100% of infants and toddlers (including 3 year olds in the Extended Option) with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2009: 97.3% (8,118/8,346)

To report the percentage of infants and toddlers (including 3 year olds in the Extended Option) with IFSPs who received early intervention services on their IFSPs in a timely manner between 7/1/2009 and 6/30/2010, the Maryland State Department of Education (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 meetings. The State's criteria for timely service delivery is the following: *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. The MSDE and the LITPs verified family-related, IFSP team decision-making, and weather-related reasons for the legitimate initiation of services outside the 30-day timeline and the report was modified based on the results of State and local reviews and LITP data verification.

Number of eligible children	Number/Percent of children with actual timely service initiation dates	Number/Percent of family related delays (child unavailable, parent request, IFSP team decisions, & weather closings) validated by LITPs	Total number of children within timeline plus children not within timeline because of family reasons	Percent of children with timely actual service initiation dates
8,346	6,628 (79.4%)	1,490 (17.9%)	8,118	97.3%

- Reflects data from all 24 local jurisdictions

Below is a breakdown of the family-related, IFSP team decision-making, and weather-related reasons for delay in services:

Number of eligible children	Parent Request	Child/Family Unavailable	IFSP Team Decision	Agency Closed Due to Weather	Total Number of Family-Related Reasons
8,346	300 (3.6%)	800 (9.6%)	257 (3.1%)	133 (1.6%)	1,490 (17.9%)

Below is a breakdown of the systemic reasons for delay in services*:

Staffing Issues	Admin Errors	Provider Scheduling Errors	Provider Illnesses	Interpreter Delays	Paperwork Delays	Transportation Issues	Total Number of Systemic Reasons
125 (54.1%)	50 (21.6%)	29 (12.6%)	15 (6.5%)	6 (2.6%)	4 (1.7%)	2 (0.9%)	231

*Note: there were 231 services (for a total of 228 children) provided late due to systemic reasons.

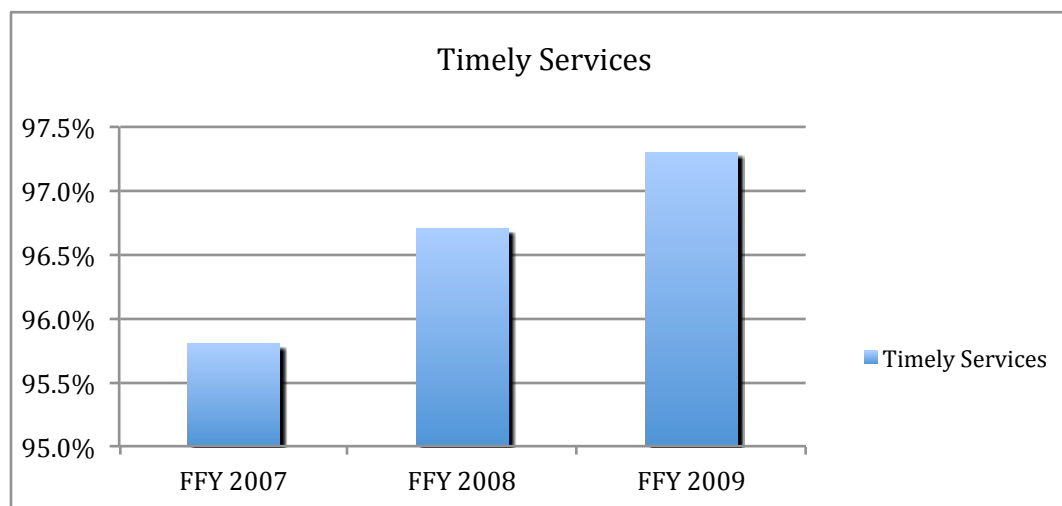
Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

The statewide training and general supervision described above along with additional State funding and additional local staffing has contributed to more children receiving timely services and timely correction of noncompliance for this indicator, when it occurs. Other factors that contributed to more timely service delivery and timely correction of noncompliance were changes made to the data system that are described in the next section.

The following table illustrates the percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner for FFY 2007 and FFY 2008 (prior to FFY 2006, the MSDE reported projected timely services, so a comparison to FFY 2006 data are not useful):

FFY	2007	2008	2009
Percentage of children with timely services	95.8%	96.7%	97.3%



When comparing FFY 2009 results (97.3%) to FFY 2008 results (96.7%), there is an improvement of 0.6% in the percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner. Twenty of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. Ten of 24 LITPs achieved the State target (100%) for this indicator and eleven others exceeded 95% compliance. Two of the three jurisdictions that did not attain substantial compliance are currently under focused monitoring for not meeting requirements in FFY 2008 local determinations. The major reason for systemic noncompliance for all 3 programs was reported to be staff unavailability.

In FFY 2009, 6,628 children (79.4%) had service initiation within 30 days; 300 (3.6%) had service initiation beyond 30 days of the IFSP because of family reasons; 800 children (9.6%) had service initiation dates beyond 30 days because the child was not available; 257 children (3.1%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family; and 133 children (1.6%) had service initiation beyond 30 days of the IFSP because of agency closings due to inclement weather.

The noncompliance figure of 2.7% (228 children) was primarily related to staffing shortages due to funding and vacant staff positions. Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes. During the reporting period, there were 231 services that were initiated after Maryland's 30-day timeline and that were not a result of the child being unavailable, parent request, IFSP team decisions, or weather-related agency closings. Most of the 231 missed timelines were due to staffing issues (125 or 54.1%) or other administrative errors (50 or 21.6%). Other reasons included provider scheduling errors (29 or 12.6%), provider illness/cancellation (15 or 6.5%), interpreter delays (6 or 2.6%), paperwork delays (4 or 1.7%) and transportation issues (2 or 0.9%).

Missed timelines due to systemic reasons were also examined in relation to the number of days the services were initiated beyond the 30-day timeline. Most of the missed timelines occurred between 31-40 days after parent signature (115 or 49.8%), followed by 41 to 60 days (86 or 37.2%), 61 to 90 days (24 or 10.4%), 91 to 120 days (3 or 1.3%) and over 120 days (3 or 1.3%). Staff shortages (3 of 6) or administrative scheduling delays (3 of 6) accounted for all six (100%) reasons for taking over 90 days to initiate services.

Discussion of Improvement Activities:

The MSDE continued to monitor the implementation of the timely service requirement through the data system and by data verification done by the MSDE and LITPs. The timely service indicator for actual service initiation dates is included in the data profiles distributed to all LITPs semiannually. For this indicator, the required LITPs that did not attain compliance of 100% or compliance of 95%, to develop and implement improvement plans or corrective action plans (CAP), respectively, 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.

LITPs were required to develop and include corrective action or improvement plans, after notification in writing from the MSDE, in semiannual and final program reports submitted to and reviewed by the MSDE. This notification was provided to LITPs in April 2010 (data from 7/1/2009 – 12/31/2009) and October 2010 (data from 1/1/2010 – 6/30/2010) in the form of a local data report, which included whether any corrective action or improvement plans were required to be developed and submitted to the MSDE. If assigned a CAP, LITPs were required to submit monthly data reports to the MSDE. If assigned an improvement plan, LITPs were required to submit data reports to the MSDE when 100% compliance was achieved for a 1-month period. Both enforcement actions, CAPs and improvement plans, are assigned to local programs to facilitate strategies and activities for the correction of noncompliance.

The MSDE required all LITPs to track and monitor their compliance with timeliness of service initiation and to implement corrective action or improvement plan strategies, as necessary. The MSDE and LITPs analyzed data on late service initiation to distinguish family-related, individual child, and IFSP decision-making, e.g. services provided 2 times per year, from late service initiation reasons that were the responsibility of the LITP.

A CAP was ended by the MSDE when a LITP demonstrated two consecutive months of 95% compliance and the MSDE verified that correction of 95% or more had occurred. If correction of 100% was not achieved, the MSDE required continued implementation of correction through an Improvement Plan. The MSDE monitored the identified LITP with a CAP on a monthly basis and did focused monitoring by telephone and/or during a site visit when adequate progress was not made.

An improvement plan was ended by the MSDE when a LITP achieved 100% compliance for at least a one-month period and the MSDE verified that the correction had occurred. The MSDE monitored programs with improvement plans on a monthly basis and did focused monitoring by telephone and/or during a site visit.

LITPs were required to report to the MSDE when 100% compliance for a 1-month period occurred which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE, LITPs were notified in writing that the improvement or corrective action plans ended. The ending of an Improvement Plan also signifies the correction of noncompliance.

The MSDE requires that Actual Service Initiation Dates are entered into the database for all services (except those that will never start due to family related reasons). Some local programs continue to have problems with the timely entry of these data. However, the MSDE expects local programs to submit timely and accurate data and, therefore, requires local programs that do not enter this data in a timely manner to complete Improvement Plans.

The MSDE continued to provide technical assistance to LITPs related to timeliness of service initiation. Specifically, the MSDE provided strategies to local directors having difficulty with last

minute provider illnesses and cancellations. As a result of this TA, some programs have been able to designate staff as “back-ups” for providers in case of illness.

The MSDE also provided statewide technical assistance on timely service initiation at service coordinator resource group meetings held three times during the year. During these meetings, service coordinators from different jurisdictions shared procedures or had questions answered by the MSDE staff related to timely service provision.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State’s decision-making process for setting targets.

Data Collection, Reporting, and Analysis:

During the reporting period, the MSDE redesigned Maryland’s IFSP and Online IFSP Database. The major focus of the redesign was to create a more family focused document. The revised Online IFSP Database gives users the ability to complete the IFSP online with IFSP data being entered directly into the database. It is hoped that this process will help to decrease data entry errors by data entry staff. In FFY 2010, the MSDE will explore the possibility of completing an IFSP in the Online IFSP Database without internet access. The goal is for providers to be able to complete the IFSP with the family and have the data from the IFSP sync back up with the database at a later time.

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.

Local programs are notified of the State’s data analysis dates (3/15 & 9/15), as these are included in the State’s *Monitoring Criteria Document*. Twice during the reporting period, local programs were notified of missing service initiation dates as part of their local profiles. Because the MSDE expects all data to be entered in a timely and accurate manner, local programs are assigned an Improvement Plan when large amounts of data are missing from the database. As part of their Improvement Plans, local programs are required to develop and implement strategies to correct data entry issues.

On December 3, 2010, the MSDE re-ran the child-level and summary actual service initiation reports and validated data. These data are used for local determinations and are reported in the State’s Annual Performance Report. The data validation for this indicator included contacting jurisdictions about justifications for late services that were unclear. Also, the predefined report includes all services that are untimely and the MSDE staff must distinguish between those services that are untimely due to family related reasons and those that are late due to systemic reasons. Untimely services are summed and are reported above. For FFY 2009, statewide and local data reports were run on 3/15/10 and 9/15/10. For FFY 2010, statewide and local data reports will be run on 3/15/11 and on 9/15/11.

During the FFY 2008 reporting year, the MSDE made changes to the Part C database in order to capture the services that had not been initiated and would never be initiated. In particular, some

services are added to the IFSP but never actually start due to family reasons, such as parents changing their mind about approving a specific service, families moving out of the local jurisdiction, or providers being unable to make contact with families despite repeated efforts to do so, that are documented in the early intervention record. The MSDE has increased the ability of LITPs to report on these services by adding a "Reason No Actual Service Initiation Date Entered" data field. This data field will also reduce the amount of data validation required by the MSDE since the MSDE no longer has to request information about why these service entry dates were not entered. In FFY 2010, the MSDE will work with the Johns Hopkins Center for Technology in Education to create a report that captures children whose services will never start due to family related reasons.

Addressing System Capacity Issues:

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2009, there was a significant increase in federal funding. In particular, the State received \$3,752,759 in ARRA1 funds and \$3,752,757 in ARRA2 funds. The total regular ARRA funding received by the State was \$7,497,516. This increase in funding was extremely important considering that the number of children continues to increase on an annual basis (e.g., from 13,801 in FFY 2008 to 14,301 in FFY 2009).

The increase in federal funding has also been extremely beneficial in the ability of LITPs to move closer to achieving compliance and meeting State targets. In particular, the additional funds have enabled LITPs to increase the total number of service provider FTEs from 717.89 in FFY 2007 to 739.12 in FFY 2009. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 564 in FFY 2007, to 585 in FFY 2008, and to 609 in FFY 2009. Despite the increased funding, many local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes. Staffing issues still ranked first in terms of the reasons for missed timelines for service initiation.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 96.7%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	19
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	19
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

At the individual level (Prong 1), the state reviewed the records of all 228 children whose services were not initiated within Maryland's 30-day timeline in FFY 2009 and verified through the Online IFSP Database that all of the services were eventually provided, although late, as documented on the IFSP.

At the systemic level (Prong 2), nineteen instances of noncompliance, less than 100% compliance, were identified in FFY 2008 for this indicator and all were corrected within 12 months or less or prior to notification. The correction of noncompliance was confirmed through updated local and MSDE data analyses, subsequent to the closing of the Corrective Action Plan (CAP) or Improvement Plan (IP) to verify 100% compliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(A) and 1442) consistent with timely provision of services. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of the MSDE's general supervision procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

New/Revised Improvement Activities:

1. In FFY 2007 - FFY 2010, the 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.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to the timely provision of services.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application for federal and State funding. If over a 2-year period a local jurisdiction has difficulty achieving compliance for timely service provision, funds will need to be directed to improve results around the timeliness of service delivery.

2. In FFY 2007 – 2010, the 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 untimely actual service initiation dates), and will implement a change in the database structure which would more closely align the addition of services to IFSP meeting dates. It is expected that these changes to the database will decrease the amount of validation required by the MSDE for each monitoring period.

Revised Activity: In FFY 2010-FFY2011, the MSDE will develop a database report that captures services that will never start due to family related reasons (parent withdraws approval, attempts to contact unsuccessful, etc.).

Revised Activity: The MSDE will develop and implement an offline option for the IFSP. This tool will provide a cross platform format to accommodate Windows or Macintosh operating systems and will capture all data from referral to the complete IFSP process.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis,

and program improvement. Trainings will be customized to meet the specific needs of each individual region.

3. **New Activity:** In FFY 2010 – FFY 2012, the MSDE will provide State and local leaders with access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine variables related to positive child and family outcomes. This data-driven decision-making tool will allow the user to create pivot table reports that will enable programs to “drill down” information in order to analyze early intervention service data. This process will enhance local decision-making and improve outcomes at the individual child/family level.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009

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. The percentage of children primarily receiving services in the natural environment reflects data utilized for 618 reporting on 10/30/2009 on children birth to age 3. In the data analysis for this indicator, we also included the percentage of children in the Extended IFSP Option primarily receiving services in the natural environment on 6/30/2010.

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 community-based settings.

(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 community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	90.5% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings.

Actual Target Data for FFY 2009: 94.1% (6,756/7,178)

To report on the percentage of infants and toddlers who receive early intervention services primarily in natural environments, the 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 10/31/09. Infants and toddlers were considered to receive service primarily in the natural environment if more than half of their early intervention services were provided in a home or community-based setting. In addition, the MSDE reviewed a report of children referred during FFY 2009 and examined all services that were not provided in natural environments to determine the presence of justifications on IFSPs and to determine if justifications were based on the needs of the child. The MSDE reports 618 data for this indicator in the APR for all 24 local Infants and Toddlers Programs (LITPs).

Number and Percent of Children Whose Primary Setting is a Natural Environment (n=7,178)
Based on 618 Data Collected on 10/31/09. The 618 data were collected prior to the beginning of the Extended IFSP Option in Maryland and thus, a separate figure for children in the Extended IFSP Option is also included in the section below.

Home	Community Setting	Total in NE	Total in Other	Percent in NE
6,031	725	6,756	422	94.1%

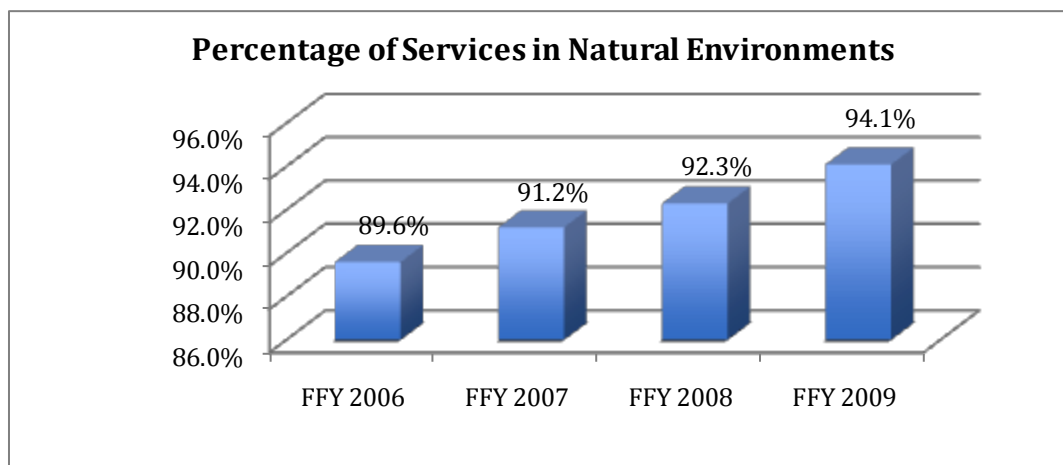
Out of 7,178 active eligible children, 6,756 children received services primarily in the natural environment. There were 422 children who received the majority of their services in non-natural environments.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

The following table illustrates the percentage of infants and toddlers with IFSPs who primarily received early intervention services in the natural environment for FFY 2006, FFY 2007, FFY 2008, FFY 2009:

FFY	2006	2007	2008	2009
Percentage of services in natural environments	89.6%	91.2%	92.3%	94.1%



In FFY 2009 the State met its target of 90.5% and improved from the previous year by 1.8%. This increase in serving children in natural environments may be due to a variety of factors. Beginning in FFY 2008 there was increased state funding for Local Infants and Toddlers Programs and in FFY 2009 there were federal ARRA funds, which may have contributed to these positive results.

Extended IFSP Option – Early Intervention Services in Natural Environments:

In June 2009, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and in July 2009, the MSDE was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) to make IFSP services available after age 3.

Maryland implemented the Extended IFSP Option on February 1, 2010. Local Infants and Toddlers Programs, in collaboration with local Preschool Special Education Programs, were required to develop local policies and procedures that were reviewed for approval by the MSDE prior to the allocation of local ARRA Extended Option funds. Extensive statewide, regional and local trainings on the components of the Extended Option were held with local Infants and Toddlers and Preschool Special Education Program staff. Information on the Option was shared with many stakeholder groups including the SICC, LICCs, special education directors, the State ASHA association, the State School Nursing Association, early childhood education administrators, parent groups, the Physical and Occupational Therapy School Practice Group and others. Training and public awareness materials were developed and distributed. The IFSP and the Maryland Tracking System

was revised to include components specific to the Extended Option and to promote parent participation in IFSP development and parent/service provider decision-making.

Out of the 675 children receiving services through an Extended IFSP on June 30, 2010, 620 children received services primarily in the natural environment. There were 55 children (8.1%) who received the majority of their services in non-natural environments. These settings include early intervention/preschool classrooms for children with disabilities and service provider location (e.g., outpatient audiology services).

Home	Community Setting	Total in NE	Total in Other	Percent in NE
436	184	620	55	91.9%

Discussion of Improvement Activities:

During this reporting period, the MSDE continued to monitor the progress on this indicator by including the percentage of children primarily receiving services in natural environments (NE) on local data profiles distributed to LITPs two times annually, in April and October. Also included on the profiles are the percentage of services not provided in the natural environment, for children referred during FFY 2009, that have a justification on the IFSP and whether these justifications were based on the needs of the child.

If the data for a local Infants and Toddlers Program (LITP) were below the State target, the LITP was required to develop an Improvement Plan for the NE indicator. For LITPs who had a NE Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their semiannual and final program reports. If justifications were missing in the database for services not provided in the NE, LITPs were required to review the early intervention record and enter justifications as they appeared on the IFSP. If justifications were entered but were not based on the needs of the child, this was included in the local profile and an improvement plan for natural environment justifications was submitted along with their semi-annual and/or final program reports. Technical assistance was provided to local programs to understand and develop appropriate justifications if services were not provided in the NE.

In FFY 2009, the MSDE staff through the local application process and sub-recipient monitoring visits, reviewed LITP interagency agreements between local public agencies and contracts with private agencies providing early intervention services. A specific area of focus was the provision of services by the private agencies in a natural environment unless the needs of the child justified the provision of service in a setting that is not a natural environment. Seven local sub-recipient monitoring visits were held in FFY 2009. Of the seven sub-recipient monitoring visits made to LITPs, private agency contracts were reviewed and were found to include a clause reflecting federal and State regulations pertaining to the provision of service in the natural environment. The MSDE staff will continue sub-recipient monitoring to focus on the provision of services in the natural environment by private agencies.

Beginning in FFY 2009, in order to ensure individualized decision-making regarding settings and to increase services in the natural environment, the MSDE and contractors provided training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and parents via the following forums:

- A one-day statewide training on "Building Partnerships" with over 100 participants, including infants and toddlers providers, preschool general and special education providers, and other early childhood partners. This training focused on supporting the inclusion of young children

- with disabilities and their families in community settings such as public/private preschool, Head Start, Judy Centers, and groups at public libraries.
- Presentations to numerous early childhood partners and stakeholders regarding *MD's Birth through Five Early Intervention and Special Education System of Services - Extended IFSP Option* including State Assistant Superintendents, Family Support Coordinators, Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Psychologists, Judy Center Coordinators, State Interagency Coordinating Council members, etc.
 - Technical assistance/needs assessment visit to Baltimore City (6/29/10) and Somerset County (3/19/10) to assist with program compliance and program improvement issues including serving children in the natural environment.
 - Specific written technical assistance provided in the "Topics in Need of Clarification Q & A" with a follow-up teleconference call in August 2010 to address the critical components of justifications for providing services in a non-natural environment. Best practice examples of justifications were provided within this Questions and Answers document.

Continuing in FFY 2009, in order to ensure individualized decision-making regarding settings and to increase services in the natural environment, the MSDE and contractors provided training, consultation, and technical assistance to local LITP directors, service providers, community partners, and stakeholders via the following forums:

- Service Coordinators' Resource Group Training/Technical Assistance Sessions (Three) – Topics throughout the year focused on supporting children and families in natural environments included "Maryland's Early Childhood Intervention and Education System of Services: Birth through Five," "Understanding Child and Family Outcomes," "Supporting Families Living with Stress," and an "Overview of State and Local Family Support Services."
- Early Intervention Leadership Academy (EILA) – A month-long focus for future early intervention leaders (15 participants) on evidence-based practices with a strong emphasis on supporting child and family outcomes in natural environments.
- Annual Special Education/Early Intervention Services Leadership Conference presentations: *Service Delivery Models to Support a Birth through Five Early Intervention and Special Education System of Services*, *Routines-Based Interview*, and the *Birth through Five System of Assessment*.

In addition, the online Maryland Early Childhood Gateway continues to be a statewide resource incorporated into the statewide and local training efforts around supporting young children in natural environments. The Maryland Early Childhood Gateway website provides a wealth of information for providers, families, and other stakeholders. This website includes information on evidence-based practices for providing early intervention services in the natural environment through the Evaluation and Assessment in the NE and IFSP Development and Implementation in the NE sections of the IFSP tutorial. Information about this website is available at every statewide meeting and was specifically distributed in FFY 2009 via the following forums:

- Service Coordinators' Resource Group Training/Technical Assistance Sessions (three) – 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;
- Early Intervention Leadership Academy (EILA) – ECG site is referenced and content incorporated in all five course offerings;
- Annual Special Education/Early Intervention Services Leadership Conference – Technology Café including an overview of the resources available on the Early Childhood Gateway;
- Promoting Social Emotional Development Statewide Trainings – ECG content and resources were highlighted at the onset of each training;

- State Interagency Coordinating Council (SICC) – Reminders about the ECG resources available through the distribution of fliers, posters and magnet clips during meetings; and
- Family Support Services statewide meetings – ECG flyers were distributed 2x this year.

Additionally, in June 2009, *The Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Maryland's System of Early Intervention Service* was updated and revised. This guide provides information about referring children to Maryland's system of early intervention services, the physician's role in early intervention and best practices regarding **family centered practices in natural environments**. This guide has been distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, SICC members, primary care practices, the Maryland Preemies Network and members of the Maryland American Academy of Pediatrics.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

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. Prior to the submission of 618 data reported in this indicator, the 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, the MSDE contacts LITPs and clarifies the definition of NE settings and includes them in the appropriate category. Justifications for services that are not provided in the natural environment are entered into the Part C database. Twice a year, the MSDE reviews the actual justifications of children referred during the six-month period and verifies that justifications are based on the needs of the child. This information is provided to local jurisdictions along with their local profiles distributed on or about April 1st and October 1st each year.

In Maryland, determined by a snapshot count on 10/31/09, there are:

- 9 small counties (serving <90 children)
- 10 mid-size counties (serving 100 - 350 children); and
- 5 large counties (serving 700 or more children).

Of the 24 LITPs, 23 programs met or exceeded the State target of 90.5%. Nine LITPs supported all children in the natural environment (1 mid-size county and 8 small counties). Another nine jurisdictions supported at least 95% of children in the natural environment (1 large county and 7 mid-size counties and 1 small county). Only one LITP did not meet the State target. This large, urban jurisdiction missed the target by 8.7%. During the subsequent data period from 1/1/10 until 6/30/10, this jurisdiction reached the State target for the first time by serving 91.4% of children in the natural environment. Specific technical assistance over the past several years has been provided to this jurisdiction including a visit from a Mid-South Technical Assistance Center staff person regarding serving children in the natural environment with consideration of challenges encountered in a urban environment.

For all children referred in FFY 2009, a database generated report documented all justifications for not providing services in the natural environment. Each justification was reviewed and analyzed to determine if the reason was based on the needs of the child. This review indicated that 88.6% of services or 760 out of 858 services had justifications based on the needs of the child; a 2% increase from last year. A review on the number of justifications based on the individual needs of children

showed that 82.3% of children or 373 out of 453 children had child-based IFSP justifications; a 1% increase from last year.

Maryland continues to use a high standard when reviewing justifications based on the needs of the child as OSEP provided information that justifications needed to reflect evidence-based practices. All justifications not based on the needs of the child occurred in several jurisdictions. The majority of the justifications not based on the needs of the child occurred in a large urban jurisdiction with a substantial number of families experiencing poverty. In this jurisdiction, both staff members and parents continue to report concerns about providing services in the natural environment due to potential neighborhood violence. Many parents elect 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 families. During service provision by the private agencies, 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.

The MSDE continues to provide technical assistance with regard to justifications. Specific technical assistance was provided to a large jurisdiction during a monitoring/needs assessment visit in June 2010. In August 2010, specific written technical assistance addressing justifications based on the needs of the child was provided along with best practice examples.

Addressing System Capacity Issues:

Overall, LITPs continue to increase service collaborations with child care, Early Head Start, Judy Centers, library, recreational centers, and other community programs, and have been able to train paraprofessionals to provide special instruction under the supervision of a special educator. One LITP continues to struggle to provide service in the natural environment due to increased referrals, health related services job recruitment/retention issues, safety issues and parental preference.

Revisions, with Justification, to Proposed Targets /Improvement Activities/ Timelines/Resources for FFY 2009:

New/Revised Improvement Activities:

1. In FFY 2007 - FFY 2010, the MSDE will require a LITP to complete improvement plans when a State target is not met or when justifications for not providing service in natural environments are not based on the needs of the child. LITPs will report their progress in semiannual and final program reports.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to writing justifications based on the needs of the child when services are not provided in the natural environment.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for EI services in the natural environment, funds will need to be directed to improve results specific to service delivery in the natural environment.

2. In FFY 2007 – FFY 2010, the MSDE will encourage and assist LITPs to build inclusive opportunities in communities through capacity-building activities such as training on how to identify and organize community resources and how to foster interagency collaboration.

Revised Activity: In FFY 2010 – FFY 2012, to improve individualized decision-making and services to children in natural environments, specific statewide training and/or technical assistance to foster interagency collaboration will be conducted in cooperation with the Division of Early Childhood Development at the Maryland State Department of Education.

3. In FFY 2009, the MSDE will develop and disseminate a Parent Information Series to include the following components: *A Family Guide to Early Intervention Services in Maryland Ages Birth through Two*, *A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead to Success – A Family Guide to Understanding the Transition Process and Planning for Young Children (Birth through Five)* and *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3: Families Have a Choice*.

Revised Activity: In FFY 2010, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Birth to 3: A Family Guide to Early Intervention Services in Maryland*, *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*.

4. **New Improvement Activity:** In FFY 2010 – FFY 2012, the MSDE will provide local jurisdictions access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine outcomes related to providing services in the natural environment. This data-driven decision-making tool will allow the user to create pivot table reports to “drill down” information in order to analyze early intervention service data to assist with local decision-making and to improve outcomes at the individual child/family level.
5. In FFY 2005-2006, the MSDE will plan and implement training sessions jointly with LITPs on the process of making decisions about the location for services and other areas identified through local data analysis and monitoring. The training will be aligned with best practices as described in the on-line tutorial and will include presentations by experts in the field as well as by LITP staff who are implementing best practices.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database using the progress at exit report and entered into the Summary Statement Calculator. This data was reviewed by the SICC. The data for children birth to age 3 are being utilized to determine the percentages for the three child outcomes. There were no children in the Extended IFSP Option who exited and had child outcomes exit data prior to 7/1/2010.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 reporting):

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of

growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Target Data and Actual Data for Part C Children Exiting in FFY 2009

This data is based on the growth rate protocol utilizing the Present Levels of Development (PLOD) assessment data.

Summary Statements	Targets FFY 2009 PLOD (% of children)	Actual FFY 2009 PLOD (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	62.8%	60.1%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	83.6%	81.3%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	71.3%	64.8%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	57.3%	55.8%
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	55.4%	53.9%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	78.4%	75.8%

Target Data and Actual Data for Part C Children Exiting in FFY 2009

The target data is based on the growth rate protocol utilizing the Present Levels of Development (PLOD) assessment data. The actual data is based on the utilization of the Child Outcome Summary Form (COSF) to compare progress to typically developing peers.

Summary Statements	Targets FFY 2009 PLOD (% of children)	Actual FFY 2009 COSF (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	62.8%	80.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	83.6%	73.8%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	71.3%	85.8%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	57.3%	69.9%
Outcome C: Use of appropriate behaviors to meet their needs		
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	55.4%	87.0%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	78.4%	75.4%

Progress Data for Part C Children FFY 2009

This progress data is based on the growth rate protocol utilizing the Present Levels of Development (PLOD) assessment data.

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	35	1.2%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	408	14.5%
c. Percent of children who improved functioning to a	84	3.0%

level nearer to same-aged peers but did not reach		
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	583	20.7%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1706	60.6%
Total	N= 2,816	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	30	1.0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	790	27.6%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	442	15.5%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1065	37.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	531	18.6%
Total	N= 2,858	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	29	1.0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	568	20.4%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	77	2.8%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	621	22.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1491	53.5%
Total	N= 2,786	100%

Progress Data for Part C Children FFY 2009

This progress data is based on the utilization of the Child Outcome Summary Form (COSF) to compare progress to typically developing peers.

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	7	0.3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	277	11.2%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	364	14.7%

d. Percent of children who improved functioning to reach a level comparable to same-aged peers	818	33.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1007	40.7%
Total	N= 2,473	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of children who did not improve functioning	4	0.2%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	257	10.3%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	486	19.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1089	43.8%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	648	26.1%
Total	N= 2,484	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	3	0.1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	220	8.9%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	386	15.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1104	44.5%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	767	30.9%
Total	N= 2,480	100%

Child Outcomes Data Collection:

During FFY 2009 local jurisdictions continued to collect status-at-entry and status-at-exit data on infants and toddlers who exited the program between July 1, 2009 and June 30, 2010 and who participated in early intervention services for at least 6 months. LITPS used a variety of assessment instruments and methods to obtain the Present Levels of Development (PLOD) data. The most frequently used assessment instruments included: the Early Learning Assessment Profile (ELAP), the Early Intervention Developmental Profile (EIDP), the Mullen Scales of Early Learning (MSEL), the Ages and Stages Questionnaire (ASQ), the Hawaii Early Learning Profile (HELP), the Battelle Developmental Inventory (BDI), the Preschool Language Scale (PLS), the Receptive-Expressive Emergent Language Scale (REEL) and the Rosseti Infant-Toddler Language Scale (RI-TLS). LITPs recorded quantitative evaluation and assessment results (developmental age in months) at entry and at exit on the IFSP and in the Part C database when it is possible to obtain such results. Qualitative results are entered when quantitative results cannot be obtained or to clarify the quantitative results. The MSDE extracted, analyzed, aggregated, and generated State and local data for each child outcome based on the alignment of developmental domains to the outcomes and utilized the Intervention Efficacy Index (IEI) formula based

on the cut point of 19% delay. Further information on this methodology is described in the State Performance Plan (SPP).

In addition, LITPs continued to collect entry and exit data using the Child Outcomes Summary Form (COSF) to compare progress to typical peers. Further methodology for completing the COSF is described in detail in the SPP – Local Procedures for Implementing the Birth – 3 Child Outcomes System. Maryland originally began collecting COSF data in order to validate the results of the COSF data methodology with the results obtained by the growth rate protocol (using PLOD data) to determine the most valid and reliable approach for measuring child outcomes for Maryland's Part C system. FFY 2009 will be the final year for Maryland to report data based on the growth rate protocol utilizing the PLOD assessment data. A detailed summary with justifications for this change in methodology can be found in the Discussion of Improvement Activities section.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

In FFY 2009 the overall child outcome data, based on the growth rate protocol utilizing the Present Levels of Development (PLOD) assessment data, indicated a slight decline. The trends are described below:

- In the area of positive social-emotional skills for Summary Statement #1, the percentage of children who substantially increased their rate of growth, the baseline target data was 62.8% of children and the actual data was 60.1% of children, a 2.7% decrease.
- In the area of positive social-emotional skills for Summary Statement #2, the percentage of children functioning within age expectations by the time they exited, the baseline target data was 83.6% of children and the actual data was 81.3% of children, a 2.3% decrease.
- In the area of acquisition and use of knowledge and skills for Summary Statement #1, the percentage of children who substantially increased their rate of growth, the baseline target data was 71.3% of children and the actual data was 64.8% of children, a 6.5% decrease.
- In the area of acquisition and use of knowledge and skills for Summary Statement #2, the percentage of children functioning within age expectations by the time they exited, the baseline target data was 57.3% of children and the actual data was 55.8% of children, a 1.5% decrease.
- In the area of use of appropriate behavior to meet needs for Summary Statement #1, the percentage of children who substantially increased their rate of growth, the baseline target data was 55.4% of children and the actual data was 53.9% of children, a 1.5% decrease.
- In the area of use of appropriate behavior to meet needs for Summary Statement #2, the percentage of children functioning within age expectations by the time they exited, the baseline target data was 78.4% of children and the actual data was 75.8% of children, a 2.6% decrease.

While the overall trend indicates a decrease from the baseline target data set in FFY 2008 to the actual data in FFY 2009, several factors may be contributing to the decrease. As discussed last year, the decreasing trend may be due to regression to the mean as the State continues to increase the number of children included in its child outcomes data analysis. During FFY 2009, Maryland continued to refine its system for measuring child outcomes. The work of the Assessment Think Tank has already encouraged numerous jurisdictions to reexamine their assessment practices and the assessment tools used for eligibility and for progress monitoring. The slightly lower data could be expected as local assessment practices become more consistent and data become more accurate. This analysis may also extend to the slight decrease in COSF trend data. The additional statewide COSF training held in the spring of FFY 2009 has improved consistency using the COSF methodology which in turn will positively influence the

consistency and accuracy of the statewide COSF data. The MSDE will continue to provide training and technical assistance in using the Child Outcomes Summary Form in order to have quality child outcome data to utilize for program improvement efforts at the State, local and individual child/family level.

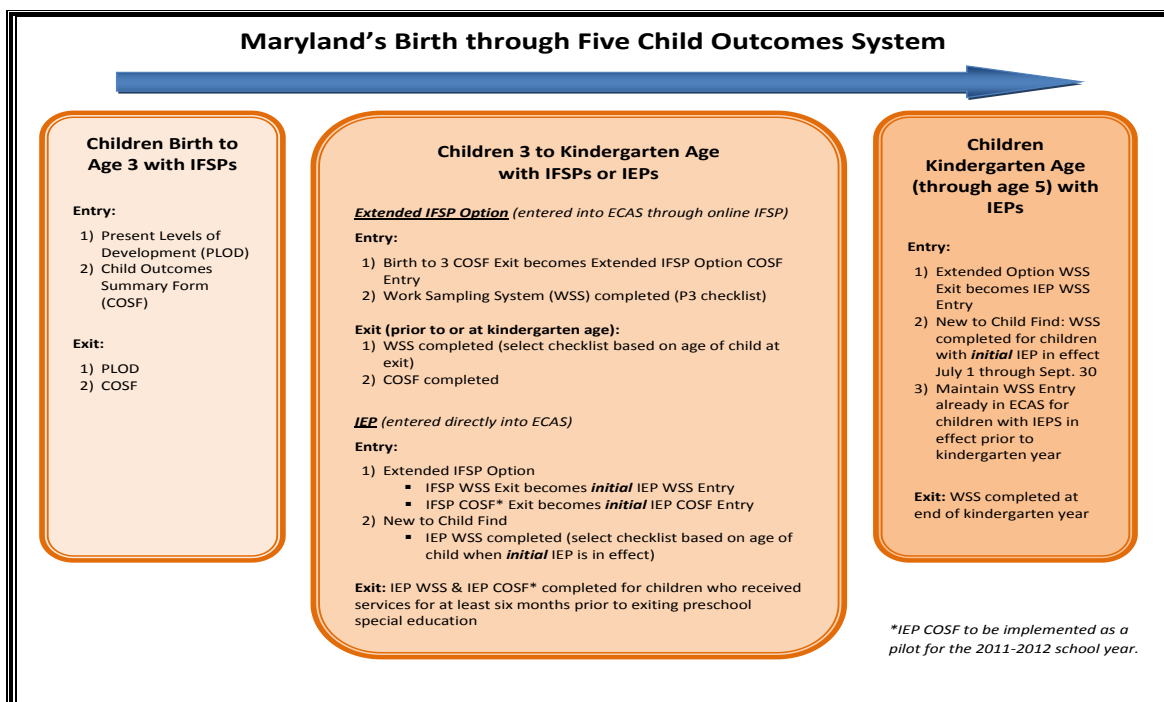
Discussion of Improvement Activities:

Maryland's Early Childhood Intervention and Education (ECIE) – Assessment Think Tank

Maryland convened an Assessment Think Tank in July 2009, comprised of national, State and local experts. The Think Tank was charged with identifying evaluation/assessment best practice, recommending various assessment tools for purpose-driven assessment, and developing a birth through five child outcomes/program accountability framework. The work of this group continued until July 2010 when final recommendations were drafted and presented at the Division of Special Education/Early Intervention Leadership Conference in September 2010. Each jurisdiction received *Maryland's Early Childhood Intervention and Special Education Evaluation and Assessment System Resource Manual* which included an overall framework, a recommended eligibility tool box, a recommended results-oriented decision-making tool box, a child outcomes/accountability tool box, and best practice resources for utilization of the Child Outcome Summary Form and the Work Sampling System Checklist.

The creation of the Extended IFSP Option required the Assessment Think Tank to reexamine the child outcome/program accountability system in order to create a more seamless birth through five system. The Assessment Think Tank reviewed the results from the Johns Hopkins University/Center for Technology in Education validation study data for FFY 2007 and FFY 2008, consulted with national experts from the Early Childhood Outcome Center, the National Early Childhood Technical Assistance Center, and the Mid-South Regional Resource Center, and reviewed best practices nationwide regarding child outcomes measurement. In addition, the Think Tank took into consideration Maryland's Model for School Readiness/Work Sampling System practices already in place for all young children in Maryland including preschoolers with disabilities.

The recommendation was made for children receiving early intervention services through an IFSP, to begin using the Child Outcome Summary Form (COSF) to measure child progress for reporting on Indicator #3, instead of the Present Levels of Development (PLOD) assessment data starting in FFY 2010. In FFY 2010, the COSF will be used birth to three at entry and exit to measure child outcomes. For children continuing on the Extended IFSP Option, the exit COSF (birth to three) will be used as the child's entry COSF and when the child exits early intervention (i.e., demonstrates age-appropriate skills in all areas, transitions to an IEP) an exit COSF will be completed. For those children continuing to receive early intervention services beyond age three through an Extended IFSP, the Work Sampling System (WSS) will also be completed at entry and exit beginning in FFY 2011. For preschool children receiving services through an IEP, the WSS will continue to be utilized for measuring child outcomes. In addition in FFY 2011, Maryland will pilot the implementation of the COSF, an additional measurement tool, for measuring child outcomes for preschoolers receiving services through an IEP. See chart below:



The work of the Assessment Think Tank along with the final recommendations impacts both data quality and the ability of programs/services to improve child outcomes. Feedback from sessions on assessment practices/measuring child outcomes at the Annual Leadership Conference in September 2009 and September 2010 indicated positive participant results and local jurisdictions are beginning to reexamine assessment practices for eligibility determination, individualized results-oriented decision-making for children and families, and for program accountability.

Functional Outcomes For School Readiness – Training and Technical Assistance

In December 2009 and January 2010, the MSDE provided professional development using the training of trainers model in four regional sessions statewide entitled, “Getting Ready for School Readiness.” The goal was to improve the school readiness results of young children with disabilities by training administrators and direct service providers in the local early intervention programs to include school readiness as part of the IFSP. This is critical as children on an Extended IFSP are required to have school readiness outcomes in the areas of language, pre-literacy, and numeracy.

Child Outcomes Data Sharing

In the spring of 2010, the MSDE shared child outcomes data at numerous meetings with varied audiences including the annual Programmatic/Fiscal Forum for LITP Directors/administrative staff, the Service Coordinators Resource Group meeting in March 2010, and The Family Support Services Coordinators meeting in May 2010.

Revised Maryland Online IFSP

In April 2010, revisions to the Maryland Online IFSP were implemented including family-friendly updates to Health, Present Levels of Development, Strengths/Needs, Family Concerns, Priorities and Resources, Routines in Natural Environments, and Child/Family Outcomes. Additionally, a progress monitoring component was added to the Child/Family Outcomes page to assist families and service providers to more easily understand child progress and make necessary changes to an outcome if warranted.

COSF Training and Technical Assistance

In April 2010, Statewide COSF training was conducted by the MSDE and the Early Childhood Outcomes (ECO) Center staff. The outcomes of this training were to describe the various purposes for collecting and reporting child outcomes data, to use the COSF with increased accuracy, to analyze local data to determine data quality and next steps, and to use COSF refresher materials and resources to retrain/update all local staff on the COSF process. In addition, the training focused on best practices for outcomes measurement including functional assessment, the COSF team process, and involving the family in the COSF discussions. It was announced at this training that COSF would become the Statewide child outcomes measure beginning in July 2010. In addition, all the materials from the April 2010 COSF training were posted on the Early Childhood Gateway at www.mdegateway.org.

Follow-up to the COSF training included a “Measuring Child Outcomes Q & A” released in May 2010. This Q and A provided clarification on how COSF will become the child outcomes measure for children receiving services through an IFSP (birth to 5) and provided answers to specific outstanding questions from local jurisdictions. Further follow-up included a COSF Training Follow-up Needs Assessment. The results of the needs assessment indicated the necessity for additional statewide technical assistance/training focused on ensuring the quality of COSF scoring and using COSF data analysis for individual child/family, local and State decision-making. During FFY 2010 the MSDE will provide professional development in these areas.

Monitoring for Timely and Accurate Data

During FFY 2009, the MSDE included missing COSF data in local profiles distributed by April 1, 2010 and October 1, 2010 and required improvement plans for the submission of timely and accurate data, as necessary. In addition, the MSDE continued to make available the Progress at Exit report for the local jurisdictions to view their individual child level data in order to ensure timely and accurate data and to consider program improvement activities based on jurisdiction-level and child-level data.

Revision of Maryland’s Guidelines for Healthy Development

Beginning in FFY 2009 the Early Childhood Development Division at the MSDE assembled a work group of national, State and local early childhood intervention and education leaders to begin reviewing Maryland’s Guidelines for Healthy Child Development (birth through 3). In October 2010 the final revision of these guidelines, *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age*, was released. The Healthy Beginnings guidelines are intended for use by anyone who lives or works with infants or young children. They can be used as a reference guide, or as a resource for planning daily or weekly activities. The guidelines are now available in hard copy and also through www.marylandhealthybeginnings.org. Applications specifically for families are downloadable to mobile phones as they engage in community activities with their children. Specific training on the revised guidelines is being planned during FFY 2010.

Revised Target for FFY 2010 and Target Setting for FFY2011 and FFY2012

In FFY 2010, the MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of revised State Targets and Improvement Activities for FFY 2010 and proposed State Targets and Improvement Activities for FFY 2011 and FFY 2012. The MSDE provided a presentation to discuss the change in child outcomes measurement methodology along with PLOD progress data and COSF baseline data. Input on targets and improvement activities was requested in survey-form and the responses from stakeholders were compiled and included in the State’s decision-making process for revising/setting targets.

Child Outcome Data Reporting and Analysis:

The number of children Statewide who participated in early intervention (EI) for at least 6 months and who exited EI between 7/1/09 and 6/30/10 was 2,816. The missing data for the three outcomes using the PLOD methodology are as follows:

Positive social-emotional skills:	45
Acquisition and use of knowledge and skills:	2
Use of appropriate behaviors to meet needs:	75

Most of the missing data continued to be cases where an evaluation tool that yields a developmental age could not be utilized because of the age of the child or degree of disability of the child. Also, the MSDE did not focus on the missing data for PLOD during FFY 2009 since this methodology is changing to the COSF beginning in FFY 2010. The MSDE did include missing COSF data in local profiles distributed on April 1, 2010 and October 1, 2010 and required improvement plans as necessary.

The following charts compare the child outcome results using the PLOD methodology for FFY 06 to FFY 09:

A. Positive social-emotional skills (including social relationships):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08	PLOD - # of Children FFY 09	PLOD - % of Children FFY 09
a. Percent of infants and toddlers who did not improve functioning	9	1.5%	15	1.41%	35	1.31%	35	1.2%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	8.0%	112	10.52%	309	11.54%	408	14.5%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	18	3.1%	58	5.45%	94	3.51%	84	3.0%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96	16.4%	150	14.08%	487	18.19%	583	20.7%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	417	71.0%	730	68.54%	1752	65.45%	1706	60.6%

Total	N=587	100%	N=1,065	100%	N=2,677	100%	N=2,816	100%
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B. Acquisition and use of knowledge and skills (including early language/communication):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08	PLOD - # of Children FFY 09	PLOD - % of Children FFY 09
a. Percent of infants and toddlers who did not improve functioning	2	0.4%	16	1.48%	21	.78%	30	1.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	89	16.0%	208	19.24%	623	23.03%	790	27.6%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%	242	22.39%	510	18.85%	442	15.5%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%	443	40.98%	1091	40.33%	1065	37.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%	172	15.91%	460	17.01%	531	18.6%
Total	N=555	100%	N=1,081	100%	N=2,705	100%	N=2,858	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08	PLOD - # of Children FFY 09	PLOD - % of Children FFY 09
a. Percent of infants and toddlers who did not improve functioning	3	0.5%	11	1.04%	18	.68%	29	1.0%

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%	168	15.85%	468	17.56%	568	20.4%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%	48	4.53%	89	3.34%	77	2.8%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%	202	19.06%	515	19.32%	621	22.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%	631	59.53%	1575	59.10%	1491	53.5%
Total	N=555	100%	N=1,060	100%	N=2,665	100%	N=2,786	100%

Analysis of the PLOD data across the past four years indicates data stability as well as data fluctuations. With regard to positive social-emotional skills (Indicator 3a) slight variability of less than 3% occurred in *category a* and *category c*. In *category b* the data indicate a steady increase, in the number of children who improved functioning but not enough to close the gap, from 8% to 14.5%. In *category d*, the data has fluctuated from 14.08% to 20.7% of children who improved functioning to levels comparable to same-aged peers. In *category e* the data indicate a steady decline in the percent of children who maintained functioning at a level comparable to same-aged peers. Similar data changes and fluctuations were evident for use of appropriate behaviors to meet their needs (Indicator 3c).

For acquisition and use of knowledge and skills (Indicator 3b) minor differences in data changes and fluctuations were noted compared to the other two child outcome indicators. *Category a*, *c*, and *e* indicate slight fluctuations in the data. For *category b*, the data indicate a steady increase in the number of children who improved functioning but not enough to close the gap from 16.0% to 27.6%. For *category d*, the data indicate a steady decrease in the number of children who improved functioning to levels comparable to same-aged peers from 46.8% to 37.3%.

These overall changes and fluctuations in data may be due to regression to the mean as the State continues to increase the number of children included in its child outcomes data analysis and/or may be due to differences in local assessment practices and the wide variety of assessment tools utilized throughout the State. The recommendations of the Assessment Think Tank will provide a more consistent approach to assessment best practices. In addition, using the COSF to collect child outcome data will provide a more comprehensive statewide mechanism for measuring child outcomes as opposed to using the PLOD methodology based solely on an assessment tool(s). The MSDE will continue to provide training and technical assistance in using the COSF in order to have quality child outcome data to use for program improvement efforts at the State, local and individual child/family level.

With the assistance of Johns Hopkins University/Center for Technology in Education, the MSDE disaggregated data by several factors, including eligibility status, length of time in the program, enrollment in Medicaid, age at referral, and family outcome subindicators. Visual analysis indicated some meaningful differences and/or results which are shared below and will be shared with local jurisdictions Statewide.

1) Examination of child outcomes category (A-E) data in relation to eligibility category.

Figure 1: PLOD Categories by Eligibility Status – 3a. Social-Emotional

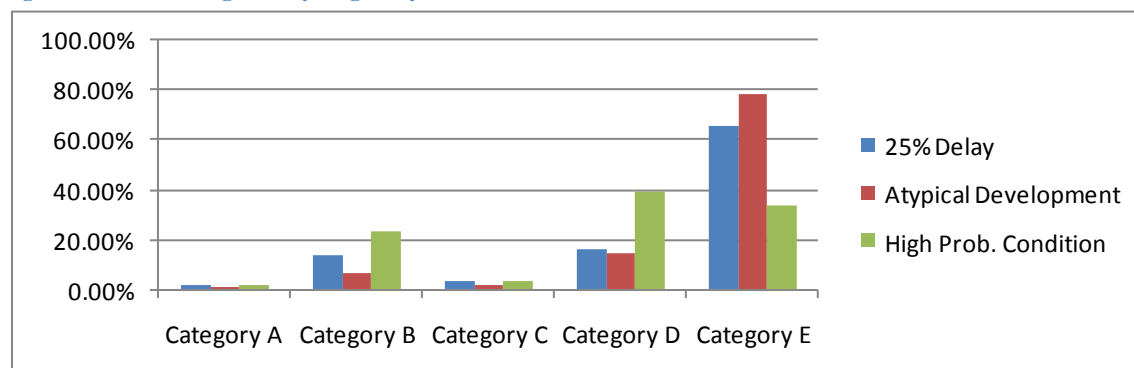


Figure 2: PLOD Categories by Eligibility Status – 3b. Knowledge & Skills

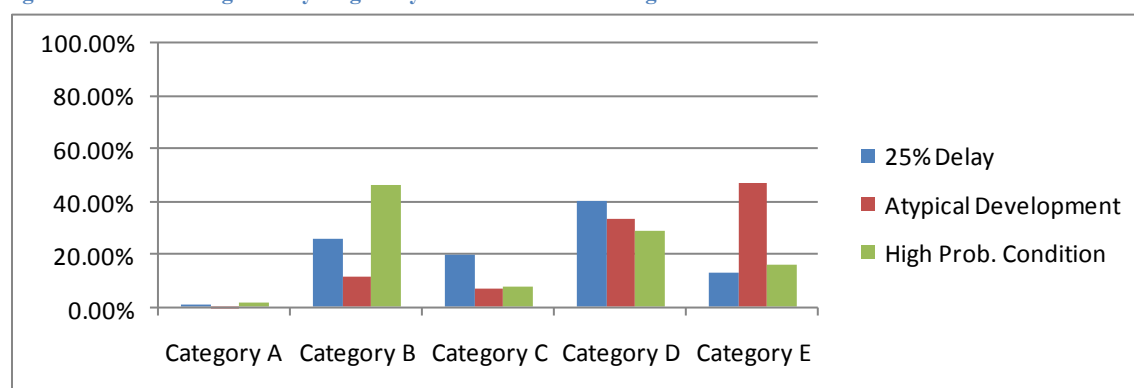
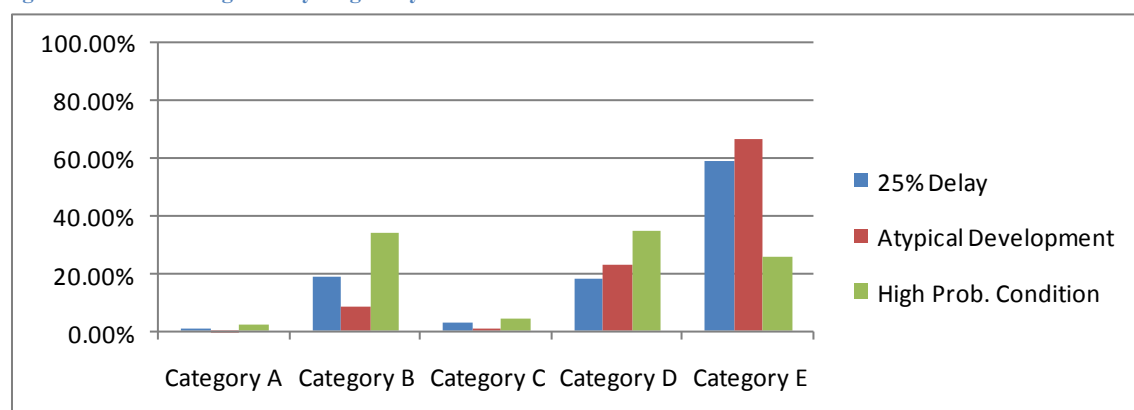


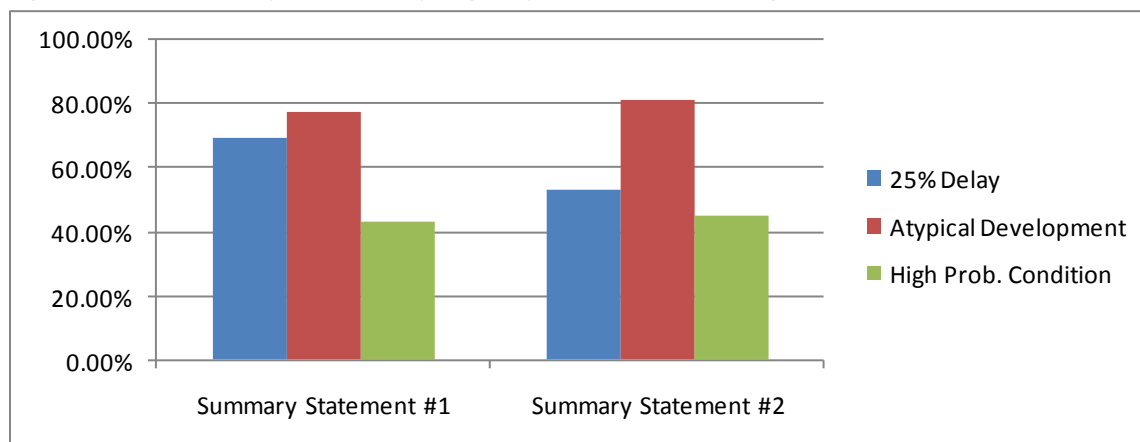
Figure 3: PLOD Categories by Eligibility Status – 3c. Use Behaviors to Meet Needs



In examining the graphs above, disaggregating child outcome categories by eligibility status, interesting trends are noted. Children with a high probability condition had higher percentages in Category B for all three child outcomes and higher percentages in category D for positive social-emotional development and

use of behaviors to meet needs as compared to the other two eligibility categories. This data suggests high probability children more frequently make some progress but not enough to catch up to typical peers or make significant progress to reach a level comparable to same age peers. One additional trend indicates that over 40% of children entering the program with at least a 25% delay in knowledge and skills catch up to their same age peers (Category D).

Figure 4: PLOD Summary Statements by Eligibility Status – 3b. Knowledge and Skills



When examining the Summary Statements above, for Indicator #3b (knowledge and skills) disaggregated by eligibility status, lower percentages are noted for both Summary Statements for children with a high probability condition. This suggests that children in the high probability eligibility category may have more significant disabilities and make some progress in knowledge and skills, but not enough progress to be near or at the level of same age peers.

2) Examination of length of time in the program in relation to child outcomes category (A-E) data.

Figure 5: Length of Time in Program by PLOD Categories – 3a. Social Emotional

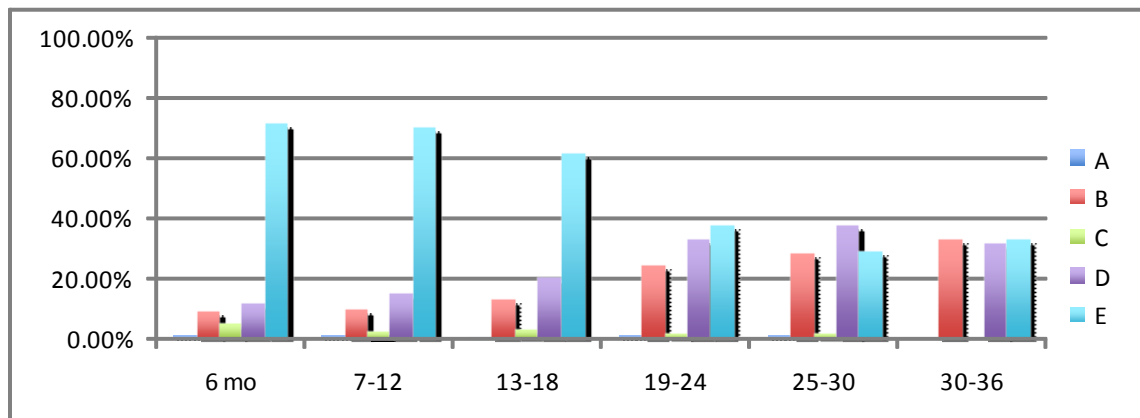
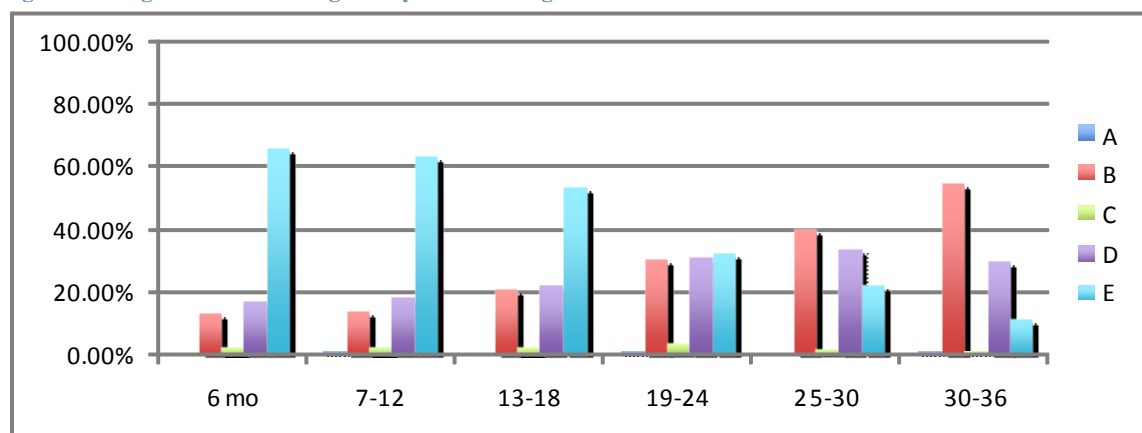


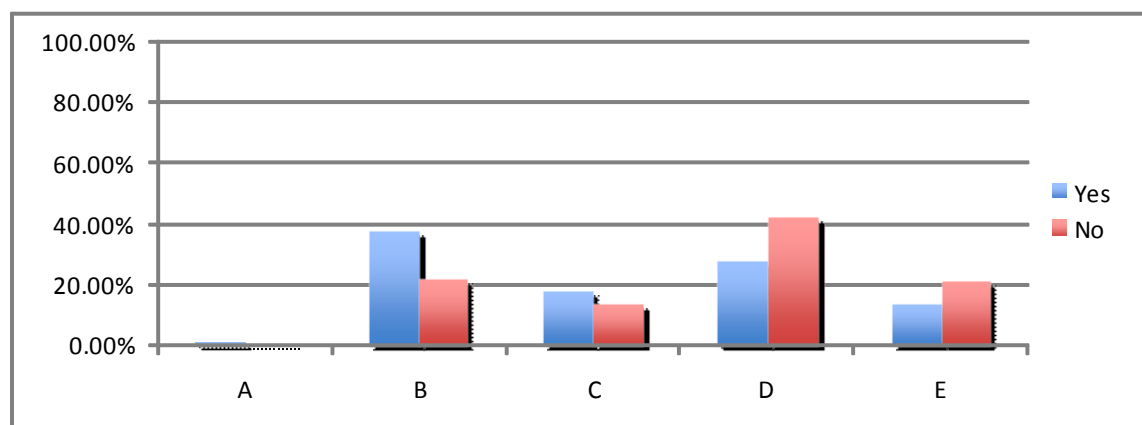
Figure 6: Length of Time in Program by PLOD Categories – 3c. Use Behaviors to Meet Needs



In examining the graphs above, disaggregating length of time in the program by child outcomes categories (A-E), several interesting trends are noted. The percentage of children in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) increases with length of time in the program for both Indicator #3a (positive social-emotional skills) and Indicator #3c (use behaviors to meet needs). It appears that children who spent more time in early intervention were more likely to catch up to their peers in social-emotional and adaptive domains than children who spent less time in early intervention. In addition, the percentage of children in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) appears to increase with length of time in the program. This finding suggests that children with significant disabilities are being identified early.

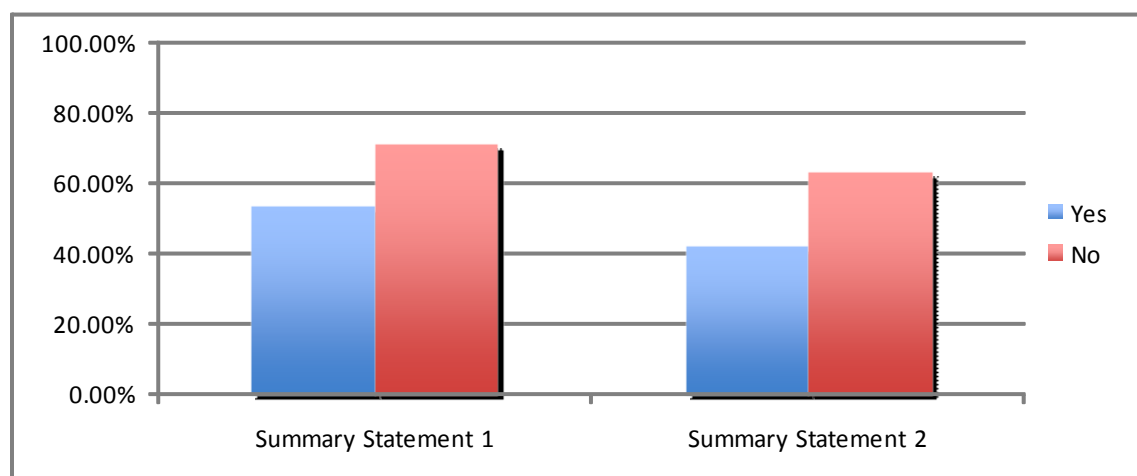
3) Examination of child outcomes category (A-E) data in relation to Medicaid enrollment.

Figure 7: PLOD Categories by Children with and without Medicaid – 3b. Knowledge and Skills



In examining the graph above, disaggregating child outcome categories by Medicaid enrollment, differences were noted for Indicator 3b (knowledge and skills). For this outcome, a higher percentage of children with Medicaid are in Category B and a lower percentage of children with Medicaid are in Category D. This finding may be meaningful and suggest the need for more targeted interventions in the area of improving knowledge and skills for children receiving Medicaid. This same finding is also evident in Figure 8 below disaggregating Summary Statements for Indicator 3b (knowledge and skills) by Medicaid enrollment. Note the higher results for both Summary Statements for those children not receiving Medicaid.

Figure 8: PLOD Categories by Children with and without Medicaid – 3b. Knowledge and Skills



4) Examination of child outcomes category (A-E) data in relation to age at referral.

Figure 9: PLOD Categories by Age at Referral – 3a. Social Emotional

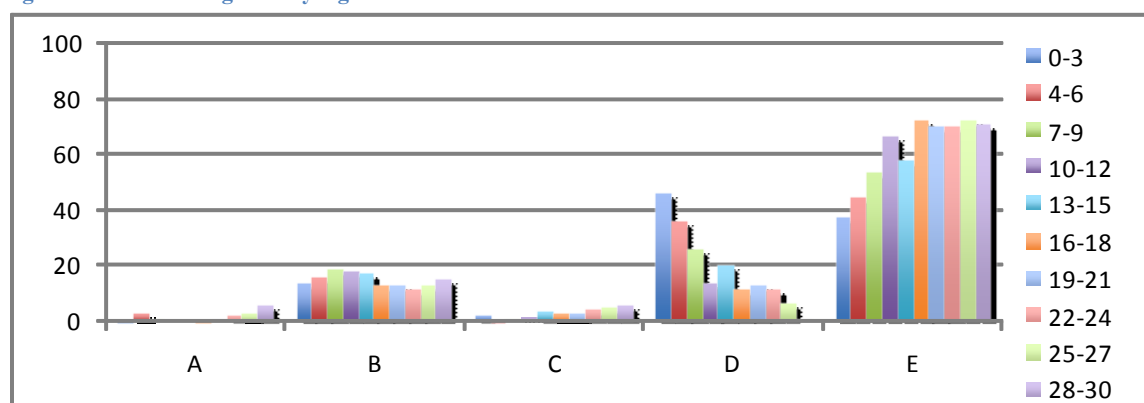
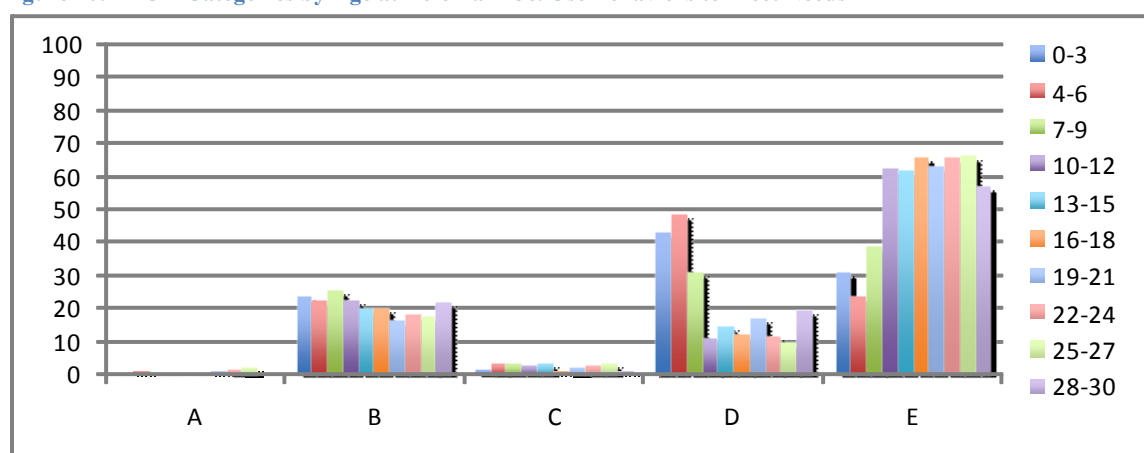


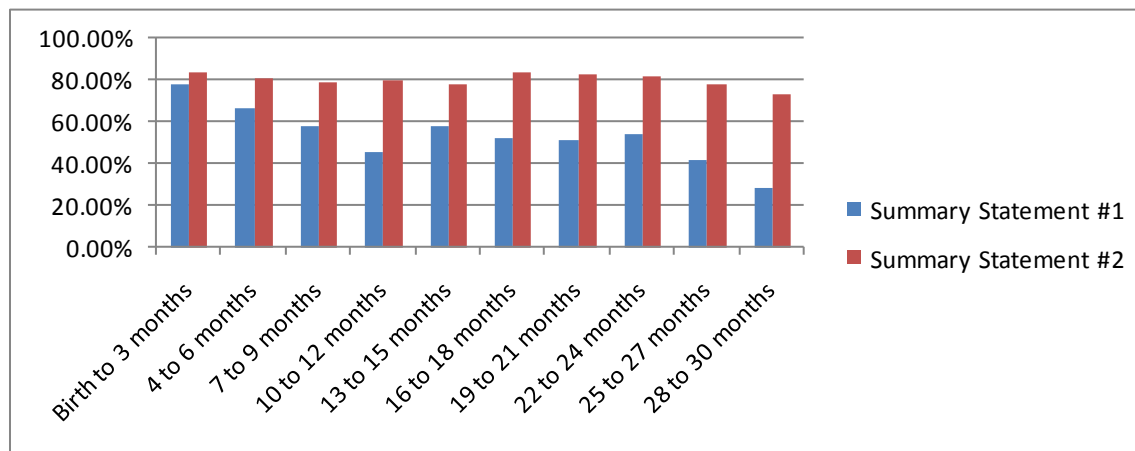
Figure 10: PLOD Categories by Age at Referral – 3c. Use Behaviors to Meet Needs



In examining the graphs above, disaggregating child outcomes categories by length of time, one very interesting trend is evident. The percentage of children in Category D (infants and toddlers who improved functioning to reach a level comparable to same-aged peers) decreases as children get older at the time

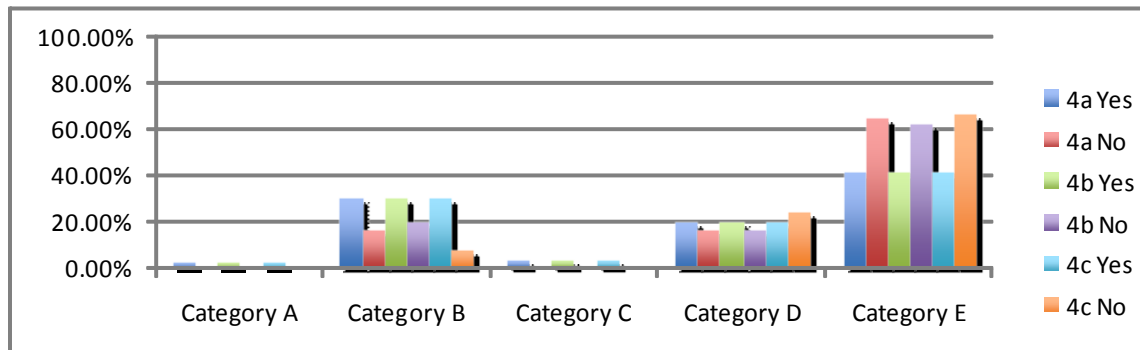
of referral for both Indicator 3a (positive social-emotional skills) and Indicator 3c (use of behaviors to meet needs). For both of these indicators it appears that children who were behind their peers at referral are more likely to catch up if they are referred earlier than those children referred later. A similar trend is noted when examining Figure 11 below, age at referral by Summary Statements for positive social-emotional skills. In general, those children referred early had a higher percentage who substantially increased their rate of growth by the time they exited the early intervention program (Summary Statement #1).

Figure 11: Age at Referral by Summary Statements – 3a. Social Emotional



5) Examination of child outcomes category (A-E) data in relation to family outcomes data.

Figure 12: PLOD Categories by Family Outcome Subindicators – 3c. Use of Behaviors to Meet Needs



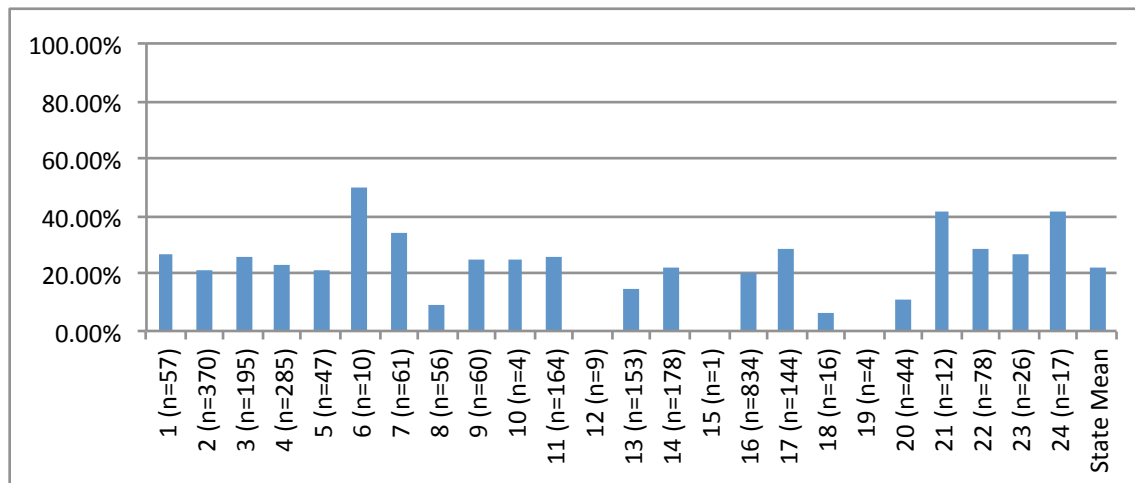
In examining the graph above, disaggregating child outcomes categories for Indicator 3c (use of behaviors to meet needs) by family outcome subindicators, several interesting trends are evident. For all three family outcomes subindicators, the percentages of children are higher in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) when parents said “yes” on the family outcome questions than when parents said “no” for the family outcome questions. This may suggest that even when a child is only making limited progress the family is experiencing positive benefit from the early intervention program. The opposite relationship appears in the Category E (infants and toddlers who maintained functioning at a level comparable to same-aged peers) for all three family outcome subindicators. This may suggest limited family benefit from early intervention for some families whose children came into the program at the level of same aged peers and maintained functioning in the area of use of behaviors to meet needs.

Caution must be used when analyzing and interpreting this data as the percentage of positive family outcomes (families who answered “Yes”) was very high for all three family outcome subindicators and the

actual number of families who answered “No” was very low. Due to the low number of “No’s”, the results of disaggregating this child outcome data by family outcome subindicators may be skewed.

The MSDE also examined local jurisdiction data for each child outcome category (A,B,C,D,E) in each child outcome subindicator to look for outliers that may have skewed the FFY 2009 data. For example, MSDE compared the percentage of children in Category D for use of behaviors to meet needs for each of the 24 local jurisdictions in Maryland. The examination of this data found no significant outliers. The examination process was also completed for each category for each child outcome subindicator. An example of the chart used for this analysis is provided below.

Figure 13: Individual Jurisdiction Data for Indicator 3c. Use of Behaviors to Meet Needs – Category D



Overall, no significant outliers were found with the exception of Indicator 3b (knowledge and skills) for Category B and Category D shown below. One large jurisdiction had a significantly higher number of children in Category B than most other jurisdictions and a significantly lower number in Category D than most other jurisdictions. This may relate to the high percentage of Medicaid enrollment in this jurisdiction and indicate the need for more targeted professional development specific to Indicator 3b.

Figure 14: Individual Jurisdiction Data for Indicator 3b. Knowledge and Skills – Category B

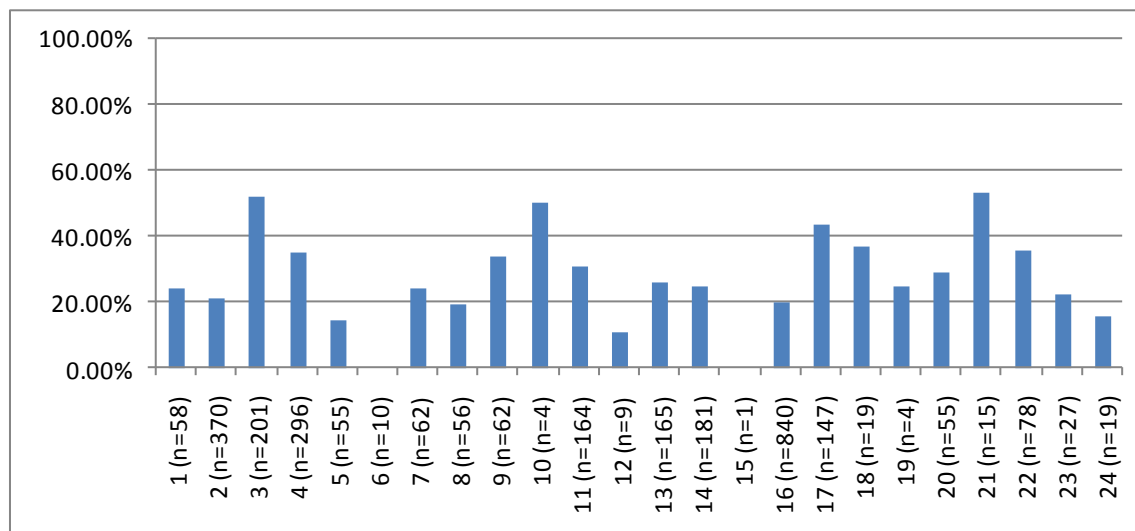
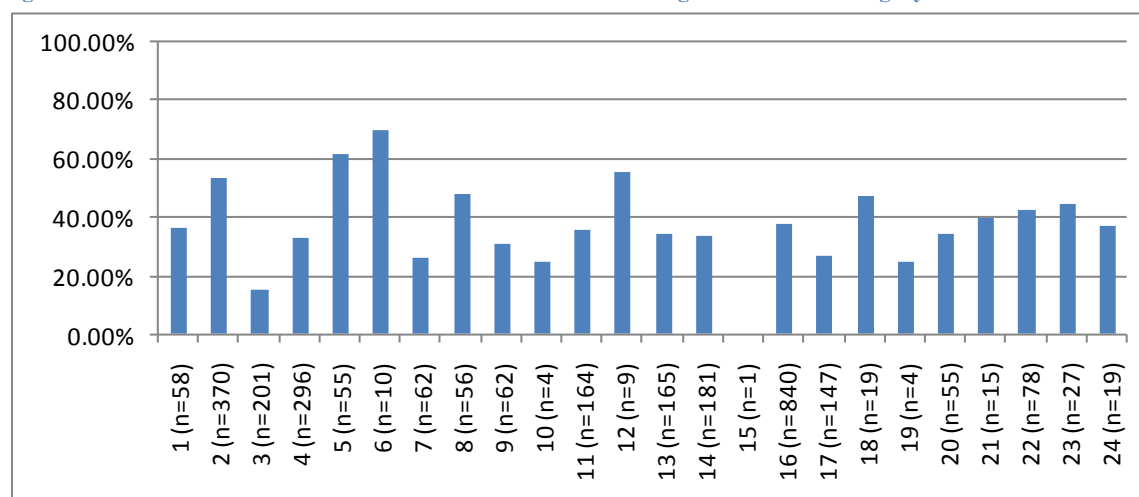
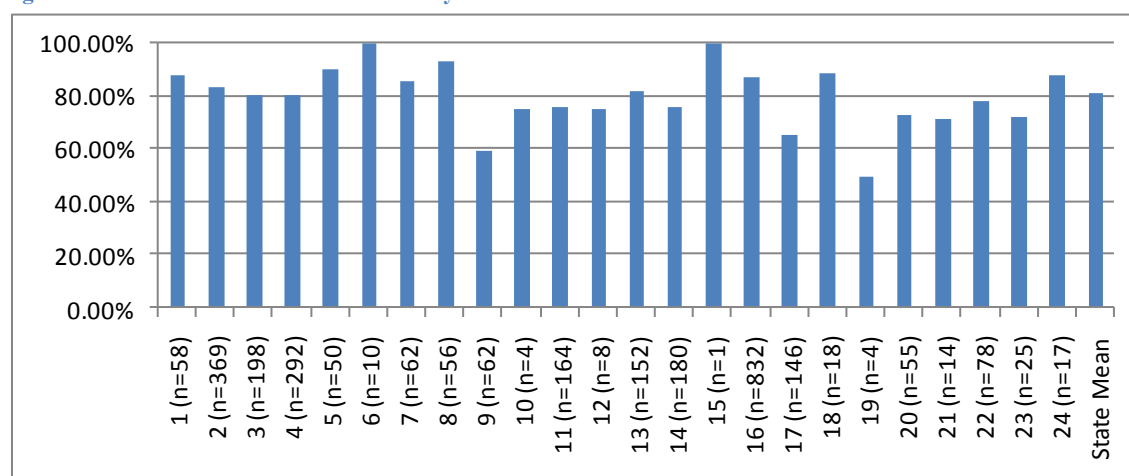


Figure 15: Individual Jurisdiction Data for Indicator 3b. Knowledge and Skills – Category D



The MSDE also examined the local jurisdiction data in terms of Summary Statements. In particular each subindicator was broken down by jurisdiction's Summary Statement percentage. An example of the charts used by the MSDE to examine this data is provided below. The MSDE found no significant outliers with the exception of three jurisdictions with very low numbers of children, ranging from 1 to 10 children. Two of these jurisdictions were at 100% for Summary Statement #2 and one jurisdiction was at 50%.

Figure 16: Individual Jurisdiction Summary Statement #2 Data for Indicator 3a. Social-Emotional



Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010

Revised/Proposed Targets:

Beginning in FFY 2010, the MSDE will utilize the COSF for reporting on child outcome progress data for all children receiving early intervention services. Since the MSDE is utilizing the PLOD methodology to report child outcome data for FFY 2009 and proposed targets are required for FFY 2011 – FFY 2012, MSDE is revising the FFY 2010 proposed target based on the current COSF baseline data. The FFY 2011 – FFY 2012 proposed targets reflect the COSF baseline data for FFY 2010. Please refer to the SPP for the revised FFY 2010 targets and the proposed FFY 2011-2012 targets.

In FFY 2010, the MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of revised State Targets and Improvement Activities for FFY 2010 and proposed State Targets and Improvement Activities for FFY 2011 and FFY 2012. The MSDE provided a presentation to discuss the change in child outcomes measurement methodology along with PLOD progress data and COSF baseline data. Input was requested in survey-form and the responses from stakeholders were compiled and included in the State's decision-making process for revising/setting targets.

Revised/New Improvement Activities:

1. The MSDE will work with ECO and other external consultants to review and incorporate current information, technical assistance, and research related to the effectiveness of early intervention and the reporting of child outcomes data.

Revised Activity: In FFY 2010, the MSDE will work with ECO and external consultants to appropriately report child outcome data including those children on the Extended IFSP Option and to establish new targets for the child outcome data as the methodology for measuring child outcomes changes from using the PLOD data to using the COSF data.

Revised Activity: In FFY 2010, the MSDE will work with ECO to investigate the feasibility of completing a crosswalk of Maryland's *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* to the three child outcome indicators.

2. The MSDE will provide technical assistance to LITPs to support ongoing local training of providers and families in the purpose and procedures for the State's Birth to 3 Child Outcomes system.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will consult with ECO and other external consultants to provide onsite and web-based professional development to local jurisdictions based on the results of the COSF follow-up needs assessment. Training and technical assistance will focus on ensuring the quality of COSF completion and utilizing COSF data analysis for individual child/family, local and State decision-making.

Revised Activity: In FFY 2010, the MSDE will develop and implement a Developmental/Educational Outcomes Wizard, integrated within the Child/Family Outcomes section of the Online IFSP, to assist early intervention teams to move smoothly and effectively through the process of developing appropriate functional developmental and educational outcomes for children.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

3. MSDE and LITPs will review reports from the Part C database to identify and resolve issues related to the accuracy and reliability of the present levels of development data.

Revised Activity: In FFY 2010, the MSDE will revise the Online IFSP Database to include a separate section titled "Early Childhood Accountability System (ECAS)." This section will house the entry and exit COSF information for each child as well as the Work Sampling System (WSS) checklist for those children receiving services through an Extended IFSP.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will review reports from the Part C database to identify and resolve issues related to the accuracy and reliability of the COSF data and the WSS data.

4. The MSDE will analyze progress data using variables in assessment tools, child demographics, and developmental profiles to determine patterns of practice and results.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will provide State and local leaders with access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine child outcomes. This data-driven decision-making tool will allow the user to create pivot table reports to “drill down” information in order to analyze early intervention service data to assist with local decision-making and to improve outcomes at the individual child/family level.

5. The MSDE will support implementation of Statewide and local improvement strategies focusing on recommended assessment tools, professional development, EI practice, and setting targets for progress data.

Revised Activity: In FFY 2010, the MSDE will host the Assessment Tool Box Open House for local jurisdictions to provide a hands-on opportunity to review and analyze recommended assessment tools to support local decision-making for evaluation and assessment best practices.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will provide *The Maryland Model for School Readiness for Preschool*: A statewide collaborative approach to promote school readiness for young children with disabilities through professional development. To improve results for young children and their families, early intervention and preschool special education staff will: 1) demonstrate the efficacy of early intervention/preschool special education services; 2) optimize instruction/intervention strategies; 3) promote school readiness through the provision of developmentally appropriate services in the context of the family and community; and 4) provide supports, services, and programs for all children that are individualized and differentiated.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require local improvement plans for missing COSF data.

Revised Activity: For FFY 2010 – FFY 2012, the MSDE will begin to include local COSF data for each child outcome sub-indicator on local data profiles, along with the Statewide COSF sub-indicator mean score, in order for local jurisdictions to begin making comparisons between statewide and local child outcomes data.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009 – Indicator #4

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the distribution of family surveys, compiled and aggregated by an MSDE contractor, analyzed by MSDE staff, and reviewed by the SICC to develop State and local program improvement activities. The family outcome data results are based on survey results from families of all active eligible children on 6/30/2010 including those families in the Extended IFSP Option. The survey included two questions pertinent to the Extended IFSP Option. Families who were active eligible on 6/30/2010 and who participated in the Extended Option were asked to complete these two questions. The data from these two questions are included in the APR as part of data analysis for this indicator.

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 U.S.C. 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
2009 (2009-2010)	<p>76% of families participating in Part C report that Early Intervention services helped the family know their rights (4A).</p> <p>74% of families participating in Part C report that Early Intervention services helped the family effectively communicate their children's needs (4B).</p> <p>84% of families participating in Part C report that Early Intervention services helped the family help their children develop and learn (4C).</p>

Actual Target Data for FFY 2009:

4A.	Know their rights	2,931/3,384	87%
4B.	Effectively communicate their children's needs	2,812/3,384	83%
4C.	Help their children develop and learn	3,106/3,384	92%

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.

Indicator #4A: Percentage of families participating in Part C who report that Early Intervention services have helped the family—
A. Know their rights.

Standard: 95% confident that the 4A estimate ranges between 86 and 88% with a point estimate of 87% on the NCSEAM survey's Impact of Early Intervention 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."

Percentage at or above Indicator #4A standard (539): 87% (Standard Error [SE] of the mean = 0.01)
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Indicator #4B: Percentage of families participating in Part C who report that Early Intervention services have helped the family—
B. Effectively communicate their children's needs.

Standard: 95% confident that the 4B estimate ranges between 82 and 84% with a point estimate of 83% on the NCSEAM survey's Impact of Early Intervention 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."

Percentage at or above Indicator #4B standard (556): 83% (SE of the mean = 0.01)

Indicator #4C: Percentage of families participating in Part C who report that Early Intervention services have helped the family—
C. Help their children develop and learn.

Standard: 95% confident that the 4C estimate ranges between 91 and 93% with a point estimate of 92% on the NCSEAM survey's Impact of Early Intervention 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."

Percentage at or above Indicator #4C standard (516): 92% (SE of the mean = 0.01)

Data Collection and Analysis Methods including Survey Procedures:

The family outcome indicators were calculated based on family responses to a series of questions administered via a paper/pencil and web survey. As with previous iterations of this survey, the questions on the survey are those recommended by the National Center for Special Education Accountability Monitoring (NCSEAM), and include 22 core questions followed by 2 demographic questions on relationship and age. Surveys were mailed to each of the local jurisdictions in English and in Spanish based upon information provided by the jurisdiction. Rasch analysis, using the weights (i.e., anchors) suggested by NCSEAM, is used to calculate the value of OSEP Indicator #4. For the current data collection period, two additional questions were added to the end of the survey for both English and Spanish. These questions were intended for parents whose children continued to receive services through an IFSP and who turned 3 years old after February 1, 2010 and before July 1, 2010.

Per agreement with the MSDE, the survey was administered once; however, the survey packets included an invitation letter, a paper survey, and a self-addressed, stamped return envelope. In addition, an FAQ about the survey was sent out to the local jurisdictions in August in an attempt to increase awareness

about the upcoming survey. Parents had several weeks to return their responses. Sufficient surveys were returned to generate reliable estimates at the state level and for all but five or six of the local jurisdictions.

On August 27, 2010, the MSDE provided the ICF Macro Team with a data file of all active eligible children as of June 30, 2010. The file was comprised of data from 8,109 children using early intervention services across 24 local jurisdictions in Maryland. For each child, the file contained the child's name, address, race, gender, language, county and county code, birth date, child identification number, and eligibility to participate in the Local Infants and Toddlers Program. For families who indicated in the Part C database that Spanish was their primary language, the survey was sent to the family in Spanish. In addition, one jurisdiction piloted the option for families to complete the survey online. The majority of the data from the online English and Spanish survey were valid, with 82 completed in English and 4 completed in Spanish (a total of 86 valid web cases) being added to the master dataset.

With input from local jurisdictions, the MSDE decided this year to continue using a one-page survey instrument. The decision was made to use a one-page survey, as many local early intervention providers suggested that a shorter survey would be easier for families to complete, thereby increasing response rates. An additional method used to improve response rates was to require local jurisdictions in Maryland to primarily hand deliver surveys to families. A total of 8,109 surveys (7,367 English and 742 Spanish surveys) were mailed out to local jurisdictions during the week of September 15, 2010. Surveys were returned directly to Ashton Associates via business reply mail and began to arrive on October 1, 2010. Of the 8,109 surveys sent to families, 3,298 surveys were returned by mail and another 86 surveys were completed via the online survey instrument piloted in one jurisdiction.

The overall response rate for the state from both the paper and web survey was 41.7%, which is very high for a survey of this type, and represents a 40% increase over last year (2008). Nine jurisdictions achieved a response rate greater than or equal to 50%, and 18 jurisdictions (75% of the local jurisdictions) achieved a response rate greater than 40%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

This year Maryland experienced significant progress in both response rates and in the family outcome data. The overall response rate increased 40% from 29.6% to 41.7%. Nine jurisdictions achieved a response rate greater than or equal to 50%, and 18 jurisdictions (75% of the local jurisdictions) achieved a response rate greater than 40%. Possible reasons for the increase in response rate can be attributed to the continued use of the shorter survey, local emphasis on increasing survey responses by requiring local improvement plans, statewide emphasis on increasing survey response rates through distribution of the family survey FAQ, and primarily using hand delivery for distributing the survey to families. Table 1 illustrates the percentage/number of family survey responses over the past 4 years.

Table 1. Family Survey Response Rates by Year, 2006-2009

FFY	2006	2007	2008	2009
Percentage/number of early intervention family survey responses	23% 1,476/6,395	22.2% 1,570/7,078	29.6% 2,017/6,813	41.7% 3,384/8,109

Maryland is now well above the FFY 2009 targets on all three of the family outcome indicators. Indicator #4A (know your rights) increased from 83% to 87%. This represents an increase of 4 percentage points. Indicator #4B (communicate effectively) increased from 81% to 83%, representing an increase of 2 percentage points. Indicator #4C (help my child develop and learn) increased from 90% to 92%, representing an increase of 2 percentage points. One possible reason for the increase includes the hard work and outreach of the Local Infants and Toddlers Program staff with an overall stronger focus on family outcomes. Another possible reason for the increase may be due to the Statewide implementation

of the Extended IFSP Option. Since February 1, 2010, approximately 75% of families are choosing to continue with early intervention services past age 3. The Extended IFSP Option offers families a choice to continue early intervention services after age 3 and allowing families this choice may be evidenced through the increase in the family outcomes data. Table 2 illustrates the family outcome data (scores on the three OSEP Indicators from the past four survey administrations) for FFY 2006, FFY 2007, FFY 2008, FFY 2009, and FFY 2009 State Targets.

Table 2. Historical Changes in the Part C OSEP Indicator #4

FFY	2006	2007	2008	2009	2009 Target
4A. Percentage of families who report Early Intervention services have helped them to know their rights	76%	78%	83%	87%	76%
4B. Percentage of families who report Early Intervention services have helped them effectively communicate their child's needs	74%	75%	81%	83%	74%
4C. Percentage of families who report Early Intervention services have helped them to help their child develop and learn	81%	86%	90%	92%	84%

Extent to which Results are Representative:

Table 3 and Figures 1, 2, and 3 show the extent to which the survey results were representative of the children who were active and eligible on June 30, 2010 by race, gender, and age. The percentage of survey responses from Asian/Pacific Islander families was slightly higher proportionally than in the universe of active and eligible children, by 1%. The percentage of Black/African American respondents was underrepresented by 4%. The percentage of Hispanic/Latino respondents was underrepresented by 1%. There continues to be overrepresentation by White families completing the family survey, but the percentage of overrepresentation in the survey is down to only 6% (having dropped from 13% in FFY 2007 to 7% in FFY 2008). While the family survey results are not completely representative of the active/eligible children served, there has been great improvement in ethnic representativeness. This may be the result of requiring local improvement plans to focus their efforts on increasing both response rates and representativeness (see Table 3 and Figure 1).

**Table 3. FFY 2009-2010 Local Infants and Toddlers Programs:
Representativeness by Race—Survey Responses vs. Active/Eligible**

Race/Ethnicity	Percentage of Children Active/Eligible (6/30/10)	Percentage of Family Survey Responses	Number of Children Active/Eligible (6/30/10)	Number of Family Survey Responses
American Indian	<1%	<1%	18	8
Asian/Pacific Islander	4%	5%	356	158
Black/African American (Not Hispanic)	30%	26%	2,434	867
Hispanic/Latino	13%	12%	1,083	389
White (Not Hispanic)	47%	53%	3,840	1,796
Other (2+ races)	5%	5%	378	158
Total	100%	100%	8,109	3,376

**Figure 1. FFY 2009-2010 Local Infants and Toddlers Programs:
Representativeness by Race—Survey Responses vs. Active/Eligible**

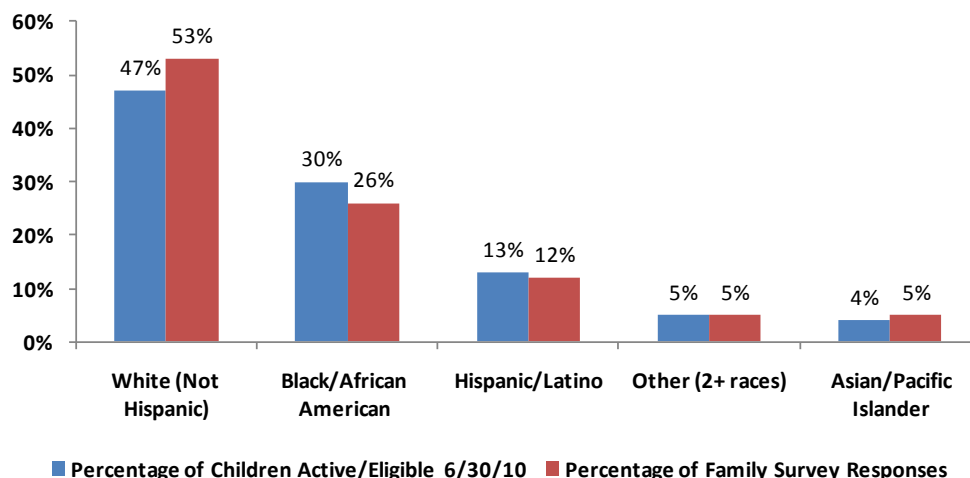


Figure 2 compares the percentage of survey responses from families whose children are male/female with the percentage of children served who are male/female. The family survey responses are representative with regard to gender of the children served in the program in FFY 2009.

**Figure 2. FFY 2009-2010 Local Infants and Toddlers Programs:
Representativeness by Gender—Survey Responses vs. Active/Eligible**

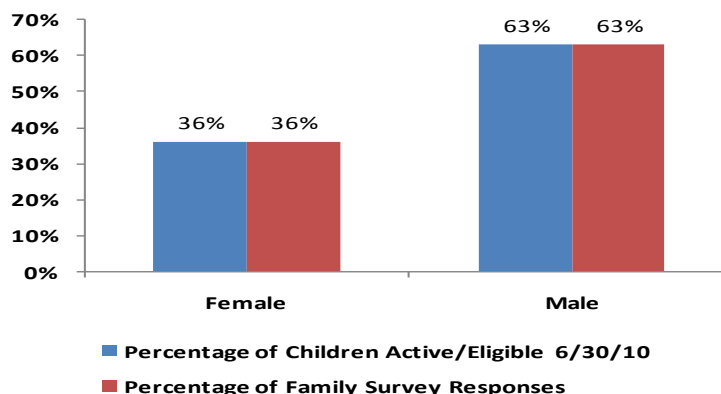
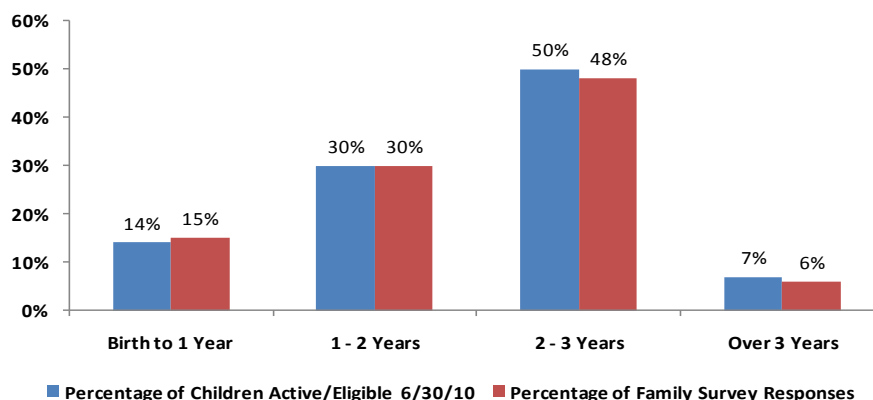


Figure 3 compares the percentage of survey responses by age range compared with the percentage of children served by age range. This year's family survey data are basically representative for all the age ranges, with the largest difference in representativeness occurring among the 2-3 age group, where the survey participants are underrepresentative of the active/eligible children being served by 2%. In the past, Maryland families in the 0-1 age group responded at a lower rate than the other age groups. However, this year those families responded more frequently than families in the other age groups.

Figure 3. FFY 2009-2010 Local Infants and Toddlers Programs: Representativeness by Age—Survey Responses vs. Active/Eligible



Demographic Information and Comparisons Across Indicators:

The following section contains demographic graphs and tables by state for the three Indicator values #4A, #4B, and #4C, by race/ethnicity, gender, age range, relationship to child, survey language, and age when first referred. This section also includes graphs of overall state data (not broken down by indicator) for relationship to child, survey language, and age when first referred, as well as brief summary descriptions. Figure 4 shows comparisons across Indicators #4A, #4B, and #4C by racial/ethnic group. These data show greater agreement among White and Asian/Pacific Islander families to Indicators #4A and #4B than families of other races. Asian/Pacific Islander families also had greater agreement with Indicator #4C. On Indicators #4A and #4C, Hispanic/Latino families had the lowest levels of agreement.

Figure 4. FFY 2009-2010 Local Infants and Toddlers Programs: Race/Ethnicity by Indicators #4A, #4B, and #4C

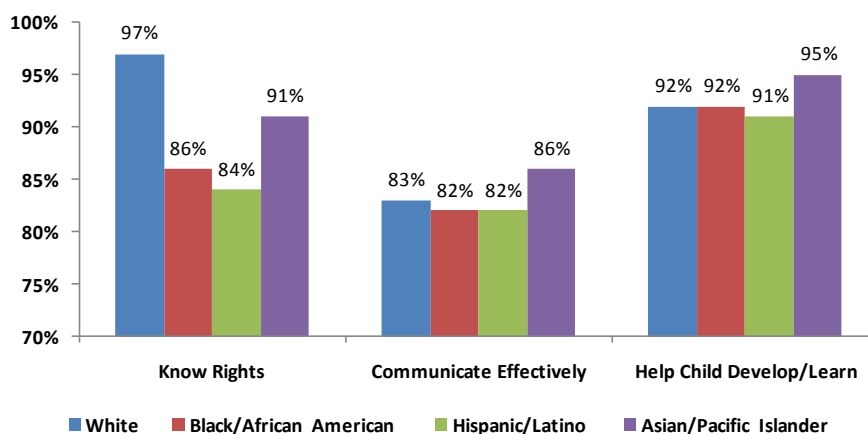
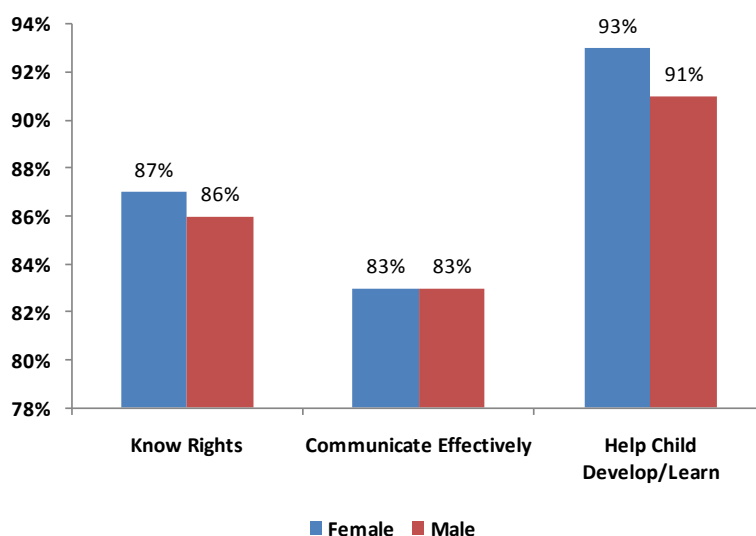


Figure 5 shows the gender of the child across Indicators #4A, #4B, and #4C. These data show that for Indicator #4A the gender distributions are similar to those achieved the previous year. However, this year uniform gender distributions were found for Indicator #4B at 83%, and slightly higher female student agreement to Indicator #4C (93% female compared with 91% male).

**Figure 5. FFY 2009-2010 Local Infants and Toddlers Programs:
Gender by Indicators #4A, #4B, and #4C**



Differences are noted in Figure 6 when comparing age ranges at the time of survey completion across the three family survey indicators. Families with children under 1 year of age also showed lower percentages of agreement, especially on Indicators #4A and #4B, where those families agreed with the indicators 1 to 6% less than the other families. Families with children under 1 year of age have had less time in the early intervention program and these data reflect less family benefit. Focusing additional efforts with these families in the future could be one potential area for improvement.

**Figure 6. FFY 2009-2010 Local Infants and Toddlers Programs:
Age by Indicators #4A, #4B, and #4C**

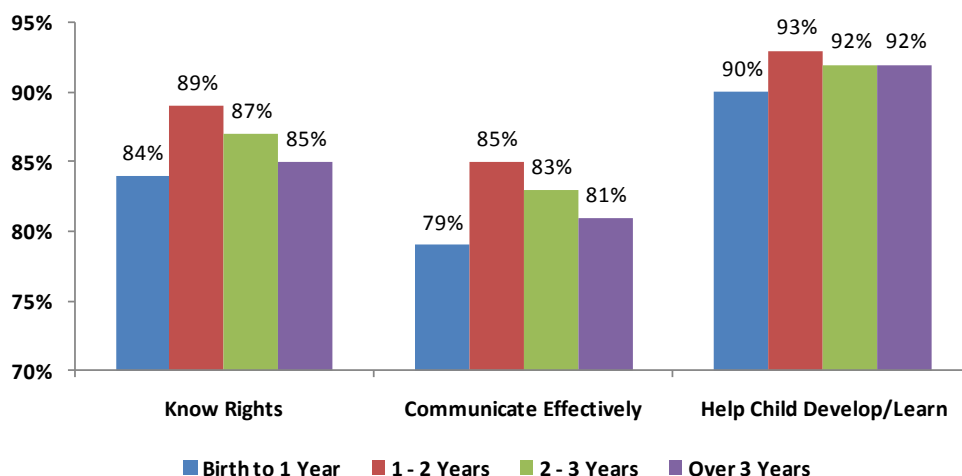


Figure 7 shows the person completing the Family Survey (i.e., mother, father, grandparent, or foster parent) with mothers making up the overwhelming majority of survey respondents (88%).

**Figure 7. FFY 2009-2010 Local Infants and Toddlers Programs:
Percentage of Survey Responses by Relationship to Child**

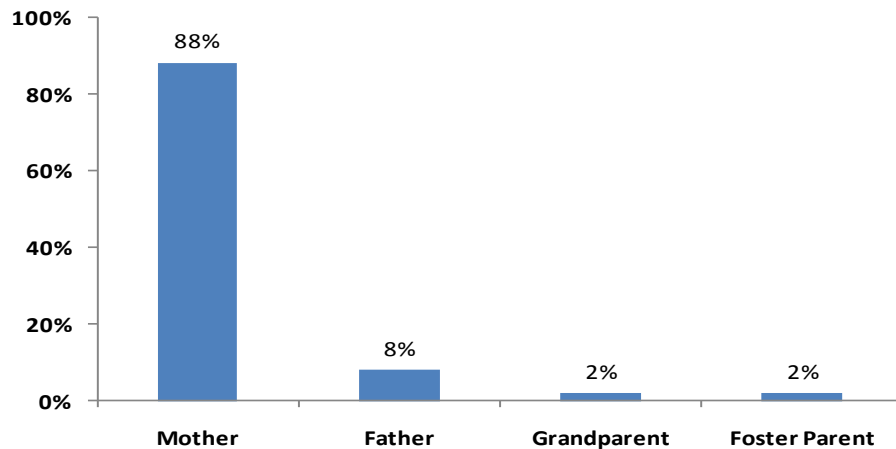


Figure 8 shows the comparison across indicators by relationship to the child. It appears that fathers agree most frequently with the three key indicators, and foster parents agree the least frequently across the indicators.

**Figure 8. FFY 2009-2010 Local Infants and Toddlers Programs:
Relationship to Child by Indicators #4A, #4B, and #4C**

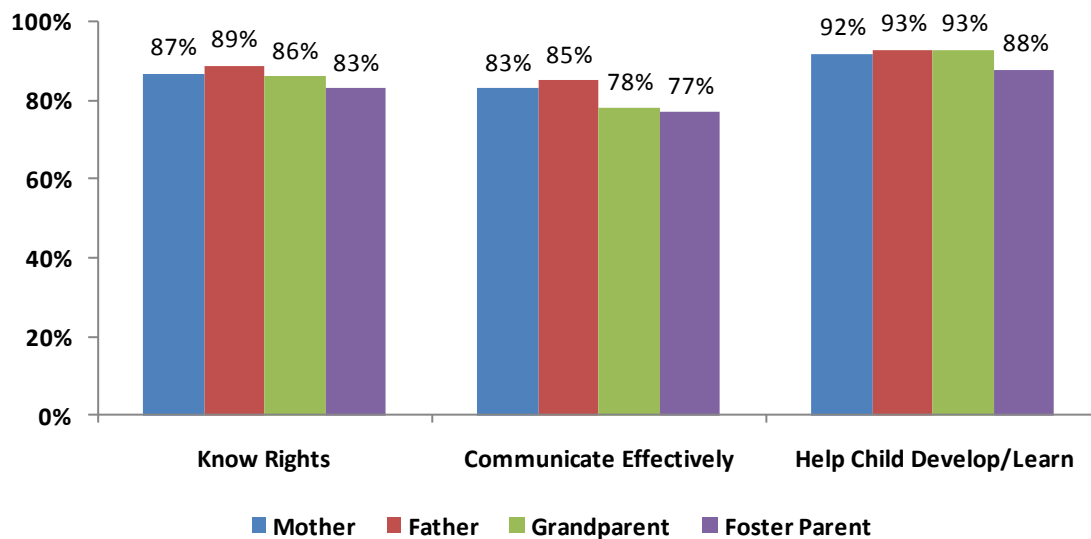


Figure 9 shows the percentage of surveys completed in English and Spanish. Figure 10 compares surveys completed in English and Spanish across all the indicators. The data indicate a 3 to 5% higher agreement with Indicators #4B and #4C for those families who completed the survey in Spanish. Last year, this increase among Spanish families was found consistently across all three indicators.

Figure 9. FFY 2009-2010 Local Infants and Toddlers Programs: Survey Language

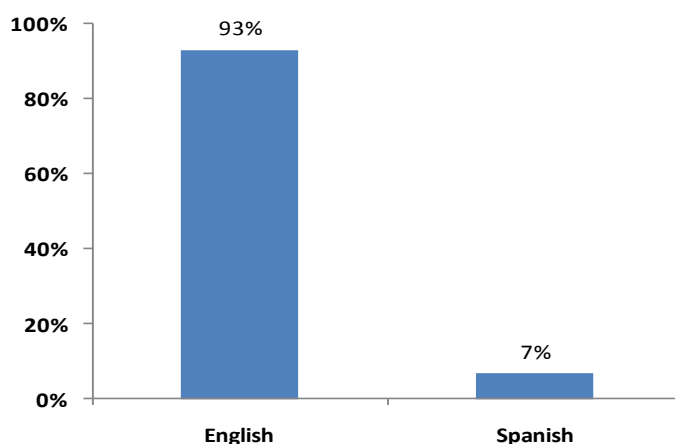


Figure 10. FFY 2009-2010 Local Infants and Toddlers Programs: Language by Indicators #4A, #4B, and #4C

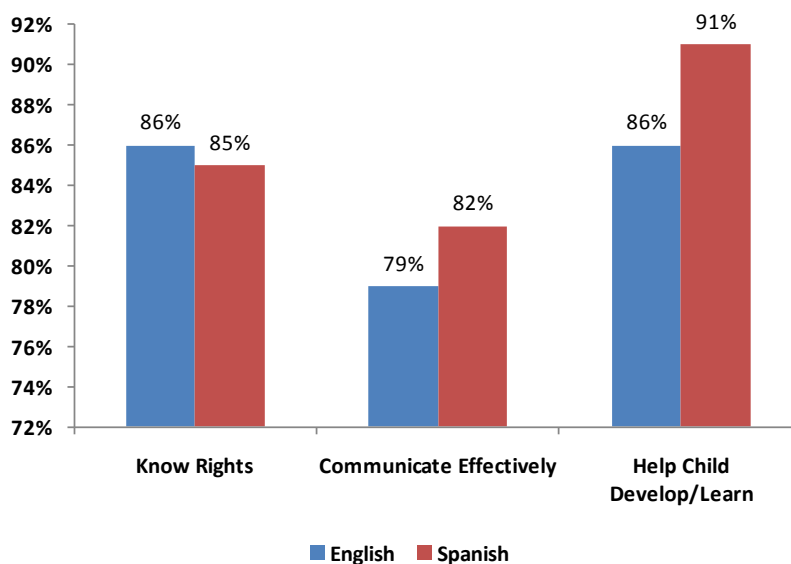


Figure 11 shows the percentage of surveys completed based on the child's age when first referred to early intervention (Question 24). Consistently for the past few years, the longer a child and family received early intervention services, the more family survey responses were received.

**Figure 11. FFY 2009-2010 Local Infants and Toddlers Programs:
Percentage of Survey Responses by Child's Age When First Referred**

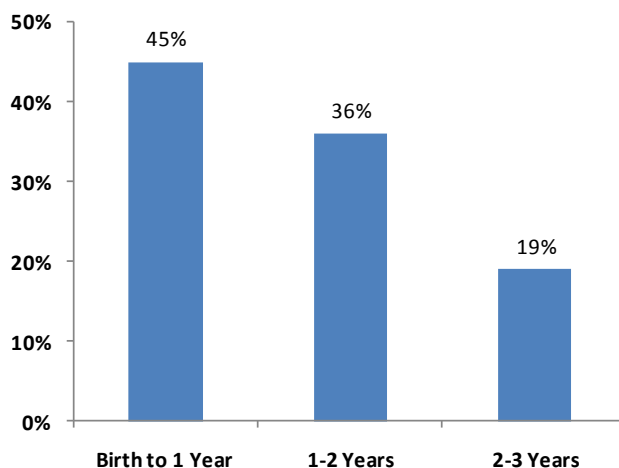
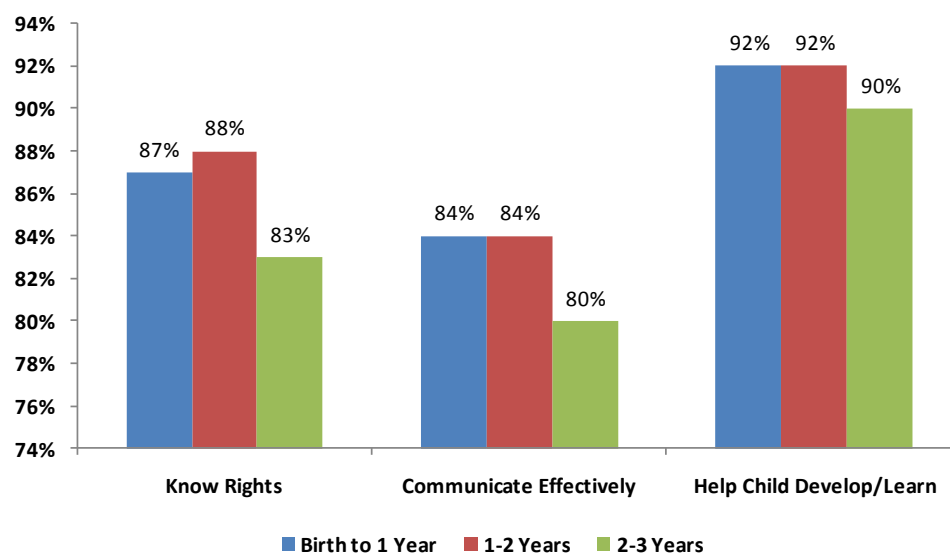


Figure 12 shows the comparison across indicators by the child's age when they were first referred to early intervention services. Consistently, families where the children were referred at an older age agreed less frequently with the indicators than families whose children were referred earlier. For the past few years, similar trends emerged showing that the longer a child and family received early intervention services, the more family benefit. Allowing families to choose to continue early intervention services after age 3 through the Extended IFSP Option, if their child is determined eligible, may continue to increase family benefit for children referred later to the early intervention program.

**Figure 12. FFY 2009-2010 Local Infants and Toddlers Programs:
Child Age When First Referred by Indicators #4A, #4B, and #4C**



Discussion of Improvement Activities:

The MSDE continued to refine methods of survey distribution to specifically improve response rates by requiring the hand delivery of surveys and by piloting the on-line survey option. In addition, the *Family Survey Frequently Asked Questions* (developed in FFY 2008 and updated in FFY 2009) was distributed

in both English and Spanish either prior to the hand delivery of the family survey or in conjunction with the hand delivery of the family survey. These methods resulted in a 40% increase in response rate to the family survey this year. Further analysis of the on-line survey option will be completed in order to make a decision about the continuation of this method of survey distribution/completion.

Improvement activities during FFY 2009 continued to link the purpose and usefulness of the survey results to local improvement efforts. The MSDE required all jurisdictions to complete a local improvement plan which 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; and
- Steps to involve local stakeholders to understand the purpose of the survey and the importance of family benefit.

In addition, if the jurisdiction was below the state target on Indicator 4a, 4b, or 4c the jurisdiction was required to complete an improvement plan that included a discussion of the data and **specific steps to increase the benefit of early intervention services for the family**. The MSDE reviewed each local grant application to ensure an improvement plan regarding the family survey response rate was in place and included steps for improvement. If a jurisdiction needed to submit an improvement plan regarding their indicator data, the improvement plan was reviewed and the MSDE provided technical assistance through phone consultation, on-site visits and local presentations to local early intervention staff.

The MSDE shared statewide and local results with local Infants and Toddlers Program Directors at the Annual Fiscal/Programmatic Forum in March 2010. In addition, the FFY 2008 family outcome results were linked with child outcome results and shared during the following technical assistance/training venues:

- The Statewide Service Coordinators Resource Group on March 11, 2010; and
- The Statewide Family Support Services Coordinators on May 13, 2010

As in the past, the 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, Base Realignment and Closure (BRAC) Disability Coordinators, and local agencies that provide specific support group activities to families who have children with disabilities. In May 2010, the MSDE sponsored a statewide training which included information on the child find process and outreach strategies, the role of parent-to-parent networks, an update on child and family outcome data for young children with disabilities, and an update on the implementation of the Extended IFSP Option in Maryland. This training was for all stakeholders involved in parent-to-parent networks in Maryland with over 75 participants.

In December 2010, a local Family Support Services Coordinator presented a Training-of-Trainers on *How to Effectively Implement Positive Solutions for Families – Modified for Maryland Families* using the Center for Social Emotional Foundations in Early Learning (CSEFEL) Parent Modules. This training was conducted for parents of children with disabilities who work for their local early intervention/preschool program or local school system as a local family support coordinator. The outcome of the training-of-trainers was to continue to support and encourage local family support coordinators to train parent groups to understand how to teach social and emotional foundations to young children through the CSEFEL Parent Modules Positive Solutions for Families. At least two jurisdictions have completed a training series for families of young children with disabilities using these models.

Maryland began implementation of the Extended IFSP Option on February 1, 2010. During the spring of 2010, the MSDE consulted with Batya Elbaum, Special Education Professor and Researcher at the University of Miami and developer of the NCSEAM family survey, regarding the development of several additional questions for families who choose to continue IFSP services for their child and family after the age of 3. The results of these two questions indicate very positive outcomes regarding families making the choice at age three as well as families implementing school readiness strategies with their children. One reason for these positive results may be attributed to the new document created by the MSDE, A

Family Guide to Next Steps – When Your Child in Early Intervention Turns 3, to assist parents to understand their option to continue early intervention services or initiate IEP services at age 3. Additional components of the Parent Information Series are in final draft format and will be distributed within the next several months including:

- *Birth to 3: A Family Guide to Early Intervention Services in Maryland*,
- *Understanding the Individualized Family Service Plan*, and
- *A Family-Friendly Resource to Understanding Your Parental Rights*.

An additional improvement activity that may have influenced positive outcomes for families, related to implementing school readiness strategies with their children, was the professional development conducted on writing and implementing school readiness outcomes in the areas of pre-literacy, language and numeracy. Train-the-Trainer Modules were developed and four regional trainings in December 2009 and January 2010 were provided to over 200 local program staff. Additional Q & A documents were developed to clarify policies, procedures and best practices around the school readiness issue.

To support a more seamless birth through 21 system of services, the Maryland Part C program adopted the Part B due process procedures in October, 2009 and updated the Maryland Procedural Safeguards Notice. This document was updated in January 2010 and now includes parental rights for parents of children with disabilities birth through 21. In addition, a Parental Rights Resource Document was provided to local infants and toddlers programs.

The MSDE implemented a revised online Individualized Family Service plan (IFSP) beginning in April 2010. The revised IFSP includes family-friendly language concerning a child's strengths/needs, the family concerns, priorities, and resources, routines in the natural environments, and child/family outcomes. A progress monitoring component was added to the child/family outcomes section of the IFSP, allowing families to have a better understanding of his/her child's progress. Specific training was provided and continues to be provided on Maryland's revised Online IFSP.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

Addressing System Capacity Issues:

Beginning in FFY 2008 Maryland had increased state funding for Local Infants and Toddlers Programs and in FFY 2009 federal ARRA funds were also available to all local ITPs. In addition in FFY 2009, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to make IFSP services available after age 3.

The increase in State funding has been extremely beneficial in allowing LITPs to focus on improving child and family outcomes. Specifically, the additional funding has enabled LITPs to increase the number of service providers and the number of service coordinators.

Extended IFSP Option:

Maryland implemented the Extended IFSP Option on February 1, 2010. Local Infants and Toddlers Programs, in collaboration with local Preschool Special Education Programs, were required to develop local policies and procedures that were reviewed for approval by the MSDE prior to the allocation of local ARRA Extended Option funds. Extensive statewide, regional and local trainings on the components of the Extended Option were held with local Infants and Toddlers and Preschool Special Education Program staff. Information on the Option was shared with many stakeholder groups including the SICC, LICCs, special education directors, the State ASHA association, the State School Nursing Association, early childhood education administrators, parent groups, the Physical and Occupational Therapy School

Practice Group and others. Training and public awareness materials were developed and distributed. The IFSP and the Maryland Tracking System was revised to include components specific to the Extended Option and to promote parent participation in IFSP development and parent/service provider decision making.

In consultation with Batya Elbaum, Special Education Professor and Researcher at the University of Miami, the MSDE added two questions to the family survey instrument this year to gather information from families that chose to continue to receive early intervention services after their child turned three (i.e., child became 3 years of age between February 1 and July 1, 2010). Based on birth date data provided by the MSDE, 214 families who responded to the family survey, were eligible to answer these questions (6% of responding participants). From those families, the following results emerged:

- **97%—(188/194) Percentage of families agreeing, strongly agreeing, or very strongly agreeing with the statement:** Over the past year, Early Intervention services have helped me and/or my family understand my options in order to make the best choice for my child and family to continue services through an extended Individualized Family Service Plan or move to services through an Individualized Education Program.
- **96%—(182/190) Percentage of families agreeing, strongly agreeing, or very strongly agreeing with the statement:** Over the past year, Early Intervention services have helped me and/or my family support my child to be ready for school by assisting me to teach my child pre-reading activities (such as naming pictures) and pre-math activities (such as sorting household items).

Overall these families had positive outcomes related to understanding their options for making the best choice, and family support for school readiness related to pre-math and pre-reading activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities/ Timelines / Resources for FFY 2009:

Revised/New Improvement Activities:

1. In FFY 2007 – FFY 2010, the MSDE will develop a framework for local improvement planning linked to the local application.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for the family outcomes, funds will need to be directed to improve family outcomes results.

2. In FFY 2008 – FFY 2010, the MSDE will implement targeted state level and local level activities to achieve real and meaningful improvement based on analysis of State and local data.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will provide State and local leaders with access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine data related to positive family outcomes. This data-driven decision-making tool will allow the user to create pivot table reports to “drill down” information in order to analyze early intervention service data to assist with local decision-making and to improve child and family results.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will provide *The Maryland Model for School Readiness for Preschool*: A statewide collaborative approach to promote school readiness for young children with disabilities through professional development. To improve results for young children and their families, early intervention and preschool special education staff will: 1) demonstrate the efficacy of early intervention/preschool special education services; 2) optimize instruction/intervention strategies; 3) promote school readiness through the provision of developmentally appropriate services in the context of the family and community; and 4) provide supports, services, and programs for all children that are individualized and differentiated.

3. In FFY 2008 – FFY 2010, the MSDE will collaborate with parent-to-parent networks in the State through joint training and technical assistance efforts targeted at families and family support providers.

Revised Activity: Specific training efforts will include the provision of statewide training on *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* – A resource to support those living and working with young children to recognize appropriate behaviors and set realistic expectations for infant, toddler, and preschooler growth, development, and learning.

4. In FFY 2010 – FFY 2012, the MSDE will continue to revise Maryland's online Individualized Family Service Plan (IFSP).

Revised Activity: The MSDE will continue to upgrade the online IFSP through development of the Developmental/Educational Outcomes Wizard to provide step-by-step support for each stage of IFSP functional outcome development and assist families to better understand how their child is functioning in comparison to typically developing peers.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

5. In FFY 2009, the MSDE will develop and disseminate a Parent Information Series.

Revised Activity: In FFY 2010, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Birth to 3: A Family Guide to Early Intervention Services in Maryland*, *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by LITPs, validated by the MSDE and reviewed by the SICC. Children in the Extended IFSP Option did not impact the results for this indicator.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement: Percent = [(# of infants and toddler 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
2009 (2009-2010)	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 2009: 1,126/76,511 = 1.47%

Data was collected for this indicator from all 24 local Infants and Toddlers Programs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by OSEP on www.ideadata.org, Maryland served 1.47% of its 2009 resident birth to one population in the reporting period.

Compared to the national data, Maryland served 0.43% more children birth to one than the national baseline of 1.04% and ranked 14th among the 50 states and territories.

2009 Resident Population Birth - One	FFY 2009 Birth - One Population Served	FFY 2009 Percent Served Birth - One
76,511	1,126	1.47%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

The following table illustrates the percentage of birth-to-one eligible children with an active IFSP via the Maryland data system statewide snapshot count on the last Friday in October for FFY 2007, FFY 2008 and FFY 2009:

FFY	2007	2008	2009
Percentage of Eligible Children Birth-to-One With Active IFSPs (Snapshot Count)	1.25%	1.33%	1.47%
Resident Population – Birth-to-One (Snapshot Count)	78,060	75,362	76,511
FFY	2007	2008	2009
Children Referred Birth-To-One (Annual Count)	4,173	4,184	4,266

The above table shows the percentage of birth-to-one year old children receiving early intervention services statewide increased by 0.14% from 1.33%, based on a snapshot count on the last Friday in October in FFY 2008, to a snapshot count of 1.47%, based on the last Friday in October in FFY 2009. Despite this increase, the State target was missed by 0.03%. From FFY 2008 to FFY2009, the State resident population of birth-to-one year old children increased by 1,149 (1.52%) and in the same time period the number of referrals for birth-to-one year old children increased by 82 (1.96%). Based on this data, it is clear that Maryland's child find activities have kept pace with and even surpassed the increase in resident population.

It should also be noted that there is a large amount of variation in the number of children birth to one served each month. The chart below represents birth to one snapshot counts for the last Friday in each month for FFY 2009.

Month	Jul09	Aug09	Sep09	Oct09	Nov09	Dec09	Jan10	Feb10	Mar10	Apr10	May10	Jun10
# served	1,133	1,151	1,162	1,126	1,106	1,092	1,087	1,064	1,113	1,118	1,143	1,159
% served	1.48%	1.50%	1.51%	1.47%	1.45%	1.42%	1.42%	1.39%	1.45%	1.46%	1.49%	1.51%

Note that depending on the month examined, the number of children birth to one served statewide varies from 1,064 to 1,162 and the percentage of children birth to one served varies from 1.39% to 1.51%, which is greater than the State target. The State target was exceeded in 3 of the 12 months.

As noted above, achieving the State target for this indicator was a challenge. As a result, LITPs who did not achieve the State target for this indicator when data were reviewed were required to include a public awareness plan in the next annual application for federal and State funding. The LITPs who did not attain the State target for Indicator 5 were also required to develop an improvement plan with strategies to increase the percentage of birth to one year old children served. LITPs reported progress on attaining the State target in semiannual and/or final program reports, submitted on 5/1/10 and 11/1/10, respectively.

Progress on this indicator may be attributed to an increase in local collaboration with the medical field. For example, one local jurisdiction has a partnership with the University of Maryland Medical Center (UMMC). Specifically, evaluations and assessments of children in the NICU and the NICU Follow-Up Clinic are completed by local ITP program staff assigned to the hospital. The local jurisdiction also has service coordinators that are assigned to the UMMC so that IFSPs can be completed when children are in the NICU or when they attend NICU Follow-Up Clinic. This relationship is beneficial not only for identifying children with developmental delays and high probability conditions, but also because it helps to decrease the time from referral to evaluation and IFSP development because many of these children have IFSPs completed on the date of their referral.

Beginning in FFY 2011, a local jurisdiction, depending on the performance on this indicator in four previous 6-month periods, may be required by the MSDE to allocate federal, State or local funds as part of the strategies to improve performance on this indicator.

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

Discussion of Improvement Activities:

During this reporting period, the MSDE continued to monitor the progress on this indicator by including the percentage of children served birth to 1 on local data profiles distributed to LITPs two times annually, in April and October. If the data for a local Infants and Toddlers Program (LITP) were below the State target, an LITP was required to develop an Improvement Plan for this indicator. For LITPs that had a Child Find (Birth-1) Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their semiannual and/or final program reports. In addition, those LITPs who did not achieve the State target for this indicator were required to include a public awareness plan in the next annual application for federal and State funding.

Local program improvement strategies utilized to increase the number of children (birth to one) with IFSPs included:

- monthly/quarterly updates to local health departments, local boards of education, local departments of social services, Judy Center steering committees, and other advisory committees/ agencies/civic clubs;
- annual mailings with information about LITPs to all pediatricians and all hospitals with NICUs;
- onsite presentations to pediatric and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, and local hospitals;
- inviting a prominent local pediatrician to be a participant on the Local Interagency Coordinating Council (LICC) and discussing data and strategies for improved public awareness with LICC members;
- the distribution of a Family Support Services Newsletter to families and all partner agencies;
- websites and literature written in Spanish and English;
- an annual personal thank you note to every medical office that sent in an ITP referral during the previous year; and
- collaboration with the local public libraries to distribute brochures and provide the space for family story time.

The MSDE reviewed the local public awareness plan for each jurisdiction in the annual grant application as well as the local Birth-1 improvement plans and provided technical assistance (TA) as needed. The MSDE provided TA through phone consultation, statewide meetings, and on-site visits. For example, the MSDE provided TA via telephone to several local directors and at statewide service coordinator meetings on 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.

During the reporting period, a member of the State SICC presented information, “Assessing Infants & Toddlers Born Prematurely: Should We Correct Age?” from the Neonatal Intensive Care Unit (NICU) Follow-up Clinic at the UMMC in Baltimore. The following points were shared:

- The increased survival of infants born prematurely; and
- The increased rate of prematurity in Maryland.

During this presentation it was reported that several families with infants born prematurely and referred to LITPs received the results of evaluation and assessment without having the chronological age of their children adjusted for prematurity. These families also reported to the SICC member that adjusted age was not considered at the IFSP development meeting held with staff from the LITPs.

This resulted in families receiving conflicting evaluation and assessment results on their children from the NICU follow-up clinic and their LITP. In the view of the SICC member, several children/families also had IFSPs with inappropriate outcomes and strategies as a result of adjusted age not being considered.

Also during this presentation, research data on the impact of prematurity on child development and evidence to support full correction of prematurity, at a minimum, for 12 months, was summarized. The above anecdotal and research information was presented to local Infant and Toddler Directors at the Annual Special Education and Early Intervention Leadership Meeting held in September, 2009.

As a result of the above presentations, a survey was developed by the MSDE staff and the SICC and sent to local jurisdictions. Results were received from all 24 LITPs in October, 2009 and included the following information:

- 13 of 24 (54%) local programs adjust for prematurity;
- 4 of 13 (31%) programs who adjust for prematurity do so for eligibility purposes;
- 13 of 13 (100%) local programs who adjust for prematurity do so to interpret evaluation data for parents;
- 8 of 13 (62%) local programs who adjust for prematurity do so for IFSP development purposes;
- 3 of 24 (13%) local programs report that there is no consistent policy for adjustment of prematurity within their jurisdiction; and
- 19 of 24 (79%) local programs request technical assistance on issues related to adjustment for prematurity.

The SICC created a task force of national, State and local experts to review the above information on adjustment for prematurity. The task force met initially on 7/8/2010 and again on 8/31/2010 and developed recommendations for a statewide policy on adjustment for prematurity and a plan for local technical assistance. These recommendations are in the process of being reviewed by the entire SICC who will propose a plan to the MSDE by the end of SFY 2011.

The above task force is also exploring the possibility of having Maryland increase the newborn low-birth weight diagnosed condition eligibility criteria from 1,200 grams to 1,500 grams. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical Center, Department of Neonatology, and the MSDE held in November, 2009; at the adjustment for prematurity task force meetings and at the November 1 and December 2, 2010 SICC meetings.

Maryland convened an Assessment Think Tank in July, 2009, comprised of national, State and local experts. The Think Tank was charged with identifying eligibility evaluation/assessment best practice, recommending various assessment tools for purpose-driven assessment, and developing a birth through five child outcomes/program accountability framework. The work of this group continued for over a year until final recommendations were drafted and presented at the Division of Special Education/Early Intervention Leadership Conference in September 2010. Each jurisdiction received *Maryland's Early Childhood Intervention and Special Education Evaluation and Assessment System Resource Manual* which included an overall evaluation and assessment framework, a recommended eligibility tool box, a recommended results-oriented decision-making tool box, a child outcomes/accountability tool box, and best practice resources for utilization of the Child Outcome Summary Form and the Work Sampling System Checklist. The work of the Assessment Think Tank has already encouraged numerous jurisdictions to refine their assessment practices and relook at the assessment tools used for eligibility, IFSP development and for progress monitoring. The MSDE will continue to support local decision-making for evaluation and assessment best practices.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator

provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

Interagency Child Find Activities

In November 2009, the MSDE staff requested staff from the University of Maryland Medical Center, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, the MSDE added the following conditions to the list: Chronic Lung Disease (CLD), Periventricular Leukomalacia (PVL) and Surgical Necrotizing Enterocolitis (NEC). Minor editorial changes were also made.

The MSDE and the Department of Health and Mental Hygiene (DHMH) continued planning to implement mechanisms to exchange data between the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs and that appropriate audiological follow-up occurs. Joint meetings were held between the MSDE, DHMH and a contractor hired by the MSDE, the Johns Hopkins University/Center for Technology in Education (JHU/CTE), to develop an action plan to complete this objective.

The MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local CAPTA policies and procedures to ensure that infants and toddlers who are homeless and victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs for evaluation/assessment, IFSP development when eligible and provision of ongoing early intervention services.

In June 2009, the MSDE and the SICC completed a revision of the *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Early Intervention Services*. The guide was distributed to pediatricians in the State of Maryland utilizing a list from the Maryland Chapter of the American Academy of Pediatrics. It was also distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, private early intervention agencies and providers, and the Maryland Preemies Network.

The MSDE continued the collaboration with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and the Department of Health and Mental Hygiene (DHMH) on a developmental screening workgroup to further implement the training of physicians on developmental screening. Pediatric and family medicine physician practices across the state are being trained to administer a developmental screening tool, the Ages and Stages Questionnaire (ASQ). In some local jurisdictions, Infants and Toddlers staff is participating in this training. The ITP referral and physician feedback form, developed by this workgroup, continues to be utilized across the State.

The 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 to early intervention programs.

Revisions, with Justification, to Proposed Targets/Improvement Activities/ Timelines/Resources for FFY 2009:

1. In FFY 2008 – FFY 2010, the 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.

Improvement Activity in Process: The SICC through a task force of local, state and national experts and parents is exploring research and anecdotal information on the practice of adjusting for prematurity when determining eligibility for the Infants and Toddlers Program. The task force

is also researching the literature on low-birth weight babies, especially those born at 1,500 grams or less. A recommendation was presented to the SICC who, after further discussion, will submit a recommendation to the MSDE.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will develop and implement consistent statewide best practices for determining eligibility and for developing IFSPs for premature infants.

2. In FFY 2007 – FFY 2010, LITPs will be required to develop improvement plans if they do not meet the State target for the percentage of the birth-1 population served.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to not meeting the State target for the percentage of the birth-1 population served.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for Indicator #5, funds will need to be directed for local public awareness and collaborative activities.

3. In FFY 2008 – FFY 2010, the MSDE will provide focused monitoring with 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.

Improvement Activity in Process: This more rigorous focused monitoring was provided in FFY 2009 and has continued in FFY 2010 for two local jurisdictions that were determined to be in Needs Assistance Year 4 or in Needs Intervention. Other local ITP programs did not participate directly in this activity, but their strategies gathered through discussions and other means were included as part of the technical assistance provided.

4. In FFY 2008 – FFY 2010, the 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.

Improvement Activity in Process: This activity was initiated in July, 2009 with additional financial support provided by ARRA I and ARRA II funds. Several local jurisdictions impacted by BRAC are utilizing ARRA funds to serve additional children.

5. In FFY 2009 – FFY 2010, the MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.

Improvement Activity in Process: MITP has continued to contract with Maryland Public Television, which broadcasts 30-second television spots on MITP during targeted times of the day.

6. In FFY 2009 – FFY 2010, the MSDE will provide training on best practices related to evaluation and assessment of children birth to one.

Revised Activity: In FFY 2010, the MSDE will host the Assessment Tool Box Open House for local early intervention/preschool special education staff, to provide a hands-on opportunity to review and analyze recommended assessment tools to support local decision-making for evaluation and assessment best practices.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will continue to provide training to local administrators and providers regarding the recommendations of the Assessment Think Tank, including Child Outcomes Summary Form (COSF) trainings.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by LITPs, validated by the MSDE and reviewed by the SICC. The results reported for this indicator are based on 618 data or the number of active eligible children birth to age 3 on 10/30/2009. The number of children participating in the Extended IFSP Option on 6/30/2010 is included in the data analysis.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement: Percent = [(# of infants and toddler 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
FFY 2009	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 2009: 7,178/231,000 = 3.11%

Data were collected for this indicator from all 24 local Infants and Toddlers Programs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by OSEP on www.ideadata.org, Maryland served 3.11% of its 2009 resident birth to three population in the reporting period.

Compared to the national data, Maryland served 0.47% more children birth to three than the national baseline of 2.67% and ranked 18th among the 50 states and territories.

2009 Maryland Resident Population Birth - Three	FFY 2009 Birth-Three Population Served	FFY 2009 Birth – Three Percent Served
231,000	7,178	3.11%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

The following table illustrates the percentage of birth-to-three eligible children with an active IFSP via the Maryland data system statewide snapshot count on the last Friday in October for FFY 2007, FFY 2008 and FFY 2009:

FFY	2007	2008	2009
Percentage of Eligible Children Birth-to-Three With Active IFSPs	3.05%	3.26%	3.11%
Number of Children Served	6,991	7,315	7,178
Resident Population – Birth-to-Three	229,364	224,674	231,000

In FFY 2008, MITP served 3.11% of children birth-three living in the State, which exceeds the target of 2.88%.

Despite exceeding the State target, the percentage of children served statewide dropped by 0.15%. LITPs who did not achieve the State target for this indicator were required to include a public awareness plan in the next annual application for federal and State funding. Additionally, the LITPs who did not attain the State target for Indicator 6 were required to develop an improvement plan with strategies to increase the percentage of birth to three year old children served. LITPs reported progress on attaining the State target in semiannual and/or final program reports submitted on 5/1/10 and 11/1/10 respectively. Beginning in FFY 2011, a local jurisdiction, depending on the performance on this indicator in four previous 6-month periods, may be required by the State to allocate federal, State or local funds as part of the strategies to improve performance on this indicator.

It appears that the impact of Statewide and local public awareness activities helped the State exceed the target again this year. This occurred despite a decrease of 137 (1.9%) in the number of birth to 3 year old children served statewide and a increase in the Maryland birth to 3 residence population of 6,326 (2.82%). The ability of the State to meet the State Target on this indicator may be the result of an increase in local collaboration with the medical field. For example, one local jurisdiction has a partnership with the University of Maryland Medical Center (UMMC). Specifically, evaluation and assessments of children in the NICU and the NICU Follow-Up Clinic are completed by local ITP program staff assigned to the hospital. The local ITP also has service coordinators assigned to UMMC so that IFSPs can be completed when children are in the NICU or when they attend NICU Follow-Up Clinic. This relationship is beneficial not only for identifying children with developmental delays and high probability conditions, but also because it helps to decrease the time from referral to evaluation and IFSP development because many of these children have IFSPs completed on the date of their referral.

The decrease in the number of children served birth to age 3 may be related to the statewide utilization of more valid and reliable evaluation tools. This may have occurred as a result of the preliminary recommendations of the Assessment Think Tank composed of local, state and national experts on evaluation and assessment. The preliminary recommendations of the Think Tank, including a thorough evaluation of commonly used assessment tools, were communicated to local Infants and Toddlers Programs. This resulted in the adoption of more evidenced based evaluation and assessment practices by local Infants and Toddlers Programs.

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

Extended IFSP Option:

Maryland implemented the Extended IFSP Option on February 1, 2010. Local Infants and Toddlers Programs, in collaboration with local Preschool Special Education Programs, were required to develop local policies and procedures that were reviewed for approval by the MSDE prior to the allocation of local ARRA Extended Option funds. Extensive statewide, regional and local trainings on the components of the Extended Option were held with local Infants and Toddlers and Preschool Special Education Program staff. Information on the Option was shared with many stakeholder groups including the SICC, LICCs, special education directors, the State ASHA association, the State School Nursing Association, early childhood education administrators, parent groups, the

Physical and Occupational Therapy School Practice Group and others. Training and public awareness materials were developed and distributed. The IFSP and the Maryland Tracking System was revised to include components specific to the Extended Option and to promote parent participation in IFSP development and parent/service provider decision-making.

On 6/30/2010, 676 three-year old children were participating in Maryland's Extended IFSP Option. The number of participating Extended Option children in 22 of Maryland's 24 jurisdictions ranged from 2 children to 133 children. The 2 jurisdictions serving no Extended Option children on 6/30/2010 had a birth to 3 year old snapshot count on 6/30/2010 of 9 and 14 children being served.

Discussion of Improvement Activities:

During this reporting period, the MSDE continued to monitor the progress on this indicator by including the percentage of children served birth to 3 on local data profiles distributed to LITPs two times annually, in April and October. If the data for a local Infants and Toddlers Program (LITP) were below the State target, the LITP was required to develop an Improvement Plan for this indicator. For LITPs who had a Child Find (Birth-3) Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their semiannual and/or final program reports. In addition, the LITPs that did not achieve the State target for this indicator were required to include a public awareness plan in the next annual application for Federal and State funding.

Local program improvement strategies utilized to increase the number of children (birth to three) with IFSPs included:

- monthly/quarterly updates to local health departments, local boards of education, local departments of social services, Judy Center steering committees, and other advisory committees/ agencies/civic clubs;
- annual mailings to all pediatricians and all hospitals with NICUs about the local ITP program;
- onsite presentations to pediatrician and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, and local hospitals;
- inviting a prominent local pediatrician to be a participant on the Local Interagency Coordinating Council (LICC) and discussing data and strategies for improvement with LICC members;
- the distribution a Family Support Services Newsletter to families and all partner agencies;
- websites and literature in Spanish and English;
- an annual personal thank you note to every medical office that sent in an ITP referral during the previous year; and
- collaboration with the local public libraries to distribute brochures and provide the space for family story time.

The MSDE reviewed the local public awareness plan for each jurisdiction in the annual grant application as well as the local Birth-3 improvement plans and provided technical assistance (TA) as needed. The MSDE provided TA through phone consultation, statewide meetings, and on-site visits. For example, the MSDE provided TA via telephone to several local directors and at statewide service coordinator meetings on 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.

During the reporting period, a member of the State SICC presented information, "Assessing Infants & Toddlers Born Prematurely: Should we Correct Age?" from the Neonatal Intensive Care Unit (NICU) Follow-up Clinic at the UMMC in Baltimore. The following points were shared:

- The increased survival of infants born prematurely; and
- The increased rate of prematurity in Maryland.

During this presentation, it was reported that several families with infants born prematurely and referred to LITPs received the results of evaluation and assessment without having the chronological

age of their children adjusted for prematurity. These families also reported to the SICC member that adjusted age was not considered at the IFSP development meeting held with staff from the LITPs. This resulted in the families receiving conflicting evaluation and assessment results on their children from the NICU follow-up clinic and the LITP. In the view of the SICC member, several children/families also had IFSPs with inappropriate outcomes and strategies as a result of adjusted age not being considered.

During this presentation, research data on the impact of prematurity on child development and evidence to support full correction of prematurity, at a minimum, for 12 months, was also summarized. The above anecdotal and research information was presented to local Infant and Toddler Directors at the Annual Special Education and Early Intervention Leadership Meeting held in September, 2009.

As a result of the above presentation, a survey was developed by MSDE staff and the SICC and sent to local jurisdictions. Results were received from all 24 LITPs in October, 2009 and included the following information:

- 13 of 24 (54%) local programs adjust for prematurity;
- 4 of 13 (31%) programs who adjust for prematurity do so for eligibility purposes;
- 13 of 13 (100%) local programs who adjust for prematurity do so to interpret evaluation data for parents;
- 8 of 13 (62%) local programs who adjust for prematurity do so for IFSP development purposes;
- 3 of 24 (13%) local programs report that there is no consistent policy for adjustment of prematurity within their jurisdiction; and
- 19 of 24 (79%) local programs request technical assistance on issues related to adjustment for prematurity.

The SICC create a task force of national, state and local experts to review the above information on adjustment for prematurity. The task force met initially on 7/8/2010 and again on 8/31/2010 and developed recommendations for a statewide policy on adjustment for prematurity and a plan for local technical assistance. These recommendations are in the process of being reviewed by the entire SICC who will propose a plan to the MSDE by the end of SFY 2011.

The above task force is also exploring the possibility of having the MSDE increase the newborn low-birth weight diagnosed condition eligibility criteria from 1,200 grams to 1,500 grams. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical Center, Department of Neonatology, and the MSDE held in November, 2009; at the adjustment for prematurity task force meetings and at the November 1 and December 2, 2010 SICC meetings.

Maryland convened an Assessment Think Tank in July, 2009, comprised of national, State and local experts. The Think Tank was charged with identifying eligibility evaluation/assessment best practice, recommending various assessment tools for purpose-driven assessment, and developing a birth through five child outcomes/program accountability framework. The work of this group continued for over a year when final recommendations were drafted and presented at the Division of Special Education/Early Intervention Leadership Conference in September, 2010. Each jurisdiction received *Maryland's Early Childhood Intervention and Special Education Evaluation and Assessment System Resource Manual* which included an overall evaluation and assessment framework, a recommended eligibility tool box, a recommended results-oriented decision-making tool box, a child outcomes/accountability tool box, and best practice resources for utilization of the Child Outcome Summary Form and the Work Sampling System Checklist. The work of the Assessment Think Tank has already encouraged numerous jurisdictions to refine their assessment practices and relook at the assessment tools used for eligibility and for progress monitoring. The MSDE will continue to support local decision-making for evaluation and assessment best practices.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

Interagency Child Find Activities:

In November 2009, the MSDE staff requested staff from the University of Maryland Medical Center, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, the MSDE added the following conditions to the list: Chronic Lung Disease (CLD), Periventricular Leukomalacia (PVL) and Surgical Necrotizing Enterocolitis (NEC). Minor editorial changes were also made.

The MSDE and the Department of Health and Mental Hygiene (DHMH) continued planning to implement mechanisms to exchange data between the Part C and Universal Newborn Hearing Screening databases to ensure that infants diagnosed with hearing loss are referred to LITPs and that appropriate audiological follow-up occurs. Joint meetings were held between the MSDE, DHMH and a contractor hired by the MSDE, the Johns Hopkins University/Center for Technology in Education (JHU/CTE), to develop an action plan to complete this objective.

The MSDE ensured that LITPs and local Departments of Social Services continued to jointly implement local CAPTA policies and procedures to ensure that infants and toddlers who are homeless and victims of child abuse and neglect or drug involvement are screened and, when appropriate, referred to LITPs for evaluation/assessment, IFSP development when eligible and provision of ongoing early intervention services.

In June 2009, the MSDE and the SICC completed a revision of the *Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Early Intervention Services*. The guide was distributed to pediatricians in the State of Maryland utilizing a list from the Maryland Chapter of the American Academy of Pediatrics. It was also distributed throughout Maryland to hospitals, health departments, local infants and toddlers programs, private early intervention agencies and providers, and the Maryland Preemies Network.

The MSDE continued the collaboration with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and the Department of Health and Mental Hygiene (DHMH) on a developmental screening workgroup to further implement the training of physicians on developmental screening. Pediatric and family medicine physician practices across the state are being trained to administer a developmental screening tool, the Ages and Stages Questionnaire (ASQ). In some local jurisdictions, Infants and Toddlers staff is participating in this training. The ITP referral and physician feedback form, developed by this workgroup, continues to be utilized across the State.

The 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 to early intervention programs.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2009:

New/Revised Improvement Activities:

1. In FFY 2008 – FFY 2010, the 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.

Improvement Activity in Process: The SICC through a task force of local, state and national experts and parents is exploring research and anecdotal information on the practice of adjusting for prematurity when determining eligibility for the Infants and Toddlers Program. The task force is also researching the literature on low-birth weight babies, especially those born at 1,500 grams or less. A recommendation was presented to the SICC who, after further discussion, will submit a recommendation to the MSDE.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will develop and implement consistent statewide best practices for determining eligibility and for developing IFSPs for premature infants.

2. In FFY 2007 – FFY 2010, LITPs will be required to develop improvement plans if they do not meet the State target for the percentage of the birth-3 population served.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to not meeting the State target for the percentage of the birth-3 population served.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for Indicator #6, funds will need to be directed for local public awareness and collaborative activities.

3. In FFY 2009 – FFY 2010, the MSDE will provide focused monitoring with 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.

Improvement Activity in Process: This more rigorous focused monitoring was provided in FFY 2009 and has continued in FFY 2010 for two local jurisdictions that were determined to be in Needs Assistance Year 4 or in Needs Intervention. Other local ITP programs did not participate directly in this activity, but their strategies gathered through discussions and other means were included as part of the technical assistance provided.

4. In FFY 2008 – FFY 2010, the 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.

Improvement Activity in Process: This activity was initiated in July, 2009 with additional financial support provided by ARRA I and ARRA II funds. Several local jurisdictions impacted by BRAC are utilizing ARRA funds to serve additional children.

5. In FFY 2009 – FFY 2010, the MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.

Improvement Activity in Process: MITP has continued to contract with Maryland Public Television, which broadcasts 30-second television spots on MITP during targeted times of the day.

6. In FFY 2009 – FFY 2010, the MSDE will provide training on best practices related to evaluation and assessment of children birth to three.

Revised Activity: In FFY 2010, the MSDE will host the Assessment Tool Box Open House for local early intervention/preschool special education staff, to provide a hands-on opportunity to

review and analyze recommended assessment tools to support local decision-making for evaluation and assessment best practices.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will continue to provide training to local administrators and providers regarding the recommendations of the Assessment Think Tank, including Child Outcomes Summary Form (COSF) trainings.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by LITPs, validated by the MSDE and reviewed by the SICC. Children in the Extended IFSP Option did not impact the results for this indicator.

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, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100% of eligible infant and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for FFY 2009: 99.1% (7,600/7,666)

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

Referral Range	Number/Percent within 45 days	Number/Percent delayed due to family-related reasons	Total Number/Percent in compliance with timeline
7/1/09 – 6/30/10 (n =7,666)	6,017 78.5%	1,583 20.6%	7600 99.1%

Below is a breakdown of the family-related reasons for delay in services:

Total Number of Referrals	Parent Request	Child/Family Unavailable	Surrogacy	Agency Closed Due to Weather	Total Number of Family-Related Reasons
7,666	850 (11.1%)	545 (7.1%)	20 (0.3%)	168 (2.2%)	1,583 (20.6%)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Explanation of Progress or Slippage:

The following table illustrates the percentage evaluation, assessments and initial IFSP meetings conducted within 45 days of the referral for FFY 2006, FFY 2007, FFY 2008, and FFY 2009:

FFY	2006	2007	2008	2009
Percentage of timely evaluations, assessments and IFSP meetings	93% (3,044/3,287)*	94.8% (6,799/7,172)	98.7% (6,969/7,063)	99.1% (7,600/7,666)

*FFY2006 was reported in six-month intervals.

When comparing FFY 2009 results (99.1%) to FFY 2008 results (98.7%), there is an improvement of 0.4% in the percentage of eligible infants and toddlers for whom an evaluation, assessment, and IFSP were completed within 45 days of the referral or had a valid reason for missed timelines. Twenty-one of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. This progress is noteworthy since the number of children referred has increased annually from 11,578 in FFY 2007 to 12,578 in FFY 2008 to 12,888 in FFY 2009 (an 11.3% increase from FFY 2007).

Several major reasons for systemic untimely meetings were noted. Most of the 66 missed timelines were due to limited appointments and staffing issues (20 or 30.3%) or administrative/scheduling errors (18 or 27.3%). Other reasons included interpreter delays (8 or 12.1%), the evaluation not being completed in time due to a desire for additional testing (7 or 10.6%), and provider illnesses or cancellation (3 or 4.5%). The reasons for the other ten (15.2%) missed timelines were described as being due to "system issues".

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 61 to 90 days after referral (31 or 47.0%), followed by 46 to 60 days (29 or 43.9%), 91 to 120 days (3 or 4.5%), and over 120 days (3 or 4.5%). Scheduling errors and interpreter issues were the major documented reasons IFSPs were completed more than 90 days late.

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 dynamic monitoring report. Both database reports allowed LITPs to more closely monitor compliance for the 45-day timeline. In particular, the 45-day monitoring report allows jurisdictions to run a report on a regular basis to determine which children have been referred, but do not yet have an IFSP developed. If this report is run regularly, local programs can prevent noncompliance by identifying referrals that are approaching 45 days. Other contributing factors for the progress on this indicator included the general supervision practices utilized by MITP and additional State funding.

Compared to performance on this indicator in FFY 2008, only two LITPs regressed, ten LITPs had the same results as the previous year, and twelve LITPs improved. Fifteen LITPs achieved 100% compliance and the other 9 jurisdictions achieved greater than 95% compliance. Of note is that:

- 1 small jurisdiction increased compliance by 14.3 percentage points;
- 9 of 9 small jurisdictions met the State Target of 100%; and
- Both jurisdictions that regressed achieved 100% compliance in FFY 2008.

Discussion of Improvement Activities:

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

A CAP was ended when a LITP demonstrated two consecutive months of 95% compliance subsequent to the finding of noncompliance and the MSDE verified that correction of 95% or more had occurred. If correction of 100% was not achieved, the MSDE required continued correction through an improvement plan. The MSDE monitored LITPs with CAPs on a monthly basis and did focused monitoring by teleconference when adequate progress by the local program in the CAP was not made.

An Improvement Plan was ended when a LITP achieved 100% compliance for at least 1-month period and the MSDE verified that the correction had occurred. The MSDE monitored programs with Improvement Plans on a monthly basis and did focused monitoring by teleconference, with input from LITPs that had achieved 100% compliance.

LITPs were required to report to the MSDE when 100% compliance was achieved for a 1-month period, which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE, LITPs were notified in writing that the improvement or corrective action plans ended. The ending of an Improvement Plan also signifies the correction of noncompliance because the State's definition of correction is 100% compliance.

The MSDE required all LITPs to track and monitor their compliance with the 45-day timeline and to implement improvement strategies, as necessary. The 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.

During the reporting period, the MSDE again provided TA to several jurisdictions to help monitor the children referred by demonstrating the use of a locally saved "45-Day Timeline Monitoring Report". This dynamic report was created by the MSDE and is different from the predefined "45-Day Summary with Reasons" report because the dynamic monitoring report allows for LITPs to see all their referrals within a given time period, not just referrals that already have completed initial IFSPs. Thus, LITPs can run this report on a regular basis to see which children have not received an IFSP. Because this dynamic report can be exported into Excel, there exists the capability to calculate timelines, so LITPs know the timelines of which children are pending. The technical assistance in using this report was conducted both onsite and over the telephone. The MSDE continues to recommend that local programs use this report on a monthly basis to avoid noncompliance.

The MSDE also provided onsite TA to one jurisdiction that has had data slippage over the past few years. This jurisdiction received the State's first local determination of "Needs Intervention" for the FFY 2008 data. During the onsite visit, the MSDE examined the evaluation, assessment, and initial

IFSP practices of this jurisdiction and found that the local IT program was providing up to 4 home visits to complete intake, evaluation, and the initial IFSP, when many other programs are completing these steps in 1 visit (sometimes 2). This visit helped the State to understand that the local program was not being delinquent in providing services in a timely manner, but instead was providing additional levels of service that were causing the local program to miss timelines. That particular jurisdiction achieved 100% compliance in FFY 2009 for Indicator 7.

Maryland convened an Assessment Think Tank in July 2009, comprised of national, State and local experts. The Think Tank was charged with identifying eligibility evaluation/assessment best practice, recommending various assessment tools for purpose-driven assessment, and developing a birth through five child outcomes/program accountability framework. The work of this group continued for about a year when final recommendations were drafted and presented at the Division of Special Education/Early Intervention Leadership Conference in September 2010. Each jurisdiction received *Maryland's Early Childhood Intervention and Special Education Evaluation and Assessment System Resource Manual* which included an overall framework, a recommended eligibility tool box, a recommended results-oriented decision-making tool box, a child outcomes/accountability tool box, and best practice resources for utilization of the Child Outcome Summary Form and the Work Sampling System Checklist. The work of the Assessment Think Tank has already encouraged numerous jurisdictions to refine their assessment practices and relook at the assessment tools used for eligibility and for progress monitoring. The MSDE will continue to support local decision-making for evaluation and assessment best practices.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

Data collection, reporting and analysis:

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

During the reporting period, the MSDE redesigned Maryland's IFSP and Online IFSP Database. The major focus of the redesign was to create a more family focused document. The revised Online IFSP Database gives users the ability to complete the IFSP online with IFSP data being entered directly into the database. It is hoped that this process will help to increase data entry errors by data entry staff. In FFY 2010, the MSDE will explore the possibility of completing an IFSP in the Online IFSP Database without internet access. The goal is for providers to be able to complete the IFSP with the family and have the data from the IFSP sync back up with the database at a later time.

Addressing system capacity issues:

The 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, the MSDE was provided with a significant increase in Federal Funding through ARRA I, ARRA II, and Extended IFSP Option grants. While the intent of the ARRA funding was to stimulate job growth, many local programs reported hiring freezes due to the ongoing recession. Still, many local programs were able to hire using these funds, thereby increasing system capacity. Also, Maryland became one of two states to obtain funding to create the Extended IFSP Option for children after the age of 3 years to continue on an IFSP.

The FFY 2009 increase in State funding has been extremely beneficial in the ability of LITPs to move closer to achieving full compliance. In particular, LITPs have been able to increase the number of initial evaluations available for new referrals, thereby reducing the average number of days it took for the initial evaluation and assessment from 40.41 days in FFY 2007 to 38.8 days in FFY 2009. Despite the increase in State funding, staffing issues were still prevalent reasons for missing timelines.

Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 98.7%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	20
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	20
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

At the individual level (Prong 1), the state reviewed the records of all 66 children whose evaluation, assessments, and IFSPs were not provided within the 45-day timeline in FFY 2009 and verified that the evaluation and assessments were eventually provided.

At the systemic level (Prong 2), twenty instances of noncompliance, less than 100% compliance, were identified in FFY 2008 for this indicator and all were corrected within 12 months or less or prior to notification. The correction of noncompliance was confirmed through local and the MSDE data analyses of data periods subsequent to the identified noncompliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with timely evaluation, assessment, and IFSP development. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of the MSDE's general supervision procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

New /Revised Improvement Activities:

1. In FFY 2007-FFY2010, the 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.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to providing evaluation and assessment and initial IFSP in a timely manner.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty achieving compliance with the 45-day timeline, funds will need to be directed to improve results specific to providing evaluation and assessment and initial IFSPs in a timely manner.

2. In FFY 2009 – FFY 2010, the MSDE will provide training on best practices related to evaluation and assessment of children birth to three.

Revised Activity: In FFY 2010, the MSDE will host the Statewide Assessment Tool Box Open House to provide local staff a hands-on opportunity to review and analyze recommended assessment tools to support local decision-making for evaluation and assessment best practices.

Revised Activity: In FFY 2010, the MSDE will continue to provide training to local administrators and providers regarding the recommendations of the Assessment Think Tank, including Child Outcomes Summary Form (COSF) trainings and Maryland Model of School Readiness (MMSR)/Work Sampling System (WSS) training.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

3. The MSDE will continue to monitor the implementation of the 45-day timeline requirement by LITPs through the data system and provide semi-annual local data profiles. Technical assistance will continue to be provided to LITPs who are not meeting the requirements.

Revised Activity: In FFY 2010 – FFY 2011, the MSDE will make modifications to the Online IFSP Database to add a column titled “Initial IFSPs Not Yet Completed” to the “45-Day Timeline Summary Report”. Currently, the report only includes compliance information regarding completed initial IFSPs. The new column would alert local programs of any IFSPs that are out of timeline so that correction of noncompliance could occur.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database and on-site record reviews, verified by LITPs, validated by the MSDE and reviewed by the SICC. Children in the Extended IFSP Option did not impact the results for this indicator.

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)

Measurement:

- A. Percent = $\left[\frac{\text{(\# of children exiting Part C who have an IFSP with transition steps and services)}}{\text{(\# of children exiting Part C)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred)}}{\text{(\# of children exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of children exiting Part C and potentially eligible for Part B where the transition conference occurred)}}{\text{(\# of children exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2009 (2009-2010)	<p>100% of all 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, for children potentially eligible for Part B; and C. Transition conference, for children potentially eligible for Part B.

Actual Target Data for FFY 2009:

Data reported for Indicator 8A were based on a review of 990 Early Intervention records, 29.1% of all 3,405 children who transitioned at age three between 7/1/09 and 6/30/10. This sample size has a 2.6% margin of error with a 95% confidence level. Data were collected from all 24 jurisdictions. To

report the target data for Indicator 8B and 8C, the MSDE generated State and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs.

- A. During the reporting period, 986, or **99.6%**, of the records reviewed by the MSDE and LITPs had transition steps and services (986/990).

Transition Date Range	Number of Records Reviewed / Percent of All Records Reviewed	Number/Percent of Reviewed Records with Transition Outcomes
7/1/08 – 6/30/09	990* 29.1%	986 99.6%

* Includes data from all 24 jurisdictions.

The data for Indicator 8B were 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 7/1/09 and 6/30/10. 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 potentially eligible for preschool special education services.

- B. Between 7/1/09 and 6/30/10, local school systems were notified of **99.8%** of the children, potentially eligible for Part B, who transitioned during the time period (3,398/3,405).

Transition Date Range	Number of Children Turning 3 Potentially Eligible for Part B Services	Number of Children Potentially Eligible for Part B with LEA Notification	Percentage of Children with LEA Notification
7/1/09 – 6/30/10	3,405	3,398	99.8%

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. Delays due to family related reasons were included in the numerator and denominator. Parent refusals for transition planning meetings were not included in either the numerator or denominator.

- C. Between 7/1/09 and 6/30/10, **99.6%** of children who transitioned had a transition planning meeting within the timelines or there was a documented family-related or weather-related reason for the delay (3,121/3,134).

Transition Date Range	Number of Children with Potentially Timely Meetings	Number/Percent Within Timelines	Number/Percent Delayed Due to Family-Related Reasons	Weather Related Agency Closings	Total Number/Percent in Compliance with Timelines
7/1/09 – 6/30/10	3,134	2,765 88.2%	346 11.0%	10 0.3%	3,121 99.6%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 09:**Explanation of Progress or Slippage:**

The following table illustrates the percentage of IFSPs for transitioning children with transition steps and services for FFY 2006, FFY 2007, FFY 2008, and FFY 2009.

FFY	2006	2007	2008	2009
8a. Percentage of IFSPs with transition steps and services	99.0%	99.1%	99.1%	99.6%

For sub-Indicator 8A, the compliance rate increased from 99.1% in FFY 2008 to 99.6% in FFY 2009. In FFY 2009, 22 jurisdictions achieved the State target of 100%. Both jurisdictions that did not achieve 100% compliance had 2 records that did not include transition steps and services. This resulted in a 90.0% for the small jurisdiction and a 97.2% in the large jurisdiction. The compliance level for both of these jurisdictions represent slippage, 100% and 97.8% respectively in FFY 2008. All jurisdictions are required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved.

The following table illustrates the percentage of transitioning children, potentially eligible for Part B, in which Part B was notified for FFY 2006, FFY 2007, FFY 2008, and FFY 2009.

FFY	2006	2007	2008	2009
8b. Percentage of potentially eligible children whose LEA was notified	98.2%	99.9%	99.4%	99.8%

For sub-Indicator 8B, the compliance percentage increased from 99.4% in FFY 2008 to 99.8% in FFY 2009. The increase in compliance is mainly a result of progress made by 2 jurisdictions, as they were responsible for 15 of the 20 cases of failing to notify the LEA of these potentially eligible children. In FFY 2009, 21 jurisdictions achieved the State target of 100%. Twenty-two of 24 jurisdictions either made progress or maintained their current level of compliance. Three local education agencies were not notified of seven potentially eligible children. All three jurisdictions were required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved.

For the 7 potentially eligible children not included in the numerator, there was no documentation of a transition planning conference and thus no invitation for the transition planning conference. Three of these 7 children were reported to have been found Part B eligible indicating that transition planning did occur. For six of these seven children, parents declined to have a Transition Planning Meeting (TPM), so an invitation was not sent to Part B. The other missed meeting was a service provider error. The State's procedure is that Notification to LEA occurs during the transition planning conference. Therefore, all 7 children, regardless of the reason were not included in the numerator, but were included in the denominator. Each missed TPM is counted as an incidence of noncompliance for Indicator 8b.

The following table illustrates the percentage of transitioning children who had timely transition conferences or valid reasons for delay for FFY 2006, FFY 2007, FFY 2008, and FFY 2009.

FFY	2006	2007	2008	2009
8c. Percentage of timely transition planning meetings	93%	95.0%	96.4%	99.6%

For sub-Indicator 8C, eighteen jurisdictions achieved the State target of 100%, eight of which achieved 100% compliance in both FFY 2008 and FFY 2009. In FFY 2009, four jurisdictions achieved a compliance percentage of at least 95.0% but less than 100%. All jurisdictions were required to achieve 100% compliance and to correct noncompliance when 100% compliance was not achieved. Fourteen jurisdictions improved their compliance with the largest gain being 13.3 percentage points. Only one jurisdiction decreased their compliance with the largest loss being 5.6 percentage points. Compared to FFY 2008, the compliance percentage increased from 96.4% to 99.6%.

Several major reasons for systemic untimely TPMs were noted. Most of the 12 missed timelines were due to provider errors (7 or 58.3%). Other reasons included administrative delays (3 or 25.0%), interpreter delays (1 or 8.3%), and scheduling conflicts with therapy (1 or 8.3%).

Provider Scheduling Errors	Admin Errors	Interpreter Delays	Scheduling Conflicts with Therapy	Total Number of Systemic Reasons
7 (58.3%)	3 (25.0%)	1 (8.3%)	1 (8.3%)	12

Discussion of Improvement Activities:

State data indicates greater than 99% compliance for sub-Indicators 8A, 8B, and 8C. Progress in the area of transition was assisted by efforts at the State level to provide on-site technical assistance during the monitoring of 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.

Progress on the transition indicators may also be related to the need to plan for parent choice regarding services after 3 years of age. In particular, because parents can now choose whether to remain on an IFSP or switch to an IEP when their children turn 3, additional planning is often required to help parents understand the differences in Part B and Part C services.

The MSDE continued to monitor the transition planning requirement through the data system. Data profiles were provided by the MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct noncompliance for this indicator when 100% compliance was not achieved.

The MSDE continued to 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 was ended when a LITP demonstrated two consecutive months of substantial compliance and the MSDE verified that the correction had occurred. The MSDE monitored LITPs with CAPs on a monthly basis and conducted focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress was not made.

The MSDE continued to require jurisdictions to develop and implement Improvement Plans when data compliance for a six-month period was at least 95%, but less than 100%. An Improvement Plan was ended when a LITP achieved 100% compliance for at least a 1-month period and the MSDE verified that the correction had occurred. Upon verification of correction of noncompliance by the MSDE, LITPs were notified in writing that the improvement or corrective action plans ended. The

ending of an Improvement Plan also signifies the correction of noncompliance because the State's definition of correction is 100% compliance. The MSDE monitored programs with Improvement Plans on a monthly basis and conducted focused monitoring visits, with input from LITPs that have achieved the State target or substantial compliance, when adequate progress was not made. Beginning in FFY 2010, the MSDE will further increase the rigor required with the submission of Improvement Plans by implementing an Improvement Plan Template designed to help local programs develop more focused strategies with regard to transition planning.

All LITPs were required to report progress or slippage in the Final program report. The MSDE required all LITPs to track and monitor their compliance with the transition requirements and to implement improvement strategies, as necessary. The 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.

The adoption of the Extended IFSP Option required that Maryland reexamine its transition processes. In particular, the Extended IFSP Option gives families the option of continuing on an IFSP after the child turns three years old if the child was determined eligible for Part B services. The MSDE created 3 transition charts to help local programs understand the 3 points of transition out of the Infants and Toddlers Program: At Age 3, After Age 3 to Kindergarten, and At Kindergarten Age. These 3 charts were presented to local programs at the September 2010 Leadership Conference.

In FFY 2009, the MSDE continued to provide technical assistance to LITPs to assist in analyzing transition models to determine possible systemic issues or child specific issues making transition compliance difficult. One example was the unnecessary duplication of testing by Part B staff when Part C staff had recently evaluated the child and had current progress reports available.

The MSDE has continued to provide ongoing technical assistance and guidance on developing functional outcomes for transition. During the annual transition outcome monitoring site-visits, the MSDE examined the quality of transition outcomes and provided feedback when outcomes did not have a functional component.

Beginning FFY 2010, the MSDE will no longer require local Part C programs to notify the lead education agency regarding children potentially eligible for Part B services. On July 1, 2010, the MSDE began to run these data and provide them on a secure server for download by local programs. This new procedure will provide the MSDE with 100% compliance for Indicator 8b.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

Data Collection, Reporting, and Analysis:

For Indicator 8A, the MSDE and LITPs conducted record reviews to determine the percentage of children exiting Part C with transition steps and services.

For Indicator 8B, the MSDE tracked the occurrence of Transition Planning Meetings in the database. Except children referred late to the program (later than 34.5 months), all children are required to have a Transition Planning Meeting. Reasons for meetings not held were tracked in the database. Children whose parents declined to participate in a Transition Planning Meeting were included in the denominator for 8b, because the State does not have an "Opt-Out Policy". Only six parents declined to participate in a transition-planning meeting.

For Indicator 8C, transition compliance data was tracked by the MSDE and LITPs throughout the reporting period. Reasons for meetings not held were tracked in the database. Children whose parents declined to participate in a transition-planning conference were not included in the numerator or denominator for 8c. Reasons for untimely meetings were also identified and strategies for correction and improvement were implemented. Family factors resulted in 346 (11.0%) 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.

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. For the calendar year 2007, unique identifiers were assigned to 10,334 children. All children referred to the MITP between January 1, 2007 and December 31, 2007, were assigned unique identifiers. Beginning February 1, 2010, the MSDE asked LITPs to verify the child's first name, middle name, last name, and date of birth for all children who received services in MITP during calendar year 2008. Upon completion of this verification, unique identifiers will be assigned to the 13,932 children who received services in 2008.

Also, as part of this collaboration, MITP and preschool special education staff from the MSDE continued to meet 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.

On July 1, 2010, the MSDE changed the data collection and reporting process for Notification to LEA. Prior to July 1, 2010, the MSDE used the invitation to the Transition Planning Meeting as the data for this indicator. However, the MSDE began notifying local programs of children potentially eligible for Part B on July 1, 2010. In particular, each month the MSDE's Part C Data Manager creates lists of the children receiving services in each local program. These lists are uploaded to a secure server for download by the local program. The State made this procedural change to ensure that Part B would be notified of 100% of children potentially eligible for Part B services.

Addressing System Capacity Issues:

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2009, there was a significant increase in Federal Funding. In particular, the State received \$3,752,759 in ARRA1 funds, \$3,752,757 in ARRA2 funds, and \$14,382,810 in Extended IFSP Option funds. The total ARRA funding received was \$21,888,326. This increase in funding was extremely important considering that the number of children continues to increase on a yearly basis (e.g., from 13,801 in FFY 2008 to 14,301 in FFY 2009).

The increase in Federal funding has also been extremely beneficial in the ability of LITPs to move closer to achieving full compliance and meeting State targets. In particular, the additional funds have enabled MITP to increase the total number of service provider FTEs from 717.89 in FFY 2007 to 739.12 in FFY 2009. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 564 in FFY 2007, to 585 in FFY 2008, and to 609 in FFY 2009. Despite the increased funding, many local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):
Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 8A – 99.1%, 8B – 99.4%, 8C – 96.4%

	8A	8B	8C
1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	6	9	24
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	6	9	24
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0	0	0

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0	0	0
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0	0	0
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0	0	0

It should be noted that data for transition indicators 8A, 8B, and 8C are collected after children turn 3 and may have transitioned out of the Maryland Infants and Toddlers Program and thus, are no longer in the jurisdiction of the EIS program. As a result, correction of noncompliance at the individual level (Prong 1) is not always possible. For Indicator 8A (Prong 1), in FFY 2009 the four children without transition steps and services left the program before the identification of noncompliance occurred. For Indicator 8b (Prong 1), in FFY 2009 there were seven children who did not have a Transition Planning Meeting and thus, no notification was sent to Part B about these children. Six of these children did not have Transition Planning Meetings due to parent refusal and one child did not have a meeting due to systemic reasons. All seven children left the local program prior to the identification of noncompliance. For Indicator 8c (Prong 1), in FFY 2009 all 12 children whose transition planning conference was untimely eventually had a conference. Only one child did not have a TPM due to systemic reasons that was not corrected. However, this child left the local program before identification of noncompliance occurred.

All incidences of noncompliance identified for 8A, 8B, and 8C in FFY 2008 were corrected at the systemic level (Prong 2). In particular, all six systemic level (Prong 2) instances of noncompliance, less than 100% compliance, for Indicator 8A were corrected within one year. All nine systemic level (Prong 2) instances of noncompliance, less than 100% compliance, for Indicator 8B were corrected within one year. All twenty-four systemic level (Prong 2) instances of noncompliance, less than 100% compliance, for Indicator 8C were corrected within one year. The correction of noncompliance was confirmed through updated local and the MSDE data analyses, subsequent to the closing of the Corrective Action Plan or Improvement Plan to verify 100% compliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with timely transition planning. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved. This was accomplished through the local implementation

of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. See Indicator #9 for a detailed explanation of the MSDE's general supervision procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

New/Revised Improvement Activities:

1. In FFY 2007-FFY2010, the 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.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies with regard to effectively planning for transition.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for timely transition planning, funds will need to be directed to improve results around effective transition planning.

2. In FFY 2009, the MSDE will develop and disseminate a Parent Information Series to include the following components: *A Family Guide to Early Intervention Services in Maryland Ages Birth through Two*, *A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead to Success – A Family Guide to Understanding the Transition Process and Planning for Young Children (Birth through Five)* and *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3: Families Have a Choice*.

Revised Activity: In FFY 2010, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Birth to 3: A Family Guide to Early Intervention Services in Maryland*, *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*.

3. In FFY 2008 - FFY2010, the 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.

Revised Activity: The MSDE will develop and implement an offline option for the IFSP. This tool will provide a cross platform format to accommodate Windows or Macintosh operating systems and will capture all data from referral to the complete IFSP process.

Revised Activity: In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.

4. **New Improvement Activity:** In FFY 2010 – FFY 2012, the MSDE will provide local jurisdictions access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine outcomes. This data-driven decision-making tool will allow the user to create pivot table

reports to drill down in order to analyze early intervention services data to assist with local decision-making and to improve outcomes at the individual child/family level.

5. In FFY 2009, the MSDE will modify State transition policies and procedures and require local lead agencies and local education agencies to modify policies and procedures accordingly.

Revised Activity: Continued TA and training will be provided around the 3 points of transition out of the Infants and Toddlers Program: At Age 3, After Age 3 to Kindergarten, and At Kindergarten Age.

Revised Activity: In FFY 2010 – FFY 2011, the MSDE will make a determination of whether the State will develop and adopt an Opt-Out policy regarding Notification to LEA.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, the MSDE Complaint Investigation database, and on-site record reviews, verified by LITPs, validated by the MSDE and reviewed by the SICC. Reporting on correction of non-compliance involving children birth to 3 and children in the Extended Option for indicators 1, 10, 11, 12 and 13 and on related requirements for other indicators will be included as necessary in indicator 9 in the FFY 2010 APR. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance 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 noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- 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.

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2009 (2009-2010)	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 2009: 100% (79/79) of FFY 2008 systemic findings were corrected and verified within 12 Months of notification of local program noncompliance.

Describe the process for selecting EIS programs for Monitoring:

FFY 2008

FFY 2008 findings of noncompliance corrected in FFY 2008 or in FFY 2009 (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 7/1/08 to 6/30/09. Data from all 24 LITPs was monitored as indicated below:

- For Indicators 1, 7, 8B, and 8C there were two reporting periods – 7/1/08 to 12/31/08 and 1/1/09 to 6/30/09, and there were two notification dates – 3/09 and 9/09.
- For indicators 2, 5 and 6, there were two reporting snapshot dates – 10/31/2008 and 6/30/2009, and there were two notification dates – 3/09 and 9/09.
- For sub-Indicator 8A, there was one reporting period – 7/1/08 to 6/30/09 and there was one notification date 9/09.

Data for Indicator 8A were obtained via record reviews done between 8/13/2009 and 11/6/2009 for children transitioning in FFY 2008 (7/1/2008 – 6/30/2009).

Child outcome progress data were collected from evaluation and assessment developmental age scores provided on IFSPs on children who have been participating in the program for at least 6 months between 7/1/2008 and 6/30/2009. This information was provided to the Johns Hopkins Center for Technology for analysis and, after preliminary results were provided to the MSDE staff, additional investigation occurred. Child outcome progress data were shared with LITPs in September, 2009.

For Indicator 4, family surveys were mailed from the vendor (Avatar) to families or LITPs on October 15 and surveys were returned to the vendor in October and November. Every LITP was required to do an improvement plan as part of their local application for funds to increase response rate and to assist local stakeholders to understand the purpose of the survey, to analyze local results, and to begin to develop targeted local improvement activities.

For Indicators 2, 5 and 6, LITPs were required to do improvement plans if State targets were not met. The improvement plans included outcomes, strategies and activities to:

- Achieve State targets for these performance indicators; and
- Monitor compliance with these indicators on an ongoing basis.

LITPs were required to report progress on achieving State targets in semiannual and final program reports.

For compliance indicators, the MSDE required LITPs that did not attain the State target of 100% or compliance of 95%, to develop and implement improvement plans or corrective action plans, respectively, with strategies to:

- Achieve 100% compliance for all compliance indicators; and
- Monitor compliance with these indicators on an ongoing basis.

LITPs were required to report to the MSDE when 100% compliance was achieved for a 1-month period occurred which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE, LITPs were notified in writing that the improvement or corrective action plans ended. The ending of an Improvement Plan also signified the correction of noncompliance because the State's definition of correction is 100% compliance.

Correction of FFY 2008 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	79
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	79

3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0
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Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	0
5. Number of findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Summary of Correction of Findings:

Jurisdictions were notified for all incidences, both individual level (Prong 1) and systemic level (Prong 2), of identified noncompliance. The process of data entry can take weeks so data cannot be analyzed for correction until approximately 2 months after the date in question. As a result, many jurisdictions had corrected noncompliance prior to receiving notification of noncompliance. For example, noncompliance could have occurred for a jurisdiction in the time period of January 1, 2009 to June 30, 2009. Data analysis to determine compliance was completed on September 15, 2009 and the jurisdiction was notified of the noncompliance on September 24, 2009 (Notification was scheduled for October 1, 2009, but was moved forward so distribution of local profiles could occur at a statewide meeting). However, correction of noncompliance for all jurisdictions occurred between July 1, 2009 and September 24, 2009 (notification date). The data analysis for the period after July 2009 was not completed until after September 24, 2009. This means that all jurisdictions were notified of their noncompliance, even if they had already corrected the noncompliance.

The correction of noncompliance at both the individual level (Prong 1) and systemic level (Prong 2) was confirmed through local and MSDE data analyses. Following each incidence of noncompliance, updated data analyses were conducted to confirm that jurisdictions were correctly implementing the relevant statutory/regulatory requirements consistent with 20 U.S.C. 1416(a)(3)(B) and 1442), subsequent to the closing of the Corrective Action Plan or Improvement Plan to verify 100% compliance. The MSDE found that all individual level noncompliance identified in FFY 2009 was corrected in a timely manner except where the child was no longer in the EIS program when the finding was made. The MSDE also found that all systemic incidences of noncompliance identified in FFY 2008 were corrected with 100% compliance achieved. Correction of noncompliance was accomplished through the local implementation of changed practices and processes included by local programs in Improvement Plans or Corrective Action Plans. =

The correction of FFY 2008 individual level (Prong 1) noncompliance was reported in the FFY 2008 APR. In FFY 2009, the State identified 317 individual level (Prong 1) findings of noncompliance. In FFY 2008, the State identified 79 systemic level (Prong 2) findings of noncompliance. Correction of these incidences of noncompliance is detailed below.

Indicator #1 - Timely Service Delivery (Details of Correction are in Indicator #1)

Of the 19 systemic (Prong 2) findings of noncompliance for Indicator #1 in FFY 2008:

- All 19 were corrected prior to notification
 - 13 were corrected in the first 2-week period
 - 4 were corrected in the second 2-week period
 - 1 was corrected in the third 2-week period
 - 1 was corrected in the fourth 2-week period

Of the 228 individual level (Prong 1) incidences of noncompliance in FFY 2009:
Although late, services were eventually provided for all 228 children whose services were not provided within Maryland's 30-day timeline.

Indicator #7 – 45-Day Timeline (Details of Correction are in Indicator #7)

Of the 20 systemic level (Prong 2) findings of noncompliance for Indicator #7 in FFY 2008:

- All 20 were corrected prior to notification
 - 11 were corrected in the first 2-week period
 - 8 were corrected in the second 2-week period
 - 1 was corrected in the third 2-week period

Of the 66 individual level (Prong 1) incidences of noncompliance in FFY 2009:
Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 66 children.

Indicator #8A – Transition Steps and Services (Details of Correction are in Indicator #8A)

Of the 6 systemic level (Prong 2) findings of noncompliance for Indicator #8A in FFY 2008:

- 6 were corrected prior to notification (within the first 2-week period)

For FFY 2009, transition steps and services for the 4 individual level (Prong 1) incidences of noncompliance could not be corrected, since these children were no longer located within the jurisdiction of the EIS programs.

Indicator #8B – Notification to the LEA (Details of Correction are in Indicator #8B)

Of the 9 systemic level (Prong 2) findings of noncompliance for Indicator #8B in FFY 2008:

- 9 were corrected prior to notification (within the first 2-week period)

For FFY 2009, correction of noncompliance at the individual level (Prong 1) for the 7 incidences of noncompliance could not occur because these children were no longer located within the jurisdiction of the EIS programs.

Indicator #8C – Timely Transition Planning Meetings (Details of Correction are in Indicator #8C)

Of the 24 systemic level (Prong 2) findings of noncompliance for Indicator #8C in FFY 2008:

- 24 were corrected prior to notification (within the first 2-week period)

Of the individual level (Prong 1) incidences of noncompliance in FFY 2009:
Although late, Transition Planning Meetings were eventually held for 12 of the children whose meetings were not held in a timely manner. Correction of noncompliance at the individual level could not occur for the other 1 child because this child no longer resided within the jurisdiction of the EIS programs.

Other Areas of Noncompliance – Failure to Provide Services in Accordance with the IFSP

During FFY2008, the State identified 1 systemic level (Prong 2) incidence of noncompliance as a result of a formal complaint filed in one local jurisdiction. The program corrected this incidence of noncompliance within 1 year of notification.

This particular complaint also resulted in 21 individual level (Prong 1) incidences of noncompliance for children who were similarly situated. Of the 21 individual incidences of noncompliance identified as a result of this complaint, all 21 were corrected (compensatory services were provided) within 1 year of notification.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:

Explanation of Progress or Slippage:

The following table illustrates the percentage correction of noncompliance that occurred in a timely manner for FFY 2006, FFY 2007, FFY 2008 and FFY 2009:

FFY	2006	2007	2008	2009
Percentage of timely correction	100%	100%	100%	100%

When compared to FFY 2008, the percentage of correction in FFY 2009 remained consistent at 100%.

The continued compliance in this indicator can be, at least in part, attributed to the MSDE's filling of vacant positions. In February 2009, the MSDE filled one vacant State-level position to assist with monitoring/TA responsibilities. Additionally, the MSDE filled the Infant and Toddler Program Director position in January 2009, which had remained vacant since July 2008. The additional positions will increase the MSDE's capacity to work more closely with LITPs to validate and track data, and provide technical assistance as needed.

In addition, increased funding at both the State (additional \$4.5 million beginning FFY 2008) and Federal (ARRA 1, ARRA 2, & Extended IFSP Option provided in FFY 2009) levels have helped local programs correct noncompliance much faster than in previous years. For example, 3 systemic incidences of noncompliance in FFY 2008 took over 4 months to correct, whereas the longest correction for FFY 2009 took 2 months and all correction of noncompliance for indicators 1, 7, 8a, 8b, and 8c took place prior to notification.

Discussion of Improvement Activities:

During the FFY 2009 reporting period, the 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 semi-annual data profiles displaying trend data, current percentages of performance/compliance for each indicator, and number of State-level complaints received. Through local data profiles, the 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. For all incidences of noncompliance, LITPs were notified that correction was to occur within 1 year of notification. LITPs were also notified when Improvement Plans were required (did not achieve the State targets) for Indicators 2, 4, 5 and 6.

For findings of noncompliance identified through State-level complaint investigations, the MSDE requires 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. One written complaint from FFY 2008 resulted in a finding of noncompliance. This complaint regarding the failure of one local program to provide the services in accordance with the IFSP was a result of the local jurisdiction losing its only physical therapist. This complaint resulted in 21 individual incidences of noncompliance. Within 1 year of notification, compensatory physical therapy services were provided to all 21 children. Subsequent monitoring in FFY 2009 using a sample of 10 active children indicated physical therapy services were being provided in accordance with the IFSP.

The 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 Corrective Action Plans (CAPs). CAPs were required for jurisdictions that did not meet at least substantial compliance (>95%) in compliance indicators. LITPs with CAPs were required to submit an initial report indicating improvement strategies to correct noncompliance and then submit monthly reports until substantial compliance was attained for 2 consecutive months. When the MSDE verified that the LITP with a CAP reached or exceeded 95% compliance for two successive months, the 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, as it was required that all jurisdictions achieve and maintain 100% compliance. The Improvement Plan required less frequent reporting to the MSDE. Improvement Plans were ended when LITPs attained 100% compliance for a 1-month period of time. If adequate progress was not demonstrated by a LITP with a CAP or an Improvement Plan, a focused monitoring visit was made by the MSDE to the local jurisdiction. In addition, all LITPs were required to report on their performance in both compliance and performance indicators in semi-annual and/or final program reports for each reporting period.

The ending of an Improvement Plan also signifies the correction of noncompliance because the State's definition of correction is 100% compliance. The State designed this system so that enforcement actions such as an Improvement Plan or Corrective Action Plan would be implemented for a longer period than the State's definition of correction of noncompliance. The State intends for local programs to implement the strategies and activities that helped correct noncompliance on a permanent basis and not just during the 2 weeks of correction. If local programs were unable to end their Improvement Plans by achieving 100% for a 1-month period, the correction of noncompliance using the State's definition of correction (100% over a 2 week period) was assessed during data analysis in December. The purpose of the December data analysis is to analyze and compile data for local determinations. This finalized information is submitted in the State's Annual Performance Report.

The States expects 100% compliance for each compliance indicator and when 100% compliance is not achieved, the State expects the correction of noncompliance to occur as soon as possible but in no case later than 1 year. Jurisdictions were considered to have corrected noncompliance when data demonstrated at least two weeks of compliance for a given indicator. Data were analyzed in two-week intervals for each incidence of noncompliance until correction of noncompliance (100% compliance) was found to occur. After correction, the State expects local programs to maintain 100% compliance.

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 or Improvement Plan, the MSDE notified the LITP that available data was not sufficient to track progress and LITPs implemented strategies to improve the timeliness of data entry. In addition, Improvement Plans are assigned when the State identifies a substantial amount of missing data during data analysis.

In FFY 2009, the 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.

New/Revised Improvement Activities:

1. In FFY 2007 - 2010, the 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.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete a more rigorous improvement plan template and will require more focused strategies when State targets are not met.

Revised Activity: In FFY 2010 – FFY 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually with their local application. If over a 2-year period a local jurisdiction has difficulty meeting the target for specific indicators, funds will need to be directed to improve results.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	12	19	19
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	12	20	20
	Dispute Resolution: Complaints, Hearings	0	0	0
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	6
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	9	9

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Dispute Resolution: Complaints, Hearings	0	0	0
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: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	15	24	24
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Failure to Provide Services in Accordance with the IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	1	1	1
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			79	79

Percent of noncompliance corrected within one year of identification = **100%**
 (column (b) sum divided by column (a) sum) times 100

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the MSDE Complaint Investigation database and on-site record reviews and reviewed by the SICC. Data for these indicators includes children birth to 3 and children in the Extended IFSP Option. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within a 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 = $[(1.1(b) + 1.1(c)) \text{ divided by } 1.1] \text{ times } 100$.

FFY	Measurable and Rigorous Target
2009 (2009 – 2010)	100% 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.

Actual Target Data for FFY 2009: There were no State complaints filed in FFY 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

As described in the Part C SPP, the Complaint Investigation Branch within the 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 noncompliance 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.

The 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 2009:

1. The MSDE amended COMAR 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.

Activity Update: The Part B procedures were adopted by Part C on 10/5/2009.

2. In FFY 2009, the MSDE adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 21 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. In FFY 2009, the MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.

Revised Activity: In FFY 2010, additional follow-up training was conducted at the September 2010 statewide Special Education/Early Intervention Leadership Conference and a follow-up training is scheduled in January 2011.

4. In January 2010, the Part B **Maryland's Procedural Safeguards Notice** was revised in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010 **with an effective date of February 1, 2010.**

Revised Activity: In January 2010, the MSDE amended and distributed the updated **Parental Rights: Maryland's Procedural Safeguards Notice** in order to incorporate the Part C parental rights. Follow-up training was conducted with local programs in January and February 2010. In addition, a "Resource Document for Local Infants and Toddlers Programs" was developed to assist service providers/service coordinators to effectively communicate with families concerning their parental rights.

Revised Activity: In FFY 2010 – FFY 2012 additional training and/or technical assistance will be provided as needed regarding Parental Rights: Maryland's Procedural Safeguards Notice.

5. **New Improvement Activity:** In FFY 2009 – FFY 2012 the MSDE will develop a Parent Information Series to assist families in understanding all aspects of Maryland's Birth through Five System of Services. The following guides will be distributed in FFY 2010 or early FFY 2011:

- Birth to 3: A Family Guide to Early Intervention Services in Maryland
- Parental Rights: A Family Friendly Resource to Understanding Maryland's Procedural Safeguards Notice
- The IFSP: A Family Guide to Understanding the Individualized Family Service Plan (IFSP)

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the MSDE Complaint Investigation database and on-site record review and were reviewed by the SICC. Data for these indicators includes children birth to 3 and children in the Extended IFSP Option. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation.

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
2009 (2009 – 2010)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.

Actual Target Data for FFY 2009: There were no due process hearing requests filed in FFY 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The MSDE will continue to work with the Office of Administrative Hearings to ensure that Part B 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 2009:

1. The MSDE amended COMAR 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.

Activity Update: The Part B procedures were adopted by Part C on 10/5/2009.

2. The MSDE adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 21 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. In FFY 2009, the MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.

Revised Activity: In FFY 2010, additional follow-up training was conducted at the September 2010 statewide Special Education/Early Intervention Leadership Conference and a follow-up training is scheduled in January 2011.

4. In January 2010, the Part B Maryland's Procedural Safeguards Notice was revised in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010 with an effective date of February 1, 2010.

Revised Activity: In January 2010, the MSDE amended and distributed the updated Parental Rights: Maryland's Procedural Safeguards Notice in order to incorporate the Part C parental rights. Follow-up training was conducted with local programs in January and February 2010. In addition, a "Resource Document for Local Infants and Toddlers Programs" was developed to assist service providers/service coordinators to effectively communicate with families concerning their parental rights.

Revised Activity: In FFY 2010 – FFY 2012 additional training and/or technical assistance will be provided as needed regarding Parental Rights: Maryland's Procedural Safeguards Notice.

5. **New Improvement Activity:** In FFY 2009 – FFY 2012 the MSDE will develop a Parent Information Series to assist families in understanding all aspects of Maryland's Birth through Five System of Services. The following guides will be distributed in FFY 2010 or early FFY 2011:

- Birth to 3: A Family Guide to Early Intervention Services in Maryland
- Parental Rights: A Family Friendly Resource to Understanding Maryland's Procedural Safeguards Notice
- The IFSP: A Family Guide to Understanding the Individualized Family Service Plan (IFSP)

Part C State Annual Performance Report (APR) for FFY 2009**Overview of the Annual Performance Report Development:**

Data for this indicator were collected through the MSDE Complaint Investigation database and on-site record reviews and were reviewed by the SICC. Data for these indicators includes children birth to 3 and children in the Extended IFSP Option. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation.

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
2009 (2009 – 2010)	No target required because fewer than 10 resolution sessions were requested.

Actual Target Data for FFY 2009: There were no hearing requests filed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The MSDE will continue to work with the Office of Administrative Hearings to ensure that Part B 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 2009:

1. The MSDE amended COMAR 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.

Activity Update: The Part B procedures were adopted by Part C on 10/5/2009.

2. The MSDE adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 21 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.

3. In FFY 2009, the MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.

Revised Activity: In FFY 2010, additional follow-up training was conducted at the September 2010 statewide Special Education/Early Intervention Leadership Conference and a follow-up training is scheduled in January 2011.

4. In January 2010, the Part B **Maryland's Procedural Safeguards Notice** was revised in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010 **with an effective date of February 1, 2010.**

Revised Activity: In January 2010, the MSDE amended and distributed the updated **Parental Rights: Maryland's Procedural Safeguards Notice** in order to incorporate the Part C parental rights. Follow-up training was conducted with local programs in January and February 2010. In addition, a "Resource Document for Local Infants and Toddlers Programs" was developed to assist service providers/service coordinators to effectively communicate with families concerning their parental rights.

Revised Activity: In FFY 2010 – FFY 2012 additional training and/or technical assistance will be provided as needed regarding Parental Rights: Maryland's Procedural Safeguards Notice.

5. **New Improvement Activity:** In FFY 2009 – FFY 2012 the MSDE will develop a Parent Information Series to assist families in understanding all aspects of Maryland's Birth through Five System of Services. The following guides will be distributed in FFY 2010 or early FFY 2011:

- Birth to 3: A Family Guide to Early Intervention Services in Maryland
- Parental Rights: A Family Friendly Resource to Understanding Maryland's Procedural Safeguards Notice
- The IFSP: A Family Guide to Understanding the Individualized Family Service Plan (IFSP)

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the MSDE Complaint Investigation database and were reviewed by the SICC. Data for these indicators includes children birth to 3 and children in the Extended IFSP Option. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation.

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 = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100.$

FFY	Measurable and Rigorous Target
2009 (2009 – 2010)	No target required because fewer than 10 mediation sessions were requested.

Actual Target Data for FFY 2009:

There were four mediation requests received with 3 mediations not held and 1 mediation held. The mediation held was not settled and no due process complaint was filed by the family.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

The MSDE will continue to work with the Office of Administrative Hearings to ensure that Part B 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 2009:

1. The MSDE amended COMAR 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.

Activity Update: The Part B procedures were adopted by Part C on 10/5/2009.

2. The MSDE adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 21 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.
3. In FFY 2009, the MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.

Revised Activity: In FFY 2010, additional follow-up training was conducted at the September 2010 statewide Special Education/Early Intervention Leadership Conference and a follow-up training is scheduled in January 2011.

4. In January 2010, the Part B **Maryland's Procedural Safeguards Notice** was revised in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010 **with an effective date of February 1, 2010.**

Revised Activity: In January 2010, the MSDE amended and distributed the updated **Parental Rights: Maryland's Procedural Safeguards Notice** in order to incorporate the Part C parental rights. Follow-up training was conducted with local programs in January and February 2010. In addition, a "Resource Document for Local Infants and Toddlers Programs" was developed to assist service providers/service coordinators to effectively communicate with families concerning their parental rights.

Revised Activity: In FFY 2010 – FFY 2012 additional training and/or technical assistance will be provided as needed regarding Parental Rights: Maryland's Procedural Safeguards Notice.

5. **New Improvement Activity:** In FFY 2009 – FFY 2012 the MSDE will develop a Parent Information Series to assist families in understanding all aspects of Maryland's Birth through Five System of Services. The following guides will be distributed in FFY 2010 or early FFY 2011:

- Birth to 3: A Family Guide to Early Intervention Services in Maryland
- Parental Rights: A Family Friendly Resource to Understanding Maryland's Procedural Safeguards Notice
- The IFSP: A Family Guide to Understanding the Individualized Family Service Plan (IFSP)

Part C State Annual Performance Report (APR) for FFY 2009

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, the MSDE Complaint Investigation database, and on-site record reviews, verified by LITPs, validated by the MSDE and reviewed by the SICC. Data for this indicator includes timely and accurate reporting of data on children birth to 3 and children in the Extended Option.

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)

- Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:
- Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
 - Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
2009 (2009-2010)	100% of State reported data (618, State Performance Plan, and Annual Performance Report) are timely and accurate.

Actual Target Data for FFY 09: 100%

To calculate the percentage of State-reported data that is timely and accurate for FFY 2009, the 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, the MSDE has met the target for this indicator.

- For the reporting period, all Part C 618 data tables and the Part C SPP were submitted on the due dates.
- All State-reported data are accurate, including data reported through 618 tables, the State Performance Plan, and Annual Performance Report.

SPP/APR Data - Indicator 14			
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 - If the FFY 2009 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		35

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	35.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	70.00
Total NA in APR	0.00
Total NA in 618	0.00
Base	70.00
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:

Part C 618 data for Tables 1, 2, and 3 are 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 2009, the following procedures were in place to ensure the accuracy of 618 data collection and reporting:

- The MSDE provides an online data dictionary with definitions of data fields. The Data Specialist provides regular updates to LITP programs and data managers when new data fields and reports are added to the database.
- The 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, the 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, the 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 the 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.

In FFY 2010, MSDE obtained input from stakeholders, including members of the SICCC and local program directors, regarding the development of State Targets and Improvement Activities for FFY 2011 and FFY 2012. Input was requested in survey-form with progress data for each indicator provided to facilitate the decision-making. Responses from stakeholders were compiled and included in the State's decision-making process for setting targets.

SPP/APR Data Accuracy

The MSDE developed the web-based Part C data system to increase local and state data accuracy and assist with overall Part C general supervision. Through its online data system, the MSDE and LITPs monitor and adjust data accuracy and performance against the priority Indicators on a regular basis, and adjust strategies for improvement and correction based on current data analysis. During FFY 2009, the 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, the MSDE ensured the accuracy of the SPP/APR data through the following:

- The 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.

- The MSDE generated reports from the Part C database to report actual target data for Indicators 1, 2, 3, 5, 6, 7, 8b, 8c, and 9. Throughout the reporting period, the 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, the 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. The 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, the MSDE modified the electronic data reports to accurately and reliably report SPP/APR data.
- For indicator 3, the 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 data for Indicator 4, the 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 data for Indicator 4, the MSDE contracted with a vendor that was involved in the development and the pilot of the NCSEAM Family Survey, and worked closely with the vendor to understand and analyze the results and to plan targeted improvement activities.
- For sub-Indicator 8A, the MSDE and LITPs determined the presence of transition outcomes in early intervention records of 990 (29.1%) of the 3,405 children who turned three years of age during the reporting period.
- To report data on Indicator 10, 11, 12, and 13 the MSDE maintains a database which tracks compliance and corrective action data on all State-level complaint investigations and findings. Additional data for Indicators 11 and 13 come directly from the Office of Administrative Hearings, which conducts Part C mediation and due process hearings. All data from these sources are verified before it is reported in the submitted SPP or APR.
- The 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 2009:

New/Revised Improvement Activities:

1. **Revised Activity:** In FFY 2010-2011, the MSDE has contracted with the Johns Hopkins Center for Technology to continue to investigate possible page level and child level database audits to ensure the most accurate data possible.
2. **New Activity:** In FFY 2010-2012, the MSDE will begin notifying the LEAs of all children potentially eligible for Part B services. This will result in 100% data accuracy for Indicator 8B, as the local jurisdictions will no longer be required to perform this task.
3. **New Activity:** In FFY 2010-2011, the MSDE will develop and implement an offline option for the IFSP. This tool will provide a cross platform format to accommodate Windows or Macintosh operating systems and will capture all data from referral to the complete IFSP process.

4. **New Activity:** In FFY 2010, the MSDE will conduct regional trainings to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will be customized to meet the specific needs of each individual region.
5. **New Activity:** In FFY 2010 – FFY 2012, the MSDE will provide State and local leaders with access to program-level and child-level early intervention data using the Maryland IDEA Scorecard (Early Childhood) and will provide hands-on training and application of this tool to examine child outcomes related to positive family outcomes. This data-driven decision-making tool will allow the user to create pivot table reports to drill down in order to analyze early intervention services data to assist with local decision-making and to improve outcomes at the individual child/family level.

New Resources: For FFY 2008, the MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% 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. The total State allocation of \$10,389,104 continued in FFY 2009. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that early intervention services are provided, to the extent appropriate, in the natural environment. At the end of FFY 2008, the MSDE submitted the American Reinvestment and Recovery Act (ARRA) incentive grant and was awarded \$14,382,810 by the U.S Department of Education/Office of Special Education Programs (OSEP) in July 2009 to continue early intervention services after age 3 through an Extended IFSP used to build a birth through five infrastructure.