

Part C State Annual Performance Report (APR) for FFY 2010

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 53 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 July 1, 2010 and June 30, 2011.

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
2010 (2010-2011)	100% of infants and toddlers (including 3 and 4 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 2010: 96.7% (9,018/9,325)

To report the percentage of infants and toddlers (including 3 and 4 year olds in the Extended Option) with IFSPs who received early intervention services on their IFSPs in a timely manner between 7/1/2010 and 6/30/2011, 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 reasons, IFSP team decision-making reasons, and weather-related agency closings for the legitimate initiation of services outside the 30-day timeline and the report was modified based on the results of State and local reviews and LITP data verification.

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
9,325	7,634 (81.9%)	1,384 (14.8%)	9,018	96.7%

- 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
9,325	327 (3.5%)	776 (8.3%)	247 (2.6%)	34 (0.4%)	1,384 (14.8%)

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

Staffing Issues	Admin Errors	Provider Scheduling Conflicts	Provider Illnesses	Interpreter Delays	Total Number of Systemic Reasons
212 (64.0%)	89 (26.9%)	15 (4.5%)	11 (3.3%)	4 (1.2%)	331

*Note: there were 331 services (for a total of 307 children) provided late due to systemic reasons.

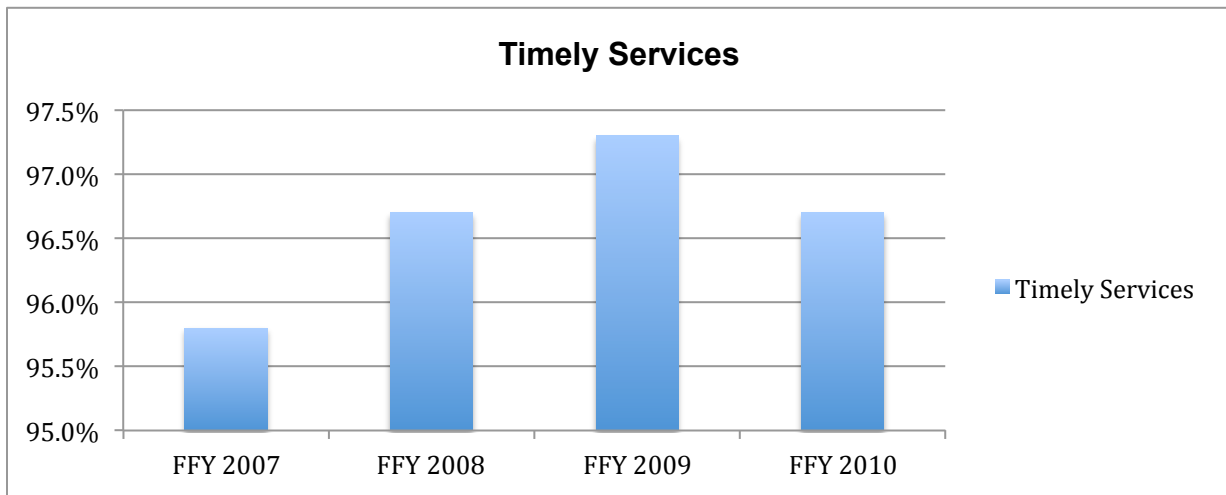
Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Explanation of Progress or Slippage:

The statewide training and general supervision described above, along with additional federal (ARRA) funding and additional local staffing has contributed to more children receiving timely services, from 6,628 children in FFY 2009 to 7,634 children in FFY 2010, and timely correction of noncompliance for this indicator. 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, FFY 2008, FFY 2009, and FFY 2010 (prior to FFY 2007, the MSDE reported projected timely services, so a comparison to FFY 2006 data are not useful):

FFY	2007	2008	2009	2010
Percentage of children with timely services	95.8%	96.7%	97.3%	96.7%



When comparing FFY 2010 results (96.7%) to FFY 2009 results (97.3%), there is a decrease 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. Thirteen of the 24 LITPs either made progress or maintained their current level of performance with this indicator, one more jurisdiction than in FFY 2009. Eleven of 24 LITPs achieved the State target (100%) for this indicator and eleven others exceeded 95% performance. Two jurisdictions did not attain at least 95% performance. One of these jurisdictions decreased from 96.8% in FFY 2009 to 89.9% in FFY 2010. The major reason for systemic noncompliance in this jurisdiction was reported to be administrative errors, including scheduling errors and date miscalculations. The other jurisdiction also experienced a decrease from FFY 2009 to FFY 2010, from 93.1% to 86.7%, respectively. This large jurisdiction was responsible for 195 of the 307 (63.5%) incidences of noncompliance. The major reason for noncompliance in this jurisdiction was reported to be staff availability.

In FFY 2010, 7,634 children (81.9%) had service initiation within 30 days; 327 (3.5%) had service initiation beyond 30 days of the IFSP because of family reasons; 776 children (8.3%) had service initiation dates beyond 30 days because the child was not available; 247 children (2.6%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family; and 34 children (0.4%) had service initiation beyond 30 days of the IFSP because of agency closings due to inclement weather.

The noncompliance figure of 3.3% (307 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, 331 services were initiated after Maryland's 30-day timeline and were not a result of the child being unavailable, parent request, IFSP team decisions, or weather-related agency closings. In addition to staffing issues (212 or 64.0%), administrative errors (89 or 26.9%), including scheduling errors and date miscalculations, also accounted for a large number of missed timelines. Other reasons included provider scheduling conflicts (15 or 4.5%), provider illness/cancellation (11 or 3.3%), and interpreter delays (4 or 1.2%).

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 31-45 days after parent signature (121 or 36.6%), followed by 46 to 60 days (75 or 22.7%), 61 to 75 days (68 or 20.5%), over 90 days (40 or 12.1%) and 76 to 90 days (27 or 8.2%).

Finally, missed timelines due to systemic reasons were examined in relation to service to determine if one service was overrepresented. In fact, speech and language services, which accounted for about 23% of all services provided in FFY 2010, accounted for over 43% of all systemically late services.

Therefore, speech services were more likely to begin outside of 30-day timeline than were other services. Some local programs have continued to express difficulty in recruiting speech therapists. The State continues to work with these programs to find personnel to meet local program needs (e.g., providing national recruiting contacts).

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 LITPs that did not attain compliance of 100% or performance of 95%, were required 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.

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 LITPs.

The MSDE also 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, such as parent request and child/family unavailable). Some local programs continue to have problems with the timely entry of these data. The MSDE assigns Improvement Plans when LITPs fail to provide data in a timely and accurate manner. The MSDE expects local programs to submit timely and accurate data and considers failure to do so as one type of noncompliance. Beginning in FFY 2011, MSDE will assign Corrective Action Plans to LITPs with a pattern of providing data in an untimely manner.

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 or unexpected absence.

In FFY 2010, the 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.

In FFY 2010, the MSDE held regional Online IFSP Trainings throughout the State. One particular point of emphasis during these trainings was the timely entry of actual service initiation dates. Since these dates are not entered during the IFSP meeting, the State encouraged the development of local procedures for assuring timely entry of service initiation dates. The State will continue to provide these trainings in FFY 2011 and FFY 2012.

Data Collection, Reporting, and Analysis:

The percentage of children having timely service initiation includes children who had actual initiation of a new service between 0 and 30 days after parental signature of the IFSP. Also included in the percentage of children having timely service initiation are those children whose service initiation date exceeded 30 days from the parental signature on the IFSP because of family choice, child

unavailability (e.g., child illness or hospitalization), or IFSP team decision making (e.g. physical therapy service two times per year).

For calculation purposes, the children with service initiation after 30 days with the above reasons are added to the numerator *and* the denominator. If the reason for untimely initiation of a service was related to a systemic issue (e.g., scheduling problems or staff unavailability), the service was considered untimely and the child whose service was untimely was not included in the State's percentage of children receiving timely services.

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 (generally greater than 20% at the time of profile development) 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 November 21, 2011, 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 2010, statewide and local data reports were run on 3/15/11 and 9/15/11. For FFY 2011, statewide and local data reports will be run on 3/15/12 and on 9/15/12.

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

In FFY 2010, the MSDE continued to work with Johns Hopkins Center for Technology in Education (CTE) to create a report that captures children whose services will never start due to family related reasons. This report has decreased the validation work required by the MSDE. In FFY 2011 and FFY 2012, the MSDE will continue the development of the timely services reports in an effort to further increase data validity. Currently, the State still has to calculate by hand the number of services that are untimely due to family related reasons, untimely due to systemic reasons, or are never going to start.

In FFY 2009, the MSDE redesigned Maryland's IFSP and Online IFSP Database. The major focus of the redesign was to create a more family focused document. The revised Online IFSP Database gives users the ability to complete the IFSP online with IFSP data being entered directly into the database. It is hoped that this process will help to decrease data entry errors by data entry staff. In FFY 2010, the MSDE developed an "off-line solution" to the database, allowing for the completion of an IFSP in the Online IFSP Database without internet access. This "off-line solution" was implemented in FFY 2011. With this implementation, providers can 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:

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2009 and FFY 2010, there was a significant increase in Federal Funding as a result of the American Reinvestment and Recovery Act (ARRA). 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 14,301 in FFY 2009 to 14,636 in FFY 2010).

The increase in Federal funding enhanced 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 739.12 in FFY 2009 to 823.92 in FFY 2010. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 609 in FFY 2009 to 683 in FFY 2010. Many of these positions were created to support children receiving services through an Extended IFSP. In FFY 2011, the State intends to continue to support children on IFSPs after age three with Part B discretionary funds.

Identification and Correction of Individual Noncompliance

The MSDE continued to monitor the implementation of the timely initiation of services requirement by LITPs through the data system. In FFY 2010, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2010 to December 31, 2010 and January 1, 2011 to June 30, 2011. Data analysis for these profiles occurred on March 15, 2011 for the July 1, 2010 to December 31, 2010 data period and on September 15, 2011 for the January 1, 2011 to June 30, 2011 data period. Prior to the distribution of local profiles on April 1, 2011 and October 1, 2011, local programs were notified of any service initiation date not entered into the database and the local program was required to respond to the State with the reason for the missing data. If the service initiation date was not entered into the database because it was not yet completed as a result of a systemic reason, the State scheduled a focused monitoring visit to determine the cause of the noncompliance and assisted in correction.

Identification and Correction of Systemic Noncompliance

Data profiles, which also function as the State's method of written notification, 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 performance of 95% was not achieved or to implement Improvement Plans when 95% performance, 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 by the MSDE when a LITP demonstrated two consecutive months of 95% performance and the MSDE verified that performance of 95% or more had occurred. If correction of 100% was not achieved, the MSDE required continued implementation of correction through an Improvement Plan rather than a CAP until verification of compliance was achieved. 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 of both individual and systemic noncompliance 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 was achieved for a 1-month period, which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE through subsequent data analysis, 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 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 97.3%

Individual Level Noncompliance from FFY 2009

For FFY 2009, there were 228 individual level (Prong 1) incidences of noncompliance. 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.

Systemic Level Noncompliance from FFY 2009

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	14
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding)	14
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

At the systemic level (Prong 2), fourteen instances of noncompliance, less than 100% compliance, were identified in FFY 2009 for this indicator and all were corrected within 12 months or less or prior to written notification. The correction of noncompliance was confirmed through a review of updated local 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 2011:

Improvement activities were revised to either continue previous activities for additional years or to provide a more detailed description of the specific activities proposed to improve the timely initiation of services.

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.
2. **Revised Activity:** In FFY 2011 – FFY 2012, the MSDE will require Corrective Action Plans for local programs that demonstrate a pattern of not entering data, including actual service initiation dates, into the data system in a timely manner. This activity will help ensure local program data are provided in a timely and accurate manner.

3. 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 2011, the MSDE will conduct webinars to support online IFSP database revisions, data entry issues, and data analysis for program improvement. This training will also support the integration of Child Outcome Summary (COS) into the IFSP to more effectively and accurately complete the COS and the utilization of the IFSP Outcomes Wizard to enhance the development of functional IFSP outcomes.

4. 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.

Revised Activity: In FFY 2011 - 2012, the MSDE will continue the development of the Maryland IDEA Scorecard (Early Childhood) by continuing to add more data, including information from preschool special education programs. IDEA Scorecard training will be provided to all LITP program directors to assist local programs to make in decision-making for program improvement.

5. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The MSDE Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

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 10/29/2010 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, based on service hours, in the natural environment on 6/30/2011. The data on children in the Extended IFSP Option are included in the narrative section for this indicator.

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
2010 (2010-2011)	91.0% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings.

Actual Target Data for FFY 2010: 96.3% (7,411/7,697)

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 and intensity of services delivered in all settings for all eligible children with IFSPs on 10/29/2010. Infants and toddlers were considered to receive service primarily in the natural environment if more than half of their early intervention service hours were provided in a home or community-based setting. In addition, the MSDE reviewed a report of children referred during FFY 2010 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=7,411)
Based on 618 Data Collected on 10/29/2010.**

Home	Community Setting	Total in NE	Total in Other	Percent in NE
6,429	982	7,411	286	96.3%

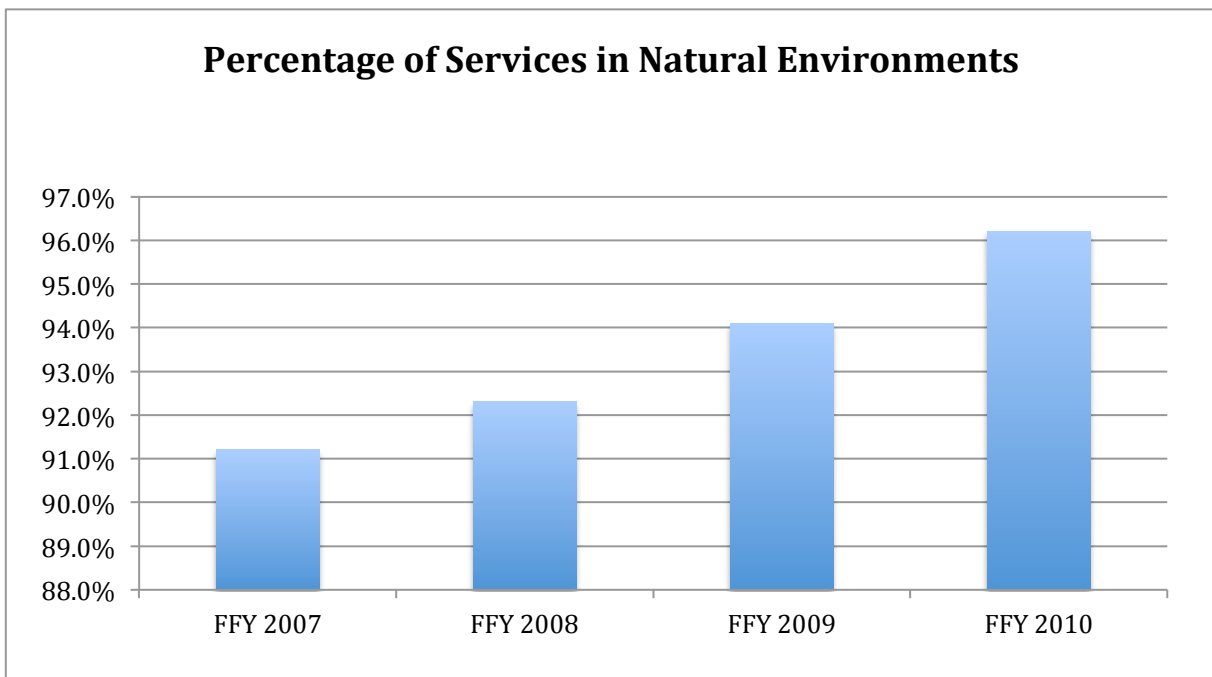
Out of 7,697 active eligible children, 7,411 children received services primarily in the natural environment. There were 286 children who received the majority of their services in non-natural environments.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 2007, FFY 2008, FFY 2009 and FFY 2010:

FFY	2007	2008	2009	2010
Percentage of services in natural environments	91.2%	92.3%	94.1%	96.3%



In FFY 2010, the State met its target of 91.0% and improved from the previous year by 2.2%.

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 (LITPs) and in FFY 2010 LITPs continued to access federal ARRA funds. This additional funding was primarily used to increase service provision resources. The Lead Agency conducted statewide training on the revised IFSP with emphasis on supporting the developmental needs of the child through IFSP team decision making. A major component of the training was the writing of functional outcomes within a context of a natural environment using the IFSP Outcomes Wizard. This online tool is designed to assist early intervention teams in moving smoothly and effectively through the process of developing appropriate outcomes for children and families within the context of a natural environment. Content from the Maryland's Healthy Beginnings guidelines as well as the MMSR Exemplars provides immediate access to age appropriate developmental indicators with specific examples and activities.

Extended IFSP Option – Early Intervention Services in Natural Environments:

In FFY 2010, Maryland continued to implement the Extended IFSP Option collaborating with local preschool special education and preschool general education programs and other early childhood

programs and agencies such as Head Start, Judy Centers, libraries, and park and recreation programs. Updated information on the Option was shared with many stakeholder groups including the SICC, LICCs, special education directors, 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 further revised to include data elements specific to the Extended Option and to promote parent participation in IFSP development and parent/service provider decision-making.

Of the 1,454 children receiving services through an Extended IFSP on June 30, 2011, 1,360 children (94.0%) received services primarily in the natural environment. There were 94 children (6.0%) 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
842	518	1,360	94	94.0%

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 is the percentage of services not provided in the natural environment, for children referred during FFY 2010, 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 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, when necessary, to local programs to help them more consistently develop appropriate justifications if services were not provided in the NE.

LITPs submitted local applications for federal funds in June, 2010 and in June, 2011. If a LITP did not meet the State target for the percentage of children served in a natural environment for 2 six-month periods out of 4 six-month periods, the LITP was required to assign an amount of federal funds for the grant period necessary to attain or exceed the State target for serving children in a natural environment.

In FFY 2010, 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. Ten local sub-recipient monitoring visits were held in FFY 2010. Of the ten 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.

In FFY 2010, 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:

- Training on the IFSP Outcomes Wizard tool was held in the spring of 2011 during the regional Online IFSP training. This online tool was designed to assist early intervention teams in moving smoothly and effectively through the process of developing functional outcomes for children and families in natural environment settings. Content from Maryland's Healthy Beginnings guidelines as well as the MMSR Exemplars provides immediate access to age appropriate developmental indicators with specific examples and activities.
- Specific written technical assistance was 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.
- During FFY 2010, Early Childhood Intervention and Education Branch staff provided training on *The Maryland Model for School Readiness (MMSR) for Preschool*; this is a statewide collaborative approach to promote school readiness for young children with disabilities through professional development. Early intervention staff and preschool special education staff were invited to participate in local/regional training to improve school readiness results for young children and their families. The outcomes of this training were to: 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 natural environments; and 4) provide supports, services, and programs for all children that are individualized and differentiated.
- In partnership with the Johns Hopkins University/Center for Technology in Education, the Maryland IDEA Early Childhood Scorecard pilot training began in the fall of 2010. The birth through five directors/supervisors in three jurisdictions participated in the pilot training and learned to "drill down" information/data to more effectively analyze their early intervention services data, including natural environment results. Additional feedback continues to be requested from the pilot participants to move forward effectively with Statewide implementation in the spring of this year.
- In April/May 2011, a COS/IFSP Integration workgroup (a subcommittee of the Assessment Think Tank) was convened to focus on integrating the Child Outcomes Summary (COS) process into the IFSP process. The very first decision of this group was to no longer use the acronym COSF but instead begin to use COS in order to focus on the process as opposed to the form. This workgroup provided input on several new forms, processes and a training of trainers session conducted in June 2011. While the COS/IFSP integration efforts are very new, the MSDE believes integrating the COS into the IFSP will assist families and providers to have an overall better understanding of a child's development in comparison to same age peers. Additionally, the MSDE is hopeful this integration will assist teams to develop more functional outcomes within the context of natural environment settings.
- In June 2011, the MSDE invited a national expert to provide additional professional development around Child Outcomes Summary (COS) and integrating COS into the IFSP process. To assist with this professional development effort ECO and NECTAC staff were also invited to attend. The MSDE held two one-day training of trainer session for local directors, supervisors and trainers. Participants were provided with notebooks and a flash drive with all the trainer videos, activities, answer keys and additional resources. The training evaluations were overall very positive and most local providers indicated they now had the training resources to share with their staff. One continued area of need was the topic of

engaging families in the COS discussion. Additional regional training was delivered in the fall of 2011 following an in-depth needs assessment. The outcomes of the training included:

- Improved accuracy in the measurement of the three early childhood outcomes using age-expected, immediate foundational and foundational skills/development markers and the COS 1-7 scale through hands-on examples and activities;
 - Practice using Maryland's recommended Child Outcomes Summary (COS) Worksheet given a case study, to document a child's performance/progress in relationship to age expected development across the three early childhood outcomes;
 - Complete the Strengths and Needs Summary (Part IIIA of the IFSP) as a mechanism to capture child performance/progress in relationship to age expected development and to determine a COS rating across the three early childhood outcomes;
 - Integrate the three early childhood outcomes throughout the IFSP process, including family engagement, functionality and age-expected development; and
 - Utilize the training of trainers model with provided trainer activities, materials and strategies to implement future training for staff in their local jurisdiction.
- 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 presentation: *Implementing Social Emotional Foundations for Early Learning (SEFEL) in a variety of early childhood classrooms and programs*. All LITP Directors and their leadership staff typically attend this conference with more than 350 participants.
 - Service Coordinators' Resource Group Training/Technical Assistance Sessions - In the fall, presentations included Connecting Pathways – Evaluation and Assessment, Early Childhood Transition, Statewide Part C Data Trends and the Montgomery County Infants and Toddlers Program video. In the spring, presentations included Healthy Beginnings: Supporting Development and Learning Birth through Three Years, Resources to Support Social-Emotional Foundations of Early Learning (SEFEL), Early Literacy, Family Involvement and Early Childhood Mental Health.
 - The Johns Hopkins University, School of Education offered an intensive program to teach first and second year clinicians (teachers and therapists) skills in coaching parents.

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 2010 via the following forums:

- Service Coordinators' Resource Group Training/Technical Assistance Sessions (two) – 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.

Examples of strategies utilized by LITPs to promote the provision of early intervention services in the natural environment settings included:

- Development of partnerships with City and County Parks and Recreation Programs to hold inclusive child play groups and provide early intervention; and
- Development of partnerships with Head Start, Judy Centers, Community Services Programs and Kid Fit Programs, child care centers and libraries to provide early intervention services while the child and/or family attended these programs or groups.

In FFY 2010, the Branch developed three parent guides which include a definition of natural environments, examples of natural environment settings and reasons why children benefit from receiving services in natural environments. These three guides have been distributed throughout Maryland to families and other stakeholders and are entitled:

- *A Family Guide to Next Steps When Your Child In Early Intervention Turns 3: Families Have A Choice;*
- *The IFSP: A Family Guide To Understanding The Individualized Family Service Plan (IFSP);* and
- *Birth To 3: A Family Guide To Early Intervention Services in Maryland.*

Data Collection, Reporting and Analysis:

The percentage of children served in the natural environment includes children in which the majority of service hours occur 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 of children birth to age three on 10/29/2010, there are:

- 8 small counties (serving <90 children)
- 11 mid-size counties (serving 90 - <700 children); and
- 5 large counties (serving 700 or more children).

Of the 24 LITPs, 22 programs met or exceeded the State target of 91.0%. Eight LITPs supported all children in the natural environment (2 mid-sized jurisdiction and 6 small jurisdictions). Another eleven jurisdictions supported at least 95% of children in the natural environment (3 large jurisdictions, 7 mid-sized jurisdictions and 1 small jurisdiction). Only two LITPs did not meet the State target. Both are mid-sized jurisdictions. The first missed the State target by 4.4% and the second missed the State target by 1.4%. During the subsequent data period on 6/30/11, both jurisdictions reached and exceeded the State target of 91.0%.

For all children referred in FFY 2010, 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 and evidenced-based practices. This review indicated that 89.6% of services (433 of 483 services) not provided in a natural setting had appropriate justifications; a 1% increase from last year. The number of services not provided to

children birth to age 3 in a natural environment decreased from 858 services in FFY 2009 to 483 services in FFY 2010.

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. Justifications not based on the needs of the child occurred in eleven jurisdictions. Two of Maryland's largest jurisdictions accounted for 70% of the inappropriate justifications statewide.

In these jurisdictions, both staff members and parents continue to report concerns about providing services in the natural environment due to potential neighborhood violence. IFSP teams in these jurisdictions consider other natural environment options (e.g., libraries, parks, etc.) but some parents continue to request therapy services at 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 these agencies, parents participate 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 to local programs on writing justifications based on the needs of the child. In August 2010, specific written technical assistance addressing the development of appropriate justifications was distributed to local jurisdictions along with best practice examples.

Addressing System Capacity Issues:

Overall, LITPs continue to increase service collaborations with child care, Early Head Start, Judy Centers, libraries, recreational centers, and other community programs, and have been able to train paraprofessionals to provide special instruction under the supervision of a special educator. The two jurisdictions that did not meet the State target for Indicator 2 during the reporting period have, as of 6/30/2010, exceeded the State target.

Revisions, with Justification, to Proposed Targets /Improvement Activities/ Timelines/ Resources for FFY 2011:

New/Revised Improvement Activities:

1. 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 2011 – 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 as part of the Race to the Top Early Childhood Grant.

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 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

3. 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.

Revised Activity: In FFY 2011-2012, the MSDE will continue the development of the Maryland IDEA Scorecard (Early Childhood) by continuing to add more data, including information from preschool special education programs. IDEA Scorecard training will be provided to all LITP program directors to assist local programs to make in decision-making for program improvement.

4. 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 2011, the MSDE will conduct webinars to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will include any changes made to the database as a result of the revised Part C regulations.

5. **New Activity:** In FFY 2011, the MSDE will launch a new website, www.marylandlearninglinks.org, created with the support of a Maryland State Improvement Grant from the US Department of Education Office of Special Education Program. This website includes online resources, media and tools to strengthen the early intervention and education services provided to children and youth with disabilities their educators, families and family support providers. In the Birth–5 System section of the website a channel is devoted to the Early Childhood Community and all the early childhood partnerships that exist in Maryland.
6. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance o the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland’s local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database using the Child Outcomes Summary Form (COSF) progress at exit report and entered into the Summary Statement Calculator. This data were reviewed by the SICC to develop State and local program improvement activities. Data are reported for children birth to three years of age (who received at least six months of early intervention services) and for children birth through four years of age (who continued to receive early intervention services through an Extended IFSP for at least three months). The data for the children on the Extended IFSP Option were analyzed separately from the birth to 3 year old population.

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:

Summary Statement 1: Of those infants and toddlers who entered and 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 = $\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d) divided by } [\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in progress category (b) plus } \# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in progress category (d)}] \times 100$.

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 Target Data for FFY 2010:

Table 1: Targets and Actual Data for Part C Children (Birth to 3/Birth to K) Exiting in FFY 2010

Summary Statements	Actual FFY 2009 (% and # children)	Actual Birth to 3 FFY 2010 (% and # children)	Actual Birth to K FFY 2010 (% and # children)	Target FFY 2010 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)				
1. Of those children who entered and 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. Formula: $c+d/a+b+c+d$	80.6% (n=2,473)	76.0% (n=2,118)	72.9% (n=133)	80.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: $d+e/a+b+c+d+e$	73.8% (n=2,473)	68.8% (n=2,118)	80.5% (n=133)	73.8%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)				
1. Of those children who entered and 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. Formula: $c+d/a+b+c+d$	85.8% (n=2,484)	80.8% (n=2,139)	78.2% (n=135)	85.8%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: $d+e/a+b+c+d+e$	69.9% (n=2,484)	64.1% (n=2,139)	72.6% (n=135)	69.9%
Outcome C: Use of appropriate behaviors to meet their needs				
1. Of those children who entered and 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. Formula: $c+d/a+b+c+d$	87.0% (n=2,480)	81.6% (n=2,136)	80.2% (n=136)	87.0%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: $d+e/a+b+c+d+e$	75.4% (n=2,480)	70.9% (n=2,136)	81.6% (n=136)	75.4%

Table 2: Progress Data for Part C Children (Birth to 3) FFY 2010

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	0	0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	320	15.1%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	341	16.1%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	672	31.7%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	785	37.1%
Total	N = 2,118	100%
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	0	0
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	323	15.1%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	445	20.8%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	913	42.7%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	458	21.4%
Total	N = 2,139	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	0	0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	271	12.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	351	16.4%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	848	39.7%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	666	31.2%
Total	N = 2,136	100%

Table 3: Progress Data for Part C Children (Birth to K) FFY 2010

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	0	0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	19	14.3%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	7	5.3%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	44	33.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	63	47.4%
Total	N = 133	100%
C. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	0	0
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	24	17.8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	13	9.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	73	54.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	25	18.5%
Total	N = 135	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	0	0%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	15	11.8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	9	6.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	56	41.2%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	55	40.4%
Total	N = 136	100%

Child Outcomes Data Collection:

In FFY 2009, the decision was made to begin federal reporting in FFY 2010, on child outcomes results using the Child Outcomes Summary Form (COSF) at entry and exit to compare progress to typical peers, instead of the Present Levels of Development (PLOD) assessment data. Last year both PLOD data and COSF data were included in the APR and new targets were set utilizing the COSF baseline data. This is

the first year that COSF data is being reported to measure child outcome results. Further methodology for completing the COSF is described in detail in the SPP – Local Procedures for Implementing the Birth – 3 Child Outcomes System. While the methodology outlined in the SPP was in place for FFY 2010, this methodology has changed for FFY 2011 as Maryland has moved forward with integrating child outcomes summary measurement into the IFSP process and will be included in next year's federal report. Please note, the variation in numbers of children reported for each of the three child outcomes is due to missing data and will be discussed later in this report.

Discussion of Summary Statements and a-e Progress Data (Birth to 3) for FFY 2010 (Tables 1 and 2):

In FFY 2010 the overall child outcome data (birth to 3) across the six indicators, using the Child Outcomes Summary Form to compare progress to typical peers, the range of slippage for these sub-indicators declined from 4.5% to 5.8%. 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 COSF data was 80.6% of children and the actual data was 76.0%, a 4.6% 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 COSF data was 73.8% of children and the actual data was 68.8% of children, a 5.0% 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 COSF data was 85.8% of children and the actual data was 80.8% of children, a 5.0% 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 COSF data was 69.9% of children and the actual data was 64.1% of children, a 5.8% 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 COSF data was 87.0% of children and the actual data was 81.6% of children, a 5.4% 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 COSF data was 75.4% of children and the actual data was 70.9% of children, a 4.5% decrease.

Last year's baseline COSF summary statement data became this year's summary statement targets. When comparing these data with this year's actual summary statement data, there is an overall decrease of approximately 5% across summary statements and indicators. With a strong focus on data quality over the past two years, these results can be expected. While local ITP's have utilized the COSF since 2006-2007, overall ratings have been consistently higher than the national average on all of the three child outcome indicators. The additional statewide COSF training held in the spring of FFY 2009 may have improved consistency using the COSF methodology which in turn influenced the consistency and accuracy of the statewide COSF data. The MSDE continues to focus on data quality through a variety of professional development and technical assistance activities.

In reviewing a-e progress data from last year's baseline COSF data to this year's actual data, variations were noted:

- Across all three indicators no children were reported in category 'a'. This was a slight decrease from last year as 3 - 7 children were reported across indicators in category 'a' last year.
- In category 'b', a 3.8% to 4.8% increase was noted. A stronger understanding of progress compared to typical peers as opposed to progress compared to self may explain this increase.

Maryland is still several percentage points (2 – 4%) lower than the national average in this category compared to the FFY 2009 child outcomes indicator analyses.

- In category 'c', only a 1.0% to 1.5% increase was noted across all three indicators from last year to this year.
- In category 'd' for Indicator 3c a, 4.8% decrease was noted but for the same Indicator 3c category 'e' the percentage was almost identical to last year. In category 'd' for Indicators 3a and 3b, there was a small decrease of 1.1% to 1.4%.
- In category 'e' for these same Indicators 3a and 3b, a larger decrease was noted between 3.6% to 4.7%. It is interesting to note that when comparing category 'e' data from this year to the FFY 2009 SPP/APR Indicator Analyses using the percentage of children reported in category 'e' by % served, this year's category 'e' data is almost identical in each outcome area based on Maryland serving 3% to 4% of children.

While there is no definitive explanation of the variations in categories from last year to this year, MSDE will continue to focus on data quality in order to utilize child outcome results to support program improvement efforts at the State, local and individual child/family level.

Discussion of Summary Statements and a-e Progress Data (Birth to K) for FFY 2010 (Tables 1 and 3):

FFY 2010 is the first year to report child outcome results for children entering early intervention prior to age 3 and exiting early intervention before they begin kindergarten.

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 COSF data was 80.6% of children and the actual data was 72.9%, a 7.7% 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 COSF data was 73.8% of children and the actual data was 80.5% of children, a 6.7% increase.
- 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 COSF data was 85.8% of children and the actual data was 78.2% of children, a 7.6% 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 COSF data was 69.9% of children and the actual data was 72.6% of children, a 2.7% increase.
- 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 COSF data was 87.0% of children and the actual data was 80.2% of children, a 6.8% 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 COSF data was 75.4% of children and the actual data was 81.6% of children, a 6.2% increase.

Across all three child outcome indicators for Summary Statement #1, the percentage of children substantially increasing their rate of growth while in the program is approximately 7 percentage points lower than the overall targets for these indicators. Across all three child outcome indicators for Summary Statement #2, the percentage of children functioning within age expectations when they exit is 2.7 to 6.7 percentage points higher than the FFY 2010 target for these indicators. The Summary Statement #1 results may be reflective of children with more significant disabilities not substantially increasing their rate of growth (no change in trajectory) with additional time in the early intervention program. The Summary Statement #2 results may be reflective of children with less significant needs meeting age expectations with an additional year or more of early intervention services.

In reviewing a-e progress data it is interesting to note an overall decrease in category 'c' across all three child outcome areas and an overall increase in category 'd' for acquiring and using knowledge and skills and in the use of appropriate behavior to meet needs. At this point in time it is difficult to discuss patterns or to make hypotheses about this progress data.

Number/Percentage of Children Missing Outcomes Data

The number/percentage of missing COSF progress data is based on the number of children between 7/1/10 and 6/30/11 who had a progress at exit report (Present Levels of Development) but did not have progress COSF data. The progress at exit report only included children who were in the program for at least 6 months. The total number of children with COSF progress data subtracted from the total number of children with PLOD progress data at exit is utilized to determine the number of children with missing COSF data for the three child outcomes. Below is a table illustrating the missing child outcomes data.

Table 4: Number/Percentage of Children Missing COSF Data

Child Outcomes Indicator	Number of children with PLOD progress at exit	Number of children with COSF progress data	Number of children with missing COSF progress data	Percentage of children with missing COSF data
Positive social-emotional skills	3,070	2,251	819	27%
Acquisition and use of knowledge and skills	3,118	2,274	844	27%
Use of appropriate behaviors to meet their needs	3,064	2,272	792	26%

The MSDE included missing COSF data in local profiles distributed on April 1, 2011 and October 1, 2011 and required Improvement Plans if greater than 20% of COSF data was missing. For the first six months of the year (July – December 2010), nine jurisdictions were required to implement an improvement plan to improve missing COSF data. For the second six months of the year (January – June 2011) only six jurisdictions were required to implement Improvement Plans. While this indicates some improvement in missing data, MSDE continues to have concerns about this issue and missing data is one of the reasons Maryland has moved forward with integrating the child outcomes summary process into the IFSP process. Since completing the Child Outcomes Summary (COS) is now a required part of the IFSP, missing data should significantly decrease over the next two years. Additionally, a new predefined report will indicate the COS Exits Needed and may also have a positive impact on missing data.

Additional Reporting and Data Analysis:

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

When examining Summary Statements by eligibility status some variations are noted. With regard to Figure 1 below, a higher percentage of children who have the 'atypical' eligibility status are substantially increasing their rate of growth in social emotional skills while in the program and are functioning within age expectations in social emotional skills when they exit.

Figure 1: Summary Statements by Eligibility Status – Indicator 3a - Social Emotional Skills

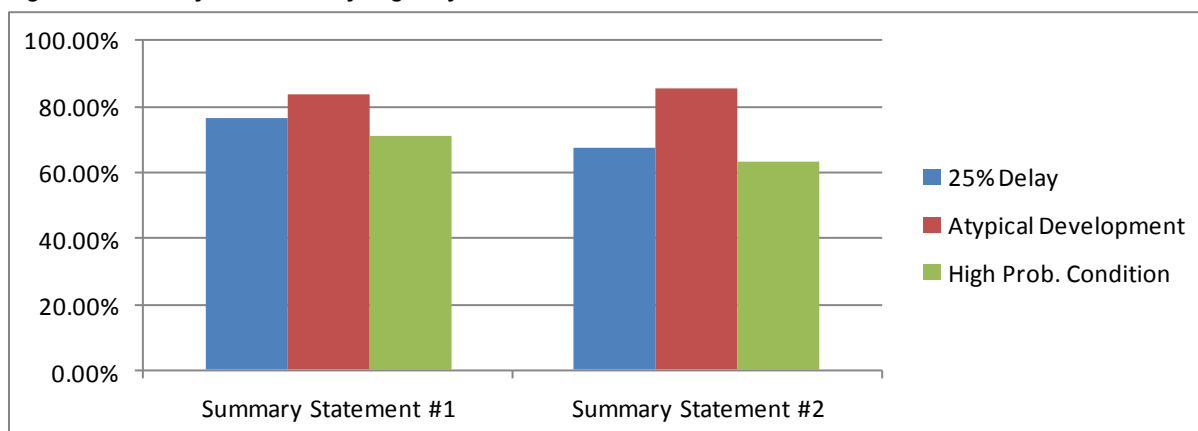


Figure 2 does not show variation by eligibility status for Summary Statement #1 - knowledge and skills. However, Summary Statement #2 does show a considerably higher number of children who have the 'atypical' eligibility status and who are functioning within age expectations in knowledge and skills when they exit.

Figure 2: Summary Statements by Eligibility Status – Indicator 3b - Knowledge and Skills

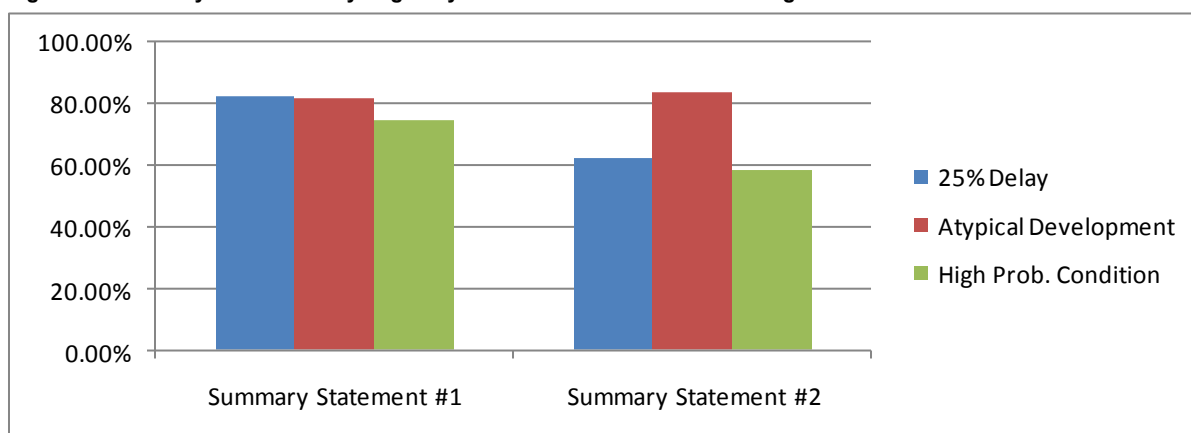


Figure 3 shows little variation in Summary Statement #1 – taking action to meet needs, but significant variation in Summary Statement #2 for children with high probability conditions. This suggests that children in the high probability eligibility category may have more significant disabilities and make some progress in using appropriate behavior to meet needs but not enough progress to be functioning at age expectations. This also supports the need to continue the use of high probability as an eligibility category.

Figure 3: Summary Statements by Eligibility Status – Indicator 3c – Use of Appropriate Behavior to Meet Needs

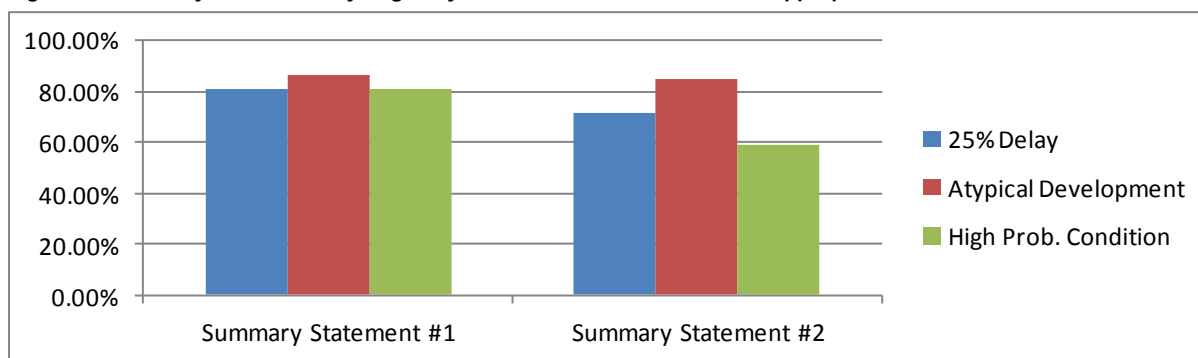
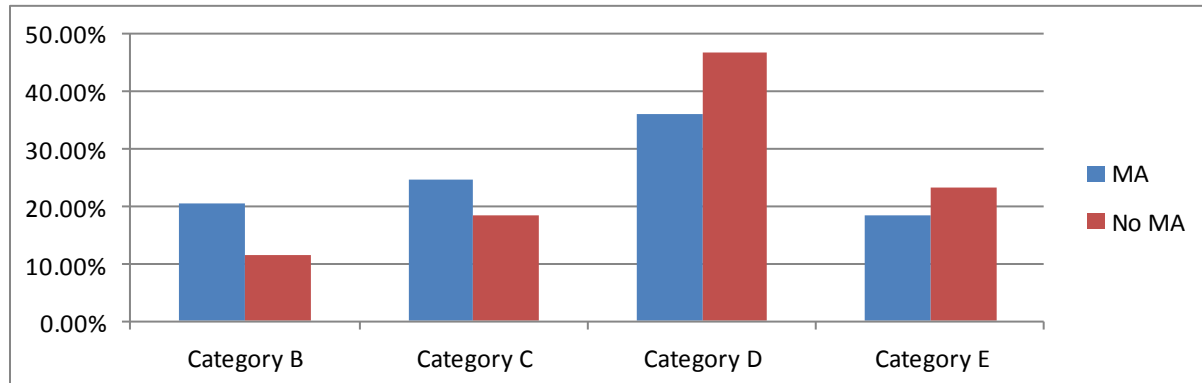


Figure 4 disaggregates child outcome a-e categories by Medicaid enrollment for Indicator 3b – knowledge and skills. A higher percentage of children with Medicaid are in category ‘B’ and a lower percentage of children with Medicaid are in category ‘D’. This same trend is also evident for the other two child outcome indicators.

Figure 4: A-E Category data in relation to Medicaid enrollment – Indicator 3b - Knowledge and Skills



This trend is also evident when examining Summary Statements by Medicaid enrollment. Figures 5, 6 and 7 indicate at least a 10% decrease in both summary statements across all three child outcome indicators for children receiving Medicaid compared to children not receiving Medicaid. This finding may suggest the need for more targeted interventions for children receiving Medicaid. It is important for local jurisdictions with high Medicaid enrollment to disaggregate their data by this factor.

Figure 5: Summary Statements by Medicaid Enrollment – Indicator 3a - Social Emotional Skills

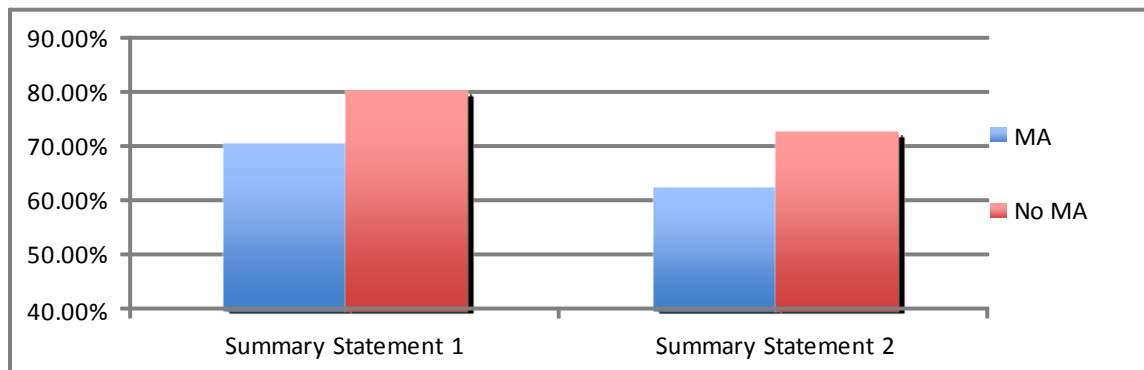


Figure 6: Summary Statements by Medicaid Enrollment – Indicator 3b - Knowledge and Skills

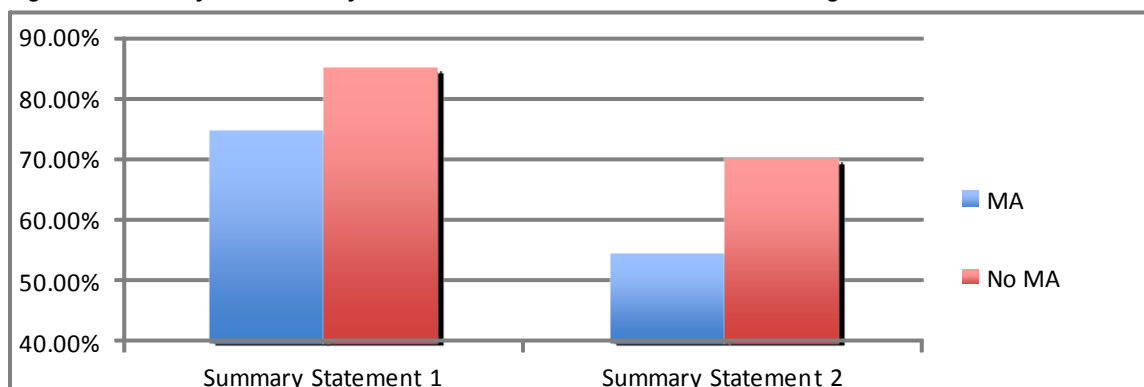
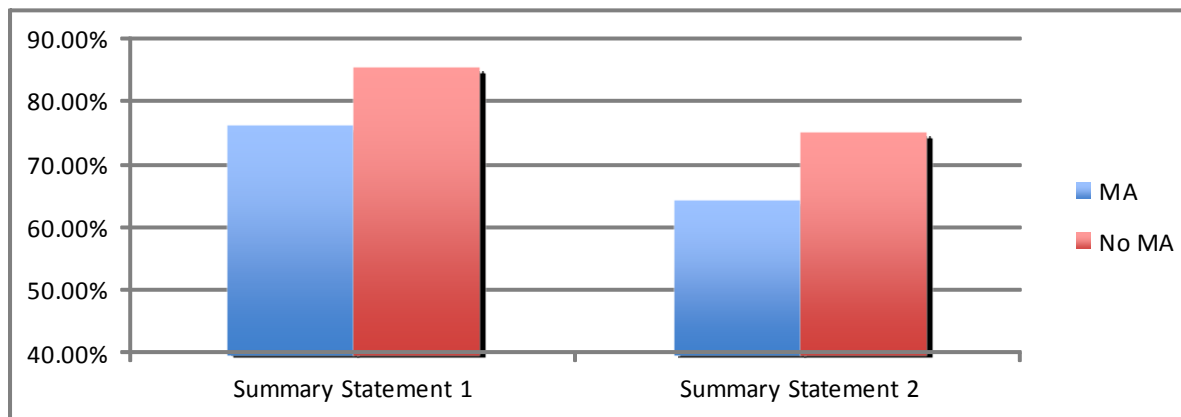


Figure 7: Summary Statements by Medicaid Enrollment – Indicator 3c – Use of Appropriate Behaviors to Meet Needs



In contrast to previous years, in FFY 2010, no significant trends were noted in a-e categories or by Summary Statements for age at referral or for length of time in the program. The MSDE will continue to disaggregate the data for these factors to further reveal data trends as data quality improves. A wide variation was noted when analyzing local jurisdiction data across a-e categories and across summary statements. Much of this variation was noted in jurisdictions with small numbers of children ($n < 30$), with these programs typically having data much higher than larger jurisdictions. When removing jurisdictions with data on less than 30 children, variation in Summary Statements between jurisdictions decreased from 65% to 40%. Since this is the first year Maryland is reporting data using the COSF methodology, data quality is still a significant issue and may also account for the variability in the data.

The MSDE will continue to include missing COSF data in local profiles and will require Improvement Plans if greater than 20% of COSF data is missing. The MSDE will continue to review local jurisdiction data to monitor variations in data and will include child outcomes data in local profiles. Additionally, the MSDE will begin to require local Improvement Plans for jurisdictions with COS data significantly below the State targets and the statewide COS mean score on any of the three child outcome indicators.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Discussion of Improvement Activities Completed:

Improvement activities focused on two overall areas: 1) activities designed to improve data quality; and 2) activities designed to improve the quality of programs and services to positively impact child results. While several improvement activities were specific to one of these areas, many activities were designed to impact both data quality and program quality.

Monitoring for Timely and Accurate Data

During FFY 2010, the MSDE included missing COSF data in local profiles distributed on April 1, 2011 and October 1, 2011 and required Improvement Plans for the submission of timely and accurate data, as necessary. 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 continued to be available in the online database.

Maryland's Assessment Think Tank/Assessment Toolbox Open House

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 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, and for individualized results-oriented decision-making for children and families.

In October 2010, an Assessment Tool Box Open House was sponsored by the MSDE for all local jurisdictions. This was a 3-hour session offered four times over 2 days with approximately 30-45 people per session. Vendors from all the recommended assessment tools participated in this event. Participants had a hands-on opportunity to review and analyze recommended assessment tools for future use in their local jurisdiction. Additionally, participants were provided with information and resources to support local decision-making around evaluation and assessment practices.

Online IFSP Regional Trainings/IFSP Outcomes Wizard

During the spring of 2011, the MSDE conducted regional trainings (six) to support the online IFSP database revisions, as well as other database issues, including data entry, data analysis and program improvement. Data entry and analysis regarding the COSF were reviewed as the entry and exit COSF information for each child was moved to a separate section of the database titled "Early Childhood Accountability System (ECAS)." Additional training topics, such as writing functional outcomes, were customized to meet the specific needs of each region.

The IFSP Outcomes Wizard tool was introduced during the regional Online IFSP training. This online tool was designed to assist early intervention teams in moving smoothly and effectively through the process of developing appropriate outcomes for children and families. Content from Maryland's Healthy Beginnings guidelines as well as the MMSR Exemplars provides immediate access to age appropriate developmental indicators with specific examples and activities. This year, the crosswalk of Healthy Beginnings will be added to this tool along with additional resources to more effectively and accurately complete the Child Outcomes Summary (COS).

Crosswalk of Maryland's Healthy Beginnings/Healthy Beginnings trainings

In June 2011, the Early Childhood Outcomes Center supported Maryland by completing a crosswalk of Maryland's *Healthy Beginnings: Supporting Development and Learning Birth Through Three* to the three child outcome indicators. Local providers continue to need resources to assist with understanding age expectations in order to more accurately complete the Child Outcomes Summary (COS) process. MSDE will continue to make this resource available in hard copy as well as electronically. This crosswalk is currently being embedded into the Online IFSP Outcomes Wizard to allow for providers to access the resource when completing the COS and the when developing functional IFSP outcomes.

Specific trainings to promote *Healthy Beginnings* were offered by the MSDE Division of Early Childhood Development in the Office of Child Care through local childcare resources centers and many early intervention staff throughout Maryland attended these trainings. Additional training was offered at the Service Coordinators' Resource Group Training/Technical Assistance held in March 2011.

Child Outcomes Data Sharing

In the spring of 2011, the MSDE shared child outcomes data at numerous meetings with varied audiences including the annual Programmatic/Fiscal Forum for local Infants and Toddlers Program Directors/administrative staff. In addition, the MSDE began to include the local COSF progress data for each child outcomes sub-indicator on local data files, 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.

In March 2011 the Early Intervention Leadership Academy (EILA) offered an intensive course entitled “Measuring Child and Family Outcomes.” Eight local leaders participated in this program. Small group activities included reviewing State and local data to formulate hypotheses based on the child results, completing a “Using Outcome Information Matrix,” and reviewing the professional development resources available to improve data quality using the COSF.

Maryland IDEA Early Childhood Scorecard

In partnership with the Johns Hopkins University/Center for Technology in Education the Maryland IDEA Early Childhood Scorecard pilot training began in the fall of 2010. The Birth–5 directors/supervisors in three jurisdictions participated in the pilot training and learned to “drill down” information/data to more effectively analyze their early intervention services data, including child outcome results. Additional feedback continues to be requested from the pilot participants to move forward effectively with Statewide implementation in the spring of this year.

Functional Outcomes For School Readiness – Training and Technical Assistance

During FFY 2010 the MSDE provided *The Maryland Model for School Readiness (MMSR) for Preschool*; this is a statewide collaborative approach to promote school readiness for young children with disabilities through professional development. Early intervention staff and preschool special education staff were invited to participate in local/regional training to improve school readiness results for young children and their families. The outcomes of this training were to: 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.

Additional Professional Development to Improve Child Outcome Results

At the MSDE, Division of Special Education/Early Intervention Services Fall 2010 Leadership Conference a session was devoted to best practice models with presentations from local jurisdictions including: *The Use of Video Self-Monitoring and Coaching with Early Intervention Professionals*, *Implementation of Social Emotional Foundations of Early Learning within School-Based Early Childhood Programs*, and *Local School Readiness Results: Maryland Model for School Readiness—What Does the Data Tell Us?* All LITP Directors and their leadership staff typically attend this conference with more than 350 participants.

Service Coordinators’ Resource Group Training/Technical Assistance was held in the fall of 2010 and in the spring of 2011. In the fall, presentations included Connecting Pathways – Evaluation and Assessment, Early Childhood Transition, Statewide Part C Data Trends and the Montgomery County Infants and Toddlers Program video. In the spring, presentations included Healthy Beginnings: Supporting Development and Learning Birth through Three Years, Resources to Support Social-Emotional Foundations of Early Learning (SEFEL), Early Literacy, Family Involvement and Early Childhood Mental Health.

COS/IFSP Integration Workgroup

In April/May 2011, a COS/IFSP Integration stakeholder workgroup (a subcommittee of the Assessment Think Tank) was convened to focus on integrating the Child Outcomes Summary (COS) process into the IFSP process. The very first decision of this group was to no longer use the acronym COSF but instead begin to use COS in order to focus on the process as opposed to the form. This workgroup provided input on several new forms, processes and a training of trainers session conducted in June 2011. While the COS/IFSP integration efforts are very new, the MSDE believes integrating the COS into the IFSP will assist families and providers to have an overall better understanding of a child’s development in

comparison to same age peers. Additionally, the MSDE is hopeful this integration will assist teams to develop more functional outcomes.

COS/IFSP Integration Training of Trainers

In June 2011, the MSDE invited a national expert to provide additional professional development around Child Outcomes Summary (COS) and integrating COS into the IFSP process. To assist with this professional development effort, ECO and NECTAC staff were also invited to attend. The MSDE held two one-day training of trainer session for local directors, supervisors and trainers. The outcomes of the training included:

- Improved accuracy in the measurement of the three early childhood outcomes using age-expected, immediate foundational and foundational skills/development markers and the COS 1-7 scale through hands-on examples and activities;
- Practice using Maryland's recommended Child Outcomes Summary (COS) Worksheet given a case study, to document a child's performance/progress in relationship to age expected development across the three early childhood outcomes;
- Complete the Strengths and Needs Summary (Part IIIA of the IFSP) as a mechanism to capture child performance/progress in relationship to age expected development and to determine a COS rating across the three early childhood outcomes;
- Integrate the three early childhood outcomes throughout the IFSP process, including family engagement, functionality and age-expected development; and
- Utilize the training of trainers model with provided trainer activities, materials and strategies to implement future training for staff in their local jurisdiction.

Participants were provided with notebooks and a flash drive with all the trainer videos, activities, answer keys and additional resources. The training evaluations were overall very positive and most local providers indicated they now had the training resources to share with their staff. One continued area of need was the topic of engaging families in the COS discussion. Additional regional training was delivered in the fall of 2011 following an in-depth needs assessment.

Explanation of Progress/Slippage for FFY 2010:

In FFY 2010, the overall child outcomes data (birth to 3) across the six indicators, using the COSF to compare progress to typical peers, showed a 4.5% to 5.8% decline compared to the FFY 2010 targets (see Figures 8 through 10 below). The Maryland Part C program will continue to focus on data quality, through a variety of statewide and local improvement efforts including professional development, technical assistance and integration of the COS into the IFSP process.

Figure 8: FFY 2010 Summary Statements for Indicator 3a – Social Emotional Skills: Birth to 3, Birth to K and Target

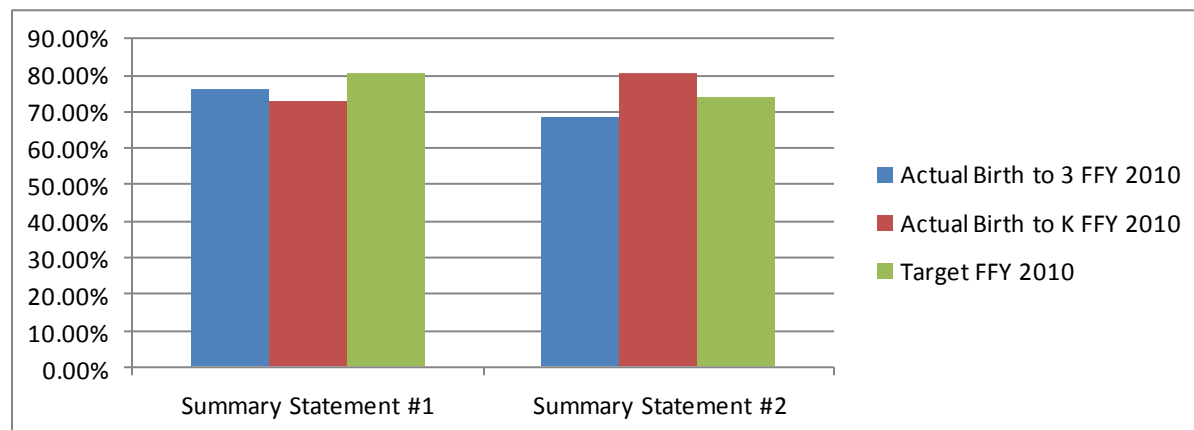


Figure 9: FFY 2010 Summary Statements for Indicator 3b – Acquisition and Use of Knowledge and Skills: Birth to 3, Birth to K and Target

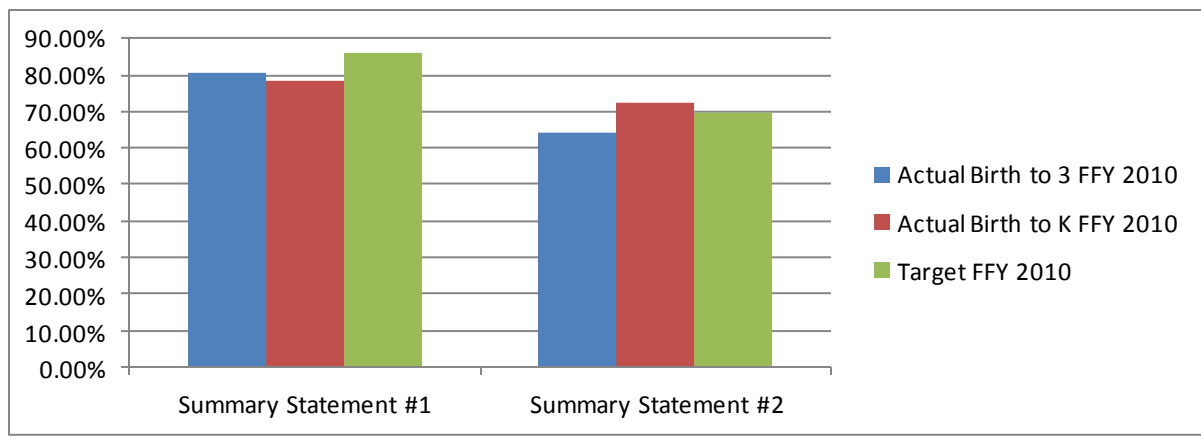
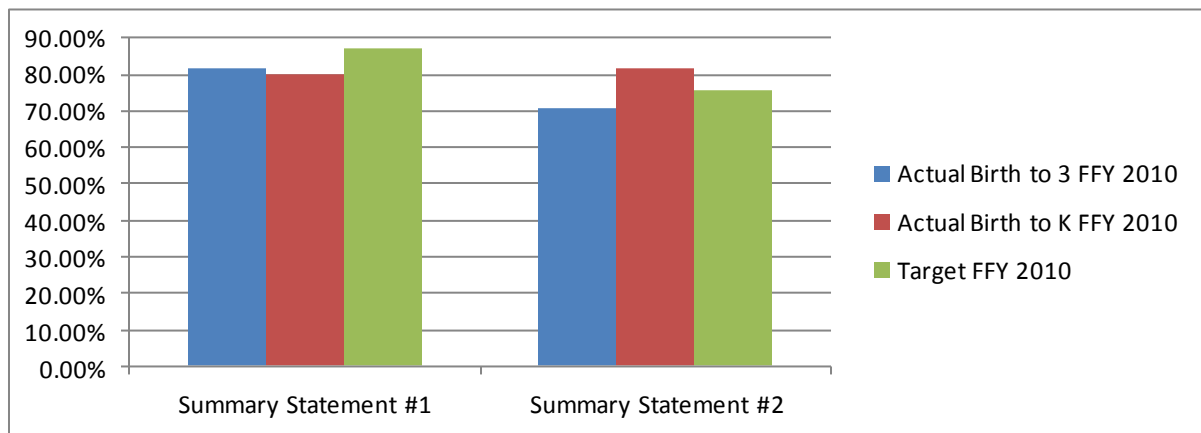


Figure 10: FFY 2010 Summary Statements for Indicator 3c – Use of Appropriate Behaviors to Meet Needs: Birth to 3, Birth to K and Target



In FFY 2010 the child outcome data (birth to K), across all three child outcome indicators for Summary Statement #1, declined approximately 7% compared to the FFY 2010 targets. For Summary Statement #2, the birth to kindergarten data showed an increase in child outcome results of 2.7% to 6.7% across all three child outcome indicators (see Figure 8 through Figure 10 above). These results for Summary Statement #1 may be reflective of children with more significant disabilities not substantially increasing their rate of growth (no change in trajectory) with additional time in the early intervention program. The results for Summary Statement #2 reflect that children with less significant needs meet age expectations with an additional year or more of early intervention services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Revised/New Improvement Activities:

1. The MSDE will work with ECO and other 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 2011, the MSDE will update the online IFSP to integrate the Child Outcomes Summary (COS) process into the Strengths and Needs Summary form of the IFSP.

Additionally, several new predefined reports will be added to the online database including COS Exits Needed, Progress at Exit Child Level COS and Progress at Exit Summary COS.

Revised Activity: In FFY 2011 and FFY 2012, 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 COS data becomes more reliable and valid.

2. 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 2011, the MSDE will conduct webinars to share with local administrators and providers the revisions to the online IFSP database including integration of COS into the IFSP process and utilization of the IFSP Outcomes Wizard, updated to include an electronic crosswalk of the Healthy Beginnings as well as additional resources to more effectively and accurately complete the COS and to develop functional IFSP outcomes. Additional training will also focus on the use of new predefined reports including COS Exits Needed, Progress at Exit Child Level COS and Progress at Exit Summary COS.

Revised Activity: In FFY 2011, the MSDE will revise local procedures for implementing the Child Outcomes Summary (COS) as part of the IFSP process in the IFSP Users Manual and in updated IFSP Directions.

3. 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 2011 based on a statewide needs assessment of local providers, local directors and local trainers, the MSDE will conduct regional trainings of local providers to increase their understanding of age-expected skills and behaviors to more accurately complete COS ratings with families and to provide additional mentoring strategies, resources and materials to local directors, supervisors and trainers to continue integrating COS into all parts of the IFSP process.

Revised Activity: In FFY 2011 and FFY 2012, as part of each local grant application the Comprehensive System for Professional Development Plan must include local/regional training(s) and/or technical assistance on the utilization of the Child Outcomes Summary (COS) process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process.

Revised Activity: For FFY 2011 – FFY 2012, the MSDE will require local Improvement Plans for jurisdictions with COS data significantly below the State targets and the Statewide COS mean score on any of the three child outcome indicators.

4. 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.

Revised Activity: In FFY 2011 - 2012, the MSDE will continue the development of the Maryland IDEA Scorecard (Early Childhood) by continuing to add more data, including information from preschool special education programs. IDEA Scorecard training will be provided to all LITP program directors to assist local programs to make in decision-making for program improvement.

5. **New Activity:** The MSDE in partnership with JHU/CTE will produce a video with a local family who has received early intervention services to specifically demonstrate how to talk with families about the three early childhood outcomes and about the Child Outcomes Summary (COS) process.
6. **New Activity:** In FFY 2011, the MSDE launched a new website, www.marylandlearninglinks.org, created with the support of a Maryland State Improvement Grant from the US Department of Education Office of Special Education Program. This website includes online resources, media and tools to strengthen the early intervention and education services provided to children and youth with disabilities their educators, families and family support providers. In the Birth – 5 System section of the website a channel is devoted to Assessment/Evaluation and describes Maryland's evaluation and assessment system for young children with disabilities (birth through five) and their families.
7. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010 – 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 6/30/2011 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 6/30/2011 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 USC 1416(a)(3)(A) and 1442)

Measurement:

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

Target Data and Actual Target Data for FFY 2010:

Target Data and Actual Target Data	FFY 2010 Target	FFY 2010 Actual	
<i>A. Know their rights</i>	78%	3,237/3,474	93%
<i>B. Effectively communicate their children's needs</i>	76%	3,108/3,345	93%
<i>C. Help their children develop and learn</i>	86%	3,135/3,329	94%

Maryland has exceeded the target in all three of the family outcome indicators. Indicator 4a showed a 6% improvement, Indicator 4b showed a 10% improvement and Indicator 4c showed a 2% improvement over FFY 2009 data.

Data Collection and Analysis Methods:

The family outcome indicators are calculated based on family responses to a series of questions administered via a paper/pencil survey. As with previous iterations of this survey, the questions on the survey are those recommended by the National Center for Special Education Accountability Monitoring (NCSEAM), and include 22 core questions followed by two demographic questions on relationship and age. Two additional questions were asked of parents whose children turned three years old after February 1, 2010 but before June 30, 2011 and continued to receive services through an IFSP. These last two questions will be analyzed separately and included at the end of this report. Surveys were mailed to each of the local jurisdictions in English and in Spanish based upon information provided by the jurisdiction.

When possible the survey was hand delivered by the local Infants and Toddlers Program (ITP) to the family. When this was not possible the survey was mailed to the family by the local program. The values for OSEP Indicator #4 were calculated by dividing the number of responses that agreed, strongly agreed, and very strongly agreed, divided by the total number of responses times 100. Variations in the denominator occurred due to variations in the number of questions a family answered on the survey.

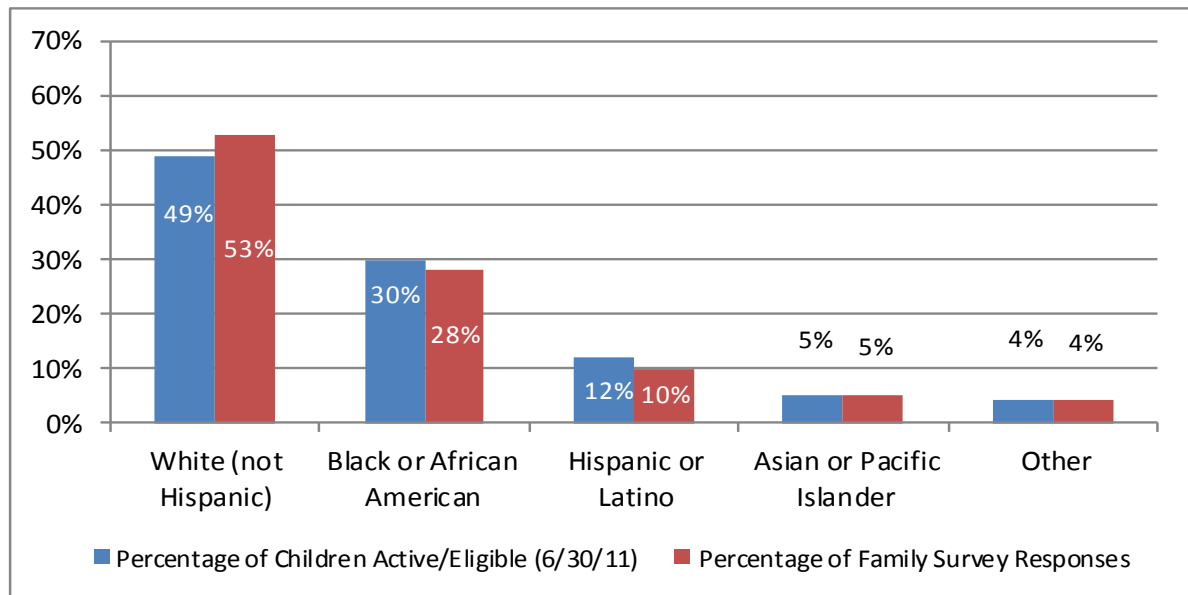
Response Rates:

A total of 9,036 surveys were sent to families and 3,589 surveys responses were received for an overall response rate of 39.7%. Of the 24 jurisdictions, seven jurisdictions achieved a response rate greater than or equal to 50% and 12 jurisdictions achieved a response rate greater than 40%.

Representativeness of Results:

Figures 1 - 5 and Table 2 show the extent to which the survey results were representative of the children who were active and eligible on June 30, 2011 by race, primary language spoken at home, gender, age at time of referral, eligibility status, and local jurisdiction. The percentage of survey responses from Asian/Pacific Islander families and races categorized as Other were proportional to the universe of active and eligible children. The percentage of Black/African American respondents was underrepresented by 2% (down from 4% in FFY 2009). The percentage of Hispanic/Latino respondents was underrepresented by 2% (up from 1% in FFY 2009). There continues to be overrepresentation by White families completing the Family Survey, but the percentage of overrepresentation in the survey is down to only 4% (having dropped from 13% in Federal Fiscal Year [FFY] 2007 to 7% in FFY 2008 to 6% in FFY 2009). 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 efforts on increasing both response rates and representativeness (Figure 1).

**Figure 1: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness by Race—Survey Responses vs. Active/Eligible**



As shown in Figure 2, the sample of responses received from English speaking homes was over representative by 3% as compared to active/eligible children, with a corresponding underrepresentation by Spanish speaking homes.

**Figure 2: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness by Survey Language —Survey Responses vs. Active/Eligible**

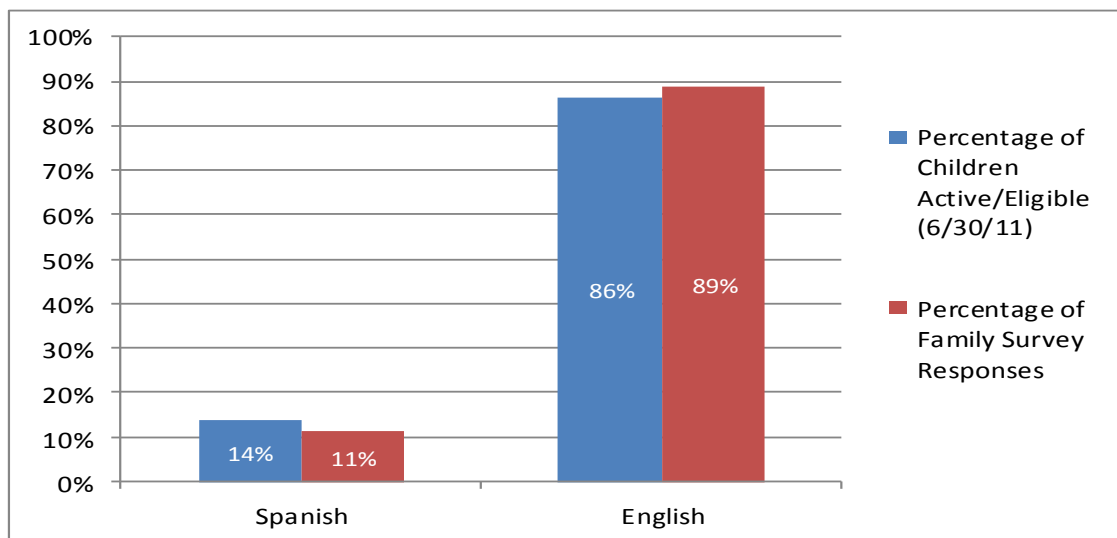


Figure 3 compares the percentage of survey responses from families whose children are male/female with the percentage of children served who are male/female. The 1% difference between those responding to the survey and the children who were active and eligible on June 30, 2011 suggest the family survey responses are representative with regard to gender of the children served in the program in FFY 2010.

**Figure 3: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness by Gender—Survey Responses vs. Active/Eligible**

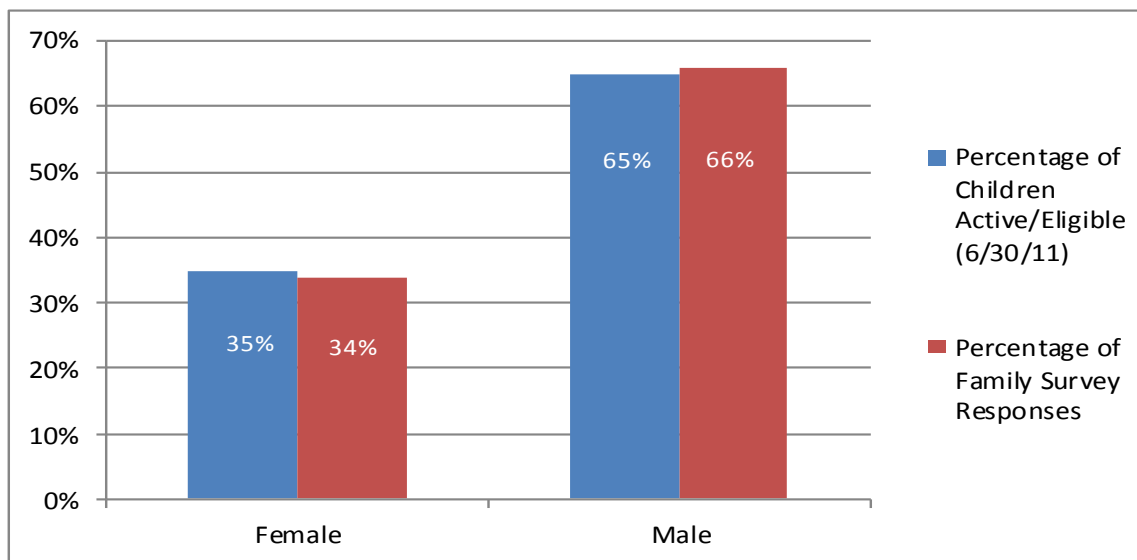


Figure 4 compares the percentage of survey responses received by age ranges at time of referral, compared with the percentage of children served by age ranges. The 2011 family survey data appear to be representative for all age ranges, with the largest difference in representativeness occurring among the 2-3 year-old age group, where the survey participants are under representative of the active/eligible children being served by 3%.

**Figure 4: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness by Age at Time of Referral—Survey Responses vs. Active/Eligible**

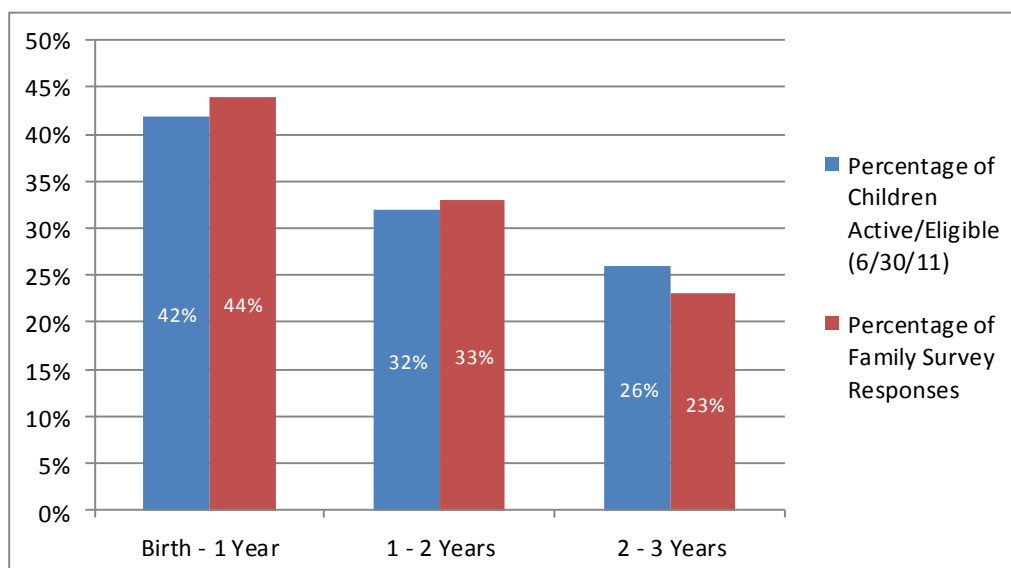
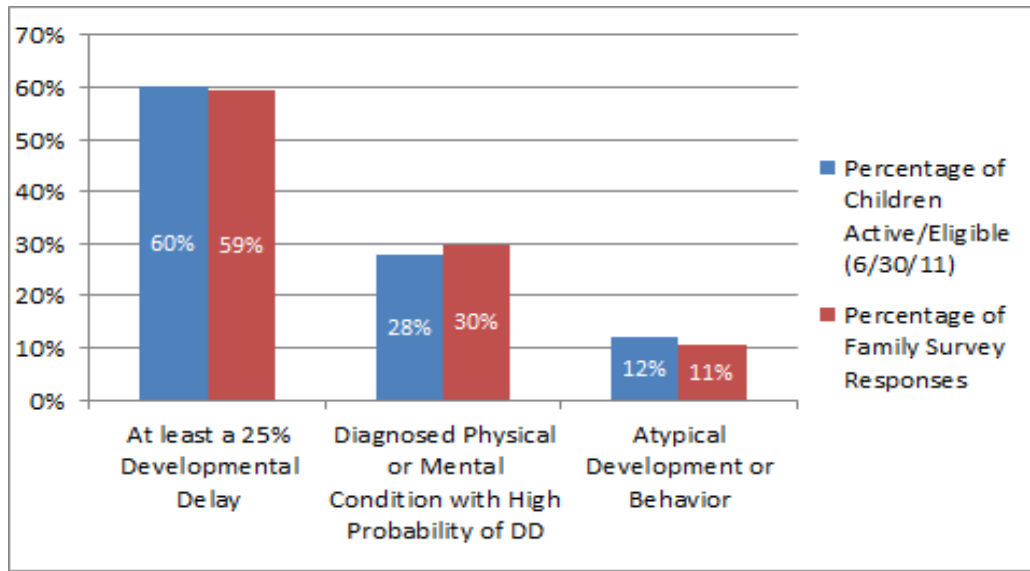


Figure 5 compares the percentage of survey responses by eligibility status compared with the percentage of children served by eligibility status. The 2011 family survey data appear to be representative for eligibility status. Survey responses by parents of children with a diagnosed physical or mental condition with a high probability of a developmental delay were overrepresented by 2%. Survey responses by parents of children with at least a 25% developmental delay and children with atypical development or behavior were underrepresented by 1%.

**Figure 5: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness by Eligibility Determination—Survey Responses vs. Active/Eligible**



Finally, Table 1 shows that the percentage of family survey responses was generally representative of the local jurisdictions when compared with the percentage of active/eligible children as of June 30, 2011, with the following exceptions:

- With the exception of the five jurisdictions listed below, survey representativeness was within one percentage point of the percentage of active/eligible children as of June 30, 2011.
- Baltimore City and Montgomery County had lower than representative percentage of responses (-5%).
- Harford County had lower than representative percentage of responses (-2%).
- Baltimore County had a slightly higher than representative percentage of responses (+4%).
- Prince George's County had a slightly higher than representative percentage of responses (+3%).

**Table 1: FFY 2010-2011 Local Infants and Toddlers Programs:
Representativeness of Results by Local Jurisdiction—Survey Responses vs. Active/Eligible**

Local Infants & Toddlers Program	Percentage of Children Active/Eligible	Percentage of Survey Responses	Number of Children Active/Eligible	Number of Survey Responses
Allegany	2%	1%	153	52
Anne Arundel	11%	11%	982	385
Baltimore City	10%	5%	875	183
Baltimore County	15%	19%	1,353	692
Calvert	1%	1%	106	52
Caroline	1%	1%	53	21
Carroll	2%	2%	176	60
Cecil	2%	2%	143	70
Charles	2%	3%	204	94
Dorchester	1%	1%	64	39
Frederick	4%	4%	334	142
Garrett	0%	0%	19	5

Local Infants & Toddlers Program	Percentage of Children Active/Eligible	Percentage of Survey Responses	Number of Children Active/Eligible	Number of Survey Responses
Harford	5%	3%	472	116
Howard	4%	4%	367	135
Kent	0%	0%	11	1
Montgomery	22%	17%	1,970	624
Prince George's	12%	15%	1,072	532
Queen Anne's	1%	1%	85	44
Somerset	0%	0%	14	0
St. Mary's	2%	2%	138	73
Talbot	0%	0%	42	15
Washington	2%	3%	181	125
Wicomico	2%	3%	167	99
Worcester	1%	1%	55	30
Statewide	100%	100%	9,036	3,589

With regard to the representativeness of results by local jurisdiction, overall survey responses were representative of the active/eligible children served with the exception of several large jurisdictions. This information will be shared with all local jurisdictions to continue working on the representativeness of the family survey results.

Results Data Across Indicators as Compared to Demographic Information

The following graphs depict the family survey results across all three indicators in comparison to demographic information. Overall, the results do not show high levels of variation within the three indicators across the various demographic variables. All of the results data have been disaggregated by local jurisdiction in order to facilitate local program improvement efforts using data informed decision-making.

Figure 6 shows comparisons across Indicators #4A, #4B, and #4C by racial/ethnic group. Overall, there was very high agreement by each racial/ethnic group with each of the indicators. Each group rated each indicator above 90%, with no more than a 4% difference between the groups with the least and the groups with the most agreement with these indicators. These data show a slightly higher level of agreement among Hispanic or Latino and Asian/Pacific Islander families to Indicators #4A, #4B, and #4C than families of other races.

**Figure 6: FFY 2010-2011 Local Infants and Toddlers Programs:
Race/Ethnicity by Indicators #4A, #4B, and #4C**

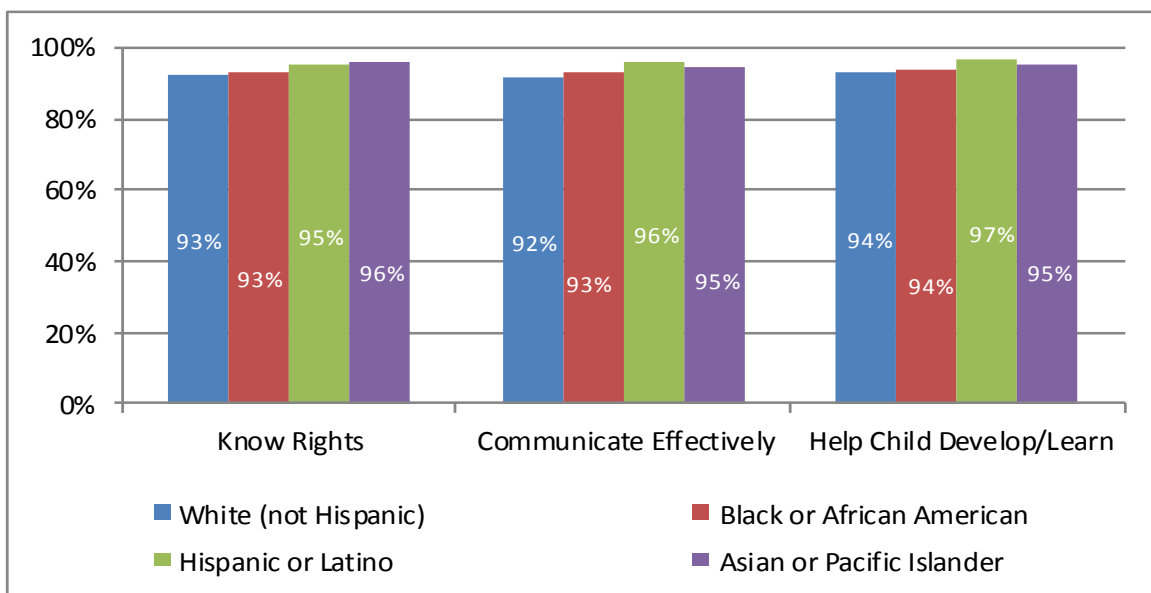


Figure 7 provides a comparison across Indicators #4A, #4B, and #4C by whether English is the primary language spoken in the home or not. For each indicator, both groups expressed high levels of agreement. The non-English speaking respondents, however, expressed higher levels of agreement. As the non-English speaking sample was one-tenth of the overall sample, care must be taken in interpreting differences between the two groups.

**Figure 7: FFY 2010-2011 Local Infants and Toddlers Programs:
Primary Language Spoken at Home by Indicators #4A, #4B, and #4C**

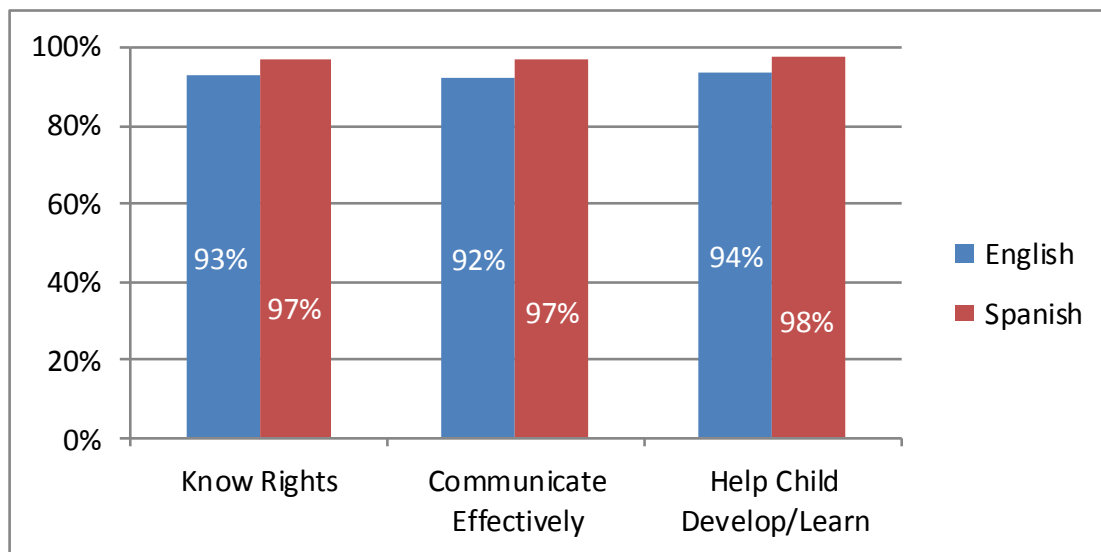


Figure 8 shows the gender of children across Indicators #4A, #4B, and #4C. Similar to the racial/ethnic data discussed in Table 5, there were consistently high rates of agreement with Indicators #4A, #4B, and #4C, regardless of gender. Parents of male and female children expressed identical levels of agreement for Indicators #4A and #4C, with a 1% difference for #4B.

**Figure 8: FFY 2010-2011 Local Infants and Toddlers Programs:
Gender by Indicators #4A, #4B, and #4C**

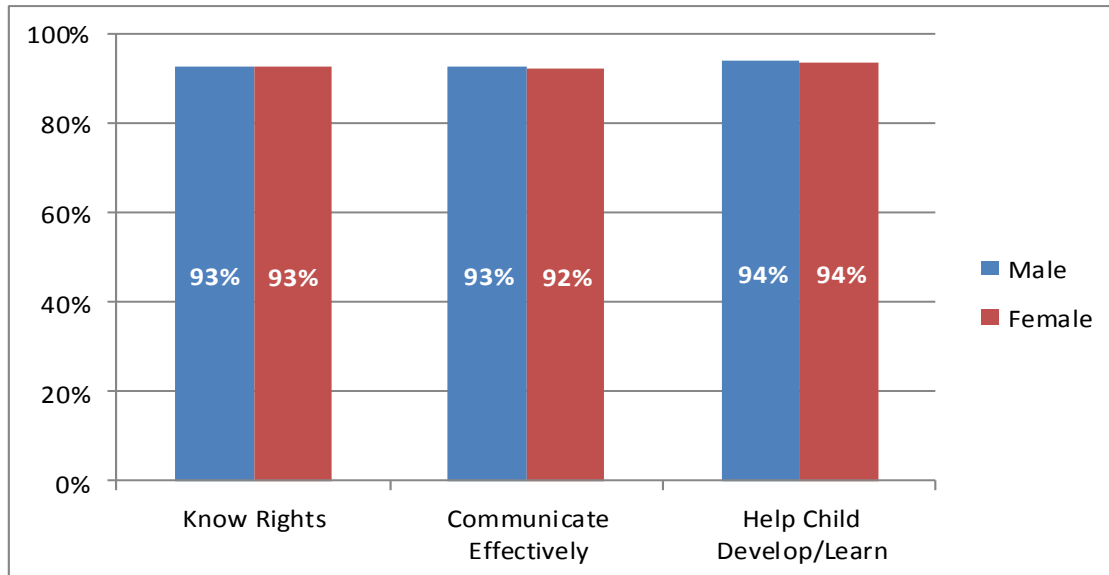
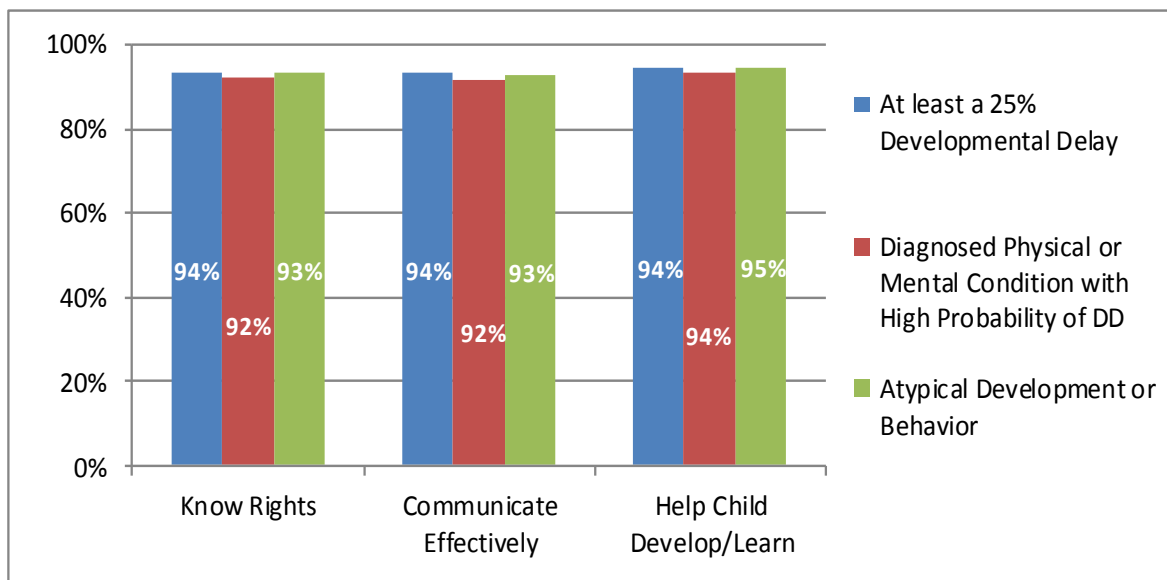


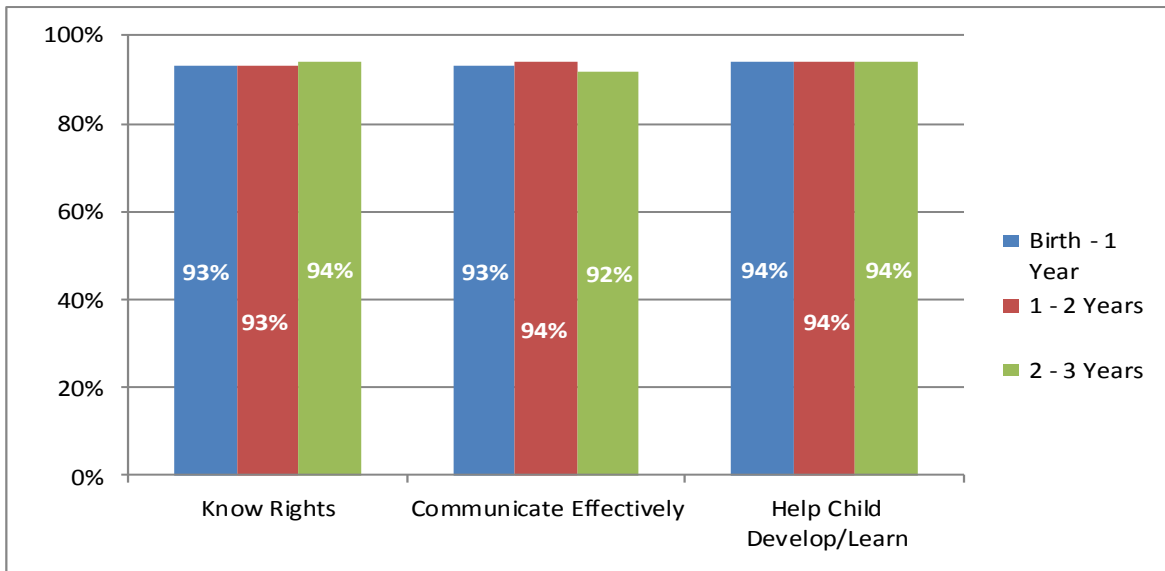
Figure 9 shows the comparison across indicators by the child's eligibility status. Similar to previous tables, the degree of variation across Indicators #4A, #4B, and #4C was very small, as was the variation among families with children in the three different eligibility categories. While the variation was small among groups, overall agreement with Indicators #4A, #4B, and #4C was high (92-94%).

**Figure 9: FFY 2010-2011 Local Infants and Toddlers Programs:
Eligibility Status by Indicators #4A, #4B, and #4C**



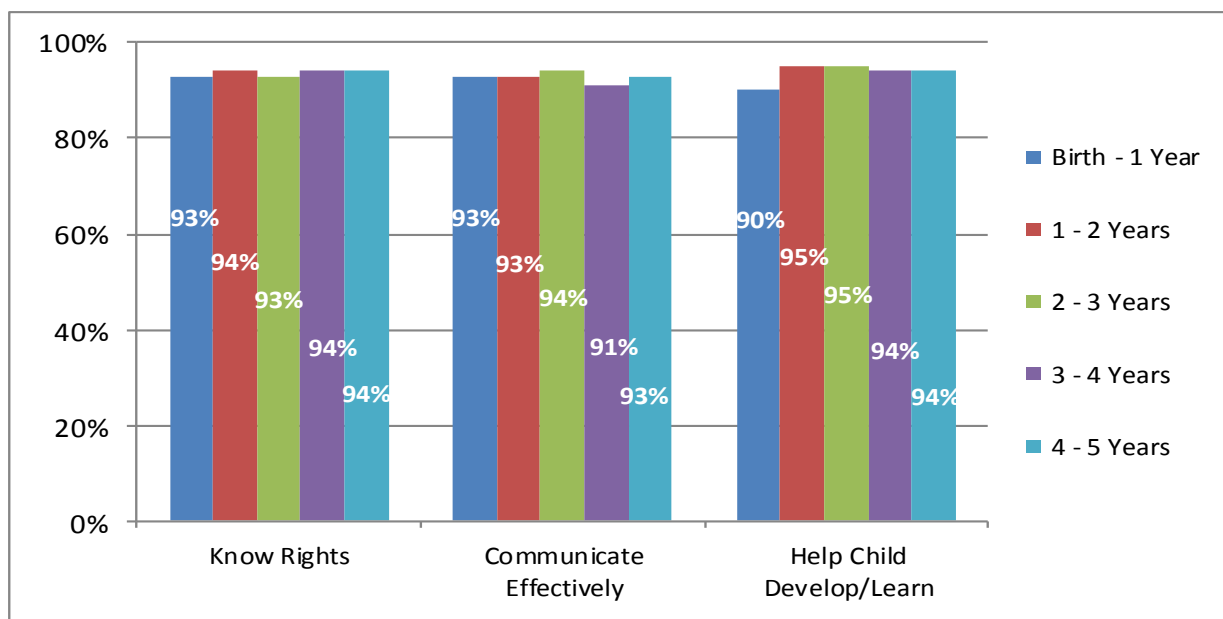
Figures 10 – 12 display variation in ratings of agreement across the three indicators by 1) child age at time of referral, 2) child age at time of survey completion, and 3) the length of time children had been receiving Part C services. Examining differences in levels of agreement by age at referral to Part C (Figure 10), there was only 1 – 2% variation in agreement with Indicators #4A, #4B, and #4C.

**Figure 10: FFY 2010-2011 Local Infants and Toddlers Programs:
Age at Time of Referral by Indicators #4A, #4B, and #4C**



Looking at agreement based on the age of the child at time of survey completion (Figure 11), there was a little more variation in Indicator #4C. Families of younger children rated their agreement with Indicators #4C 4-5% lower than families of older children.

**Figure 11: FFY 2010-2011 Local Infants and Toddlers Programs:
Age at Time of Survey Completion by Indicators #4A, #4B, and #4C**



Examining the impact of the length of time a child had been receiving Part C services on agreement with Indicators #4A, #4B, and #4C (Figure 12), there was only a variance of 3% to 4% across subgroups for each indicator. The highest level of family agreement was with 4C (Help children develop and learn).

**Figure 12: FFY 2010-2011 Local Infants and Toddlers Programs:
Length of Time in Part C by Indicators #4A, #4B, and #4C**

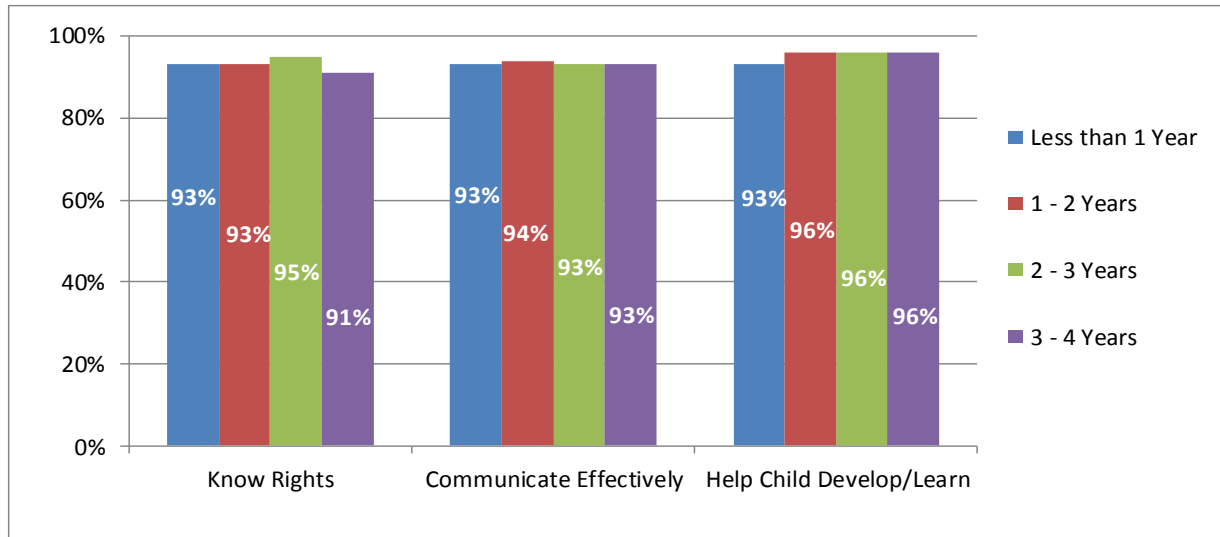
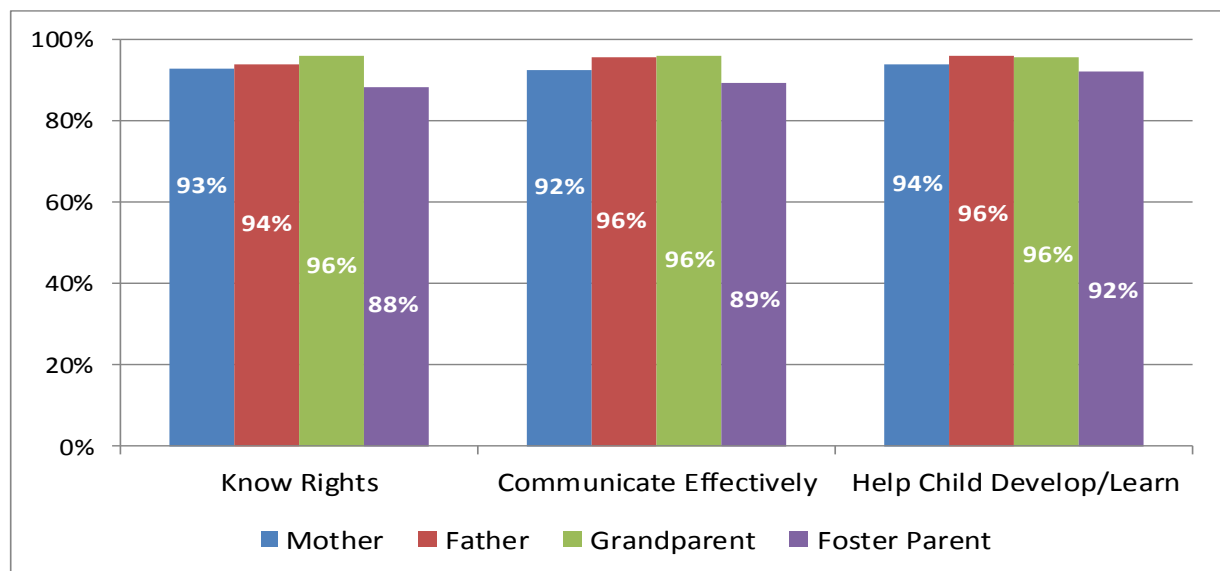


Figure 13 shows the comparison across indicators by relationship to the child. Responses from mothers, fathers, and grandparents were very similar for Indicators #4B and #4C, varying by no more than 4%. Foster parent responses varied more, with the lowest level of agreement across the indicators. Six percent (6%) of foster parents had lower agreement with Indicator #4A than the highest group (grandparents) and 7% less than the highest rating for Indicator #4B (grandparents and fathers). Excluding foster parents, mothers scored each Indicator lower than fathers and grandparents.

**Figure 13: FFY 2010-2011 Local Infants and Toddlers Programs:
Relationship to Child by Indicators #4A, #4B, and #4C**



Extended IFSP Option:

Maryland continued with implementation of the Extended IFSP Option throughout FFY 2010. Last year in consultation with Batya Elbaum, Special Education Professor and Researcher at the University of Miami, MSDE added two questions to the family survey instrument to gather information from families that chose to continue to receive early intervention services after their child turned three. The same two questions were again a part of the early intervention family survey in 2011. Families who had a child who turned three years of age between February 1, 2010 to June 30, 2011 were asked to complete these two questions. Based on birth date data provided by the MSDE, 1,158 families who responded to the family survey were eligible to answer these questions (79% responded to the first question, 75% to the second question). From those families, the following results emerged:

- **91%—(834/917) 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.
- **91%—(791/872) 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).

While these scores dropped 5% and 6% from last year, generally speaking families who continued to receive early intervention services through an Extended IFSP had positive outcomes related to understanding their options for making the best choice and feeling supported to teach their child school readiness activities. This year, more than four times as many families responded to these items. The greater response rate allows for greater confidence in the reliability of the results.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Improvement activities during FFY 2010 directly linked local results and response rate data on the family survey to local improvement efforts. If the local 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 families. Additionally, if the local jurisdiction's response rate was lower than the FFY 2008 family survey mean response rate, the jurisdiction was required to complete an improvement plan that included a discussion of how to increase response rate, such as identifying ways that service coordinators and family support staff can assist families to complete the survey.

When a jurisdiction submitted an improvement plan regarding their results data or their response rate data, the improvement plan was reviewed by MSDE staff. The MSDE provided technical assistance through phone consultation, on-site visits and local presentations to local early intervention staff. During FFY 2010, three jurisdictions completed Improvement Plans for Indicator 4a – Know Rights, seven jurisdictions completed Improvement Plans for Indicator 4b – Communicate Effectively, and two jurisdictions completed Improvement Plans for Indicator 4c – Help Child Develop/Learn. Additionally, three jurisdictions completed an improvement plan to increase local response rates for the family survey.

For the first time in FFY 2010, the MSDE required jurisdictions to complete Linking Funds for Program Improvement annually with their local application. When a local jurisdiction has difficulty meeting the target for the family outcomes indicators over a two-year period, funds are required to be directed to improve family outcomes results. Five jurisdictions needed to direct funds to improve family outcomes results for FFY 2011. The impact of the above improvement activities is very high as the initial analysis of the current family outcome results indicate that no jurisdiction is below the State target for Indicators #4a and #4b and just one jurisdiction is slightly below the target for Indicator #4c. The efforts to link local

family outcome results and response rate results to local improvement efforts will continue as an effective method for improving results.

A variety of Statewide professional development opportunities were provided throughout FFY 2010 that potentially impacted the family survey results. As in the past, the Statewide and local family survey results were shared with local Infants and Toddlers Program Directors at the Annual Fiscal/Programmatic Forum in March 2011. A thorough description of requirements around Improvement Plans and linking funds for program improvement was provided to all LITP Directors at this meeting.

Service Coordinators' Resource Group Training/Technical Assistance was held in the fall of 2010 and in the spring of 2011. In the fall, presentations included Connecting Pathways – Evaluation and Assessment, Early Childhood Transition, Statewide Part C Data Trends and the Montgomery County Infants and Toddlers Program video. In the spring, presentations included Healthy Beginnings: Supporting Development and Learning Birth through Three Years, Resources to Support Social-Emotional Foundations of Early Learning (SEFEL), Early Literacy, Family Involvement and Early Childhood Mental Health.

Maryland IDEA Early Childhood Scorecard pilot training was conducted over the past year to “drill down” information in order to more effectively analyze early intervention services data. While the MD IDEA Scorecard was utilized for child intervention planning and monitoring, the family outcome results were not included in the data set. A different approach will be utilized in FFY 2011 to share local family outcome results at the local jurisdiction level. The local jurisdiction level family outcome data will potentially be included in the MD IDEA Scorecard in the coming year.

During FFY 2010 the MSDE provided *The Maryland Model for School Readiness (MMSR) for Preschool*; this is a statewide collaborative approach to promote school readiness for young children with disabilities through professional development. Early intervention staff and preschool special education staff were invited to participate in local/regional training to improve school readiness results for young children and their families. The outcomes of this training were to: 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.

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, Family Navigators, 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.

- At the Division of Special Education/Early Intervention Services (DSE/EIS) Leadership Conference in September 2010 a session “Parent Participation: It's Not Just a Great IDEA!” included a parent panel, which was very well received.
- In November 2010, the MSDE Family Support Services sponsored a two-day workshop for all local family support coordinators and partners entitled “Weaving Systems of Family Support.” The presentations included: “A Systems of Care Approach to Working with Families,” “Supporting Parents with Challenges,” and Grant Writing.” A comprehensive resource CD was disseminated which included a follow-up survey. Most responders indicated the information was very useful and was shared with many other families and service providers.
- In May 2011, the MSDE Family Support Services sponsored a two-day training including the following presentations: “Social-Emotional Foundations of Early Learning and Positive Behavioral Interventions and Supports,” “Discipline Resource,” “The Importance of Data,” and “Helping Families Find Balance.” The fall and spring trainings were for all stakeholders involved in parent-to-parent networks in Maryland with over 75 participants.

With the implementation of the Extended IFSP Option, MSDE began the development of a new Parent Information Series. During FFY 2009 *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3* was printed and distributed to local jurisdictions. In FFY 2010, the *Birth to 3: A Family Guide to Early Intervention Services in Maryland* was printed and distributed. Two additional brochures were released in early fall 2011 which included *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*. All of these brochures can be found at the MSDE website (www.marylandpublicschools.org) as well as the Early Childhood Gateway website (www.mdecgateway.org) and a new website just launched in October 2011 called Maryland Learning Links (www.marylandlearninglinks.org). The Parent Information Series provides the family with comprehensive information about early intervention services in Maryland written in family-friendly language. The overall feedback from families and service providers about the Parent Information Series has been very positive.

The MSDE implemented a revised online Individualized Family Service plan (IFSP) beginning in April 2010 which included family-friendly language and a progress monitoring component, allowing families to have a better understanding of his/her child's progress. In the spring of 2011, six regional Online IFSP trainings were conducted based on the needs of the local jurisdictions. The IFSP Outcomes Wizard was introduced during these trainings. This online tool is designed to assist early intervention teams in moving smoothly and effectively through the process of developing appropriate outcomes for children and families. Content from Maryland's Healthy Beginnings guidelines as well as the MMSR Exemplars provides immediate access to age appropriate developmental indicators with specific examples and activities.

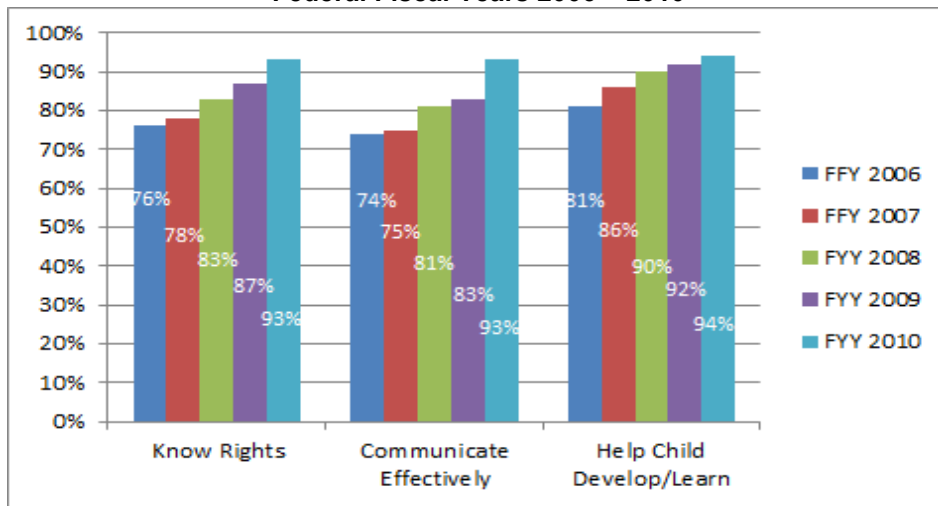
The Final Program improvement effort in FFY 2010 focused on the integration of the Child Outcomes Summary (COS) process into the IFSP process. In April/May 2011, a COS/IFSP Integration workgroup (a subcommittee of the Assessment Think Tank) was convened to discuss the integration efforts and to provide input on several new forms, processes and a training of trainers session conducted in June 2011. While the integration efforts are very new, the MSDE believes integrating the COS and the IFSP will assist families to have an overall better understanding of their child's development in comparison to same age peers and will assist teams with more functional outcomes development.

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.

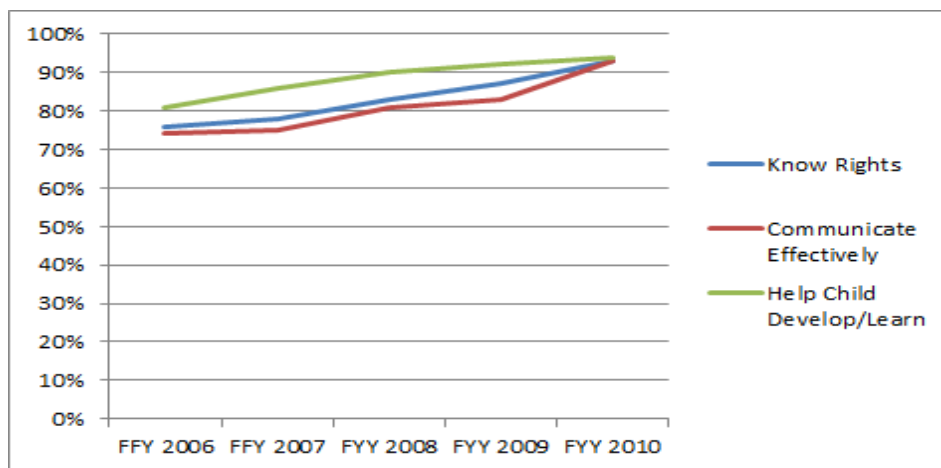
Explanation of Progress that occurred for FFY 2010:

Figures 14 and 15 present data comparing the values on OSEP Indicators #4A, #4B, and #4C for FFY 2006 - 2010. This year MSDE achieved a 6% improvement in Indicator 4a, a 10% improvement in Indicator 4b and a 2% improvement in Indicator 4c. The 10% increase in the Communicate Effectively variable from FFY 2009 to FFY 2010 was significantly greater than in previous years. Improvement in the other two domains was similar to those of previous years. Figure 15 shows the three indicators converging to almost identical scores after five years of survey implementation. Maryland is well above the targets in all of the family outcome indicators. It is interesting to note the larger increases in family outcome results began when Maryland made the decision to move forward with the Extended IFSP Option. Additionally, Maryland has put an increased emphasis on these results over the past several years by including them as part of the local jurisdiction profiles with follow-up Improvement Plans as necessary. These efforts may have had a positive impact on the family outcome results.

**Figure 14: Estimates for OSEP Indicators #4A, #4B, and #4C:
Federal Fiscal Years 2006 – 2010**



**Figure 15: Estimates for OSEP Indicators #4A, #4B, and #4C:
Federal Fiscal Years 2006 – 2010**



Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Improvement activities were revised to either continue previous activities for additional years or to provide a more detailed description of the specific activities proposed to improve family outcome results.

Revised/New Improvement Activities:

1. In FFY 2011 - FFY 2012, 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 2011 – FFY 2012, MSDE will provide local family outcome data profiles for each jurisdiction focusing on family survey results. Data will include the percentage of agreements for each indicator across race, gender, primary language, eligibility status, age at time of referral, age at time of survey response, length of time in the program and relationship. Additional data will include the mean percentage of agreement (1 – 6) for each survey question for each local

jurisdiction. All of this data can be utilized by local jurisdictions to implement targeted local improvement activities based on analysis of local data.

Revised Activity: In FFY 2011, MSDE will hold a webinar to discuss the Statewide and local family outcome data and how local data analysis can be used to implement targeted local improvement activities.

2. In FFY 2008 - FFY 2010, the MSDE will continue to 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: In FFY 2011 and FFY 2012, the MSDE will continue to collaborate with parent-to-parent networks in the State through joint training and technical assistance efforts targeted at families and family support providers.

3. In FFY 2011 – FFY 2012, the MSDE will continue to revise Maryland’s Online Individualized Family Service Plan (IFSP) and provide professional development as appropriate.

Revised Activity: In FFY 2011, the MSDE will continue to upgrade the online IFSP by providing an offline solution (in order to complete the IFSP online in the family’s home with no internet connection) and by integrating the Child Outcomes Summary (COS) process into the IFSP process.

Revised Activity: In FFY 2011, the MSDE will conduct webinars to support the online/offline IFSP database revisions, as well as other database issues, including data entry, data analysis, and program improvement. Trainings will include the revisions to the Strengths and Needs Summary/Child Outcomes Summary (Part IIIa of the IFSP) and the IFSP Outcomes Wizard.

4. 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*.

Revised Activity: In FFY 2011, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights*. In FFY 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

5. **New Activity:** The MSDE in partnership with JHU/CTE will produce a video with a local family who has received early intervention services to specifically demonstrate how to talk with families about the three early childhood outcomes and about the Child Outcomes Summary (COS) process.
6. **New Activity:** In FFY 2011, the MSDE launched a new website, www.marylandlearninglinks.org, created with the support of a Maryland State Improvement Grant from the US Department of Education Office of Special Education Program. This website includes online resources, media and tools to strengthen the early intervention and education services provided to children and youth with disabilities their educators, families and family support providers. In the Birth – 5 System section of the website a channel is devoted to Family Engagement and describes Maryland’s family engagement model and provides specific information about the new Birth through Five Parent Information Series.
7. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland’s local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their

jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources:

On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database on 10/29/2010, 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
2010 (2010-2011)	The percent of infants and toddlers birth to 1 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 2010: $1,134/71,523 = 1.59\%$ (Based on 2010 Census Data)

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 1.59% of its 2010 resident birth to 1 population in the reporting period and exceeded the state target of 1.50%.

Compared to the average national data percentage of children birth to 1 year of age receiving early intervention services (1.03%), Maryland served 1.59% of the resident population of children birth to 1 year of age. Maryland exceeds the national average by 0.56% and is ranked eleventh among the 50 states, DC and Puerto Rico.

2010 Resident Population Birth to 1	FFY 2010 Birth to 1 Population Served	FFY 2010 Percent Served Birth to 1
71,523	1,134	1.59%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Explanation of Progress or Slippage:

The following table illustrates the percentage of birth to 1 eligible children with an active IFSP via the Maryland data system statewide snapshot count on the last Friday in October for FFY 2008, FFY 2009, and FFY 2010:

FFY	2008	2009	2010
Percentage of Eligible Children Birth to 1 With Active IFSPs (Snapshot Count)	1.33%	1.47%	1.59%
Resident Population – Birth to 1 (Snapshot Count)	75,362	76,511	71,523
FFY	2008	2009	2010
Children Referred Birth to 1 (Annual Count)	4,184	4,266	4,355

The above table shows the percentage of birth to 1 year old children receiving early intervention services statewide increased by 0.26 percentage points based on a snapshot count on the last Friday in October in FFY 2008 compared to a snapshot count on the last Friday in October in FFY 2010. In FFY 2010, the State target was exceeded by 0.09%. From FFY 2008 to FFY 2010, the State resident population for birth to 1 year old children declined by 3,839, a 5.22% decrease. The annual number of referrals in FFY 2008 for birth to 1 children compared to the annual number of referrals for birth-to-one children in FFY 2010 increased by 171 children (4.09%). Based on this data, there appears to be a three year trend in Maryland whereby the number of referrals and the percentage of birth to 1 year old children receiving early intervention services are increasing, while the resident population is decreasing.

It should also be noted that there is some variation in the number of children birth to 1 served each month. The chart below represents birth to one snapshot counts for the last Friday in each month for FFY 2010.

Month	Nov09	Dec09	Jan10	Feb10	Mar10	Apr10	May10	Jun10	July10	Aug10	Sep10	Oct10
# served	1,106	1,092	1,087	1,064	1,113	1,118	1,143	1,159	1,073	1,061	1,083	1,134
% served	1.55%	1.53%	1.52%	1.49%	1.56%	1.56%	1.60%	1.62%	1.50%	1.48%	1.51%	1.59%

Note that depending on the month examined, the number of children birth to 1 receiving early intervention services statewide varies from 1,061 to 1,159 and the percentage of children birth to 1 receiving early intervention services varies from 1.48% to 1.62%. The State target was equaled or exceeded in 10 of the 12 months.

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 5/1/11 and 11/1/11, respectively.

Progress on this indicator may be attributed to an increase in local collaboration with primary referral sources including primary care providers and specialty medical providers. 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 the 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 same date of their referral.

Beginning in FFY 2010, some jurisdictions, depending on their performance on this indicator in four previous 6-month periods, were required by the MSDE to allocate federal funds to public awareness activities as a strategy to improve performance on this indicator.

For the related requirements for Indicator 5, 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 to 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 Indicator 5 were required to include a public awareness plan in the next annual application for federal and State funding.

Examples of local program improvement strategies utilized to increase the number of children (Birth to 1) with IFSPs included:

- Providing 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;
- Mailing information about LITPs to pediatricians, hospitals with NICUs, local departments of social services, local departments of health, family support centers and child care centers;
- Presenting onsite to pediatric and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, local hospitals and other early childhood programs;
- 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;
- Distributing a Family Support Services Newsletter to families and all partner agencies;
- Writing websites and literature in Spanish and English;
- Coordinating of public awareness activities with other local early childhood programs;
- Providing an annual personal thank you note to every medical office that sent in an ITP referral during the previous year;
- Collaborating with the local public libraries that distribute brochures and provide space for family story time;
- Receiving demographic information of newborn babies enrolled in the Maryland Child Health Insurance Program and providing information on child development and the LITPs to families of these babies;
- Attending monthly meetings of Friends of Early Intervention and also the Dads Network – parent information and support groups;
- Appointing a family support specialist as a liaison between an LITP and community organizations;
- Participating in a kinship care program undertaken by a local department of social services;
- Presenting to undergraduate and graduate students at Johns Hopkins University, the University of Maryland Baltimore County and Towson University;
- Presenting at Mothers Clubs and Professional Mothers at Home Clubs;
- Joining Boards of Directors at various early childhood programs;
- Conducting local zip code analyses to ensure referrals from areas of a county with high poverty rates;
- Providing information to private audiology offices; and
- Providing information on early intervention services to Assistant Superintendents for Elementary Schools, elementary school teams and IEP chairpersons.

The MSDE reviewed the local public awareness plan in annual LITP grant applications as well as the local birth to 1 Improvement Plans and provided technical assistance (TA) as needed. Technical assistance was provided through phone consultation, statewide meetings, and on-site visits. As an example, the MSDE provided TA via telephone to one LITP in western Maryland that was not receiving referrals from a local hospital and other potential referral sources. During the TA session, the local jurisdiction developed targeted strategies which they subsequently implemented. Their data are currently being monitored and ongoing discussions continue between MSDE and the LITP leadership.

During the reporting period, the SICC task force on “Adjustment for Prematurity”, chaired by an Assistant Professor in the Department of Pediatrics at the University of Maryland, School of Medicine, developed recommendations which were presented to the Assistant State Superintendent for the Division of Special Education/Early Intervention Services. The task force recommended that adjustment for prematurity be done for purposes of eligibility and IFSP development until a child’s adjusted age is one year. This recommendation is being evaluated by Division staff.

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.

In October 2010, an Assessment Tool Box Open House was sponsored by the MSDE for all local jurisdictions. This was a 3-hour session offered four times over 2 days with approximately 30-45 people per session. Vendors from all the recommended assessment tools participated in this event. Participants had the hands-on opportunity to review and analyze recommended assessment tools for future use in their local jurisdiction. Additionally, participants were provided with information and resources to support local decision-making around evaluation and assessment practices. 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 Maryland 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 audiology 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*. In FFY 2010, 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 2011:**

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.

Revised Activity: In FFY 2011 – FFY 2012, the MSDE will develop and implement consistent statewide best practices for determining eligibility and for developing IFSPs for premature infants. The SICC recommendations are being reviewed in FFY 2011 by MSDE staff before a decision is made to establish a consistent practice across the State.

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 to 1 population served.

Revised Activity: In FFY 2012, for the State Fiscal Year 2013 Consolidated Local Implementation Grant (CLIG), LITPs will be required to update CAPTA agreements with local departments of social services. This activity will ensure that victims of child abuse are properly referred for early intervention services.

3. In FFY 2011, 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.

Revised Activity: In FFY 2011-2012, MSDE is exploring the billing of TRICARE for health related services provided to children with parents in the armed forces.

4. 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 2011, MSDE will organize and facilitate a “Part C Regulations Task Force” for the purpose of incorporating Part C regulation changes into State evaluation and assessment policies and procedures.

Revised Activity: In FFY 2011 – FFY 2012, a “Part C Regulations Task Force” will explore and make a recommendation to the Assistant State Superintendent regarding whether the State incorporates developmental screening into the ITP evaluation and assessment process.

5. **New Activity:** In FFY 2011 - FFY 2012, the Maryland Infants and Toddlers Programs will collaborate with early childhood partners at MSDE and in the community on the Early Learning Challenge Grant. Specifically, the Maryland Infants and Toddlers Program will provide support to train child care providers on developmental screening tools.
6. **New Activity:** In FFY 2011, the MSDE launched a new website, www.marylandlearninglinks.org, created with the support of a Maryland State Improvement Grant from the US Department of Education Office of Special Education Program. This website includes online resources, media and tools to strengthen the early intervention and education services provided to children and youth with disabilities their educators, families and family support providers. This website provides an additional avenue to increase public awareness about early intervention services in Maryland.
7. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland’s local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

Part C State Annual Performance Report (APR) for FFY 2010

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 10/29/2010. The number of children participating in the Extended IFSP Option on 10/29/2010 is not included in the percentage calculation, but 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 2010 (2010-2011)	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 2010: 7,697/217,560 = 3.54% (Based on 2010 Census Data)

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 3.54% of its 2010 birth to 3 resident population in the reporting period and exceeded the state target of 2.88%.

Compared to the national data, Maryland served 0.72% more children birth to 3 years of age than the national baseline of 2.82% and ranked fourteenth among the 50 states, the District of Columbia and Puerto Rico.

2010 Maryland Resident Population Birth To 3	FFY 2010 Birth To 3 Population Served Snapshot Count	FFY 2010 Birth To 3 Percent Served
217,560	7,697	3.54%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 2008, FFY 2009, and FFY 2010:

FFY	2008	2009	2010
Percentage of Eligible Children Birth To 3 With Active IFSPs	3.26%	3.11%	3.54%
Number of Children Served Snapshot Count	7,315	7,178	7,697
Resident Population – Birth To 3	224,674	231,000	217,560
Number of Referrals Birth To 3 Annual	12,578	12,888	13,559

In FFY 2010, MITP served 3.54% of children birth to 3 years of age residing in the State, which exceeds the target of 2.88%.

When compared to the percentage of birth to 3 year old children receiving early intervention services in Maryland on the last Friday in October in 2008, the percentage of birth to 3 year old children receiving services in Maryland on the last Friday in October 2010 increased by 0.28% (382). LITPs who did not achieve the State target for this indicator were required to include a public awareness plan in their 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 3 year old children served. LITPs reported progress on attaining the State target in Semiannual and/or Final Program reports submitted on 5/1/11 and 11/1/11 respectively. Beginning in FFY 2010, 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 funds as a strategy to improve performance on Indicator 6.

It appears that the impact of statewide and local public awareness activities, the increase in the number of annual referrals in FFY 2010 and the decrease in the census for the birth to 3 year old population of children contributed to Maryland exceeding the State target of 2.88% for Indicator 6 in FFY 2010. The census of birth to 3 year old children in Maryland decreased dramatically by 13,400 (5.82%) from 231,000 in FFY 2009 to 217,560 in FFY 2010. When compared to FFY 2009, the number of birth to 3 year old referrals increased in FFY 2010 by 671 (5.21%).

The ability of Maryland to meet the State Target on Indicator 6 may be the result of an increase in local collaboration with the medical field and early childhood development programs. 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 increase in the number of children birth to age 3 found eligible for Part C early intervention services may also be related to the statewide utilization of more valid and reliable evaluation tools. An Assessment Think Tank composed of local, state and national experts on evaluation and

assessment distributed a choice of evaluation tools for LITPs to use to determine Part C eligibility. This resulted in the adoption of more evidenced based evaluation and assessment practices by LITPs.

For related requirements for this indicator, 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 10/29/2010, 1,005 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 181 children.

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 Final Program reports. In addition, the LITPs that did not achieve the State target for Indicator 6 were required to include a public awareness plan in the next annual application for federal and State funding.

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

- Providing 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;
- Mailing information about LITPs to pediatricians, hospitals with NICUs, local departments of social services, local departments of health, family support centers and child care centers;
- Presenting onsite to pediatric and family physician offices, support groups/parent play groups, child care providers, foster parents, local homeless shelters, local hospitals and other early childhood programs;
- 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;
- Distributing a Family Support Services Newsletter to families and all partner agencies;
- Writing websites and literature in Spanish and English;
- Coordinating of public awareness activities with other local early childhood programs;
- Providing an annual personal thank you note to every medical office that sent in an ITP referral during the previous year;

- Collaborating with the local public libraries that distribute brochures and provide space for family story time;
- Receiving demographic information of newborn babies enrolled in the Maryland Child Health Insurance Program and providing information on child development and the LITP to families of these babies;
- Attending monthly meetings of Friends of Early Intervention and also the Dads Network – parent information and support groups;
- Appointing a family support specialist as a liaison between an LITP and community organizations;
- Participating in a kinship care program undertaken by a local department of social services;
- Presenting to undergraduate and graduate students at Johns Hopkins University, the University of Maryland Baltimore County and Towson University;
- Presenting at Mothers Clubs and Professional Mothers at Home Clubs;
- Joining Boards of Directors at various early childhood programs;
- Conducting local zip code analyses to ensure referrals are made from areas of a county with high poverty rates;
- Providing information to private audiology offices;
- Providing information on early intervention services to Assistant Superintendents for Elementary Schools, elementary school teams and IEP chairpersons

The MSDE reviewed the local public awareness plan in the local annual grant application as well as the local birth to 3 Improvement Plans and provided technical assistance (TA) as needed. Technical assistance was provided through phone consultation, statewide meetings, and on-site visits. As an example, the MSDE provided TA via telephone to one LITP in western Maryland that was not receiving referrals from a local hospital and other potential referral sources. During the TA session, the local jurisdiction developed targeted strategies which they subsequently implemented. Their data are currently being monitored and ongoing discussions continue between MSDE and the LITP leadership.

During the reporting period, the SICC task force on “Adjustment for Prematurity”, chaired by an Assistant Professor in the Department of Pediatrics at the University of Maryland, School of Medicine, developed recommendations which were presented to the Assistant State Superintendent for the MSDE Division of Special Education/Early Intervention Services. The task force recommended that adjustment for prematurity be done for purposes of eligibility and IFSP development until a child’s adjusted age is one year. This recommendation is being evaluated by Division staff.

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.

In October 2010, an Assessment Tool Box Open House was sponsored by the MSDE for all local jurisdictions. This was a 3-hour session offered four times over 2 days with approximately 30-45 people per session. Vendors from all the recommended assessment tools participated in this event. Participants had the hands-on opportunity to review and analyze recommended assessment tools for

future use in their local jurisdiction. Additionally, participants were provided with information and resources to support local decision-making around evaluation and assessment practices. 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 audiology 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 and the Maryland 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 audiology 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. In FFY 2010, 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 2011:

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.

Revised Activity: In FFY 2011 – FFY 2012, the MSDE will develop and implement consistent statewide best practices for determining eligibility and for developing IFSPs for premature infants. The SICC recommendations are being reviewed in FFY 2011 by MSDE staff before a decision is made to establish a consistent practice across the State.

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 to 3 population served.

Revised Activity: In FFY 2012, for the State Fiscal Year 2013 Consolidated Local Implementation Grant (CLIG), LITPs will be required to update CAPTA agreements with local departments of social services. This activity will ensure that victims of child abuse are properly referred for early intervention services.

3. In FFY 2011, 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.

Revised Activity: MSDE is exploring the billing of TRICARE for health related services provided to children with parents in the armed forces.

4. 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 2011, MSDE will organize and facilitate a “Part C Regulations Task Force” for the purpose of incorporating Part C regulation changes into State evaluation and assessment policies and procedures.

Revised Activity: In FFY 2011 – FFY 2012, a “Part C Regulations Task Force” will explore and make a recommendation to the Assistant State Superintendent regarding whether the State incorporates developmental screening into the ITP evaluation and assessment process.

5. **New Activity:** In FFY 2011 and FFY 2012, the Maryland Infants and Toddlers Programs will collaborate with early childhood partners at MSDE and in the community on the Early Learning Challenge Grant. Specifically, the Maryland Infants and Toddlers Program will provide support to train child care providers on developmental screening tools.

6. **New Activity:** In FFY 2011, the MSDE launched a new website, www.marylandlearninglinks.org, created with the support of a Maryland State Improvement Grant from the US Department of Education Office of Special Education Program. This website includes online resources, media and tools to strengthen the early intervention and education services provided to children and youth with disabilities their educators, families and family support providers. This website provides an additional avenue to increase public awareness about early intervention services in Maryland.

7. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South

Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

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 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 infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

FFY	Measurable and Rigorous Target
2010 (2010-2011)	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 2010: 98.2% (7,723/7,868)

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

Referral Range	Number/Percent within 45 days	Number/Percent delayed due to family-related reasons	Total Number/Percent in compliance with timeline
7/1/10 – 6/30/11 (n =7,868)	6,147 78.1%	1,576 20.0%	7,723 98.2%

Family-related reasons for delay were considered timely in the computation of compliance. These reasons included parental request for delay, child/family unavailable, surrogacy reasons that were not related to the Infants and Toddlers Program, agency closings due to severe weather, and a change in eligibility status from at-risk to eligible. 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	Child was initially at-risk but monitored until found eligible	Total Number of Family-Related Reasons
7,868	849 (10.8%)	597 (7.6%)	27 (0.3%)	86 (1.1%)	17 (0.2%)	1,576 (20.0%)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

The following table illustrates the percentage of evaluation, assessments and initial IFSP meetings conducted within 45 days of the referral for FFY 2006, FFY 2007, FFY 2008, FFY 2009, and FFY 2010:

FFY	2006	2007	2008	2009	2010
Percentage of timely evaluations, assessments and IFSP meetings	93%*	94.8%	98.7%	99.1%	98.2%

*FFY2006 was reported in six-month intervals.

When comparing FFY 2010 results (98.2%) to FFY 2009 results (99.1%), there is slippage of 0.9% 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. Nineteen of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. This slippage is noteworthy since progress had been made every year since FFY 2006.

Several major reasons for systemic untimely meetings were noted. Most of the 145 missed timelines were due to scheduling difficulties (64 or 44.1%) or staff shortages (42 or 29.0%). Other reasons were administrative errors, including scheduling or miscalculation errors (16 or 11.0%), interpreter delays (12 or 8.3%), provider illnesses (8 or 5.5%), and issues with a holiday (3 or 2.1%).

Missed timelines due to systemic reasons were also examined in relation to the number of days past the 45-day timeline. Most of the missed timelines occurred between 46-60 days after referral (77 or 53.1%), followed by 61 to 75 days (35 or 24.1%), and over 75 days (33 or 22.8%). Scheduling errors and interpreter issues were the major documented reasons IFSPs were completed more than 75 days from referral.

It is important to note that the State has experienced an increase in the number of children referred each year. In particular, the number of children referred has increased from 11,578 in FFY 2007, to 12,578 in FFY 2008, to 12,888 in FFY 2009, and to 13,559 in FFY 2010. This is a 5.2% increase over the past year and a 17.1% increase since FFY 2007. The increase in the number of referrals, and consequently the number of children served, requires additions to staff that unfortunately some local jurisdictions cannot do because of countywide hiring freezes.

Progress on this indicator over the past several years 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 over the past several years included the general supervision practices utilized by MITP and additional State funding. Compared to performance on this indicator in FFY 2009, five LITPs regressed, thirteen LITPs had the same results as the previous year, and six LITPs improved. Sixteen LITPs achieved 100% compliance and six jurisdictions achieved greater than 95% performance. Two LITPs, one small and one large, experienced significant declines in compliance level. For the small jurisdiction, the noncompliance was a result of 3 children (of 9 referrals) not receiving evaluation, assessment, and their IFSP in a timely manner resulting in a decrease from 100% compliance to 66.7% compliance. For the large jurisdiction, the noncompliance was a result of 77 children not receiving evaluation, assessment, and their IFSP in a timely manner resulting in a decrease from 97.9% compliance in FFY 2009 to 93.2% performance in FFY 2010. In FFY 2009, the same jurisdiction had only 23 incidences of noncompliance. For FFY 2010, this particular jurisdiction was responsible for 53.1% of the State's noncompliance on this indicator.

Discussion of Improvement Activities:

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 continued to provide onsite TA to one jurisdiction with recent data slippage. This jurisdiction received the State's first local determination of "Needs Intervention" for the FFY 2008 data. During the onsite visits, the MSDE examined the evaluation, assessment, and initial IFSP practices of this jurisdiction and found that the local ITP was providing up to 4 home visits to complete intake, evaluation, and the initial IFSP, when many other programs are completing these steps in 2 visits (sometimes even 1 visit). These on-site visits 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. This local program was able to improve its local determination from "Needs Intervention" to "Needs Assistance" in FFY 2009 (note: FFY 2010 local determinations have not yet been completed).

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. Additionally, in FFY 2010 the MSDE sponsored the Assessment Toolbox Open House to provide the hands-on opportunity to review and analyze recommended assessment tools for future use in their local jurisdiction. The MSDE will continue to support local decision-making for evaluation and assessment best practices.

Data collection, reporting and analysis:

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

In FFY 2009, the MSDE redesigned Maryland's IFSP and Online IFSP Database. The major focus of the redesign was to create a more family focused document. The revised Online IFSP Database gives users the ability to complete the IFSP online with IFSP data being entered directly into the database. It is hoped that this process will help to increase data entry errors by data entry staff. In FFY 2011, the MSDE implemented an "off-line solution" to the database, allowing for the completion of an IFSP in the Online IFSP Database without Internet access. With this implementation, providers can complete the IFSP with the family and have the data from the IFSP sync 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.

In FFY 2009, the State received an increase in funding that was extremely beneficial in the ability of LITPs to move closer to achieving full compliance. Also, beginning in FFY 2009 and continuing through FFY 2010, 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 contractual staff 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 and the only state to continue to do so. In FFY 2011, the State intends to continue to provide funding for children to receive services on an IFSP after age three.

Despite the increase in State funding, staffing issues were still prevalent reasons for missing timelines. Several local jurisdictions were prevented from hiring staff for vacant positions because of hiring freezes. The inability to add personnel appears to have had a slight effect on timelines through a decrease in the number of initial evaluation timeslots available for new referrals. In particular, the average number of days it took for the initial evaluation, assessment, and IFSP development increased from 38.8 days in FFY 2009, and 39.1 days in FFY 2010 (this included all initial IFSPs including those late due to family related reasons). When removing IFSPs late because of family

related reasons the average number of days increased from 31.7 days in FFY 2009 to 32.4 days in FFY 2010.

Identification and Correction of Individual Noncompliance

The MSDE continued to monitor the implementation of the 45-day timeline requirement by LITPs through the data system. In FFY 2010, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2010 to December 31, 2010 and January 1, 2011 to June 30, 2011. Data analysis for these profiles occurred on March 15, 2011 for the July 1, 2010 to December 31, 2010 data period and on September 15, 2011 for the January 1, 2011 to June 30, 2011 data period. Prior to the distribution of local profiles on April 1, 2011 and October 1, 2011, local programs were notified in writing of any initial IFSPs not entered into the database and the local program was required respond to the State with the reason for the missing data. If the IFSP was not entered into the database because it was not yet completed as a result of a systemic reason, the State scheduled a focused monitoring visit to determine the cause of the noncompliance and assisted in correction. To date, however, local programs have been able to correct individual noncompliance prior to the distribution of local profiles, the State's method of written notification.

Identification and Correction of Systemic Noncompliance

Data profiles, which also function as the State's method of written notification, 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 performance of 95% was not achieved or to implement Improvement Plans when 95% performance, 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 by the MSDE when a LITP demonstrated two consecutive months of 95% performance and the MSDE verified that performance of 95% or more had occurred. If correction of 100% was not achieved, the MSDE required continued implementation of correction through an Improvement Plan rather than a CAP until verification of compliance was achieved. 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 of both individual and systemic noncompliance 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 was achieved for a 1-month period, which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE through subsequent data analysis, 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.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 99.1%

Individual Level Noncompliance from FFY 2009

For FFY 2009, there were 66 individual incidences (Prong 1) of noncompliance identified. 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 and initial IFSPs completed.

Systemic Level Noncompliance from FFY 2009

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	15
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding)	15
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

At the systemic level (Prong 2), fifteen instances of noncompliance, less than 100% compliance, were identified in FFY 2009 for this indicator and all were corrected within 12 months or less or prior to written 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 2011:

Improvement activities were revised to either continue previous activities for additional years or to provide a more detailed description of the specific activities proposed to improve the timely evaluation, assessment, and IFSP development.

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 2011 – FFY 2012, the MSDE will require Corrective Action Plans for local programs that demonstrate a pattern of not entering data, including evaluation, assessment, and initial IFSP data, into the data system in a timely manner. This activity will help ensure local program data are provided in a timely and accurate manner.

2. In FFY 2005 – 2011, 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 2011 – FFY 2012, 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.

3. 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 2011, the MSDE will conduct webinars to support online IFSP database revisions, data entry issues, and data analysis for program improvement. This training will also support the integration of COS into the IFSP to more effectively and accurately complete the COS and the utilization of the IFSP Outcomes Wizard to enhance the development of functional IFSP outcomes.

Revised Activity: In FFY 2011, based on a statewide needs assessment of local providers, local directors and local trainers, the MSDE will conduct regional training of local providers to increase their understanding of age-expected skills and behaviors to more accurately complete the COS ratings with families and to provide additional mentoring strategies, resources and materials to local directors, supervisors, and trainers to continue the integration of the COS into all parts of the IFSP process.

4. **New Activity:** In FFY 2011, the MSDE will revise local procedures for implementing the Child Outcomes Summary (COS) as part of the IFSP process in the IFSP Users Manual and in updated IFSP Directions.
5. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

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, although there are statewide transition policies and procedures specific to children and families participating in the Extended IFSP Option.

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

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2010 (2010-2011)	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: <ul style="list-style-type: none">A. IFSPs with transition steps and services;B. Notification to LEA, for children potentially eligible for Part B; andC. Transition conference, for children potentially eligible for Part B.

Actual Target Data for FFY 2010:

- A. During the reporting period, 1124, or **99.8%**, of the records reviewed by the MSDE and LITPs had transition steps and services (1,124/1,126). Data reported for Indicator 8A were based on a random

review of 1,126 Early Intervention records, 35.4% of all 3,177 children who transitioned at age three between 7/1/10 and 6/30/11. Post hoc analysis indicated that the result with this sample size has a 2.3% margin of error with a 95% confidence level. Data were collected from all 24 jurisdictions.

Transition Date Range	Number of Records Reviewed / Percent of All Records Reviewed	Number/Percent of Reviewed Records with Transition Outcomes
7/1/10 – 6/30/11	1,126* 35.4%	1,124 99.8%

* Includes data from all 24 jurisdictions.

- B. Between 7/1/10 and 6/30/11, local school systems were notified of **100%** of the children, potentially eligible for Part B, who transitioned during the time period (3,177/3,177). To report the target data for Indicator 8B, MSDE generated monthly reports of all children older than 24 months of age.

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
7/1/10 – 6/30/11	3,177	3,177	100%

The data for this indicator presented above were calculated through MSDE, which has changed its procedure for the notification of potential eligibility for Part B services. Beginning on July 1, 2010, the data for Indicator 8B were obtained from reports generated in the Part C database. Each month, MSDE generated a report with the names, addresses, phone numbers, and birthdates of all children 24-months and older. The reports were sorted by jurisdiction and then uploaded to a secure server for download by both Part C and Part B local staff.

- C. Between 7/1/10 and 6/30/11, **99.4%** 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 (2,828 /2,846). To report on Indicator 8C, the MSDE generated State and local reports throughout the reporting period from the statewide Part C database, and validated data in conjunction with LITPs.

Transition Date Range	Number of Children with Potentially Timely Meetings	Number/Percent Within Timelines	Number/Percent Delayed Due to Family-Related Reasons	Total Number/Percent in Compliance with Timelines
7/1/10 – 6/30/11	2,846	2,476 87.0%	352 12.4%	2,828 99.4%

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 above. 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.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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, FFY 2009, and FFY 2010.

FFY	2006	2007	2008	2009	2010
8a. Percentage of IFSPs with transition steps and services	99.0%	99.1%	99.1%	99.6%	99.8%

For sub-Indicator 8A, the performance increased from 99.6% in FFY 2009 to 99.8% in FFY 2010. In FFY 2010, 23 jurisdictions achieved the State target of 100%. The one jurisdiction that did not achieve 100% compliance had 2 records that did not include transition steps and services. This resulted in a 50.0% performance level for the small-sized jurisdiction. The performance for this jurisdiction represents slippage from 100% in FFY 2009. All jurisdictions are required to achieve 100% compliance and to correct noncompliance within one year 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, FFY 2009, and FFY 2010.

FFY	2006	2007	2008	2009	2010
8b. Percentage of potentially eligible children whose LEA was notified	98.2%	99.9%	99.4%	99.8%	100.0%

For sub-Indicator 8B, performance increased from 99.8% in FFY 2008 to 100.0% in FFY 2010. The increase to 100.0% compliance was a result of the State assuming responsibility for the notification to the LEA requirement. Prior to this change in procedure, the State reported on the number of transition planning meetings held since Part B is invited to the meeting and is also notified of the child's potential eligibility for Part B services. However, this often resulted in noncompliance for the State, since parents are allowed to decline a transition planning meeting, but are not allowed to decline notification unless the State has an Opt-Out Policy on file with OSEP. Currently, Maryland does not have such a policy in place and so the State could not prevent noncompliance under the old reporting method.

In FFY 2010, the LEA was notified of all children from all jurisdictions. As a result, there were no programmatic or individual incidences of noncompliance found in FFY 2010.

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, FFY 2009, and FFY 2010.

FFY	2006	2007	2008	2009	2010
8c. Percentage of timely transition planning meetings	93%	95.0%	96.4%	99.6%	99.4%

For sub-Indicator 8C, sixteen jurisdictions achieved the State target of 100%, thirteen of which achieved 100% compliance in both FFY 2009 and FFY 2010. In FFY 2010, six jurisdictions achieved

a performance percentage of at least 95.0% but less than 100% compliance. Two jurisdictions achieved performance of less than 95.0%. Both of these jurisdictions are small jurisdictions and had only one or two individual incidences of noncompliance. All jurisdictions were required to achieve 100% compliance and to correct noncompliance within one year when 100% compliance was not achieved. Seventeen jurisdictions either improved or maintained their level of performance with the largest improvement being 5.6 percentage points. Seven jurisdictions decreased their compliance, five of which were 100% compliant in FFY 2009.

Compared to FFY 2009, the performance for the State decreased slightly from 99.6% to 99.4%. Several major reasons for systemic untimely Transition Planning Meetings were noted. Most of the 18 missed timelines were due to provider scheduling errors (11 or 61.1%). Other reasons included provider illness (3 or 16.7%), inclement weather delays (3 or 16.7%), and interpreter delays (1 or 5.6%).

Scheduling Errors	Provider Illness	Inclement Weather Delays	Interpreter Delays	Total Number of Systemic Reasons
11 (61.1%)	3 (16.7%)	3 (16.7%)	1 (5.6%)	18

Discussion of Improvement Activities:

State data indicate greater than 99% performance for sub-Indicators 8A and 8C, and 100% compliance for indicator 8B. 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 the 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.

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 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 three transition charts to help local programs understand the three points of transition out of the Infants and Toddlers Program: At Age Three, After Age Three to Kindergarten, and At Kindergarten Age. These three charts were presented to local programs at the September 2010 Leadership Conference. In FFY 2011, these charts will be modified to correctly represent the State's change in age of eligibility from kindergarten age to age four.

In FFY 2010, the MSDE emphasized the importance of tracking transition planning through the Online IFSP. During regional IFSP trainings, the MSDE stressed the importance of adequate transition planning and timely submission of these data through Maryland's Online IFSP Database. The MSDE also 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 no longer required local Part C programs to notify the local education agency regarding children potentially eligible for Part B services. On July 1, 2010, the MSDE began to run these data and provide the required information on a secure server for download by local education agencies. This new procedure provided the MSDE with 100% compliance for Indicator 8b.

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 generated monthly reports of all children receiving services who were older than 24 months of age. Each local education agency was provided with their lists of children via the secure server.

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. In FFY 2010, 12 families declined to participate in a TPM for their family. Reasons for untimely meetings were also identified and strategies for correction and improvement were implemented. Family factors resulted in 352 (12.4%) 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 at the MSDE 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 the MITP during calendar year 2008. To date, State Assigned Student Identification (SASID) numbers have been assigned to 11,427 children.

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. In addition, MITP and preschool special education staff from the MSDE plan to continue to meet to look for discrepancies in transition data reported by local Part C staff and preschool special education staff. If discrepancies are found, MITP and preschool special education staff from the MSDE will consider a joint on-site monitoring visit.

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 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 at the local level 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 and FFY 2010, there was a significant increase in Federal Funding as a result of the American Reinvestment and Recovery Act (ARRA). 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 served continues to increase on a yearly basis (e.g., from 14,301 in FFY 2009 to 14,636 in FFY 2010).

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 739.12 in FFY 2009 to 823.92 in FFY 2010. The additional funding has also enabled the MITP to increase the number of service coordinators from 609 in FFY 2009 to 683 in FFY 2010. Many of these positions were created to support children receiving services through an Extended IFSP. In FFY 2011, the State intends to continue to support children on IFSPs after age three.

Identification and Correction of Individual Noncompliance

The MSDE continued to monitor the implementation of the transition requirement by LITPs through the data system. In FFY 2010, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2010 to December 31, 2010 and January 1, 2011 to June 30, 2011. Data analysis for these profiles occurred on March 1, 2011 for the July 1, 2010 to December 31, 2010 data period and on September 1, 2011 for the January 1, 2011 to June 30, 2011 data period. Prior to the distribution of local profiles on April 1, 2011 and October 1, 2011, local programs were notified in writing of any Transition Planning Meeting dates not entered into the database and the local program was required to respond to the State with the reason for the missing data. If the date was not entered into the database because it was not yet completed as a result of a systemic reason, the State scheduled a focused monitoring visit to determine the cause of the noncompliance and assisted in correction. To date, however, local programs have been able to correct individual noncompliance prior to the distribution of local profiles, the State's method of written notification.

Identification and Correction of Systemic Noncompliance

The MSDE continued to monitor the transition planning requirement through the data system. Data profiles, which also function as the State's method of written notification, 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 performance of 95% was not achieved or to implement Improvement Plans when 95% performance, 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 by the MSDE when a LITP demonstrated two consecutive months of 95% performance and the MSDE verified that performance of 95% or more had occurred. If correction of 100% was not achieved, the MSDE required continued implementation of correction through an Improvement Plan rather than a CAP until verification of compliance was achieved. 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 of both individual and systemic noncompliance 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 was achieved for a 1-month period, which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE through subsequent data analysis, 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

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 8A – 99.6%, 8B – 99.8%, 8C – 99.6%

Individual Level Noncompliance from FFY 2009

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 there were four incidences of noncompliance. 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 ITP 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.

Systemic Level Noncompliance from FFY 2009	8A	8B	8C
1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	5	3	18
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding)	5	3	18
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0	0	0

All incidences of noncompliance identified for 8A, 8B, and 8C in FFY 2009 were corrected at the systemic level (Prong 2). In particular, all five systemic level (Prong 2) instances of noncompliance, less than 100% compliance, for Indicator 8A were corrected within one year. All three systemic level

(Prong 2) instances of noncompliance, less than 100% compliance, for Indicator 8B were corrected within one year. All eighteen 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 subsequent local and the MSDE data analyses, prior 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 2011:

Improvement activities were revised to either continue previous activities for additional years or to provide a more detailed description of the specific activities proposed to improve transition planning.

New/Revised Improvement Activities:

1. In FFY 2009 – October 30, 2011, Maryland will implement an Extended IFSP Option for families according to 20 U.S.C. 1434 Section 635(c). This expansion of IFSP services will give families more service delivery options and continued service coordination and family support at age 3.

Revised Activity: In FFY 2011 – FFY 2012, MSDE will implement the Extended IFSP Option under revised age criteria, eligibility until age 4, and reconsider this criteria in conjunction with the updated federal regulations.

2. 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 2011 – FFY 2012, the MSDE will require Corrective Action Plans for local programs that demonstrate a pattern of not entering data, including transition data, into the data system in a timely manner.

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: In FFY 2011, the MSDE will implement the offline option for the IFSP. In FFY 2011 - FFY2012, the MSDE will continue to make improvements to the offline option for the IFSP, including the addition of the IFSP Outcomes Wizard.

Revised Activity: In FFY 2010, the MSDE conducted regional trainings to support database revision, and other database issues. In FFY 2011 - FFY 2012, the MSDE will provide additional trainings to support updates on the IFSP Outcomes Wizard and other enhancements.

4. 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.

Revised Activity: In FFY 2011 - 2012, the MSDE will continue the development of the Maryland IDEA Scorecard (Early Childhood) by continuing to add more data, including information from preschool special education programs. IDEA Scorecard training will be provided to all LITP program directors to assist local programs to make in decision-making for program improvement.

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: In FFY 2011-2012, continued TA and training to support local programs transition procedures will be provided around the three points of transition from the Infants and Toddlers Program: At Age 3, After Age 3 to Age 4, and At Age 4.

6. **New Activity:** In FFY 2011-2012, the MSDE will revise the State's Transition Policies and Procedures to be consistent with the new Part C Regulations. The MSDE will also require LITPs to revise their local transition policies and procedures.
7. **New Activity:** In FFY 2011, the Early Intervention Leadership Academy (EILA) was modified with the assistance of the Johns Hopkins Center for Technology in Education (CTE), the Mid-South Regional Resource Center, and Walsh-Taylor Inc. to advance the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams to design, develop, and implement a seamless birth through five coordinated and comprehensive system of services within their jurisdiction to maximize outcomes for young children with disabilities and their families. Infants and Toddlers Program Directors, site supervisors and Preschool Special Education Coordinator teams from 3 -4 local jurisdictions will complete an in-depth systems profile (i.e., needs assessment) and a subsequent strategic plan to implement a seamless birth through five coordinated and comprehensive system of services. This local process will be facilitated by a series of face-to-face and online facilitated institutes and seminars and mentoring by MSDE, CTE, Mid-South and Walsh Taylor Inc. staff.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

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 C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2010 (2010-2011)	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 2010: 100% (55/55) of FFY 2009 systemic findings were corrected and verified within 12 months of written notification of local program noncompliance.

Describe the process for selecting EIS programs for Monitoring:

FFY 2010

FFY 2009 findings of noncompliance corrected in FFY 2009 or in FFY 2010 (within 12 months of written LITP notification) include findings identified through State-level monitoring and complaint investigations. The total number of findings reported includes findings identified from 7/1/09 to 6/30/10. Data from all 24 LITPs was monitored as indicated below:

- For Indicators 1, 7, 8B, and 8C there were two reporting periods – 7/1/09 to 12/31/09 and 1/1/10 to 6/30/10, and there were two written notification dates – 3/10 and 9/10.
- For indicators 2, 5 and 6, there were two reporting snapshot dates – 10/31/2009 and 6/30/2010, and there were two written notification dates – 3/10 and 9/10.
- For sub-Indicator 8A, there was one reporting period – 7/1/09 to 6/30/10 and there was one written notification date 9/10.

Data for Indicator 8A were obtained via record reviews done between 10/8/2010 and 12/15/2010 for children transitioning in FFY 2009 (7/1/2009 – 6/30/2010).

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 7/1/2009 and 6/30/2010. 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 Local program directors at the Annual Fiscal/Programmatic Forum in March 2010.

For Indicator 4, family surveys were mailed from the vendor (ICF Macro) to families or LITPs on September 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 results 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% compliance or performance 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.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified in FFY 2009 (the period from July 1, 2009, through June 30, 2010) (Sum of Column a on the Indicator C9 Worksheet)	55
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS programs of the finding) (Sum of Column b on the Indicator C9 Worksheet)	55
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

1. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
2. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
3. Number of FFY 2009 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Explanation of Progress or Slippage that Occurred for FFY 2010:

The following table illustrates the percentage correction of noncompliance that occurred in a timely manner for FFY 2006, FFY 2007, FFY 2008, FFY 2009, and FFY 2010:

FFY	2006	2007	2008	2009	2010
Percentage of timely correction	100%	100%	100%	100%	100%

When compared to FFY 2009, the percentage of correction in FFY 2010 remained consistent at 100%.

The continued compliance in this indicator can be, at least in part, attributed to 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 and FFY 2010) levels. These additional funds 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 systemic incidences of noncompliance for FFY 2010 were corrected prior to written notification except one.

Beginning in FFY 2010, the State began requiring that local funding be used to improve patterns of poor performance and/or noncompliance. In particular, MSDE added the "Linking Funds for Program Improvement" criteria as a required component of the Consolidated Local Implementation Grant. In addition, the State has implemented a more rigorous Improvement Plan template, which requires more focused strategies when State targets are not met.

Discussion of Improvement Activities Completed that Occurred For FFY 2010:

Verification of Correction for findings of noncompliance identified in FFY 2009 (either timely or subsequent):

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 written notification of noncompliance. For example, noncompliance could have occurred for a jurisdiction in the time period of January 1, 2010 to June 30, 2010. Data analysis to determine compliance was completed on September 15, 2010 and the jurisdiction was notified in writing of the noncompliance on October 1, 2010. However, correction of noncompliance for all jurisdictions occurred prior to the correction period ending on October 6, 2010. Since part of this correction period occurs prior to October 1, 2010, correction was occurring prior to the written notification date. The data analysis for the period after July 2010 was not completed until after September 24, 2010. This means that all jurisdictions were notified in writing 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 verify 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 2010 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 2009 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.

In FFY 2009, the State identified 318 individual level (Prong 1) incidences of noncompliance. The correction of FFY 2009 individual level (Prong 1) noncompliance was reported in the FFY 2009 APR but is also reported again below. In FFY 2009, the State identified 55 systemic level (Prong 2) findings of noncompliance. Correction of these incidences of noncompliance is detailed below.

FFY 2009 Incidences of Noncompliance

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

Of the 14 systemic (Prong 2) findings of noncompliance for Indicator #1 in FFY 2009:

- All 14 were corrected prior to written notification
 - 12 were corrected in the first 2-week period
 - 1 was corrected in the third 2-week period
 - 1 was corrected in the seventh 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 15 systemic level (Prong 2) findings of noncompliance for Indicator #7 in FFY 2009:

- Fourteen of 15 incidences were corrected prior to written notification
 - 8 were corrected in the first 2-week period
 - 3 were corrected in the second 2-week period
 - 2 were corrected in the fourth 2-week period
 - 1 was corrected in the seventh 2-week period
 - 1 was corrected after notification in the ninth 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 5 systemic level (Prong 2) findings of noncompliance for Indicator #8A in FFY 2009:

- 5 were corrected prior to written 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 3 systemic level (Prong 2) findings of noncompliance for Indicator #8B in FFY 2009:

- 3 were corrected prior to written notification
 - 1 was corrected within the first 2-week period

- 1 was corrected within the second 2-week period
- 1 was corrected within the third 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 18 systemic level (Prong 2) findings of noncompliance for Indicator #8C in FFY 2009:

- 18 were corrected prior to written notification
 - 12 were corrected within the first 2-week period
 - 3 were corrected within the second 2-week period
 - 1 was corrected within the third 2-week period
 - 1 was corrected within the fifth 2-week period
 - 1 was corrected within the seventh 2-week period

Of the 13 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 1 child because this child no longer resided within the jurisdiction of the EIS programs.

Other Areas of Noncompliance –

During FFY2009, the State had no other systemic level and no other individual level incidences of noncompliance.

FFY 2010 Incidences of Noncompliance – Individual Level

In FFY 2010, the State identified 477 individual level (Prong 1) incidences of noncompliance. Because all of these individual level incidences of noncompliance have been corrected, the State has elected to report on them below:

Indicator #1 - Timely Service Delivery

Of the 307 individual level (Prong 1) incidences of noncompliance in FFY 2010:

Although late, services were eventually provided for all 307 children whose services were not provided within Maryland's 30-day timeline.

Indicator #7 – 45-Day Timeline

Of the 149 individual level (Prong 1) incidences of noncompliance in FFY 2010:

Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 149 children.

Indicator #8A – Transition Steps and Services

For FFY 2010, transition steps and services for the 2 individual level (Prong 1) incidences of noncompliance could not be corrected, since these children were no longer located within the jurisdiction of the EIS program.

Indicator #8B – Notification to the LEA

For FFY 2010, local LEAs were notified of 100% of children potentially eligible and there were no individual incidences of noncompliance.

Indicator #8C – Timely Transition Planning Meetings

Of the 18 individual level (Prong 1) incidences of noncompliance in FFY 2010:
Although late, Transition Planning Meetings were eventually held for all 18 of the children whose meetings were not held in a timely manner.

Other Areas of Noncompliance –

One complaint resulted in a finding of non-compliance. The finding of non-compliance was corrected by the local jurisdiction within one year, prior to the ending of the FFY 2010 reporting period.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(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	14	14
	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

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	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
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	10	15	15
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	5
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the child resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	12	18	18
	Dispute Resolution: Complaints, Hearings	0	0	0
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
OTHER AREAS OF NONCOMPLIANCE:	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 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(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
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			55	55

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

1. In FFY 2005 – 2006, MSDE will identify the LITPs that are not entering data into the data system in a timely manner and require them to address the issue in local Improvement Plans. MSDE will consider whether to set timelines for the timely entry of data.

Revised Activity: In FFY 2011 – FFY 2012, the MSDE will require Corrective Action Plans for local programs that demonstrate a pattern of not entering data into the data system in a timely manner. This activity will help ensure local program data are provided in a timely and accurate manner.

2. 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 2012, the MSDE will require jurisdictions to complete Linking Funds for Program Improvement annually, which will include progress on compliance indicators, 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.

3. **New Activity:** In FFY 2011 – FFY 2012, the Early Childhood Intervention and Education Branch and the Quality Assurance Monitoring Branch in the MSDE's Division of Special Education/Early Intervention Services will generate and implement a plan for a birth to 21 system-wide monitoring, based on identified noncompliance or poor performance.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.

Part C State Annual Performance Report (APR) for FFY 2010

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 related case information was shared with the SICC. Data for these indicators includes children birth through to age 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 during the reporting period.

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
2010 (2010 – 2011)	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 2010: 100% - Target Met

The MSDE has achieved 100% compliance as 2 out of 2 written, signed complaints filed were completed within the required timelines. One complaint resulted in a finding of non-compliance in which a local Infants and Toddlers Program failed to provide parents of a child written notice of IFSP revisions prior to the implementation of the IFSP revisions. The finding of non-compliance was corrected by the local jurisdiction prior to the ending of the FFY 2010 reporting period.

Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The MSDE continues to implement all current improvement activities identified in the State Performance Plan. These include ongoing efforts to recruit and retain qualified staff and continued emphasis on and participation in professional development activities.

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.

In FFY 2009, the MSDE began the development of a new Parent Information Series. During FFY 2009, *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3* was printed and distributed to local jurisdictions. In FFY 2010, the *Birth to 3: A Family Guide to Early Intervention Services in Maryland* was printed and distributed. Two additional brochures were released in early fall 2011 which included *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*. The Parent Information Series provides the family with comprehensive information about early intervention services in Maryland written in family-friendly language. The overall feedback from families and service providers about the Parent Information Series has been very positive.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

1. 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)

Revised Activity: In FFY 2011, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights*. In FFY 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2011-2012, the MSDE will revise the State's COMAR regulations and Policies and Procedures, as necessary, to be consistent with the new Part C Regulations.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the MSDE Complaint Investigation database and related case information was shared with the SICC. Data for these indicators include children birth through to age 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 during the reporting period.

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 = $[(3.2(a) + 3.2(b)) \text{ divided by } 3.2] \text{ times } 100.$

FFY	Measurable and Rigorous Target
2010 (2010 – 2011)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.

Actual Target Data for FFY 2010: There was one due process hearing request filed in FFY 2010, but this request was withdrawn prior to its adjudication. Therefore, since no due process hearings were fully adjudicated the measurement of this indicator is not applicable.

Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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. The MSDE continues to provide professional development to Administrative Law Judges (hearing officers) on legal issues, including updates to federal and State requirements and current case law.

In FFY 2009, the MSDE began the development of a new Parent Information Series. During FFY 2009, *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3* was printed and distributed to local jurisdictions. In FFY 2010, the *Birth to 3: A Family Guide to Early Intervention Services in Maryland* was printed and distributed. Two additional brochures were released in early fall 2011 which included *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*. The Parent Information Series provides the family with comprehensive information about early intervention services in Maryland written in family-friendly language. The overall feedback from families and service providers about the Parent Information Series has been very positive.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

1. 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)

Revised Activity: In FFY 2011, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights*. In FFY 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2011-2012, the MSDE will revise the State's COMAR regulations and Policies and Procedures, as necessary, to be consistent with the new Part C Regulations.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the MSDE Complaint Investigation database and related case information was shared with the SICC. Data for these indicators include children birth through to age 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 during the reporting period.

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
2010 (2010 – 2011)	No target required because fewer than 10 resolution sessions were requested.

Actual Target Data for FFY 2010: There were no resolution sessions held.

Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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. The MSDE continues to provide professional development to Administrative Law Judges (hearing officers) on legal issues, including updates to federal and State requirements and current case law.

In FFY 2009, the MSDE began the development of a new Parent Information Series. During FFY 2009, *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3* was printed and distributed to local jurisdictions. In FFY 2010, the *Birth to 3: A Family Guide to Early Intervention Services in Maryland* was printed and distributed. Two additional brochures were released in early fall 2011 which included *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*. The Parent Information Series provides the family with comprehensive information about early intervention services in Maryland written in family-friendly language. The overall feedback from families and service providers about the Parent Information Series has been very positive.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

1. 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)

Revised Activity: In FFY 2011, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights*. In FFY 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2011-2012, the MSDE will revise the State's COMAR regulations and Policies and Procedures, as necessary, to be consistent with the new Part C Regulations.

Part C State Annual Performance Report (APR) for FFY 2010

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 related case information was shared with the SICC. Data for these indicators include children birth through to age 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 during the reporting period.

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
2010 (2010 – 2011)	No target required because fewer than 10 mediation sessions were requested.

Actual Target Data for FFY 2010:

There were two mediation requests received with two mediations held. Both mediations resulted in an agreement. 100% of mediations resulted in an agreement. Because less than 10 mediations were requested, no target has been required for this indicator.

Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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. The MSDE continues to provide professional development to Administrative Law Judges (hearing officers) on legal issues, including updates to federal and State requirements and current case law.

In FFY 2009, the MSDE began the development of a new Parent Information Series. During FFY 2009, *A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3* was printed and distributed to local jurisdictions. In FFY 2010, the *Birth to 3: A Family Guide to Early Intervention Services in Maryland* was printed and distributed. Two additional brochures were released in early fall 2011 which included *Understanding the Individualized Family Service Plan*, and *A Family-Friendly Resource to Understanding Your Parental Rights*. The Parent Information Series provides the family with comprehensive information about early intervention services in Maryland written in family-friendly language. The overall feedback from families and service providers about the Parent Information Series has been very positive.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

1. 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)

Revised Activity: In FFY 2011, the MSDE will finalize and disseminate the following components in the Parent Information Series: *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights*. In FFY 2011 and FFY 2012, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2011-2012, the MSDE will revise the State's COMAR regulations and Policies and Procedures, as necessary, to be consistent with the new Part C Regulations.

Part C State Annual Performance Report (APR) for FFY 2010

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 include 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:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. 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
2010 (2010-2011)	100% of State reported data (618, State Performance Plan, and Annual Performance Report) are timely and accurate.

Actual Target Data for FFY 10: 100%

To calculate the percentage of State-reported data that are timely and accurate for FFY 2010, 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.

- a. For the reporting period, all Part C 618 data tables and the Part C SPP were submitted on the due dates.
- b. All State-reported data 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 2010 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: 2/2/11	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/2/11	1	1	1	1	4
Table 3 - Exiting Due Date: 11/2/11	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/2/11	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 2010:

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 2010, 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 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.

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 2010, the MSDE generated and disseminated semi-annual data profiles and statewide data packets, which include trend and current data on federal/State compliance indicators, including the submission of timely data. LITPs with a high percentage of missing data were required to complete Improvement Plans and include strategies and activities to provide data in a more timely manner.

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 Child Outcome Summary Form (COSF) 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 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 1,126 (35.4%) of the 3,177 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 2011:

New/Revised Improvement Activities:

1. **Revised Activity:** In FFY 2011 – FFY 2012, the MSDE will contract with the Johns Hopkins Center for Technology to continue to: create database reports that reduce the level of effort required by MSDE to generate accurate data.
2. In FFY 2010 – FFY 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.

Revised Activity: In FFY 2011, the MSDE implemented the offline option for the IFSP. In FFY 2011-FFY2012, the MSDE will continue to make improvements to the offline option for the IFSP, including the addition of the IFSP Outcomes Wizard.

3. 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 2011, the MSDE will conduct webinars to support online IFSP database revisions, data entry issues, and data analysis for program improvement. This training will also support the integration of COS into the IFSP to more effectively and accurately complete the COS and the utilization of the IFSP Outcomes Wizard to enhance the development of functional IFSP outcomes.

4. 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.

Revised Activity: In FFY 2011- FFY 2012, the MSDE will continue the development of the Maryland IDEA Scorecard (Early Childhood) by continuing to add more data, including information from preschool special education programs. IDEA Scorecard training will be provided to all LITP program directors to assist local programs to make in decision-making for program improvement.

5. **New Activity:** In FFY 2011 – FFY 2012, the MSDE will require Corrective Action Plans for local programs that demonstrate a pattern of not entering data into the data system in a timely manner.

New Resources: On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified. Through family choice and if eligible for Part B special education and related services, children were able to continue receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services committed 2.1 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option. This grant period extends from 12/1/2011 to 6/30/2012.