

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE), and reviewed by the State Interagency Coordinating Council (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 receiving services in the Extended Option. The data for the two age groups are combined into one reporting figure. This indicator includes data on services added per the Individualized Family Service Plan (IFSP) process between July 1, 2011 and June 30, 2012.

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 |
|-----------------------------|--|
| 2011 (2012-2012) | 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 2011: 97.7% (9,727/9,952)

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 7/1/2011 and 6/30/2012, the 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 criterion 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 |
|-----------------------------|--|---|--|---|
| 9,952* | 7,837 (78.7%) | 1,890 (19.0%) | 9,727 | 97.7% |

*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 Non-Systemic Reasons |
|-----------------------------|----------------|--------------------------|--------------------|------------------------------|--------------------------------------|
| 9,952 | 561 (5.6%) | 1,001 (10.1%) | 299 (3.0%) | 29 (0.3%) | 1,890 (19.0%) |

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

| Admin Errors | Staffing Issues | Provider Scheduling Conflicts | Provider Illnesses | Interpreter Delays | Total Number of Systemic Reasons |
|----------------|-----------------|-------------------------------|--------------------|--------------------|----------------------------------|
| 113 (43.1%) | 91 (34.7%) | 42 (16.0%) | 11 (4.2%) | 5 (1.9%) | 262 |

*Note: There were 262 services (for a total of 225 children) provided late due to systemic reasons.

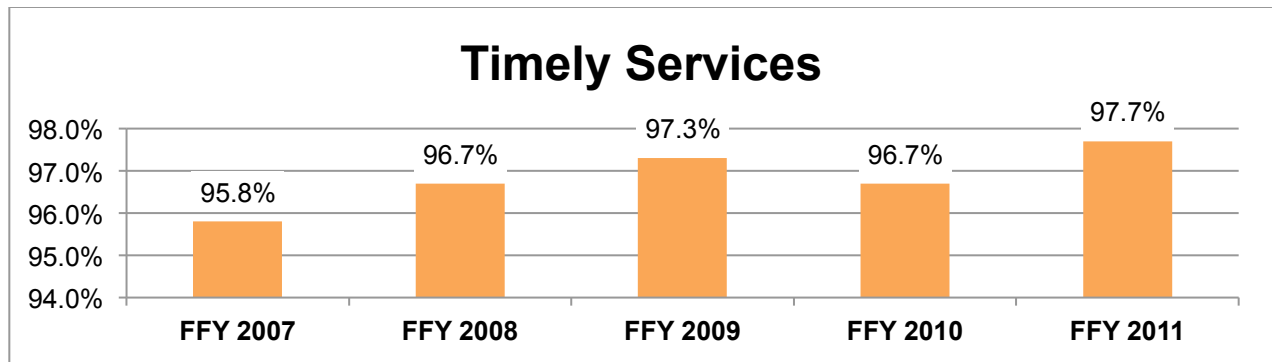
Discussion of Improvement Activities Completed and Explanation of Progress or Slippage That Occurred for FFY 2011:

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 to 7,837 children in FFY 2011, 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, FFY 2010, and FFY 2011 (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 | 2011 |
|---|-------|-------|-------|-------|-------|
| Percentage of children with timely services | 95.8% | 96.7% | 97.3% | 96.7% | 97.7% |



When comparing FFY 2011 results (97.7%) to FFY 2010 results (96.7%), there is an increase of 1.0% in the percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner. The FFY 2011 results represent the highest level of compliance since the MSDE began keeping timely services data. Seventeen of the 24 LITPs either made progress or maintained their current level of performance with this indicator, four more jurisdictions than in FFY 2010. Ten of 24 LITPs achieved the State target (100%) for this indicator and eleven others exceeded 95% performance. Three jurisdictions did not attain at least 95% performance. One of these jurisdictions was a small jurisdiction and decreased from 100% in FFY 2010 to 87.5% in FFY 2011. This was result of 2 individual incidences of noncompliance. Both incidences of noncompliance were the result of unavailable therapists. The second jurisdiction, a large jurisdiction, decreased from 96.9% in FFY 2010 to 94.9% in FFY 2011. This jurisdiction was responsible for 24.9% of the State's individual incidences of noncompliance in FFY 2011. The third jurisdiction, a medium-sized jurisdiction, actually increased its compliance level by 0.6% from FFY 2010 to FFY 2011. The major reason for noncompliance in this jurisdiction was reported to be administration error.

In FFY 2011, 7,837 children (78.7%) had service initiation within 30 days; 561 (5.6%) had service initiation beyond 30 days of the IFSP because of family reasons; 1,001 children (10.1%) had service initiation dates beyond 30 days because the child was not available; 299 children (3.0%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family; and 29 children (0.3%) had service initiation beyond 30 days of the IFSP because of agency closings due to inclement weather.

The largest reason for the noncompliance figure of 2.3% (225 children) was administration errors (113 or 43.1%), followed by staffing issues (91 or 34.7%). Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes. During the reporting period, 262 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 administrative and staffing issues, scheduling conflicts (42 or 16.0%), provider illness/cancellation (11 or 4.2%), and interpreter delays (5 or 1.9%) accounted for noncompliance.

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 (131 or 50.0%), followed by 46 to 60 days (60 or 22.9%), over 75 days (44 or 16.8%), and 61 to 75 days (27 or 10.3%).

Finally, missed timelines due to systemic reasons were examined in relation to service to determine if one service was overrepresented. In FFY 2010, 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. In FFY 2011, some progress was made in the overrepresentation speech and language services as a systemically late service. In particular, in FFY 2011, speech and language services accounted for about 23% of all services, but accounted for about 31% of all systemically late services. Therefore, speech services were more likely to begin outside of 30-day timeline than were other services (see chart below). 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).

| Service | Number | Percentage of Systemically Late Services | Percentage of All Services Provided |
|----------------------------|------------|--|-------------------------------------|
| Audiology | 3 | 1.1% | 1.1% |
| Family Counseling/Training | 5 | 1.9% | 9.3% |
| Nursing | 1 | 0.4% | 1.4% |
| Occupational Therapy | 46 | 17.1% | 11.2% |
| Other | 1 | 0.4% | 6.7% |
| Physical Therapy | 50 | 18.6% | 16.6% |
| Psychological | 3 | 1.1% | 0.9% |
| Social Work | 5 | 1.9% | 1.2% |
| Special Instruction | 70 | 26.0% | 27.4% |
| Speech/Language Therapy | 84 | 31.2% | 22.9% |
| Vision Services | 1 | 0.4% | 1.3% |
| Total | 269 | 100.0% | 100.0% |

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 (IPs) 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 IP 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 IPs 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 began assigning 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 2011, the MSDE continued Online IFSP Trainings and IFSP Users Group Meetings throughout the state. One particular point of emphasis during these meetings 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 meetings in FFY 2012.

Updates to the Code of Maryland Regulations (COMAR):

In FFY 2011, the MSDE began to revise the Maryland Infants and Toddlers Program (MITP) COMAR to ensure consistency with the updated federal regulations released in Fall 2011. In addition to the COMAR changes that mirror federal regulation changes, other changes to the Part C COMAR will include the addition of the Extended IFSP Option into Maryland law. The development of state regulations has been aided through four meetings of a stakeholder workgroup consisting of:

- Parents;
- Public and private agency service providers;
- Local ITP, preschool special education and special education directors/coordinators;
- Early childhood representatives;
- A representative of the school-based/early intervention physical and occupational therapy practice group;
- A State/Local Interagency Coordinating Council representative; and
- A representative from higher education and MSDE staff from the Division of Special Education/Early Intervention Services.

The proposed Part C regulations were also presented to the SICC and the State received considerable verbal feedback at the meeting. In addition, the State obtained additional feedback via a statewide survey and received responses from over 100 parents, administrators, SICC members, and LICC members.

To prepare local programs for the regulations changes, the MSDE has continued to provide guidance and technical assistance to local programs regarding the implementation of the new state and federal regulations. In particular, the MSDE conducted three webinars for ITP and special education providers and administrators to prepare LITPs for when the federal regulations went into effect on July 1, 2012. Components of these webinars included the ending age of the Extended IFSP Option, developmental screening option, and the definition of multidisciplinary. MSDE has also conducted training for other stakeholder groups such as local school superintendents, primary care physicians, audiologists, and the PT/OT school-based/early intervention practice group.

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 IP when large amounts of data (generally greater than 20% at the time of profile development) are missing from the database. As part of their IPs, local programs are required to develop and implement strategies to correct data entry issues.

On November 19, 2012, 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 2011, statewide and local data reports were run on 3/15/12 and 9/15/12. For FFY 2012, statewide and local data reports will be run on 3/15/13 and on 9/15/13.

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 (JHU/CTE) to create a report to capture those services that will never start due to family related reasons. This report has decreased the validation work required by the MSDE. In 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. One general complaint of the online IFSP database was that it required Internet access to use in the family's home. Initially, some jurisdictions used wireless cellular cards for Internet access, but for Maryland's most rural jurisdictions cell phone coverage was too unreliable to use cellular cards with confidence. As a result, 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 successfully 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, FFY 2010, and part of FFY 2011, 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, to 15,046 in FFY 2011).

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, and to 874.73 in FFY 2011. In addition, the additional funding has enabled MITP to increase the number of service coordinators from 609 in FFY 2009 to 660 in FFY 2011. Many of these positions were created to support children receiving services through an Extended IFSP.

On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified from 3 to kindergarten age to 3 until the child's 4th birthday. Through family choice and if eligible for Part B special education and related services, children continued receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012). The State intends to continue to support children on IFSPs after age three with Part B discretionary funds in FFY 2012.

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 2011, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2011 to December 31, 2011 and January 1, 2012 to June 30, 2012. Data analysis for these profiles occurred on March 15, 2012 for the July 1, 2011 to December 31, 2011 data period and on September 15, 2012 for the January 1, 2012 to June 30, 2012 data period. Prior to the distribution of local profiles on April 1, 2012 and October 1, 2012, 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 CAPs when performance of 95% was not achieved or to implement IPs 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 IP 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 IP 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 IPs on a monthly basis and did focused monitoring by telephone and/or during a site visit if progress towards correction of noncompliance was not progressing.

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 IPs or CAPs ended. The ending of an IP also signified the correction of noncompliance because the State's definition of correction is 100% compliance.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 96.7%

Individual Level Noncompliance from FFY 2010

For FFY 2010, there were 307 individual level incidences of noncompliance. The State reviewed the records of all 307 children whose services were not initiated within Maryland's 30-day timeline in FFY 2010 and verified through the Online IFSP Database that all of the services were eventually provided, although late, as documented on the IFSP (Prong 1).

Systemic Level Noncompliance from FFY 2010

| | |
|---|----|
| 1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011) | 17 |
| 2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding) | 17 |
| 3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)] | 0 |

At the systemic level, seventeen instances of noncompliance, less than 100% compliance, were identified in FFY 2010 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 CAP or 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 (Prong 2). 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 IPs or CAPs. 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 2012:

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 achieve 100% compliance in the timely initiation of services.

New/Revised Improvement Activities:

- MSDE will complete and fully implement modifications to the Part C database to refine data collection, reporting, and analysis related to timely service provision (e.g., electronic reports with reasons for and comparisons of untimely actual service initiation dates), and a change in the database structure which would more closely align the addition of services to IFSP meeting dates. It is expected that these changes to the database will decrease the amount of validation required by MSDE for each monitoring period.

Revised Activity: In FFY 2011 – FFY 2012, the MSDE will continue modifications to the timely services predefined reports that further decrease the amount of validation required by data staff.

- MSDE will require a 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 IP.

Revised Activity: In FFY 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system to be implemented in FFY 2013. This new system will include more on-site record reviews by MITP.

Revised Activity: In FFY 2012, the MSDE will create a birth through 21 monitoring record review document and work with the Mid-South Regional Resource Center to create a compliance data collection system.

- New Activity:** In FFY 2012-2013, the MSDE will revise the Early Childhood Tutorial, including the Developing and Implementing IFSPs module.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE), and reviewed by the State Interagency Coordinating Council (SICC). The percentage of children primarily receiving services in the natural environment reflects data utilized for 618 reporting on 10/28/2011 on children birth to age 3. In the data analysis for this indicator, we also included the percentage of children in the Extended Individualized Family Service Plan (IFSP) Option primarily receiving services, based on service hours, in the natural environment on 10/28/2011. 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 |
|---------------------|--|
| 2011 (2011-2012) | 91.5% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings. |

Actual Target Data for FFY 2011: 97.1% (7,165/7,380)

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 10/28/2011. 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 2011 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 LITPs.

Number and Percent of Children Whose Primary Setting is a Natural Environment (n=7,380) Based on 618 Data Collected on 10/28/2011.

| Home | Community Setting | Total in NE | Total in Other | Percent in NE |
|-------|-------------------|-------------|----------------|---------------|
| 6,087 | 1,078 | 7,165 | 215 | 97.1% |

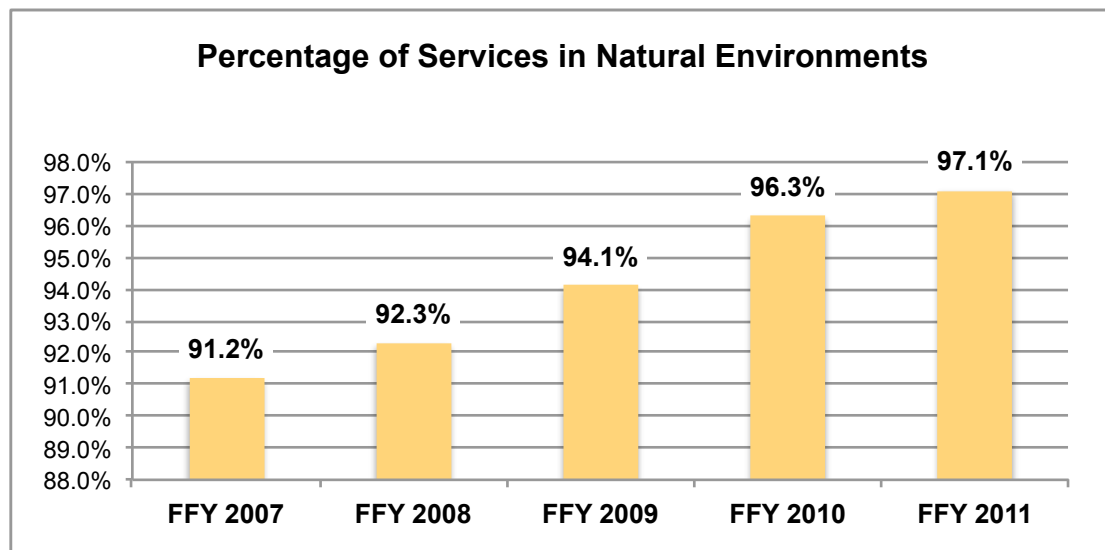
Out of 7,380 active eligible children, 7,165 children received services primarily in the natural environment. There were 215 children who received the majority of their services in settings other than natural environments.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

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 through FFY 2011:

| FFY | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|-------|-------|-------|-------|-------|
| Percentage of services in natural environments | 91.2% | 92.3% | 94.1% | 96.3% | 97.1% |



In FFY 2011, the State met its target of 91.5% and improved from the previous year by 0.8%. This increase in serving children in natural environments may be due to a variety of factors. Beginning in FFY 2008, there was increased State funding for LITPs and for the first quarter of FFY 2011 LITPs continued to access federal American Reinvestment and Recovery Act (ARRA) funds. This additional funding was primarily used to increase service provision resources. Many jurisdictions developed additional community partnerships (i.e., parks and recreation programs, childcare centers, library programs, Judy Centers, etc.) to assist two year olds to prepare for transition to preschool settings by providing same-age peer role models and exposure to group settings.

Extended IFSP Option – Early Intervention Services in Natural Environments:

In FFY 2011, 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 1,395 children receiving services through an Extended IFSP on October 28, 2011, 1,316 children (94.3%) received services primarily in the natural environment. There were 79 children (5.7%) who received the majority of their services in settings other than 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 |
|------|-------------------|-------------|----------------|---------------|
| 793 | 444 | 1,316 | 79 | 94.3% |

Data Collection, Reporting and Analysis:

In Maryland, there are 24 local jurisdictions, each with their own LITP. As determined by a snapshot count of children birth to age three on 10/28/11, Maryland has:

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

All 24 of the local infant and toddlers programs met or exceeded the state target of 91.5%. Twelve LITPs supported all children in the natural environment (4 mid-sized jurisdiction and 8 small jurisdictions). Another six jurisdictions supported more than 98% of children in the natural environment (1 large jurisdiction and 5 mid-sized jurisdictions). The remaining jurisdictions supported between 94.5% of children to 98% of children in the natural environment (4 large jurisdictions, 1 mid-sized jurisdiction and 1 small jurisdiction).

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 1 and October 1 each year.

To monitor the requirements of 303.344(d)(1)(ii), the state generated a database report documenting all justifications for not providing services in the natural environment for every child referred in FFY 2011. 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 92.3% of services (550 of 596 services) not provided in a natural setting had appropriate justifications; a total of 46 justifications were not based on the needs of the child. In FFY 2010, 89.6% of services had appropriate justifications reflecting a 2.7% increase from last year. Maryland continues to use a high standard when reviewing justifications, as they must demonstrate evidence-based practices. Justifications not based on the needs of the child occurred in six jurisdictions. Last year, justifications not based on the needs of the child occurred in eleven jurisdictions.

Maryland's largest urban jurisdiction accounted for over 50% of the inappropriate justifications statewide. In this jurisdiction, 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.

Discussion of Improvement Activities:

During this reporting period, the MSDE continued to monitor the progress on this indicator, consistent with 34CFR §§303.12, 303.18, and 303.344(d)(1)(ii), 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 2011, that have a justification on the IFSP and whether these justifications were based on the needs of the child. If the data for a LITP were below the State target, the LITP was required to develop an IP for the NE indicator. During FFY 2011, no jurisdictions had to implement an IP for the natural environment indicator.

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 IP for natural environment justifications was submitted along with their semi-annual and/or Final Program reports. During FFY 2011, five jurisdictions implemented an IP for natural environment justifications. For LITPs who had an NE justification IP, a progress report (including data, strategies and activities) was submitted along with their 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 submit local applications for federal funds in June of each year. If a LITP did not meet the State target for the percentage of children served in a natural environment for 2 or more 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 2011, the MSDE staff, through the local application process and sub-recipient monitoring visits, continued to review 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. Eight local sub-recipient monitoring visits were held in FFY 2011. For the eight 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 2011, 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 in numerous formats and forums.

- 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 in the fall of 2011. 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.
- In October 2011, at the Annual Special Education/Early Intervention Services Leadership Conference, two presentations focused on the birth through five system of services: *Policy Implications in Implementing a Birth-Five Model* and *Innovative Practices and Approaches in the Implementation of a*

Birth-Five Model. All LITP Directors and their leadership staff typically attend this conference with more than 250 participants.

- In November 2011, Maryland's System of Early Childhood Intervention and Special Education Services (Birth through 5) was presented at the "Innovative Leadership in Family Support" Conference. The attendees included local Family Support Network Coordinators, Preschool Partners Coordinators, Partners for Success Coordinators, Family Navigators, Military Family Support, and Parents Place of Maryland. Participants were given the vision and mission for Maryland's Birth through 5 services. The Individualized Family Service Plan (IFSP) was explained in detail as participants went through page by page, including Routines in Natural Environments. An introduction to the Child Outcome Summary (COS) process was discussed with supporting a video. The new Birth–5 materials for families, the "*Parent Information Series*," was shared. Evaluations of this PD activity indicated the majority of participants strongly agreed that they have a greater understanding of MSDE's Early Childhood Intervention and Education initiatives.
- MSDE continued the distribution of the "*Parent Information Series*," including:
 - *Birth To 3: A Family Guide To Early Intervention Services in Maryland*;
 - *The IFSP: A Family Guide To Understanding The Individualized Family Service Plan (IFSP)*; and
 - *A Family Guide to Next Steps When Your Child In Early Intervention Turns 3: Families Have A Choice.*

Embedded within the guides are definitions and examples of natural environments, the importance of identifying routines in natural environments, and reasons why children benefit from receiving services in natural environments.

- During FFY 2011, a training consultant provided professional development 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 February 2012, the DSE/EIS conducted an online webinar to demonstrate enhancements to the online IFSP system. This webinar was very well-received as both convenient and cost-effective with over 110 participants, including administrators, teachers, related service providers and service coordinators. The follow-up evaluation indicated overall positive results regarding the relevance and value of the content. Several participants requested demonstration in an interactive IFSP online environment. Additionally, an Online IFSP and IFSP Procedures Q & A was distributed to all programs and posted as a resource along with the webinar on Maryland Learning Links and the Early Childhood Gateway websites.
- In spring 2012, the MSDE conducted several webinars focusing on the implementation of the Part C Regulations for local early intervention leaders and their staff. In the Overview of Significant Changes to the Revised Part C Regulations Webinar on March 22, 2012, information regarding natural environments and justifications for not providing services in the NE were reviewed. This webinar was recorded and is posted as a resource on the Maryland Learning Links and the Early Childhood Gateway websites. The follow-up evaluation indicated positive results regarding both the convenience and cost-effectiveness of the online format as well as the relevance and value of the content.

Integration of Child Outcomes Summary (COS) into the IFSP Process

- During FFY 2011, in collaboration with a COS/IFSP Integration stakeholder workgroup, MSDE integrated the COS process into the IFSP process. Technology infrastructure as well as intense professional development/technical assistance supported the integration efforts. While the COS/IFSP integration is still new and a major systems change effort, the MSDE believes integrating the COS into the IFSP will assist families and providers to have an overall better understanding of their 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 daily routines in natural environments.
- In June 2011, the MSDE invited a national expert to provide professional development around COS and integrating COS into the IFSP process. To assist with this professional development effort Early Childhood Outcomes (ECO) Center and the National Early Childhood Technical Assistance Center/Mid-South Regional Resource Center (NECTAC/MSRRC) staff were also invited to attend. The MSDE held two one-day training of trainer sessions 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.
- Following an in-depth needs assessment which included an online survey for providers, for trainers and for administrators in September 2011, the MSDE again invited three national experts, including staff from the ECO Center and the NECTAC/MSRRC to provide additional professional development around COS and integrating COS into the IFSP process. These trainings were delivered regionally during three all-day mini-conferences on November 7–9, 2011. The mini-conference began with a plenary session "Engaging Families in the Child Outcomes Summary Process." The remaining three conference sessions were divided into two tracks.
 - *Track 1* sessions were for direct service providers (e.g., service coordinators, teachers, related service providers) who continue to need refinement of skills around implementation of the COS process. The overall outcome for Track 1 participants was to increase staff understanding of age expected skills and behaviors to more acutely complete the COS 1-7 rating with the family.
 - *Track 2* sessions were for LITP Directors/program supervisors and staff who would be conducting training in their local jurisdictions. The overall outcome for Track 2 participants was implement additional training strategies and resources as they train/mentor/coach their staff to integrate the three early childhood outcomes throughout the IFSP process.
- In May 2012, the DSE/EIS released a video "Engaging Families in the Child Outcomes Summary (COS) Process" as well as a Video Viewing Guide to assist service providers to:
 - Elicit functional information from families;
 - Understand the unique contributions of each IFSP team member;
 - Anchor discussions of children's strengths and needs in age-expected development; and
 - Foster collaborative decision-making when completing the COS rating.

Excellent feedback on the video has been received from administrators, service providers and families. This resource can be accessed on the Maryland Learning Links website.

Leadership Development for a Birth–5 System

In FFY 2011, to continue to build capacity in the implementation of a seamless, comprehensive and coordinated birth–5 system of services, the following improvement activities were specifically focused on Maryland's birth through five leaders.

Early Childhood Intervention and Education Leadership Academy (ECIE-LA):

- The core content for the ECIE-LA was developed to advance and support the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams in designing and implementing a seamless birth through five coordinated and comprehensive system of services within select local jurisdictions. The Maryland State Department of Education, Division of Special Education/Early Intervention Services, Early Childhood Intervention and Education Branch, in collaboration with Johns Hopkins University's Center for Technology in Education and the Mid-South Regional Resource Center, guided teams of 3-4 early childhood leaders from four local jurisdictions/public agencies (i.e., Harford, Washington and St. Mary's counties and the Maryland School for the Deaf) through numerous system change activities including transformational leadership, measuring, evaluating and influencing systems change, and fiscal management for systems change.
- An in-depth needs assessment was completed by each jurisdiction team at the onset of the Academy with additional assessment and evaluative methods built in throughout the Academy experiences. The overall evaluation of the ECIE Leadership Academy "team approach" strongly indicated this format was extremely valuable in fostering collaborative strategies to build capacity and sustain systems change.

Maryland IDEA Scorecard:

- A statewide Scorecard teleconference was presented in May 2012 to introduce the MD IDEA Scorecard to all local birth through five leaders. The purpose of Scorecard is to provide access to data relevant and usable to state and local leaders for the purpose of improving results for infants, toddlers, children, and youth with disabilities and their families.
- In June 2012, an all-day Scorecard training was held with teams of birth – five leaders from seven jurisdictions. Seventeen birth through five directors/supervisors participated in the training and learned to "drill down" information/data to more effectively analyze their early intervention/preschool services data, including natural environment results.
- The training results were very positive with 64% of participants indicating they were highly motivated to use the Scorecard tool for analyzing data to inform programmatic decision-making. A follow-up teleconference was presented in July 2012, with an emphasis on technical enhancements to report capabilities and custom analytics. Additional scorecard trainings for local programs were provided in September 2012.

Addressing System Capacity Issues

In Maryland, over 97% of children age birth to 3 and over 94% of children ages 3 through 4 are supported in the natural environment. For FFY 2011, the State target of 91.5% has been met in all 24 jurisdictions. 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, childcare centers and libraries to provide early intervention services while the child and/or family attended these programs or groups.

On December 1, 2011, the age parameter for children participating in the Extended IFSP Option was modified from 3 to kindergarten age to 3 until the child's 4th birthday. Through family choice and if eligible for Part B special education and related services, children continued receiving early intervention services after age three until their fourth birthday. The Division of Special Education/Early Intervention Services awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012). The State intends to continue to support children on IFSPs after age three with Part B discretionary funds in FFY 2012.

Revisions, with Justification, to Proposed Targets /Improvement Activities/ Timelines/ Resources for FFY 2012:

New/Revised Improvement Activities:

1. In FFY 2007 – FFY 2012, the MSDE will encourage and assist LITPs to build inclusive opportunities in communities through capacity-building activities.

Revised Activity: In FFY 2012 to FFY 2015, the Division of Special Education/Early Intervention Services will work in collaboration with the Division of Early Childhood at MSDE as part of the Race to the Top Early Learning Challenge Grant on numerous initiatives impacting young children with disabilities including the development and implementation of a coaching and mentoring leadership project for local birth through five staff to build capacity within inclusive early childhood environments.

Revised Activity: In FFY 2012, DSE/EIS will offer competitive grant funding to build a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services by demonstrating strong collaborative community partnerships to increase the continuum of early childhood settings, to support early childhood transitions, to engage families as leaders, and to improve school readiness results for young children with disabilities.

2. **New Activity:** In FFY 2012-2013, DSE/EIS will develop online resources to assist service providers and service coordinators to embed interventions/supports into a child's/family's daily routines in the natural environment including an embedded learning opportunities on-line tool, a NE/LRE decision-making module, and a video focusing on functional outcomes and school readiness.
3. **New Activity:** In FFY 2012-2013, the MSDE will revise the Early Childhood Tutorial, including the Developing and Implementing IFSPs module.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million Part C/ Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database using the Child Outcome Summary (COS) progress at exit report and entered into the Summary Statement Calculator. These data were reviewed by the State Interagency Coordinating Council (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 Individualized Family Service Plan (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 = $\left[\frac{\text{(\# of infants and toddlers who did not improve functioning)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.

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 = $\frac{\text{\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d)}}{\text{\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d)}} \text{ times } 100$.

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

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

Target Data and Actual Data for FFY 2011:

Table 1: Targets and Actual Data for Part C Children (Birth to 3/Birth to K) Exiting in FFY 2011 and FFY 2010

NOTE: The "Birth to K" data include children older than 3 that received services through an extended IFSP and have data at program entry before age three and at program exit after age 3. The Maryland State Department of Education (MSDE) began serving children after age 3 on an Extended IFSP in the second half of FFY 2009 and continues to do so. As such, in FFY 2010 the MSDE was only able to report on 133 children compared to 1,044 children in FFY 2011.

| Summary Statements | Actual Birth to 3 FFY 2010 (% and # children) | Actual Birth to 3 FFY 2011 (% and # children) | Actual Birth to K FFY 2010 (% and # children) | Actual Birth to K FFY 2011 (% and # children) | Target FFY 2011 (% 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 | 76.0% (n=2,118) | 70.1% (n=4,412) | 72.9% (n=133) | 70.4% (n=1,074) | 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 | 68.8% (n=2,118) | 65.3% (n=4,412) | 80.5% (n=133) | 68.5% (n=1,074) | 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 | 80.8% (n=2,139) | 74.1% (n=4,416) | 78.2% (n=135) | 75.6% (n=1,076) | 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 | 64.1% (n=2,139) | 60.5% (n=4,416) | 72.6% (n=135) | 64.4% (n=1,076) | 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: $c+d/a+b+c+d$ | 81.6% (n=2,136) | 72.9% (n=4,415) | 80.2% (n=136) | 71.3% (n=1,073) | 87.0% |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: $d+e/a+b+c+d+e$ | 70.9% (n=2,136) | 63.5% (n=4,415) | 81.6% (n=136) | 69.5% (n=1,073) | 75.4% |

Table 2: Progress Data for Part C Children (Birth to 3) FFY 2011

| A. Positive social-emotional skills (including social relationships) | Number of children | % of children |
|--|---------------------------|----------------------|
| a. Percent of children who did not improve functioning | 6 | 0.2% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 855 | 19.4% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 668 | 15.1% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 1365 | 30.9% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 1518 | 34.4% |
| Total: | N = 4,412 | 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 | 4 | 0.1% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 885 | 20.0% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 854 | 19.3% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 1687 | 38.2% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 986 | 22.3% |
| Total: | N = 4,416 | 100% |
| C. Use of appropriate behaviors to meet their needs | Number of children | % of children |
| a. Percent of children who did not improve functioning | 5 | 0.1% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 895 | 20.3% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 713 | 16.2% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 1710 | 38.7% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 1092 | 24.7% |
| Total: | N = 4,415 | 100% |

Table 3: Progress Data for Part C Children (Birth to K) FFY 2011

| A. Positive social-emotional skills (including social relationships) | Number of children | % of children |
|--|---------------------------|----------------------|
| a. Percent of children who did not improve functioning | 16 | 1.5% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 188 | 17.5% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 134 | 12.5% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 352 | 32.8% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 384 | 35.7% |
| Total: | N = 1,074 | 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 | 7 | 0.7% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 198 | 18.4% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 178 | 16.5% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 456 | 42.4% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 237 | 22.0% |
| Total: | N = 1,076 | 100% |
| C. Use of appropriate behaviors to meet their needs | Number of children | % of children |
| a. Percent of children who did not improve functioning | 13 | 1.2% |
| b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 173 | 16.1% |
| c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach | 141 | 13.2% |
| d. Percent of children who improved functioning to reach a level comparable to same-aged peers | 320 | 29.8% |
| e. Percent of children who maintained functioning at a level comparable to same-aged peers | 426 | 39.7% |
| Total: | N = 1,073 | 100% |

Child Outcomes Data Collection:

In FFY 2010 for the federal reporting of child outcomes results, Maryland began 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. The COSF data reported in FFY 2009 was utilized as the baseline COSF data to set targets for FFY 2010-2012. Additionally in FFY 2010, with stakeholder input, consultation with the Early Childhood Outcomes (ECO) Center staff, and thorough data analysis and review, the decision was made to integrate the COS process into Maryland's Individualized Family Service Plan (IFSP).

In July 2011, the Strengths and Needs Summary page (Part IIIA) of the IFSP became the mechanism for collecting, measuring and reporting on the three early childhood outcomes. The Strengths and Needs Summary page now has two critical purposes:

1. To document comprehensive information about a child to support functional outcome development; and
 2. To complete the COS process at entry into and at exit from the Local Infants and Toddler Program (LITP) in the three early childhood outcome areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs.
- NOTE:** The COS process (completed on the Strengths and Needs Summary page of the IFSP) replaces the COSF as the mechanism for collecting, measuring and reporting on the three early childhood outcomes.

The Strengths and Needs Summary captures multiple sources of information including: the child's present levels of development (gained through the evaluation/assessment process including naturalistic observation, parent interview, and team involvement), the family's concerns, priorities and resources, and the family's daily routines in natural environments. This information is utilized to summarize the child's strengths and needs in the three early childhood outcome areas.

For each skill/behavior identified as a strength or need, the following questions are considered to guide the conversation with the family and to identify the appropriate COS Rating Descriptor for that early childhood outcome area:

- Are the skills and behaviors, demonstrated for this area, what one would expect for a child this age? (i.e., age-expected skills)
- If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors? (i.e., immediate foundational skills)
- If not, are the skills and behaviors like those of a MUCH younger child? Are they much earlier than age-expected skills and behaviors or atypical? (i.e., foundational skills)

The COS Rating Descriptors are based on the child's functioning across settings and situations in the three functional areas compared with what is expected given the child's age. The COS Rating Descriptors use family-friendly language to assist families to understand their child's development in relation to same age peers and are matched to the COSF 1 through 7 scale (Table 4). Only the COS Rating Descriptors are written on the IFSP, not the 1 to 7 numbers. The 1 to 7 numbers are assigned in the database to calculate child progress data.

Table 4: Child Outcomes Summary (COS) Rating Descriptors
Family-friendly descriptors adapted from materials developed by Naomi Younggren, DoD for EDIS and based on the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF) rating descriptors.

| | |
|---|----------|
| • Relative to same age peers, _____ has all of the skills that we would expect of a child his age in the area of (outcome [e.g., taking action to meet needs]). | 7 |
| • Relative to same age peers, _____ has the skills that we would expect of his age in regard to (outcome); however, there are concerns with how he (functional area that is of concern/quality of ability/lacking skill). | 6 |
| • Relative to same age peers, _____ shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of (outcome). | 5 |
| • Relative to same age peers, _____ shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of (outcome). | 4 |
| • Relative to same age peers, _____ is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of (outcome). | 3 |
| • Relative to same age peers, _____ is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome). | 2 |
| • Relative to same age peers, _____ functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the (outcome) area. | 1 |

For each of the three early childhood outcome areas, the appropriate COS Rating Descriptor is documented on the Strengths and Needs Summary page under the question, "How Does My Child's Development Related to His/Her Same Age Peers?" In addition to the COS Rating Descriptor the following question is also required: "Has my child shown any new skills or behaviors related to (outcome area) since the last Strengths and Needs Summary?" "Yes, No or Not Applicable?" This question is identical to the progress question on the COSF, "Has the child shown any new skills or behaviors related to each outcome since the last outcomes summary? (yes or no)." When developing an initial IFSP and completing the COS entry, the answer to the question is "not applicable" since the child has not yet received early intervention services. At exit (or any other time the COS process is completed, e.g., at annual IFSP reviews) this yes/no question must be answered. Currently, the COS is only required at entry and exit, but guidance has been provided to local programs indicating a best practice would be to complete the COS process at every annual IFSP review.

Requirements for Completing the Child Outcomes Summary (COS) Process:

The COS process is required for every child at entry into the program. An exit COS is required for children birth to 36 months who have been receiving early intervention services for at least 6 months. For children who continue to receive services through an Extended IFSP, the exit COS at age three becomes the entry COS after age 3. For children referred after 30 months who will continue to receive services through an Extended IFSP, it is necessary to complete an exit COS. As stated above, the exit COS (birth – 3) becomes the entry COS after age 3. Depending on when the child comes into the program and what intervention has actually occurred, the IFSP team must decide to:

- 1) Utilize the initial entry COS (birth – 3) as the exit COS (birth – 3); or
- 2) Update the PLOD (quantitative and/or qualitative) and the Strengths/Needs Summary to document child progress and complete the Exit COS.

For children who continue to receive services through an Extended IFSP, an exit COS is required if the child has been receiving services through an Extended IFSP for at least three months. If a family is unavailable to complete the Exit COS and the IFSP team has had contact with the child/family within the last several months and the child has been in the program for at least 6 months, the IFSP team must complete an Exit COS without family input.

Discussion of Summary Statements and a-e Progress Data (Birth to 3) for FFY 2011 (Tables 1 and 2):

In FFY 2011 the overall child outcome data (birth to 3) across the six indicators, using the COS process to compare progress to typical peers, the slippage from FFY 2010 ranged from a 3.5% to an 8.7% decrease. The slippage compared to the FFY 2011 targets ranged from a 8.5% to a 14.1% decrease. 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 FFY 2011 target was 80.6% of children, the FFY 2010 actual data were 76.0%, and the FFY 2011 actual data were 70.1%. These results were 10.5 percentage points less than the target and a 5.9% decrease from last year.
- 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 FFY 2011 target was 73.8% of children, the FFY 2010 actual data were 68.8%, and the FFY 2011 actual data were 65.3%. These results were 8.5percentage points less than the target and a 3.5% decrease from last year.
- 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 FFY 2011 target was 85.8% of children, the FFY 2010 actual data were 80.8%, and the FFY 2011 actual data were 74.1%. These results were 11.7percentage points less than the target and a 6.7% decrease from last year.
- 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 FFY 2011 target was 69.9% of

children, the FFY 2010 actual data were 64.1%, and the FFY 2011 actual data were 60.5%. These results were 9.4 percentage points less than the target and a 3.6% decrease from last year.

- 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 FFY 2011 target was 87% of children, the FFY 2010 actual data were 81.6%, and the FFY 2011 actual data were 72.9%. These results were 14.1 percentage points less than the target and an 8.7% decrease from last year.
- 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 FFY 2011 target was 75.4% of children, the FFY 2010 actual data were 70.9%, and the FFY 2011 actual data were 63.5%. These results were 11.9 percentage points less than the target and a 7.4% decrease from last year.

The baseline COSF summary statement data in FFY 2009 became the target data for FFY 2010 and FFY 2011. When comparing the target data and last year's actual data with this year's actual summary statement data, there is an overall decrease ranging from 3.5% to over 14% across summary statements and indicators. With the change in methodology of utilizing the COS process integrated into the IFSP, these results can be expected. The family is now an integral part of the COS process since it is documented on the IFSP and completed at an IFSP team meeting. The missing data issue is remedied as COS is a required part of the IFSP process. With little missing data and the increasing referral rate, Maryland's data set doubled this year as compared to the last several years. Additionally, since 2006-2007 COSF data in Maryland have been significantly higher than the national average on all of the three child outcome indicators. This year, Maryland's summary statement data continues to be 2 – 9% percentage points higher than the national averages reported in FFY 2010. The MSDE continues to focus on data quality through a variety of professional development and technical assistance activities and will reset targets following two years of baseline data using the new methodology of the COS process integrated into the IFSP.

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

- Across all three indicators 4 - 7 children were reported in category 'a' compared to no children reported in category 'a' last year. In FFY 2009, 3 - 7 children were reported across indicators in category 'a' which is almost the same as the number reported in category 'a' this year. Maryland's data are consistently lower in category 'a' as compared to the national average as reported in the FFY 2010 child outcomes indicator analyses.
- Across all three indicators in category 'b', a 4.3% to 7.6% increase was noted as compared to last year. A stronger understanding of progress compared to typical peers as opposed to progress compared to self may explain this increase. Additionally, the absence of missing data may also explain why there is an increase in this category, as one large urban jurisdiction typically has more children in category 'b' and in the past had a significant amount of missing data. Maryland's data are comparable to the national average in category 'b' according to the FFY 2010 child outcomes indicator analyses.
- In category 'c', only a .2% to 1.5% decrease was noted across all three indicators from last year to this year indicating some stability in this category from last year. Maryland's data are 2% - 4% lower in category 'c' as compared to the national average.
- Across all three indicators in category 'd', a 0.8% to 4.5% decrease was noted as compared to last year. Maryland's data are 3% to 5% higher in category 'd' compared to the FFY 2010 child outcomes indicator analyses.
- Finally, in category 'e' there was interesting variation from last year. In Outcome 1 there was more than a 2.7% decrease. In Outcome 2 there was a 1% increase and in Outcome 3 there was a 6.5% decrease. Maryland's data in category 'e' are 2% to 3% higher than the national average for Outcome 1 and 2, and for Outcome 3 Maryland's data are the same as the national average for category 'e'.

While there is no definitive explanation of the variations in categories from last year to this year, the change in methodology this year has decreased the amount of missing data and increased the amount of family involvement in the COS rating process. 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 2011 (Tables 1 and 3):

FFY 2011 is the second year to report child outcome results for children entering early intervention prior to age 3 and exiting early intervention before they begin kindergarten. Last year exit data were only available for approximately 130 children and this year exit data are available for almost 1100 children. 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 FFY 2011 target was 80.6% of children, the FFY 2010 actual data were 72.9%, and the FFY 2011 actual data were 70.4%. These results were 10.2percentage points less than the target and a 2.5% decrease from last year.
- 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 FFY 2011 target was 73.8% of children, the FFY 2010 actual data were 80.5%, and the FFY 2011 actual data were 68.5%. These results were 5.3percentage points less than the target and a 12% decrease from last year.
- 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 FFY 2011 target was 85.8% of children, the FFY 2010 actual data were 78.2%, and the FFY 2011 actual data were 75.6%. These results were 10.2percentage points less than the target and a 2.6% decrease from last year.
- 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 FFY 2011 target was 69.9% of children, the FFY 2010 actual data were 72.6%, and the FFY 2011 actual data were 64.4%. These results were 5.5percentage points less than the target and an 8.2% decrease from last year.
- 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 FFY 2011 target was 87.0% of children, the FFY 2010 actual data were 80.2%, and the FFY 2011 actual data were 71.3%. These results were 15.7percentage points less than the target and an 8.9% decrease from last year.
- 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 FFY 2011 target was 75.4% of children, the FFY 2010 actual data were 81.6%, and the FFY 2011 actual data were 69.5%. These results were 5.9percentage points less than the target and a 12.1% decrease from last year.

When comparing the target data and last year's actual data with this year's actual summary statement data, there is an overall decrease ranging from 3% to 16% across summary statements and indicators. Several reasons may account for this overall decreasing trend including: an increase in the number of children exiting the Extended IFSP Option this year, the overall change in methodology of utilizing the COS process integrated into the IFSP, the increase in family engagement in the COS process and the limited amount of missing data. The MSDE continues to focus on data quality through a variety of professional development and technical assistance activities and will reset targets following two years of baseline data using the new methodology of the COS process integrated into the IFSP.

With regard to the Birth to K data, huge variability in the a-e progress data is noted when comparing last year's data to this year's data. This is most likely due to the limited number of children who were reported last year (n=130+) compared to this year (1,000+). It is interesting to note the comparisons between the a-e progress categories for the Birth to 3 data as compared to the Birth to K data. Similarities occurred with

the a-e progress categories for Outcomes 1 and 2 when comparing the Birth to 3 and the Birth to K data. In comparison to the Birth to 3 data, the Birth to K data decreased for category 'b', decreased for category 'c', increased for category 'd' and remained about the same for category 'e'. The comparison of the Birth to 3 data and the Birth to K data for Outcome 3 showed different results. While category 'b' and 'c' decreased slightly, category 'd' also decreased and category 'e' increased significantly. At this point in time it is not appropriate to discuss patterns or to make hypotheses about these progress data. 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.

Number/Percentage of Children Missing Progress Data

Since the COS process is now integrated into the IFSP, over the next several years missing data will become less of an issue. The number of children with progress data (Birth – 3) more than doubled this year while the percentage of missing COS data decreased by 4%. Additionally, further analysis was completed to begin to identify those children with reasons for having missing COS progress data and those children with actual missing or impossible COS data. Results of this analysis can be found in Table 4. Reasons for missing data include: not in the program for at least 6 months, attempts to contact unsuccessful/parent withdrawal, moved out of state and deceased. Additionally, there were children with missing COS data who had a progress at exit report with an "impossible" progress score for an outcome area. Typically an "impossible" score is when progress is indicated but the answer to the "Yes/No" question "Has the child shown any new skills or behaviors related to the outcome areas since the last Child Outcomes Summary was completed?" is "No." The slight variation of "impossible" data across the three indicators is the reason for the slight differences in the number of children reported in Table 1: *Targets and Actual Data for Part C Children Exiting in FFY 2011*.

Table 4: Number/Percentage of Children Missing COS Progress Data (Birth to 3)

| Child Outcomes Indicator | Number of children with COS progress at exit | Number of children with reasons for missing progress COS data | Number of children with missing COS progress data | Number of children with missing (impossible) COS progress data | Percentage of children with missing COS data in FFY 2011 | Percentage of children with missing COSF data in FFY 2010 |
|--|---|--|--|---|---|--|
| Positive social-emotional skills | 4425 | 2640 | 1034 | 13 | 23% | 27% |
| Acquisition and use of knowledge and skills | 4425 | 2640 | 1034 | 9 | 23% | 27% |
| Use of appropriate behaviors to meet their needs | 4425 | 2640 | 1034 | 10 | 23% | 26% |

Integrating the COS into the IFSP will continue to lower the number of children with missing progress data over the next several years, as it is now a required component of the initial and the exit IFSP. The MSDE continued to include missing COS data in local profiles and required improvement plans if greater than 15% of COS data were missing. Additionally, a new predefined report indicating the COS Exits Needed was developed and may also have had a positive impact on missing data. Additional data fields were added to the database in the fall of 2012 to document more specific reasons for missing COS progress at exit data.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Explanation of Progress/Slippage:

In FFY 2011, the overall child outcomes data (birth to 3 and birth to K) across the six indicators, using the COS process integrated into the IFSP to compare progress to typical peers, showed a 8.5% to 14.1% decline compared to the FFY 2011 targets (see Figures 1 through 3 below). With the change in methodology of utilizing the COS process integrated into the IFSP, these results were expected. The family is now an integral part of the COS process since it is documented on the IFSP and completed at an IFSP team meeting. Additionally, missing data are no longer an issue as COS is a required part of the IFSP process. With little missing data and an increasing referral rate, Maryland's data set nearly doubled this year compared to the last several years.

Finally, due to an increase in training, early intervention service providers are using the 1-7 rating scale with greater accuracy. The MSDE will continue to focus on data quality, through a variety of statewide and local improvement efforts, including professional development and technical assistance activities and will reset targets following two years of baseline data using the new methodology of the COS process integrated into the IFSP.

Figure 1: FFY 2011 Summary Statements for Indicator 3a – Social Emotional Skills: Birth to 3, Birth to K and Target

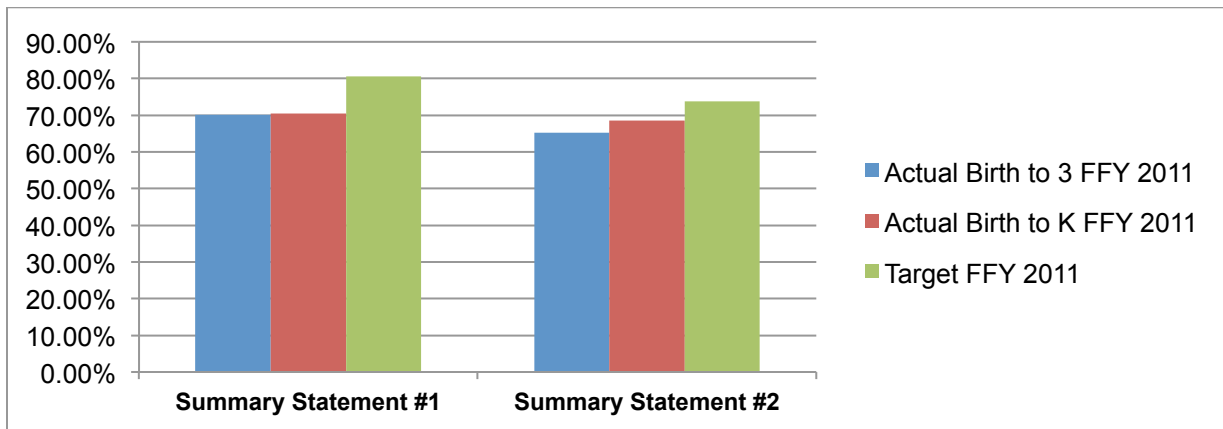


Figure 2: FFY 2011 Summary Statements for Indicator 3b – Acquisition and Use of Knowledge and Skills: Birth to 3, Birth to K and Target

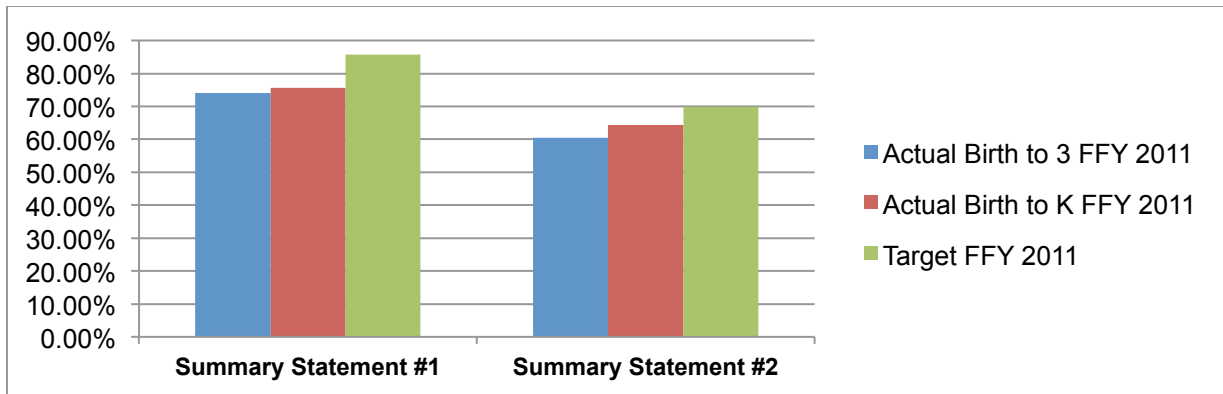
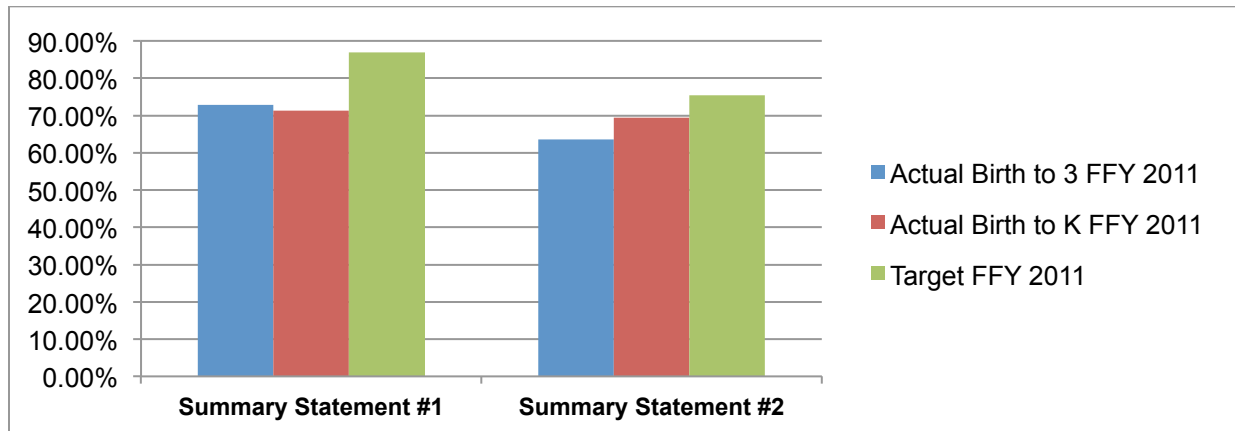


Figure 3: FFY 2011 Summary Statements for Indicator 3c – Use of Appropriate Behaviors to Meet Needs: Birth to 3, Birth to K and Target



In FFY 2011, the child outcome data Birth to K compared to the child outcome data Birth to 3 across all three child outcome indicators for Summary Statement #2 were 3.2% to 6.0% higher. These results for Summary Statement #2 may reflect that young children can meet age expectations with an additional year or more of early intervention services. As the data quality improves, further data drill down is needed to understand the reasons for these results.

Discussion of Improvement Activities:

Improvement activities continued to focus on two overall areas: 1) activities designed to improve data quality and data analysis; 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, most activities were designed to impact both data quality and program quality including monitoring for data quality, integration of the Child Outcomes Summary (COS) process into the IFSP process, and building capacity for local leaders.

Monitoring for Data Quality/Timely and Accurate Data

During FFY 2011, the MSDE continued to include the local COS progress data for each child outcomes sub-indicator on local data profiles distributed on April 1, 2012 and October 1, 2012, along with the statewide COS sub-indicator mean score, in order for local jurisdictions to begin making comparisons between statewide and local child outcomes data. Additionally, the MSDE continued to include missing COS data in local profiles and required IPs for the submission of timely and accurate data, if greater than 15% of COS data were missing. Only one IP was required for missing COS data. 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. A new predefined report indicating the COS Exits Needed was also utilized by local programs to ensure all children had the COS completed at exit at age 3 and exit after age 3.

Integration of Child Outcomes Summary (COS) into the IFSP Process

During FFY 2011, in collaboration with a COS/IFSP Integration stakeholder workgroup, MSDE integrated the COS process into the IFSP process. Technology infrastructure, as well as intense professional development/technical assistance, supported the integration efforts. Additionally, the MSDE revised the procedures for implementing the COS as part of the IFSP process in the IFSP Users Manual and in updated IFSP Directions. Specific examples of the Strengths and Needs Summary/COS process were provided in the IFSP Directions and uploaded to the online IFSP system.

The COS/IFSP Integration stakeholder workgroup (a subcommittee of the Assessment Think Tank) met on a quarterly basis to guide the COS/IFSP integration work. While the COS/IFSP integration is still new and a major systems change effort, the MSDE believes integrating the COS into the IFSP will assist families and providers to have an overall better understanding of their 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 daily routines in natural environments.

In June 2011, the MSDE invited a national expert to provide professional development around COS and integrating COS into the IFSP process. To assist with this professional development effort ECO and National Early Childhood Technical Assistance Center (NECTAC)/Mid-South Regional Resource Center (MSRRC) staff were also invited to attend. The MSDE held two one-day training of trainer sessions 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.

Following an in-depth needs assessment in September 2011, which included separate online surveys for providers, trainers, and administrators, the MSDE again invited three national experts, including staff from the ECO Center and the NECTAC/MSRRC to provide additional professional development around COS and integrating COS into the IFSP process. These trainings were delivered regionally during three all-day mini-conferences on November 7th – 9th. The mini-conference began with a plenary session *“Engaging Families in the Child Outcomes Summary Process.”* The remaining three conference sessions were divided into two tracks.

- Track 1 sessions were for direct service providers (e.g., service coordinators, teachers, related service providers) who continue to need refinement of skills around implementation of the COS process. The overall outcome for Track 1 participants was to increase staff understanding of age expected skills and behaviors to more acutely complete the COS 1-7 rating with the family.
- The Track 2 sessions were for LITP Directors/program supervisors and staff who would be conducting training in their local jurisdictions. The overall outcome for Track 2 participants was to implement additional training strategies and resources as they train/mentor/coach their staff to integrate the three early childhood outcomes throughout the IFSP process.

In December 2011, Maryland began participating in the “Integrating Outcomes Learning Community” sponsored by ECO and NECTAC. This learning community sponsors monthly technical assistance calls to share the work throughout the country on integrating outcomes into the IFSP and IEP. This type of technical assistance has been invaluable for Maryland as its integration process is new and best practices are continuing to evolve.

In the winter of 2012, Maryland moved forward with piloting a COS Workbook initially introduced at the November 2011 COS training. The workbook was distributed to all the COS/IFSP Workgroup members and to numerous other staff for review. Feedback was gathered by survey using Survey Monkey and reviewed by the COS Workgroup members. At a quarterly workgroup meeting in April 2012 it was decided to move forward with an online version of the COS Workbook. Field testing and piloting of the Online Child Outcomes Summary Tutorial is currently in process.

In May 2012, the DSE/EIS released a video “Engaging Families in the Child Outcomes Summary (COS) Process” as well as a Video Viewing Guide to assist service providers to:

- Elicit functional information from families;
- Understand the unique contributions of each IFSP team member;
- Anchor discussions of children's strengths and needs in age-expected development; and
- Foster collaborative decision-making when completing the COS rating.

Excellent feedback on the video has been received from administrators, service providers and families. This resource can be accessed on the Maryland Learning Links website.

Building Leadership Capacity

In FFY 2011, to continue to build capacity in the implementation of a seamless, comprehensive and coordinated birth – 5 system of services for results, several improvement activities were specifically focused on Maryland's birth through five leaders.

The Early Childhood Intervention and Education Leadership Academy (ECIE-LA) was developed to advance and support the efforts of Maryland's local Infants and Toddlers and Preschool Special Education leadership teams in designing and implementing a seamless birth through five coordinated and comprehensive system of services within select local jurisdictions. The Maryland State Department of Education, Division of Special Education/Early Intervention Services in collaboration with Johns Hopkins University's Center for Technology in Education and the Mid-South Regional Resource Center, guided teams of 3-4 early childhood leaders from four local jurisdictions/public agencies (i.e., Harford, Washington and St. Mary's counties and the Maryland School for the Deaf) through numerous system change activities including transformational leadership, measuring, evaluating and influencing systems change, and fiscal management for systems change.

An in-depth needs assessment was completed by each jurisdiction team at the onset of the Academy with additional assessment and evaluative methods built in throughout the Academy experiences. The overall evaluation of the ECIE Leadership Academy "team approach" strongly indicated this format was extremely valuable in fostering collaborative strategies to build capacity and sustain systems change.

The MSDE in collaboration with Johns Hopkins University/Center for Technology in Education moved forward with statewide implementation of the MD IDEA Early Childhood Scorecard. A statewide Scorecard teleconference was presented in May 2012 to introduce the MD IDEA Scorecard to all local birth through five leaders. The purpose of Scorecard is to provide access to data relevant and usable to state and local leaders for the purpose of improving results for infants, toddlers, children, and youth with disabilities and their families. In June 2012, an all-day Scorecard training was held with teams of birth - five leaders from seven jurisdictions. Seventeen birth - five directors/supervisors participated in the training and learned to "drill down" information/data to more effectively analyze their early intervention/preschool services data, including child outcome results.

The training results were very positive with 64% of participants indicating they were highly motivated to use the Scorecard tool for analyzing data to inform programmatic decision-making. A follow-up teleconference was presented in July 2012, with an emphasis on technical enhancements to report capabilities and custom analytics. Additional scorecard trainings for local programs were provided in September 2012.

Additional Activities to Improve Child Outcome Results:

In FFY 2011, in order to improve child outcome results, the MSDE and contractors provided training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and parents in numerous formats and forums.

- In June 2011, the ECO 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 COS process. MSDE continues 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 when developing functional IFSP outcomes. Specific trainings to promote *Healthy Beginnings* continue to be 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.
- 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 in the fall of 2011. This website includes online resources, media and tools to strengthen the

early intervention and education services provided to children and youth with disabilities by 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.

- In October 2011, the state provided presentations at the Annual Special Education/Early Intervention Services Leadership Conference entitled *Policy Implications in Implementing a Birth-Five Model* and *Innovative Practices and Approaches in the Implementation of a Birth-Five Model*. All LITP Directors and their leadership staff typically attend this conference with more than 250 participants.
- In November 2011, Maryland's System of Early Childhood Intervention and Special Education Services (Birth through 5) was presented at the "Innovative Leadership in Family Support" Conference. The attendees included local Family Support Network Coordinators, Preschool Partners Coordinators, Partners for Success Coordinators, Family Navigators, Military Family Support, and Parents Place of Maryland. Participants were given the vision and mission for Maryland's Birth through 5 services. The Individualized Family Service Plan (IFSP) was explained in detail as participants reviewed the document page by page, including the Strengths and Needs Summary. An introduction to the COS process was reviewed along with the ECO COS video. The new Birth – 5 materials for families, "The Parent Information Series," was shared. Evaluations of this PD activity indicated the majority of participants strongly agreed that they have a greater understanding of MSDE's Early Childhood Intervention and Education initiatives.
- MSDE continued the distribution of the "Parent Information Series," including:
 - *Birth To 3: A Family Guide To Early Intervention Services in Maryland;*
 - *The IFSP: A Family Guide To Understanding The Individualized Family Service Plan (IFSP);* and
 - *A Family Guide to Next Steps When Your Child In Early Intervention Turns 3: Families Have A Choice.*

Embedded within the guides are discussions of the three early childhood outcomes and the COS process, as well as the importance of implementing early intervention services through daily routines in natural environments.

- During FFY 2011, a training consultant provided professional development 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.
- At the beginning of February 2012, the DSE/EIS conducted a statewide webinar, "A Closer Look at Family Outcomes Results," with over 80 participants including local administrators, teachers, related service providers, service coordinators and members of the SICC. The outcomes for this training were to review, share and analyze statewide and local jurisdiction family outcomes data and share local strategies that are working for program improvement around family outcomes. An online survey at the end of the webinar was utilized to evaluate the content and format of this experience. The results were overwhelmingly positive with most participants strongly agreeing with the value of the online forum for professional development as well as the value and relevance of the content.
- At the end of February 2012, the DSE/EIS conducted a statewide webinar to demonstrate enhancements to the online IFSP system. Specific enhancements relating to child outcome results include embedded COS resources on the Strengths and Needs Summary page of the IFSP and the

ability to access the review typical development chart from the outcomes wizard while completing the Strengths and Needs page/COS process. Additionally, the Outcomes Wizard reflects the alignment of Healthy Beginnings to the three early childhood outcomes and the wizard can now be used in the online or the offline mode. Finally, all the COS resources presented during the Summer and Fall 2011 COS/IFSP Integration trainings are available on the Help page in the online IFSP. This webinar was very well received, as both convenient and cost-effective with over 110 participants, including administrators, teachers, related service providers and service coordinators. The follow-up evaluation indicated overall positive results regarding the relevance and value of the content. Several participants requested demonstration in an interactive IFSP online environment. Additionally, an Online IFSP and IFSP Procedures Q & A was distributed to all programs and posted as a resource, along with the webinar on Maryland Learning Links and the Early Childhood Gateway websites.

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 4 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 4: Summary Statements by Eligibility Status – Indicator 3a - Social Emotional Skills

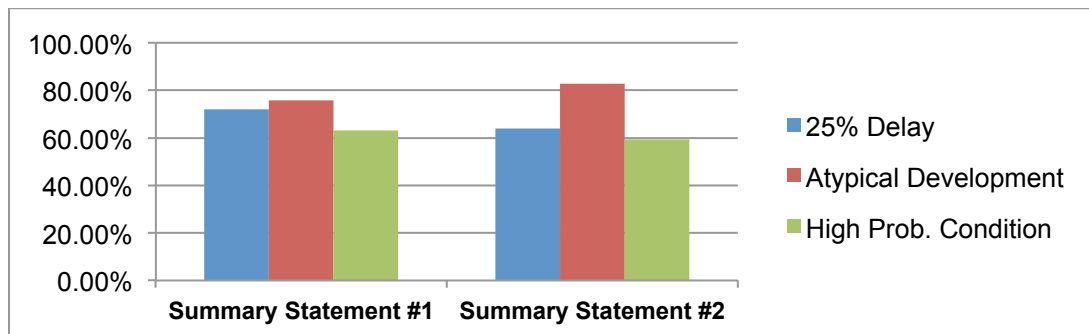


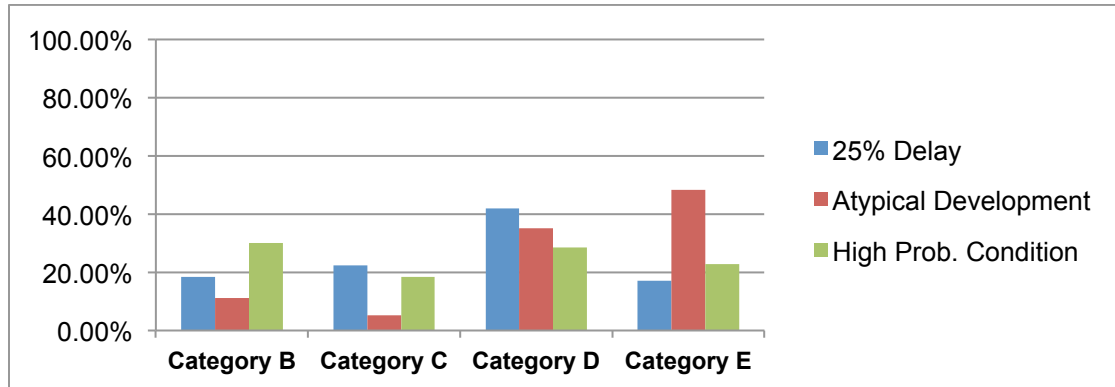
Figure 5 shows a similar pattern with regard to Summary Statement #2 for Indicator 3b, as a considerably higher number of children who have the 'atypical' eligibility status are functioning within age expectations in knowledge and skills when they exit the program.

Figure 5: Summary Statements by Eligibility Status – Indicator 3b - Knowledge and Skills



Figure 6 disaggregates child outcome a-e categories by eligibility status for the same indicator - Indicator 3b – knowledge and skills. A higher percentage of children with atypical development are in categories 'd' and 'e' when they exit the program with a much lower percentage of children with atypical development in categories 'b' and 'c' when they exit the program. This same trend is also evident for the other two child outcome indicators. This analysis suggests the child outcome results for children identified with atypical development may be very positive. Further data drill down is warranted to understand the reasons for this difference.

Figure 6: A-E Category data in relation to eligibility status – Indicator 3b - Knowledge and Skills



Figures 7, 8 and 9 examine Summary Statements trends by Medicaid enrollment indicating a 7 - 19% difference in summary statement results 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 and the necessity for local jurisdictions with high Medicaid enrollment to disaggregate their data by this factor.

Figure 7: Summary Statements by Medicaid Enrollment (ME) – Indicator 3a - Social Emotional Skills

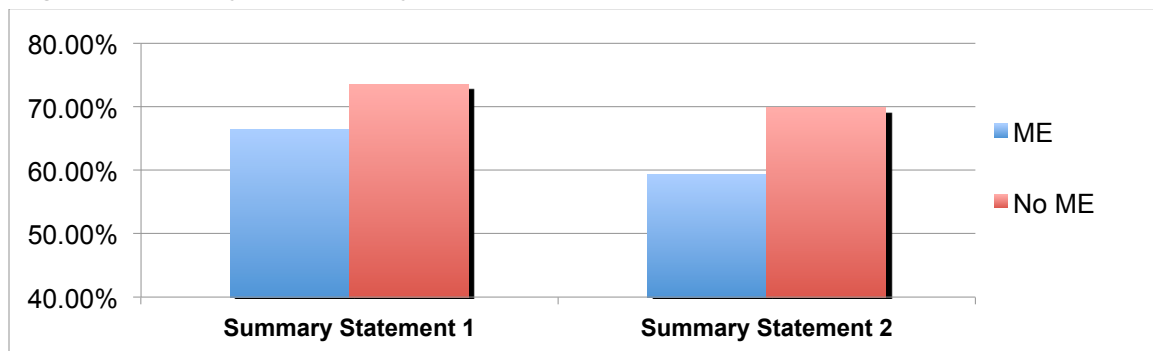


Figure 8: Summary Statements by Medicaid Enrollment (ME) – Indicator 3b- Knowledge and Skills

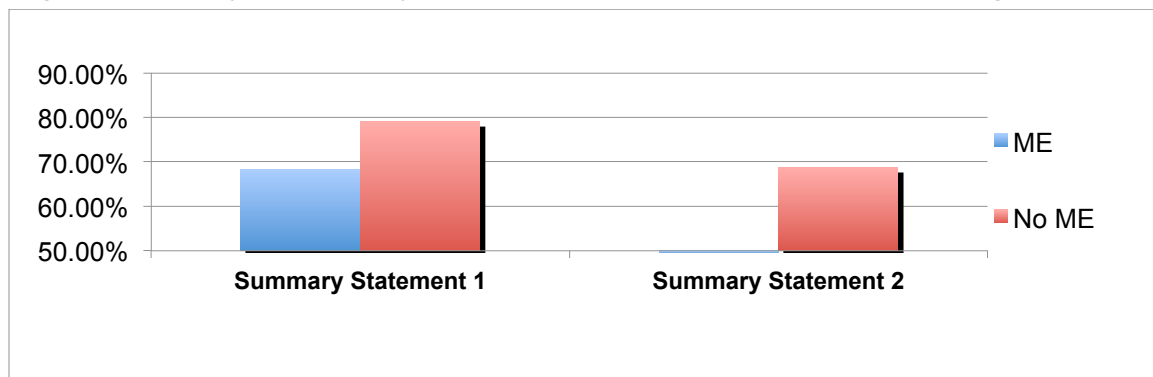
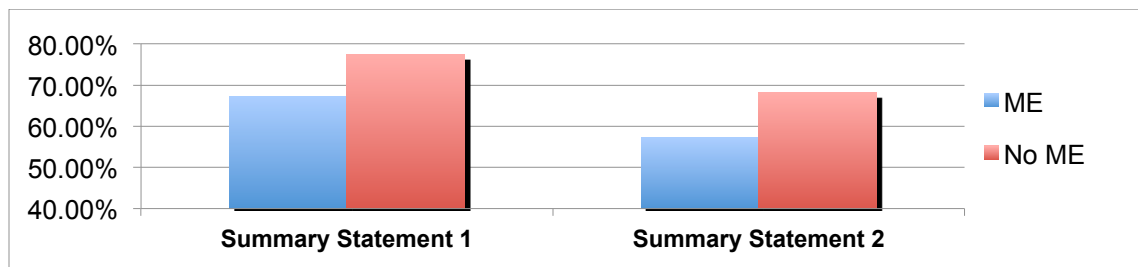


Figure 9: Summary Statements by Medicaid Enrollment (ME)–Indicator 3c–Appropriate Behaviors to Meet Needs



Similar to last year, 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. As Maryland's data quality improves, the MSDE will consider additional questions in consultation with ECO to assist with further understanding of the child outcomes results.

A wide variation continued to be noted when analyzing local jurisdiction data across a-e categories and across summary statements. This variation was significantly greater for Summary Statement #1 than for Summary Statement #2. Variation across the three indicators for Summary Statement #1 ranged from a high of 100% to a low of 42%. Variation for Summary Statement #2 ranged from a high of 83% to a low of 41%. It is interesting to note that Outcome B – acquisition of knowledge and skills -- across both Summary Statements showed more variability than Outcome A or Outcome C. Since Maryland changed the methodology for collecting child outcomes data by integrating COS into the IFSP process, data quality and stability are still a significant issue and may account for some of the variability in the data. The MSDE will continue to focus on data quality, through a variety of statewide and local improvement efforts, including professional development and technical assistance activities, and will reset targets following two years of baseline data using the new methodology of the COS process integrated into the IFSP.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

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: Based on the improvement in data quality, at the end of FFY 2012 and beginning of FFY 2013, the MSDE will work with ECO and Maryland stakeholders to establish new targets for the child outcomes data based on two years of baseline data using the new methodology of the COS process integrated into the IFSP.

2. The MSDE will support implementation of statewide and local improvement strategies focusing on recommended assessment tools, professional development, and evidence-based practices in early intervention to improve child outcome results.

Revised Activity: In FFY 2012, the MSDE will launch the online COS tutorial to serve as a supplemental resource to local/statewide COS training. The tutorial will have embedded activities to check user's understanding of the COS process and a culminating assessment for users to demonstrate their ability to elicit appropriate COS ratings and descriptor statements.

Revised Activity: In FFY 2012 - 2013, DSE/EIS will develop online resources to assist service providers, service coordinators and families to embed interventions/supports into a child's/family's daily routines in the natural environment. These will include an embedded learning opportunities on-line tool, a NE/LRE decision-making module, and a video with a video viewing guide focusing on functional outcomes and school readiness.

Revised Activity: In FFY 2012 - FFY 2015, the Division of Special Education/Early Intervention Services will work in collaboration with the Division of Early Childhood at MSDE as part of the Race to the Top Early Learning Challenge Grant on numerous initiatives impacting young children with disabilities and their families, including the development and implementation of a coaching and mentoring leadership project for local birth through five staff to build capacity within inclusive early childhood environments.

Revised Activity: In FFY 2012, DSE/EIS will offer competitive grant funding to build a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services by demonstrating strong collaborative community partnerships to increase the continuum of early childhood settings, to support early childhood transitions, to engage families as leaders, and to improve school readiness results for young children with disabilities.

Revised Activity: In FFY 2012 – FFY 2013, the MSDE will conduct regional trainings to increase local provider knowledge of the state’s policy on age adjusting for prematurity and the potential developmental impact of neonatal diagnoses, including developmental delay and atypical development.

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

Revised Activity: In FFY 2012, the MSDE will consult with ECO and collaborate with the Johns Hopkins University/Center for Technology in Education (JHU/CTE) to build the capacity of local programs to analyze, interpret and communicate information related to child outcome results.

Revised Activity: In FFY 2012, the MSDE will require local jurisdictions to analyze Summary Statement and A through E progress category data in comparison to statewide data.

Revised Activity: As Maryland’s data quality improves, the MSDE will consider additional child outcome results questions to provide more useful information for state and local accountability and program improvement.

Revised Activity: In FFY 2012, the MSDE will develop and distribute a needs assessment focused on the local implementation of a child outcomes measurement system in order to guide future results work.

Revised Activity: In FFY 2012, the MSDE will collaborate with the COS/IFSP Integration Workgroup and several local programs to identify the specific resources and strategies necessary to assist the local programs to utilize child outcomes data 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 2012, the MSDE will continue to 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.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million Part C/ Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the distribution of family surveys, compiled and aggregated by Maryland State Department of Education (MSDE) contractor, analyzed by MSDE staff, and reviewed by the State Interagency Coordinating Council (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 6/30/2012 including those families in the Extended Individualized Family Service Plan (IFSP) Option. The survey included two additional questions pertinent to the Extended IFSP Option. Families who were active eligible on 6/30/2012 and who participated in the Extended Option were asked to complete these two additional 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 2011:

| Target Data and Actual Target Data | FFY 2011 Target | FFY 2011 Actual | |
|---|-----------------|-----------------|-------|
| A. Know their rights | 79.5% | 3,740/3,940 | 94.9% |
| B. Effectively communicate their children's needs | 77.5% | 3,612/3,814 | 94.7% |
| C. Help their children develop and learn | 87.5% | 3,622/3,804 | 95.2% |

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 before July 1, 2012, and continued to receive services through an IFSP. These last two questions were analyzed separately and are included at the end of this report.

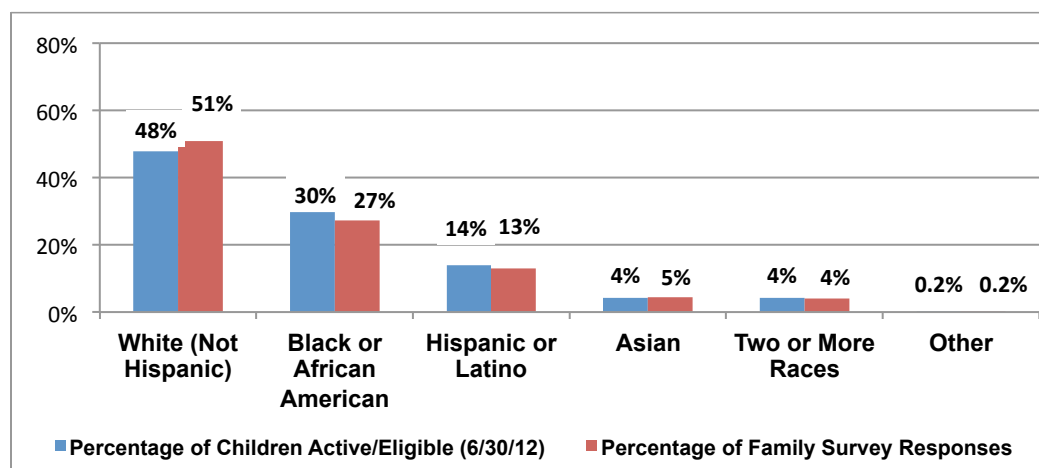
Surveys were mailed to each of the local jurisdictions in English and in Spanish based upon information provided by the jurisdiction. When possible the survey was hand delivered by the Local Infants and Toddler Program (LITP) to the family. When this was not possible the survey was mailed to the family by the local program. Service coordinators and service providers assisted families with the completion of the survey as needed. The values for the Office of Special Education Programs (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 8,650 surveys were either hand delivered or mailed to families and 4,042 surveys responses were received for an overall response rate of 46.7%. This represents a 7.0% increase in response rate over last year. Of the 24 jurisdictions, 10 jurisdictions achieved a response rate greater than or equal to 50% and an additional 6 jurisdictions achieved a response rate greater than 40%.

Representativeness of Results: Figures 1 - 5 and Table 1 show the extent to which the survey results were representative of the children who were active and eligible on June 30, 2012 by race, primary language spoken at home, gender, age at time of referral, eligibility status, and local jurisdiction.

Figure 1 illustrates the representativeness by race of the survey responses as compared to the active/eligible population. The 2012 family survey data appear to be mostly representative by race with several groups being either under- or overrepresented. The percentage of Black/African American respondents was underrepresented by 3% and the percentage of Hispanic/Latino respondents was underrepresented by 1%. There continues to be a 3% overrepresentation of White (not Hispanic) families completing the Family Survey, but the percentage of this overrepresentation continues to decrease, down from a 13% in FFY 2007 to 4% in FFY 2010. The overall survey data is representative of the active and eligible children with small differences that merit continued work to ensure data quality. Local improvement efforts will continue to focus on increasing both response rates and representativeness.

**Figure 1: FFY 2011-2012 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 represented by 1% as compared to active/eligible children, with a corresponding 1% underrepresentation of Spanish speaking homes.

**Figure 2: FFY 2011-2012 Local Infants and Toddlers Programs:
Representativeness by Survey Language - Survey Responses vs. Active/Eligible**

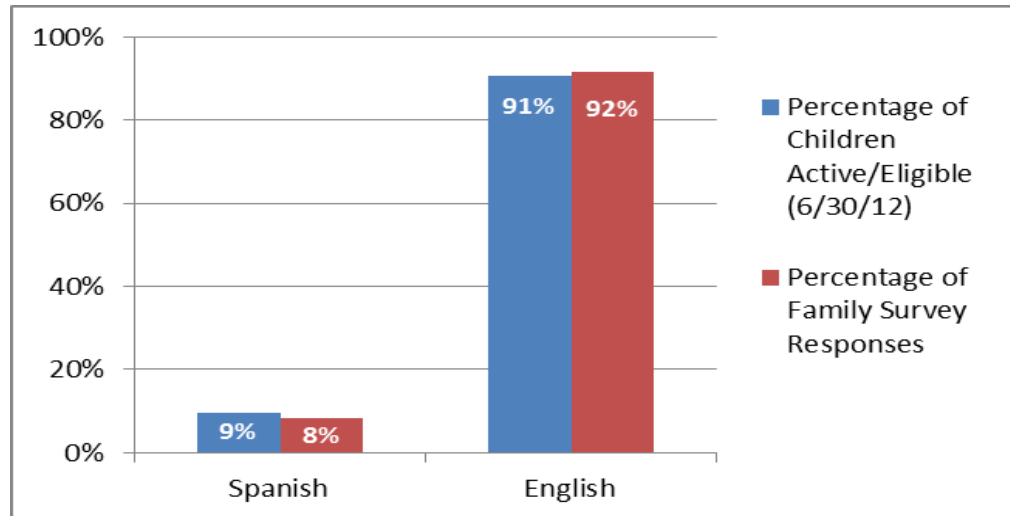


Figure 3 compares the percentage of survey responses from families whose children are male/female with the percentage of children served who are male/female. The percentage of male and female children from families responding to the survey and the gender of children who were active and eligible on June 30, 2012 were the same, suggesting the family survey responses are representative with regard to gender of the children serviced in the program in FFY 2011.

**Figure 3: FFY 2011-2012 Local Infants and Toddlers Programs:
Representativeness by Gender—Survey Responses vs. Active/Eligible**

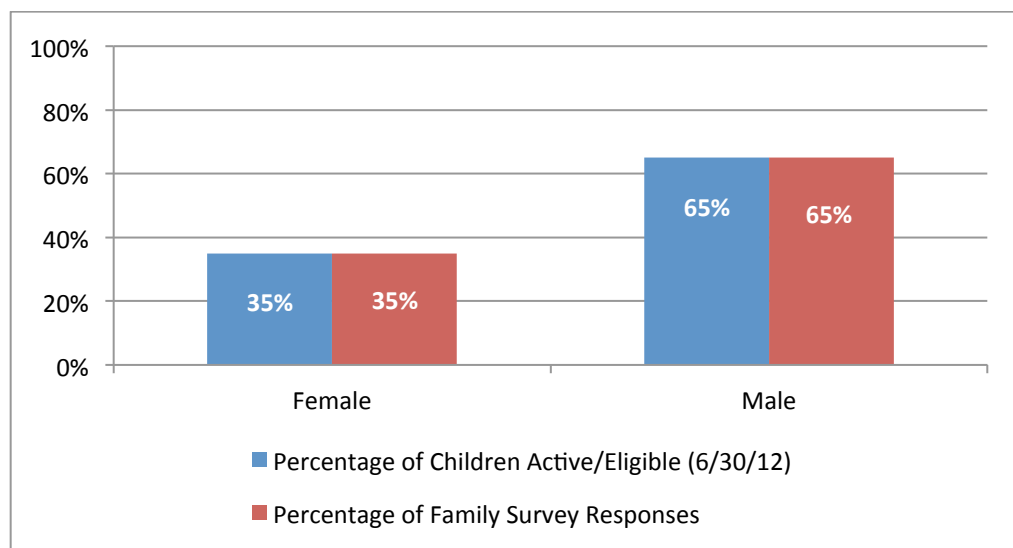


Figure 4 compares the percentage of survey responses received by age ranges at time of referral, compared with the percentage of children served by age ranges. The 2012 family survey data appear to be representative by age at time of referral, with the largest difference in representativeness occurring among the 2-3 year-old age group, where the survey participants are underrepresented of the active/eligible children being served by 3%.

**Figure 4: FFY 2011-2012 Local Infants and Toddlers Programs:
Representativeness by Age at Time of Referral—Survey Responses vs. Active Eligible**

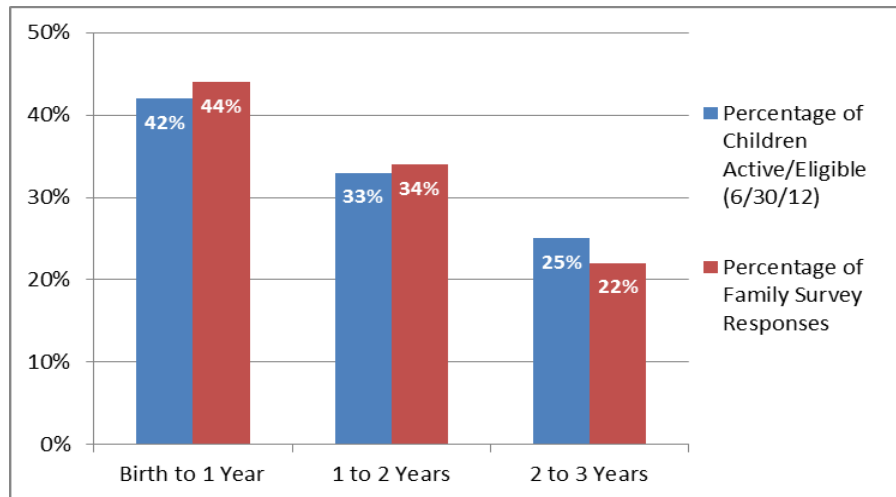
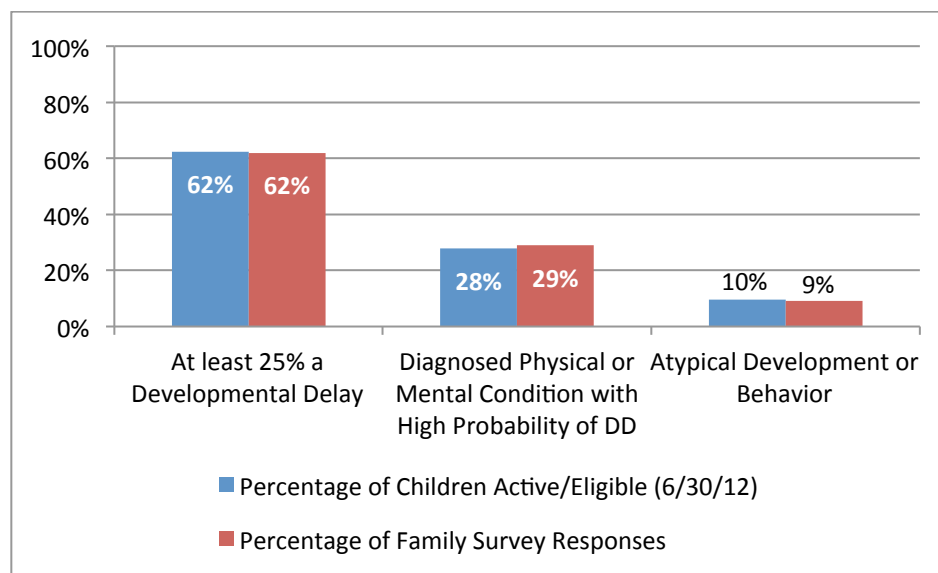


Figure 5 compares the percentage of survey responses by eligibility status to the percentage of children served by eligibility status. The 2012 family survey data appear to be representative for eligibility status. There were no differences between the percentage of responses received from parents of children with at least a 25% developmental delay and all children served. Survey responses by parents of children with a diagnosed physical or mental condition with a high probability of a developmental delay were overrepresented by 1%, while families of children with atypical development or behavior were underrepresented by 1%.

**Figure 5: FFY 2011-2012 Local Infants and Toddlers Programs:
Representativeness by Eligibility Determination—Survey Responses vs. Active/Eligible**



Finally, Table 1 below 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, 2012, with the following exceptions:

- With the exception of the five jurisdictions listed below, survey representativeness was within 1 percentage point of the percentage of active/eligible children as of June 30, 2012.
- Baltimore City (-3.7%) and Montgomery County (-3.1%) had lower than a representative percentage of responses.
- Frederick County (+1.6%), Prince George's County (+2.9%), and Baltimore County (+2.8%) had a higher than representative percentage of responses.

Information about representativeness of survey results will be shared with all local jurisdictions to continue working on the overall representativeness of the family survey results.

**Table 1: FFY 2011-2012 Local Infants and Toddlers Programs:
Representativeness of Results by Local Jurisdiction—Survey Responses vs. Active/Eligible**

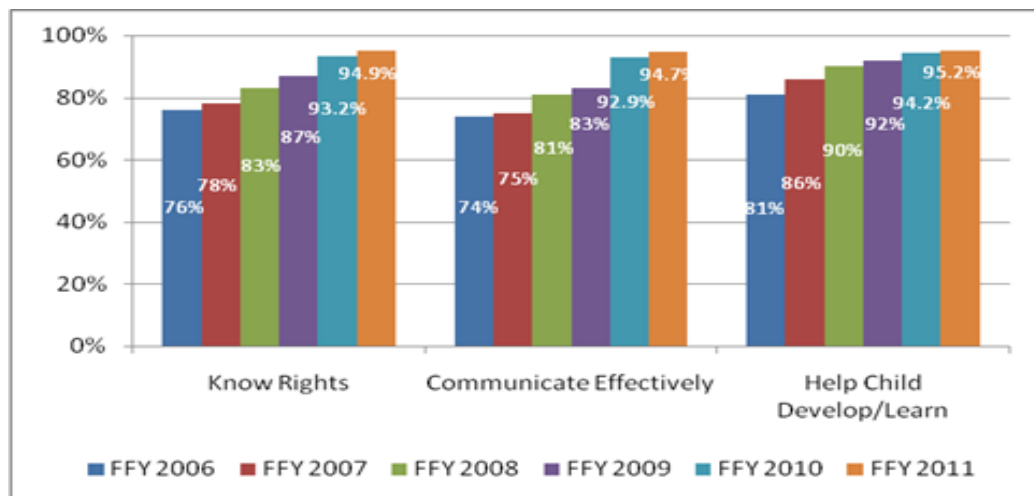
| Local Infants & Toddlers Program | Percentage of Children Active/Eligible | Percentage of Survey Responses | Number of Children Active/Eligible | Number of Survey Responses |
|----------------------------------|--|--------------------------------|------------------------------------|----------------------------|
| Allegany | 1.5 | 1.6 | 126 | 66 |
| Anne Arundel | 10.4 | 10.1 | 904 | 409 |
| Baltimore City | 10.5 | 6.8 | 909 | 275 |
| Baltimore County | 14.9 | 17.7 | 1,287 | 715 |
| Calvert | 1.4 | 1.1 | 117 | 46 |
| Caroline | .5 | .3 | 45 | 11 |
| Carroll | 2.3 | 1.7 | 196 | 67 |
| Cecil | 1.8 | 1.6 | 152 | 66 |
| Charles | 2.3 | 2.1 | 197 | 86 |
| Dorchester | .4 | .4 | 31 | 18 |
| Frederick | 3.0 | 4.6 | 256 | 184 |
| Garrett | .4 | .7 | 34 | 27 |
| Harford | 5.2 | 4.9 | 450 | 199 |
| Howard | 3.9 | 3.0 | 336 | 123 |
| Kent | .1 | .0 | 6 | 1 |
| Montgomery | 21.7 | 18.6 | 1,878 | 753 |
| Prince George's | 12.1 | 15.0 | 1,047 | 606 |
| Queen Anne's | 1.0 | 1.2 | 86 | 47 |
| Somerset | .2 | .0 | 16 | 2 |
| St. Mary's | 1.8 | 2.0 | 156 | 79 |
| Talbot | .5 | .3 | 44 | 13 |
| Washington | 2.1 | 3.1 | 184 | 125 |
| Wicomico | 1.8 | 2.6 | 157 | 107 |
| Worcester | .4 | .4 | 36 | 17 |
| Statewide | 100.0 | 100% | 8,650 | 4042 |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:

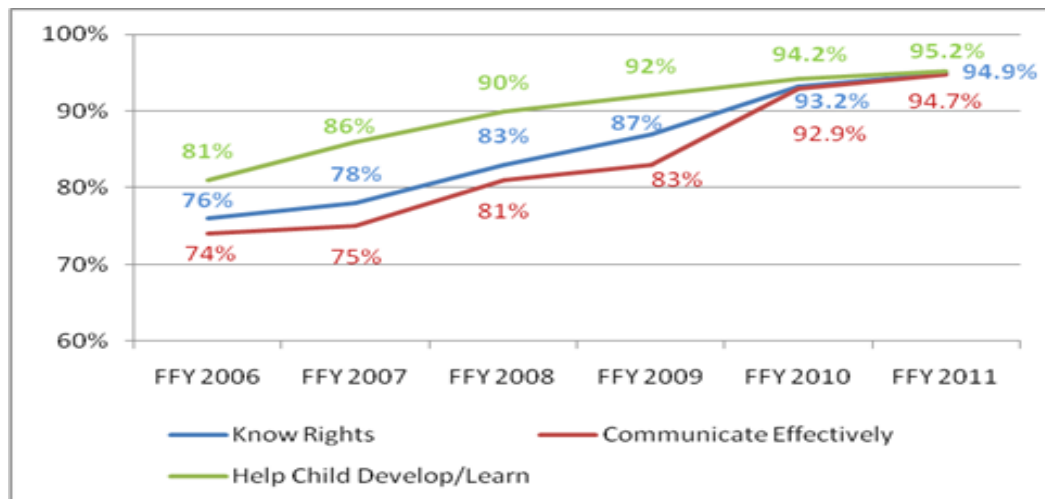
Explanation of Progress or Slippage:

For FFY 2011, MSDE achieved a 1.7% improvement on Indicator 4a, a 1.8% improvement on Indicator 4b and a 1.0% improvement on Indicator 4c. Figures 6 and 7 present FFY 2006 – FFY 2011 data to compare values on OSEP Indicators #4A, #4B, and #4C. Figure 7 shows the three indicators converging to almost identical scores after six years of survey implementation. Maryland continues to improve family outcome results and 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 the family outcomes results over the past several years by including them as part of the local jurisdiction profiles with follow-up IPs as necessary. These efforts have had a positive impact on the family outcome results.

**Figure 6: Estimates for OSEP Indicators #4A, #4B, and #4C:
Federal Fiscal Years 2006 – 2011**



**Figure 7: Estimates for OSEP Indicators #4A, #4B, and #4C:
Federal Fiscal Years 2006 – 2011**



Discussion of Improvement Activities:

Improvement activities during FFY 2011 continued to directly link 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 IP 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 30%, the jurisdiction was required to complete an IP that included a discussion of how to increase response rate, such as identifying ways that service coordinators and family support staff can encourage and assist families to complete the survey.

When a jurisdiction submitted an IP regarding their results data or their response rate data, the IP 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 2011, one jurisdiction completed an IP for Indicator 4c – Help Child Develop/Learn. Additionally, five jurisdictions completed an IP to increase local response rates for the family survey.

In FFY 2011, the MSDE again 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. One jurisdiction needed to direct funds to improve family outcomes results for FFY 2012. The impact of the above improvement activities remains high as this year's family outcome results indicate that no jurisdiction is below the State target for Indicators #4a, #4b, or #4c. The efforts to link local family outcome results and response rate results to local improvement efforts continue to be an effective method for improving results.

In FFY 2011, in order to impact family outcome results, the MSDE and contractors provided training, consultation, technical assistance, and resources to local LITP directors, service providers, community partners, stakeholders and parents in numerous formats and forums.

- In February 2012, a statewide webinar, "A Closer Look at Family Outcomes Results" was conducted with over 80 participants including local administrators, teachers, related service providers, service coordinators and members of the SICC. The outcomes for this training were to review, share and analyze statewide and local jurisdiction family outcomes data and share local strategies that are working for program improvement around family outcomes. An online survey at the end of the webinar was utilized to evaluate the content and format of this experience. The results were overwhelmingly positive with most participants strongly agreeing with the value of the online forum for professional development as well as the value and relevance of the content.
- 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 in the fall of 2011. This website includes online resources, media, and tools to strengthen the early intervention and education services provided to children and youth with disabilities, by their educators, families and family support providers. An overall Family and Community channel provides a plethora of resources for families. In the Birth – 5 System section of the website, a channel is devoted to Family Engagement and includes a recording of the Family Outcomes Webinar (described above) and the Parent Information Series.
- MSDE continued the distribution of the "Parent Information Series," including:
 - *Birth To 3: A Family Guide To Early Intervention Services in Maryland;*
 - *The IFSP: A Family Guide To Understanding The Individualized Family Service Plan (IFSP);* and
 - *A Family Guide to Next Steps When Your Child In Early Intervention Turns 3: Families Have A Choice.*

Embedded throughout the guides is information about the importance of families, family engagement and a discussion about the family outcomes.

- During FFY 2011, 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. In November 2011, Maryland's System of Early Childhood Intervention and Special Education Services (Birth through 5) was presented at the "Innovative Leadership in Family Support" Conference. Participants were given the vision and mission for Maryland's Birth through 5 services. The Individualized Family Service Plan (IFSP) was explained in detail as participants reviewed the document page by page, including Family Concerns, Priorities and Resources and Child and Family Outcomes. The new Birth – 5 materials for families, "The Parent Information Series," were also shared. Evaluations of this PD activity indicated that the majority of participants strongly agreed that they have a greater understanding of MSDE's Early Childhood Intervention and Education initiatives.
- In May 2012, the DSE/EIS collaborated with a rural jurisdiction on the eastern shore to present a requested training titled, "*Understanding Sensitivity and Building Collaboration in Family-Centered Practice*." Eleven Birth through Five staff participated in this training and the evaluation results were extremely positive. Follow-up with the leadership in this jurisdiction indicates staff are implementing more family-centered practices.

Integration of Child Outcomes Summary (COS) into the IFSP Process

During FFY 2011, in collaboration with a COS/IFSP Integration stakeholder workgroup, MSDE moved into the "installation" phase of integrating the COS process into the IFSP process. Technology infrastructure, as well as intense professional development/technical assistance, supported the integration efforts. While the COS/IFSP integration is still new and a major systems change effort, the MSDE believes integrating the COS into the IFSP will assist families and providers to have an overall better understanding of their child's development in comparison to same age peers. Additionally, the MSDE is hopeful this integration will assist teams to develop more functional child and family IFSP outcomes within the context of daily routines in natural environments, including those that could potentially impact family outcome results by supporting families to know their rights, to communicate their child's needs, and to help their child develop and learn.

In June 2011, the MSDE invited a national expert to provide professional development around COS and integrating COS into the IFSP process. To assist with this professional development effort Early Childhood Outcomes (ECO) and NECTAC/Mid-South Regional Resource Center (MSRRC) staff were also invited to attend. The MSDE held two one-day training of trainer sessions 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.

Following an in-depth needs assessment which included an online survey for providers, for trainers and for administrators in September 2011, the MSDE again invited three national experts, including staff from the ECO Center and the NECTAC/MSRRC to provide additional professional development around COS and integrating COS into the IFSP process. These trainings were delivered regionally during three all-day mini-conferences on November 7th – 9th. The mini-conference began with a plenary session "Engaging Families in the Child Outcomes Summary Process."

In December 2011, Maryland began participating in the "Integrating Outcomes Learning Community" sponsored by ECO and NECTAC. This learning community sponsors monthly technical assistance calls to share the work throughout the country on integrating outcomes into the IFSP and IEP. This type of technical assistance has been invaluable for Maryland as its integration process is new and best practices are continuing to evolve.

In May 2012, the DSE/EIS released a video “Engaging Families in the Child Outcomes Summary (COS) Process” as well as a Video Viewing Guide to assist service providers to:

- Elicit functional information from families;
- Understand the unique contributions of each IFSP team member;
- Anchor discussions of children’s strengths and needs in age-expected development; and
- Foster collaborative decision-making when completing the COS rating.

Excellent feedback on the video has been received from administrators, service providers and families. This resource can be accessed on the Maryland Learning Links website.

Maryland IDEA Scorecard

A statewide Scorecard teleconference was presented in May 2012 to introduce the MD IDEA Scorecard to all local birth through five leaders. The purpose of Scorecard is to provide access to data relevant and usable to state and local leaders for the purpose of improving results for infants, toddlers, children, and youth with disabilities and their families.

In June 2012, an all-day Scorecard training was held with teams of birth – five leaders from seven jurisdictions. Seventeen birth through five directors/supervisors participated in the training and learned to “drill down” information/data to more effectively analyze their early intervention/preschool services data, including child and family outcome results.

The training results were very positive with 64% of participants indicating they were highly motivated to use the Scorecard tool for analyzing data to inform programmatic decision-making. A follow-up teleconference was presented in July 2012, with an emphasis on technical enhancements to report capabilities and custom analytics. Additional scorecard trainings for local programs were provided in September 2012.

Early Childhood Intervention and Education Leadership Academy (ECIE-LA)

The core content for the ECIE-LA was developed to advance and support the efforts of Maryland’s local Infants and Toddlers and Preschool Special Education leadership teams in designing and implementing a seamless birth through five coordinated and comprehensive system of services within select local jurisdictions to impact results for young children with disabilities and their families. The Maryland State Department of Education, Division of Special Education/Early Intervention Services, Early Childhood Intervention and Education Branch, in collaboration with Johns Hopkins University’s Center for Technology in Education and the Mid-South Regional Resource Center, guided teams of 3-4 early childhood leaders from four local jurisdictions/public agencies (i.e., Harford, Washington and St. Mary’s counties and the Maryland School for the Deaf) through numerous system change activities including transformational leadership, measuring, evaluating and influencing systems change, and fiscal management for systems change.

An in-depth needs assessment was completed by each jurisdiction team at the onset of the Academy with additional assessment and evaluative methods built in throughout the Academy experiences. The overall evaluation of the ECIE Leadership Academy “team approach” strongly indicated this format was extremely valuable in fostering collaborative strategies to build capacity and sustain systems change for results.

Additional Reporting and Data Analysis:

The following graphs depict the family survey results across all three indicators in comparison to the following demographic information: race/ethnicity, primary language spoken in the home, gender, eligibility status, age at the time of referral, age at survey completion, length of time in the program and relationship to the child. 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 8 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. With the exception of

respondents who had a child of two or more races, all groups rated each indicator above 94%. Respondents of children classified as Other (American Indian or Alaskan Native, or Native Hawaiian or Other Pacific Islander) reported 100% satisfaction with Indicators 4A – 4C. Families of children identified as being of two or more races reported lower levels of agreement with Indicators #4A, #4B, and #4C; 91.0%, 89.3%, and 90.0%, respectively. Further drill down to local data is necessary to determine reasons and potential actions.

**Figure 8: FFY 2011-2012 Local Infants and Toddlers Programs:
Race/Ethnicity by Indicators #4A, #4B, and #4C**

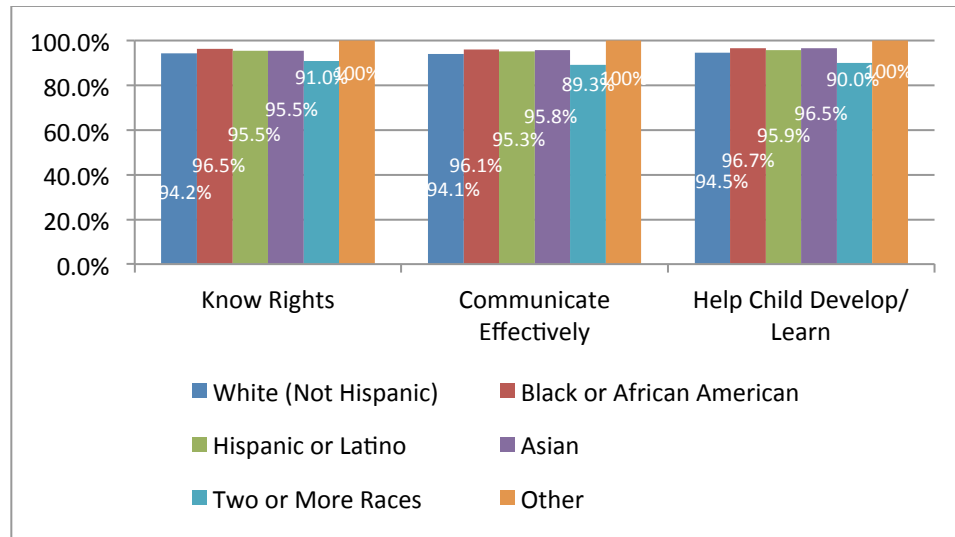


Figure 9 provides a comparison across Indicators #4A, #4B, and #4C by whether English or Spanish is the primary language spoken in the home. For each indicator, both groups expressed high levels of agreement. The non-English speaking respondents, however, expressed slightly higher levels of agreement for each indicator. 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 9: FFY 2011-2012 Local Infants and Toddlers Programs:
Primary Language Spoken at Home by Indicators #4A, #4B, and #4C**

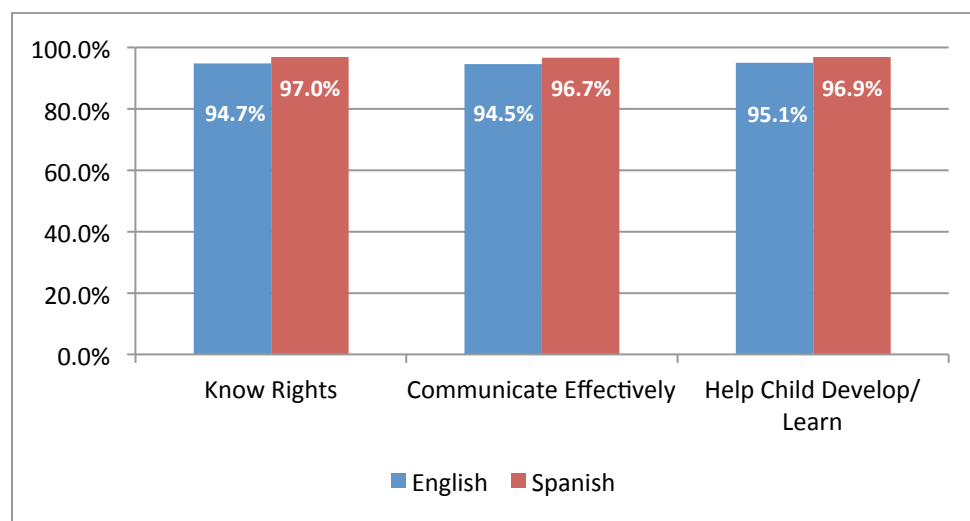


Figure 10 shows the gender of children across Indicators #4A, #4B, and #4C. Similar to the racial/ethnic data discussed in Figure 8, there were consistently high rates of agreement with Indicators #4A, #4B, and #4C, regardless of gender. Parents of male and female children expressed almost identical levels of agreement for Indicators #4B, with a 1-1.5% difference for #4A and #4C.

**Figure 10: FFY 2011-2012 Local Infants and Toddlers Programs:
Gender by Indicators #4A, #4B, and #4C**

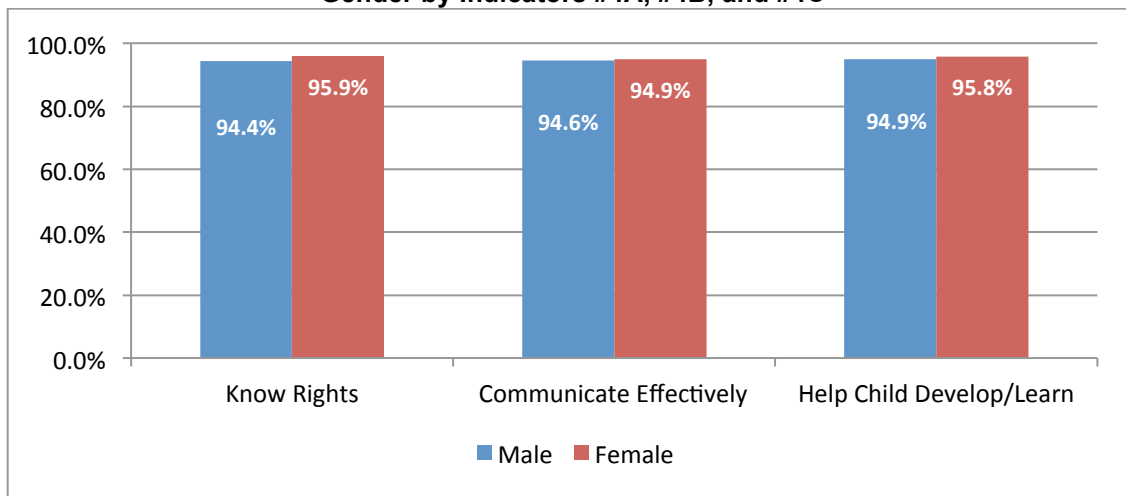
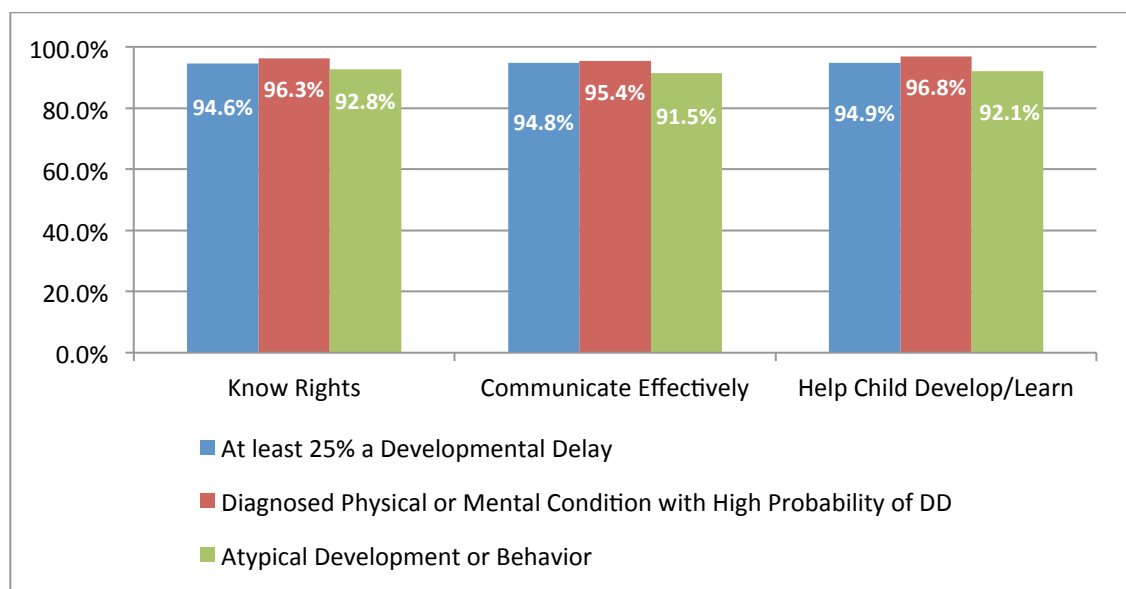


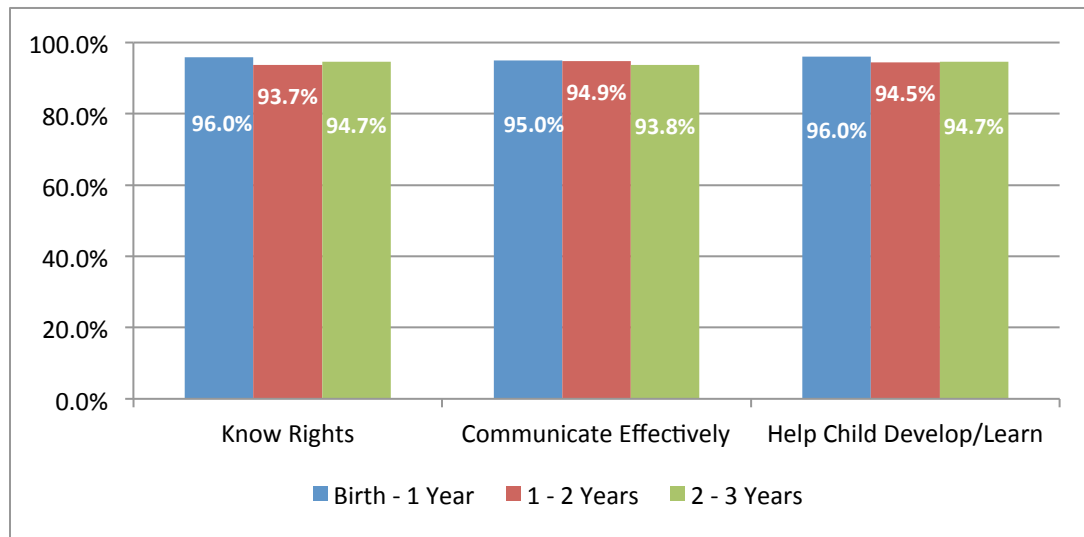
Figure 11 shows the comparison across indicators by the child's eligibility status. Similar to previous tables, ratings were high (all above 91%) and the degree of variation within all three indicators was small, no more than a 3.5% to a 4.7% difference across eligibility categories. Families of children diagnosed with atypical development/behavior provided the lowest ratings across indicators but this may be due to the significantly lower number of children found eligible based on atypical development.

**Figure 11: FFY 2011-2012 Local Infants and Toddlers Programs:
Eligibility Status by Indicators #4A, #4B, and #4C**



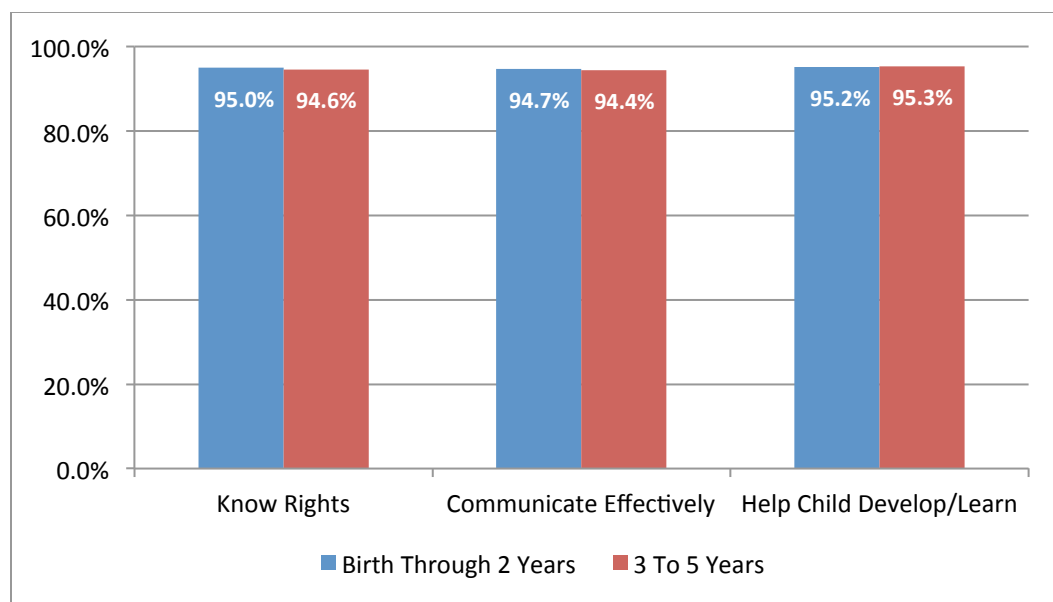
Figures 12 – 14 display variation in ratings of agreement within the three indicators by 1) child's age at time of referral, 2) child's age at time of survey completion, and 3) length of time child has been receiving Part C services. Examining differences in levels of agreement by age at referral to Part C (Figure 12) indicated only a 1.2% to a 2.3% variation in agreement within each of the three indicators.

**Figure 12: FFY 2011-2012 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 as of July 1, 2012 (Figure 13), there was very little variation, with a range of only .1% to .4% within each three indicators.

**Figure 13: FFY 2011-2012 Local Infants and Toddlers Programs:
Age as of July 1, 2012 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 14), there was only a variance of 4% to 6% across subgroups for each indicator. The data suggest family outcomes increase the longer the child and family receive Part C services.

**Figure 14: FFY 2011-2012 Local Infants and Toddlers Programs:
Length of Time in Part C by Indicators #4A, #4B, and #4C**

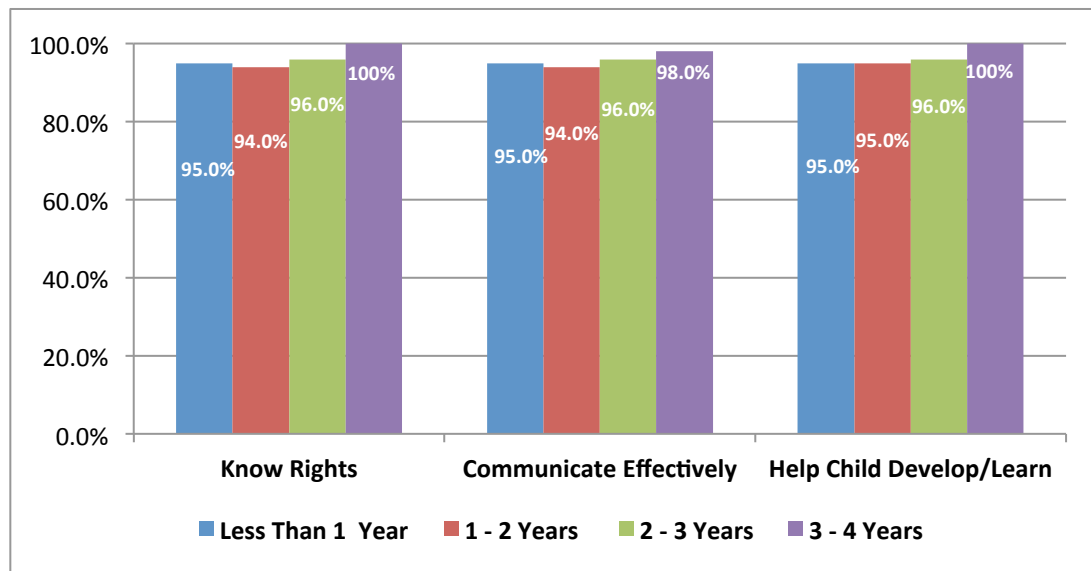
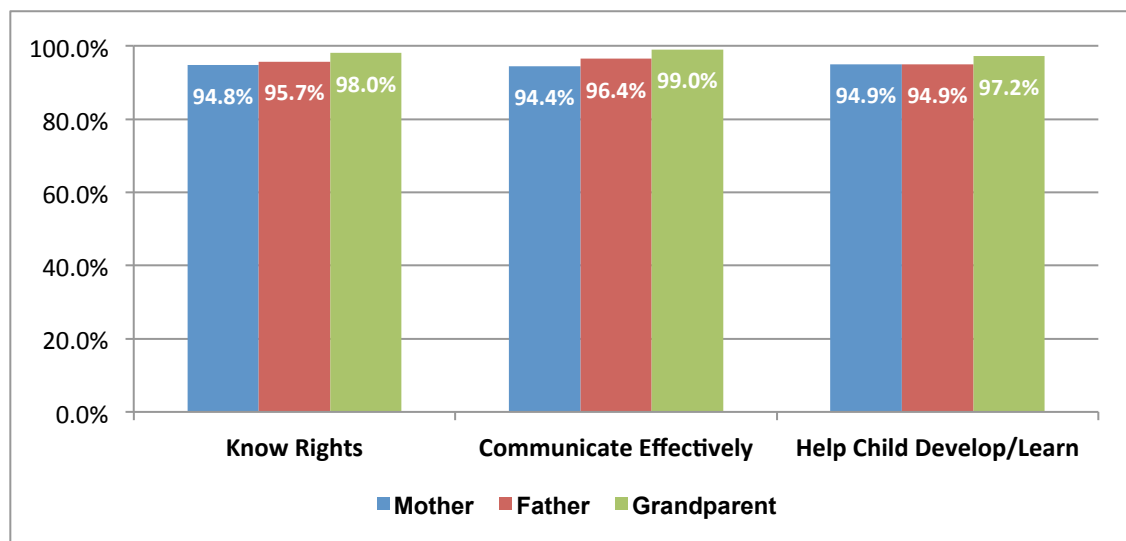


Figure 15 shows the comparison across indicators by relationship to the child. Responses from mothers, fathers, and grandparents were very similar for Indicators #4A, 4B, and #4C, varying by 2.3% to 4.6%. Mothers scored each Indicator slightly lower than fathers and grandparents. Grandparents provided the highest rating for each indicator.

**Figure 15: FFY 2011-2012 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 2011. In FFY 2009, 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 FFY 2011 to gather information from families that chose to continue to receive early intervention services after their child turned three (i.e., she/he became 3 years of age by July 1, 2012). From those families, the following results emerged:

- 93%—(864/932) 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.”
- 92%—(813/885) 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).”

Both items received scores of 91% last year, suggesting a small increase this year in outcomes related to understanding their options for making the best choice, and family support for school readiness related to pre-math and pre-reading activities. The number of responses to these items was similar to last year.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

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 2012, MSDE will hold a webinar to discuss the statewide and local family outcome data, how local data analysis can be used to implement targeted local improvement activities and best practices to increase local response rates.

2. In FFY 2007 – FFY 2012, the MSDE will promote capacity-building strategies to promote family engagement in community/school-based early childhood settings.

Revised Activity: In FFY 2012 - FFY 2015, the Division of Special Education/Early Intervention Services will work in collaboration with the Division of Early Childhood at MSDE as part of the Race to the Top Early Learning Challenge Grant on numerous initiatives impacting young children with disabilities and their families, including the development and implementation of a coaching and mentoring leadership project for local birth through five staff to build capacity within inclusive early childhood environments.

Revised Activity: In FFY 2012- FFY 2013, DSE/EIS will offer competitive grant funding to build a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services by demonstrating strong collaborative community partnerships to increase the continuum of early childhood settings, to support early childhood transitions, to engage families as leaders, and to improve school readiness results for young children with disabilities.

3. **New Activity:** In FFY 2012-2013, DSE/EIS will develop online resources to assist service providers, service coordinators and families to embed interventions/supports into a child's/family's daily routines in

the natural environment. These will include an embedded learning opportunities on-line tool, a NE/LRE decision-making module, and a video with a video viewing guide focusing on functional outcomes and school readiness.

4. **New Activity:** In FFY 2012-2013, the MSDE will revise the Early Childhood Tutorial, including the Developing and Implementing IFSPs module.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million Part C/ Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE), and reviewed by the State Interagency Coordinating Council (SICC). The results reported for this indicator are based on 618 data or the number of active eligible children birth to age one on 10/28/2011. Children in the Extended Individualized Family Service Plan (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 |
|-----------------|---|
| 2011(2011-2012) | 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 2011: 1,083/73,059 = 1.48% (Based on 2011 Census Data)

Data were collected for this indicator from all 24 LITPs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by the Office of Special Education Programs (OSEP) on www.ideadata.org, Maryland served 1.48% of its 2011 resident birth to 1 population in the reporting period and did not meet 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 (1.02%), Maryland served 1.48% of the resident population of children birth to 1 year of age. Maryland exceeds the national average by 0.46 percentage points, and the percentage served ranked fourteenth among the 50 states, DC and Puerto Rico.

| 2011 Resident Population Birth to 1 | FFY 2011 Birth to 1 Population Served Snapshot Count | FFY 2011 Percent Served Birth to 1 |
|-------------------------------------|--|------------------------------------|
| 73,059 | 1,083 | 1.48% |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Explanation of Progress or Slippage:

The following table illustrates the percentage of birth to 1 year old eligible children with an active IFSP per the Maryland data system statewide snapshot count on the last Friday in October for FFY 2009, FFY 2010, and FFY 2011:

| FFY | 2009 | 2010 | 2011 |
|---|--------|--------|--------|
| Percentage of Eligible Children Birth to One With Active IFSPs (Snapshot Count) | 1.47% | 1.59% | 1.48% |
| Number of Birth to One Year Old Children Receiving Early Intervention Services (Snapshot Count) | 1,126 | 1,134 | 1,083 |
| Resident Population Birth to One Year Old Children (Snapshot Count) | 76,511 | 71,523 | 73,059 |
| Children Referred Birth to One Year Old Children (Annual Count) | 4,266 | 4,355 | 4,642 |

In FFY 2011, the Maryland Infants and Toddlers Program (MITP) provided early intervention services to 1.48% of children birth to one years of age residing in the State, which did not meet the State target of 1.50%. The above table shows the percentage of birth to one year old children receiving early intervention services statewide decreased slightly, by 0.11 percentage points, based on a snapshot count on the last Friday in October in FFY 2010 compared to a snapshot count on the last Friday in October in FFY 2011. The three year trend shows a 0.01 percentage point increase in the number of children birth to age 1 receiving early intervention services.

From FFY 2009 to FFY 2010, the State resident population for birth to one year old children declined by 3,452 children, a 6.52% decrease. From FFY 2010 to FFY 2011, there was an increase of 1,536 (2.1%) in the State resident population for birth to one-year-old children. This decrease and subsequent increase in resident population may explain some of the fluctuations in Maryland's birth to 1 data. While there has been both a decrease and then an increase in Maryland's resident population for birth to one-year-old children over the past several years, the annual number of children referred continues to increase. The annual number of referrals in FFY 2009 for birth to one year old children compared to the annual number of referrals for birth to one year old children in FFY 2011 increased by 376 children or 8.81%.

Thirteen LITPs met or exceeded the State target of 1.50% in FFY 2011. Three of the five largest jurisdictions in the state exceeded the State target, while the other two large jurisdictions were providing early intervention services to 1.15% and 1.20% of their birth to one resident population on the last Friday in October, 2011.

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 IP 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 5/1/12 and 11/1/12, respectively.

Meeting the State target on this indicator may be attributed to an increase in local collaboration with primary referral sources including primary care providers, child care and Early Head Start providers and specialty

medical providers. For example, one local jurisdiction has a partnership with the University of Maryland Medical Center (UMMC). This partnership allows for evaluations and assessments of children in the NICU and the NICU Follow-Up Clinic to be 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 day as their referral.

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 an LITP were below the State target, an LITP was required to develop an IP for this indicator. For LITPs that had a Child Find (Birth to 1) IP, 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 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, obstetric offices, hospitals with NICUs, local departments of social services, local departments of health, family support centers, child care centers/resource centers and medical case managers;
- Presenting onsite or via teleconference to pediatric and family physician offices and supporting or providing early intervention services at groups/parent play groups, child care centers, foster parent homes, homeless shelters, local hospitals, libraries 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;
- Maintaining listings on community telephone information "HELPS" line and in directories of community resources of local jurisdictions
- Coordinating of public awareness activities with other local early childhood programs such as the local Judy Center Partnership's Advisory Boards and other early childhood leadership committees;
- 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;
- Providing information on early intervention services to Assistant Superintendents for Elementary Schools, elementary school teams and IEP chairpersons.
- Having a Department of Social Services staff person attend LITP staff meetings;
- Communicating regularly with discharge staff at local and regional hospitals;
- Conducting an annual physicians' educational conference;
- Visiting of county physicians by the Executive Director of the One World Center for Autism and an Infants & Toddlers special educator;
- Identifying and reaching out to underserved populations in local jurisdictions including homeless families;
- Providing families of children born prematurely with an ITP promotional gift package including a program brochure, information about child development and tips for activities to enhance the growth and development of young children;
- Offering a free e-book for families who have children birth to 12 months and who sign up to receive a monthly email from LITP about typical child development and recommendations for activities to promote development;
- Having opportunities to use an online application (CHADIS) to complete an interactive screening and to have their scores automatically reported to LITPs; and
- Providing educational workshops for teen pregnancy programs.
- Presenting information on early intervention services at high-risk obstetrics conference.

The MSDE reviewed the local public awareness plan in annual LITP grant applications as well as the local birth to age one IPs 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 and several LITPs with exemplary public awareness practices provided a TA webinar to 12 LITPs in Maryland.

Beginning in FFY 2010 and continuing into FFY 2011, an additional requirement was mandated with the LITPs' annual application for federal funds submission. If a LITP did not meet the State target for the percentage of children served birth to one, for two or more six-month periods out of four six-month periods, they were required to assign an amount of federal funds necessary to attain or exceed the State target for child find birth to one. Based on FFY 2010 and FFY 2011 data, nine jurisdictions were required to allocate federal funds for public awareness activities birth to one in their FFY 2012 grant application. Examples of how these federal funds will be utilized include updating and translating brochures, having information booths available at annual pediatric and childcare conferences, beginning an Ages and Stages Questionnaire (ASQ) follow-up program, and collaborating with the local Early Childhood Joint Committee to participate in a community information campaign to reach out to minority families.

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 in the fall of 2011. This website includes online resources, media, and tools for families, educators, and family support providers. These resources are intended to strengthen the early intervention and special education services provided to children and youth with disabilities. This website is an exceptional resource as well as a public awareness tool for Maryland's Infants and Toddlers Program.

In FFY 2010, the SICC began a task force on "Adjustment for Prematurity", chaired by an Assistant Professor in the Department of Pediatrics at the University of Maryland, School of Medicine, that developed recommendations which were presented to the Assistant State Superintendent for the Division of Special Education/Early Intervention Services. In FFY 2011, 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. In FFY 2012, this recommendation will be evaluated by Division staff.

In FFY 2009 and FFY 2010 Maryland convened an Assessment Think Tank to refine the overall evaluation and assessment framework, recommend evaluation/assessment tools for eligibility and for results-oriented decision-making, and recommend changes in practice with measuring child outcomes. During FFY 2011, many jurisdictions have refined their local evaluation and assessment practices and will continue to do so over the next year with the new federal Part C regulations in effect and proposed revisions to the Code of Maryland Regulations (COMAR) going into effect on July 1, 2013. The MSDE will continue to support local decision-making for evaluation and assessment best practices. Additionally, MSDE is considering reconvening the Assessment Think Tank in FFY 2012-2013 as part of adding screening regulations in COMAR. If reconvened, the Think Tank would create a Screening Tool Box for State recommended screening tools.

Interagency Child Find Activities

The MSDE and the Maryland Department of Health and Mental Hygiene (DHMH) continue 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 Child Abuse Prevention and Treatment Act (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. Local CAPTA policies and procedures will be updated in FFY 2013.

The MSDE continued the collaboration with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and 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 are participating in this training. The ITP referral and physician feedback form, developed by this workgroup, continues to be utilized across the state.

In addition, staff from the Division of Special Education/Early Intervention Services began to participate on an ad hoc Developmental Screening Committee with developmental screening experts, early childhood education staff, child care providers and physicians. This committee is one of the projects of the Maryland Early Childhood Race to the Top Initiative.

The charge of the committee is to:

- Train all child care centers to administer developmental screening tools;
- Amend child care regulations to require child care providers to do developmental screening;
- Review and recommend screening tools; and
- Develop an implementation/monitoring plan for child care providers to administer developmental screening and to make appropriate referrals to LITPs or local Child Find offices.

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 2012:

1. The MSDE will provide training on best practices related to evaluation and assessment of children birth to one.

Revised Activity: In FFY 2012 - 2013, the State will review the psychometrics of current screening tools and create a Screening Toolbox for use by local ITPs who adopt screening practices in conjunction with the new federal regulations. This review may be aided by reconvening the Assessment Think Tank.

Revised Activity: In FFY 2012 - 2013, the MSDE will revise the Early Childhood Tutorial, including the Evaluation and Assessment module and the Developing and Implementing IFSPs module.
2. **New Activity:** In FFY 2012 - FFY 2015, the Division of Special Education/Early Intervention Services will work in collaboration with the Division of Early Childhood at MSDE as part of the Race to the Top-Early Learning Challenge Grant (RTTT-ELCG) on numerous initiatives impacting young children with disabilities and their families. As part of the RTTT-ELCG, the DSE/EIS will actively participate in an ad hoc Developmental Screening Committee to develop an implementation/monitoring plan for child care providers to administer developmental screening and make appropriate referral to LITPs.
3. **New Activity:** In FFY 2012, the DSE/EIS will conduct a webinar to share best practices in public awareness and invite several LITPs to discuss the innovative strategies employed to increase the number of children served birth to 1.
4. **New Activity:** In FFY 2013, for the State Fiscal Year 2014 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 and neglect are properly referred for early intervention services.
5. **New Activity:** In FFY 2012 – FFY 2013, the MSDE will conduct regional trainings to increase local provider knowledge of the state’s policy on age adjusting for prematurity and the potential developmental impact of neonatal diagnoses, including developmental delay and atypical development.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE) and reviewed by the State Interagency Coordinating Council (SICC). The results reported for this indicator are based on 618 data or the number of active eligible children birth to age three on 10/28/2011. The number of children participating in the Extended Individualized Family Service Plan (IFSP) Option on 10/28/2011 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 three 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 2011 (2011-2012) | The percent of infants and toddlers birth to three with IFSPs will be equal to or greater than 2.95% of the infants and toddlers of the same age in the general population. |

Actual Target Data for FFY 2011: 7,380/217,490 = 3.39% (Based on 2011 Census Data)

Data were collected for this indicator from all 24 LITPs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by the Office of Special Education Programs (OSEP) on www.ideadata.org, Maryland served 3.39% of its 2011 birth to three-year-old resident population in the reporting period and exceeded the state target of 2.95%.

Compared to the national data, Maryland served a higher percentage of children birth to three years of age (0.60 percentage points) than the national baseline of 2.79% and ranked seventeenth among the 50 states, the District of Columbia and Puerto Rico.

| 2011 Maryland Resident Population Birth To 3 | FFY 2011 Birth To 3 Population Served Snapshot Count | FFY 2011 Birth To 3 Percent Served |
|--|--|------------------------------------|
| 217,490 | 7,380 | 3.39% |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

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 2009, FFY 2010, and FFY 2011:

| Federal Fiscal Year | 2009 | 2010 | 2011 |
|--|-------------|-------------|-------------|
| Percentage of Eligible Children Birth To 3 With Active IFSPs | 3.11% | 3.54% | 3.39% |
| Number of Children Served Snapshot Count | 7,178 | 7,697 | 7,380 |
| Resident Population – Birth To 3 | 231,000 | 217,560 | 217,490 |
| Number of Referrals Birth To 3 Annual | 12,888 | 13,559 | 13,877 |

In FFY 2011, the Maryland Infants and Toddlers Program (MITP) provided early intervention services to 3.39% of children birth to 3 years of age residing in the state, which exceeds the target of 2.95%. The above table shows the percentage of birth to three year old children decreased by 0.15 percentage points from the FFY 2010 to the FFY 2011 snapshot count. But when comparing the FFY 2009 to the FFY 2011 snapshot count, the percentage of birth to three-year-old children receiving early intervention services in Maryland increased by 2.8% (202 children).

While there has been an overall decrease in Maryland's resident population for birth to three-year-old children over the past several years, the annual number of children referred continues to increase. When compared to the number of birth to three year old children referred to the MITP in FFY 2009 (12,888 children), the number of referrals made to MITP in FFY 2011 increased by 7.67% (989 children). The average age of referrals in FFY 2011 was 1.45 years with a range of 1.08 years to 1.65 years.

Twelve of the LITPs exceeded the State target for the percentage of children receiving early intervention services on 10/28/2011. Exceeding the State target was accomplished by the five largest jurisdictions in Maryland. 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 IP with strategies to increase the percentage of birth to three year old children served. LITPs reported progress on attaining the State target in Semiannual and/or Final Program reports submitted on 5/1/12 and 11/1/12 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 2011 and a minimal decrease in the census for the birth to three year old population of children contributed to Maryland exceeding the State target of 2.95% for Indicator 6 in FFY 2011. See chart below for breakdown of annual count by age from 10/29/10 to 10/28/11.

| Age Category | Total |
|---------------------|--------------|
| Birth to One | 1,083 |
| One to Two | 2,366 |
| Two to Three | 3,931 |
| Total | 7,380 |

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 three 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. Additional public awareness activities are extensively noted in Indicator 5.

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 American Reinvestment and Recovery Act (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.

With approval from the U.S. Department of Education, the MSDE changed the ending age of the Extended IFSP Option on December 1, 2011, from the age of kindergarten entry to a child's fourth birthday. Therefore, the number of children who received early intervention services through an Extended IFSP during the reporting period consists of two slightly different cohorts of young children.

On 10/28/2011, 1,312 three and four year old children were participating in Maryland's Extended IFSP Option and receiving early intervention services. The number of participating Extended Option children in 22 of Maryland's 24 jurisdictions ranged from 1 child to 235 children. See chart below for annual count from 10/29/10 to 10/28/11:

| Age Category | Total |
|---------------------|--------------|
| Three to Four | 1,520 |
| Four to Five | 996 |
| Total | 2,516 |

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 LITP were below the State target, the LITP was required to develop an IP for this indicator. For LITPs who had a Child Find (Birth-3) IP, 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.

For examples of local program improvement strategies utilized to increase the number of children (birth to three) with IFSPs please see Indicator 5.

The MSDE reviewed the local public awareness plan in the local annual grant application as well as the local birth to 3 IP 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.

Beginning in FFY 2010 and continuing into FFY 2011, an additional requirement was mandated with the LITPs' annual application for federal funds submission. If a LITP did not meet the State target for the percentage of children served birth to one, for two or more six-month periods out of four six-month periods, they were required to assign an amount of federal funds necessary to attain or exceed the State target for child find birth to one. Based on FFY 2010 and FFY 2011 data, nine jurisdictions were required to allocate federal funds for public awareness activities birth to one in their FFY 2012 grant application. Examples of how these federal funds will be utilized include updating and translating brochures, having information booths available at annual pediatric and childcare conferences, beginning an *Ages and Stages Questionnaire (ASQ)* follow-up program, and collaborating with the local Early Childhood Joint Committee to participate in a community information campaign to reach out to minority families.

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 in the fall of 2011. This website includes online resources, media, and tools for families, educators, and family support providers. These resources are intended to strengthen the early intervention and special education services provided to children and youth with disabilities. This website is an exceptional resources as well as a public awareness tool for Maryland's Infants and Toddlers Program.

In FFY 2010, the SICC began a task force on "Adjustment for Prematurity", chaired by an Assistant Professor in the Department of Pediatrics at the University of Maryland, School of Medicine, that developed recommendations which were presented to the Assistant State Superintendent for the Division of Special Education/Early Intervention Services. In FFY 2011, 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. In FFY 2012, this recommendation will be evaluated by Division staff.

In FFY 2009 and FFY 2010 Maryland convened an Assessment Think Tank to refine the overall evaluation and assessment framework, recommend evaluation/assessment tools for eligibility and for results-oriented decision-making, and recommend changes in practice with measuring child outcomes. During FFY 2011, many jurisdictions refined their local evaluation and assessment practices and will continue to do so over the next year with the new federal Part C regulations in effect and proposed revisions to the Code of Maryland Regulations (COMAR) going into effect on July 1, 2013. The MSDE will continue to support local decision-making for evaluation and assessment best practices. Additionally, MSDE is considering reconvening the Assessment Think Tank in FFY 2012-2013 as part of adding screening regulations in COMAR. If reconvened, the Think Tank would create a Screening Tool Box for state recommended screening tools.

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 ensured that LITPs and local Departments of Social Services continued to jointly implement local Child Abuse Prevention and Treatment Act (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. Local CAPTA policies and procedures will be updated in FFY 2013.

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, LITPs, 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 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 ASQ. In some local jurisdictions, Infants and Toddlers staff are 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 2012:

New/Revised Improvement Activities:

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

Revised Activity: In FFY 2012, the State will review the psychometrics of current screening tools and create a Screening Toolbox for use by local ITPs who adopt screening practices in conjunction with the new federal regulations. This review may be aided by the reconvening of the Assessment Think Tank.

Revised Activity: In FFY 2012-2013, the MSDE will revise the Early Childhood Tutorial, including the Evaluation and Assessment module and the Developing and Implementing IFSPs module.

2. **New Activity:** In FFY 2012 - FFY 2015, the Division of Special Education/Early Intervention Services will work in collaboration with the Division of Early Childhood at MSDE as part of the Race to the Top-Early Learning Challenge Grant (RTTT-ELCG) on numerous initiatives impacting young children with disabilities and their families. As part of the RTTT-ELCG, the DSE/EIS will actively participate in an ad hoc Developmental Screening Committee to develop an implementation/monitoring plan for child care providers to administer developmental screening and make appropriate referral to LITPs.

3. **New Activity:** In FFY 2012, the DSE/EIS will conduct a webinar to share best practices in public awareness and invite several LITPs to discuss the innovative strategies employed to increase the number of children served birth to 3.
4. **New Activity:** In FFY 2013, for the State Fiscal Year 2014 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 and neglect are properly referred for early intervention services.
5. **New Activity:** In FFY 2012 – FFY 2013, the MSDE will conduct regional trainings to increase local provider knowledge of the state’s policy on age adjusting for prematurity and the potential developmental impact of neonatal diagnoses, including developmental delay and atypical development.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE) and reviewed by the State Interagency Coordinating Council (SICC). Children in the Extended Individualized Family Service Plan (IFSP) Option did not impact the results for this indicator.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

Measurement:

Percent = [(# of 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 |
|-----------------------------|---|
| 2011 (2011-2012) | 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 2011: 98.7% (7,816/7,915)

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 are 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 |
|--------------------------------|-------------------------------|--|--|
| 7/1/11 – 6/30/12 (n =7,915) | 6,327 79.9% | 1,489 18.8% | 7,816 98.7% |

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 an analysis 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 |
|---------------------------|----------------|--------------------------|--------------|------------------------------|--|--|
| 7,915 | 861 (10.9%) | 561 (7.1%) | 23 (0.3%) | 31 (0.4%) | 13 (0.2%) | 1,489 (18.8%) |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2011:

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, FFY 2010, and FFY 2011:

| FFY | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|------|-------|-------|-------|-------|-------|
| Percentage of timely evaluations, assessments and IFSP meetings | 93%* | 94.8% | 98.7% | 99.1% | 98.2% | 98.7% |

*FFY2006 was reported in six-month intervals.

When comparing FFY 2011 results (98.7%) to FFY 2009 results (98.2%), there is improvement of 0.5% 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 progress is noteworthy since there was slippage from FFY 2009 to FFY 2010.

Several major reasons for systemic untimely meetings were noted. Most of the 145 missed timelines were due to staff shortages (68 or 68.7%) or scheduling difficulties/errors (20 or 20.2%). Other reasons were interpreter delays (5 or 5.1%) and provider illnesses (4 or 4.0%). Two additional late reasons were described only as "system" issues (2 or 2.0%).

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 (60 or 60.6%), followed by 61 to 75 days (14 or 14.1%), and 76-90 days (12 or 12.1%), and over 90 days (13 or 13.1%). Twenty-five referrals took more than 75 days to complete and provider availability (16 or 64.0%) and scheduling issues (6 or 24.0%) were cited as the major reasons for these delays.

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, to 13,559 in FFY 2010, to 13,877 in FFY 2011. This is a 2.3% increase over the past year and a 19.9% 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 achieve 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 the Maryland Infants and Toddlers Program (MITP) and additional state funding. Compared to performance on this indicator in FFY 2010, five LITPs regressed, 14 LITPs had the same results as the previous year (100%), and five LITPs improved. Fifteen LITPs achieved 100% compliance and the other nine jurisdictions achieved greater than 95% performance. Two large LITPs were responsible for 74.7% (74 of 99 incidences) of all noncompliance in the state. One of these LITPs decreased its compliance rate from FFY 2010 to FFY 2011, by 2.8%, whereas the other LITP increased its compliance rate by 2.9%. Across the state, the greatest decrease from FFY 2010 to FFY 2011 in compliance percentage was 2.8%. One jurisdiction increased its compliance rate from 66.7% in FFY 2010 to 100% in FFY 2011.

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 webinars.

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.

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 (COSF) and the Work Sampling System Checklist.

The State is considering reconvening the Assessment Think Tank in FFY 2012 as part of adding screening regulations to Part C Code of Maryland Regulations (COMAR). If reconvened, the Think Tank would create a Screening Tool Box for state recommended screening tools.

Updates to COMAR:

In FFY 2011, the MSDE began to revise the Maryland Infants and Toddlers Program (ITP) COMAR to ensure consistency with the updated federal regulations released in Fall 2011. In addition to the COMAR

changes that mirror federal regulation changes, other changes to the COMAR will include the addition of the Extended IFSP Option into Maryland law. The development of state regulations has been aided through four meetings of a stakeholder workgroup consisting of parents; public and private agency service providers; local ITP, preschool special education and special education directors/coordinators; early childhood representatives; a representative of the school-based/early intervention physical and occupational therapy practice group; State and Local Interagency Coordinating Council representative; a representative from higher education and MSDE staff from the Division of special Education/Early Intervention Services.

The proposed Part C regulations were also presented to the SICC, and the State received considerable verbal feedback at the meeting. In addition, the State obtained additional feedback via a statewide survey and received responses from more than 100 parents, administrators, SICC members, and LICC members.

To prepare local programs for the regulations changes, the MSDE has continued to provide guidance and technical assistance to local programs regarding the implementation of the new state and federal regulations. In particular, the MSDE conducted three webinars for ITP and special education providers and administrators to prepare LITPs for when the federal regulations went into effect on July 1, 2012. Components of these webinars included the ending age of the Extended IFSP Option, developmental screening option, and the definition of multidisciplinary. MSDE has also conducted training for other stakeholder groups, such as local school superintendents, primary care physicians, audiologists, and the PT/OT school-based/early intervention practice group.

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 decrease 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 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 the first part of FFY 2011, the MSDE was provided with a significant increase in Federal Funding through American Reinvestment and Recovery Act (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, which allowed children after the age of 3 years to continue on an IFSP and the only state to continue to do so. Although no additional federal money was provided to continue the Option after the initial grant, in FFY 2011, the State continued to provide funding for children to receive services on an IFSP after age three. The State plans to continue providing the Extended IFSP Option in FFY 2012.

Despite the increase in state and federal 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. Overall, however, the average number of days it took for the initial evaluation, assessment, and IFSP development decreased from 39.1 days in FFY 2010 to 37.8 days in FFY 2011 (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 decreased from 32.4 days in FFY 2010 to 31.8 days in FFY 2011. The decrease in number of days between referral and initial evaluation, assessment, and IFSP was notable considering the State's increase in number of referrals.

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 2011, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2011 to December 31, 2011, and January 1, 2012 to June 30, 2012. Data analysis for these profiles occurred on March 15, 2012 for the July 1, 2011 to December 31, 2011 data period and on September 15, 2012 for the January 1, 2012 to June 30, 2012 data period. Prior to the distribution of local profiles on April 1, 2012 and October 1, 2012, local programs were notified in writing of any initial IFSPs 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 IFSP was not completed as a result of a systemic reason, the State issued a finding with a required Corrective Action Plan (CAP) to ensure correction as soon as possible.

In FFY 2011, four children in one jurisdiction had no initial IFSP dates entered into the database, and the local program did not respond in a timely manner to inquiries about whether delays were due to family related reasons, so a finding with a required CAP was assigned. Prior to discharge, none of these children received an evaluation, assessment, and initial IFSP. However, for none of these children was this failure to complete the 45 day timeline requirement a result of a systemic issue: two were made inactive as a result of unsuccessful contact, and two were made inactive as a result of parent withdrawal from the program. Since the delay in providing evaluation, assessment, and initial IFSP was family related for all four children, and all four children are no longer active in the Infants and Toddlers Program, the CAP for this jurisdiction was closed.

Identification and Correction of Systemic Noncompliance:

Data profiles, which also function as the state's method of written notification for findings of noncompliance, were provided by the MSDE to all 24 LITPs semiannually. Based on data results, LITPs were required to correct noncompliance through CAPs when performance of 95% was not achieved or to implement IPs when 95% performance, but not 100% compliance, was achieved. All LITPs were required to report progress or slippage of IPs and/or CAPs 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 IP 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 IP 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 IPs 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 IPs or CAPs ended. The ending of an IP also signifies the correction of noncompliance because the State's definition of correction is 100% compliance.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 98.2%

Individual Level Noncompliance from FFY 2010

For FFY 2010, there were 145 individual incidences of noncompliance identified. The State reviewed the records of all 145 children whose evaluation, assessments, and IFSPs were not provided within the 45-day timeline in FFY 2010 and verified that the evaluation and assessments were eventually provided and initial IFSPs completed (Prong 1).

Systemic Level Noncompliance from FFY 2010

| | |
|---|-----------|
| 1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011) | 14 |
| 2. Number of FFY 2010 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 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)] | 0 |

At the systemic level, 14 instances of noncompliance, less than 100% compliance, were identified in FFY 2010 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 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 (Prong 2). This was accomplished through the local implementation of changed practices and processes included by local programs in IP or CAPs. 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 2012:

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 achieve 100% compliance for 45-day timeline data.

New/Revised Improvement Activities:

1. 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 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system to be implemented in FFY 2013. This new system will include more on-site record reviews by MITP.

Revised Activity: In FFY 2012, the MSDE will create a birth through 21 monitoring record review document and work with the Mid-South Regional Resource Center to create a compliance data collection system.

2. MSDE will provide training on best practices related to evaluation and assessment of children birth to three. In the summer and fall of 2009, an Assessment Task Force consisting of national, state and local experts developed a resource list of developmental assessment tools including uses, e.g. eligibility determination, early intervention program development and federal accountability; psychometrics including validity and reliability; and other test characteristics. The results of this task force were presented to early intervention and preschool special education leadership staff at the Maryland Special Education/Early Intervention Leadership Conference. The task force will re-convene in the spring of 2010.

Revised Activity: In FFY 2012 – FFY 2013, the State will review the psychometrics of current screening tools and create a Screening Toolbox for use by local ITPs who adopt screening practices in conjunction with the new federal regulations. This review may be aided by reconvening the Assessment Think Tank.

3. **New Activity:** In FFY 2012-2013, the MSDE will revise the Early Childhood Tutorial, including the Evaluation and Assessment module and the Developing and Implementing IFSPs module.
4. **New Activity:** In FFY 2012 – FFY 2013, the MSDE will conduct regional trainings to increase local provider knowledge of the state's policy on age adjusting for prematurity and the potential developmental impact of neonatal diagnoses, including developmental delay and atypical development.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, verified by Local Infants and Toddler Programs (LITPs), validated by the Maryland State Department of Education (MSDE) and reviewed by the State Interagency Coordinating Council (SICC). Children in the Extended Individualized Family Service Plan (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. In addition, the MSDE implemented the revised Part C regulations on July 1, 2012, so data in this indicator are not affected by changes in regulations.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

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

Account for untimely transition conferences, including reasons for delays.

| FFY | Measurable and Rigorous Target |
|---------------------|--|
| 2011 (2011-2012) | <p>100% of all children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including:</p> <ul style="list-style-type: none"> A. IFSPs with transition steps and services; B. Notification to LEA, for children potentially eligible for Part B; and C. Transition conference, for children potentially eligible for Part B. |

Actual Target Data for FFY 2011:

- A. During the reporting period, 1195, or **100.0%**, of the records reviewed by the MSDE and LITPs had transition steps and services (1,195/1,195). Data reported for Indicator 8A were based on a random online review of 1,195 Early Intervention records, 38.0% of all 3,146 children who transitioned at age three between 7/1/11 and 6/30/12. Post hoc analysis indicated that the result with this sample size has a 2.2% 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 |
|-----------------------|--|---|
| 7/1/11 – 6/30/12 | 1,195* 38.0% | 1,195 100% |

* Includes data from all 24 jurisdictions.

- B. Between 7/1/11 and 6/30/12, local school systems were notified of **100%** of the children, potentially eligible for Part B, who transitioned during the time period (3,146/3,146). 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 |
|-----------------------|---|--|--|
| 7/1/11 – 6/30/12 | 3,146 | 3,146 | 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 in FFY 2010 and continuing in FFY 2011, 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 7/1/11 and 6/30/12, **99.1%** of children who transitioned had a transition planning meeting within the timelines, at least 90 days and not more than 9 months prior to the child's 3rd birthday, or there was a documented family-related or weather-related reason for the delay (3,106/3,135). 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. 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 number of meetings delayed due to family-related reasons are provided below.

| Transition Date Range | Potential Number of Children with Timely Meetings | Number/Percent Within Timelines | Number/Percent Delayed Due to Family-Related Reasons | Total Number/Percent in Compliance with Timelines |
|-----------------------|---|---------------------------------|--|---|
| 7/1/11 – 6/30/12 | 3,135 | 2,519 80.4% | 587 18.7% | 3,106 99.1% |

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 (seven) 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 2011:

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, FFY 2010, and FFY 2011.

| FFY | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|-------|-------|-------|-------|-------|--------|
| 8a. Percentage of IFSPs with transition steps and services | 99.0% | 99.1% | 99.1% | 99.6% | 99.8% | 100.0% |

For sub-Indicator 8A, the performance increased from 99.8% in FFY 2010 to 100% in FFY 2011. In FFY 2011, all 24 jurisdictions achieved the State target of 100%. This represents improvement for the one jurisdiction that did not achieve 100% compliance in FFY 2010.

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, FFY 2010, and FFY 2011.

| FFY | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|-------|-------|-------|-------|--------|--------|
| 8b. Percentage of potentially eligible children whose LEA was notified | 98.2% | 99.9% | 99.4% | 99.8% | 100.0% | 100.0% |

For sub-Indicator 8B, performance remained at 100% in FFY 2011. The increase to 100.0% compliance for FFY 2010 and 2011 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 at that time 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 the Office of Special Education Programs (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 2011, 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 2011.

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, FFY 2010, and FFY 2011.

| FFY | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|--|------|-------|-------|-------|-------|-------|
| 8c. Percentage of timely transition planning meetings | 93% | 95.0% | 96.4% | 99.6% | 99.4% | 99.1% |

For sub-Indicator 8C, 17 jurisdictions achieved the State target of 100%, 13 of which achieved 100% compliance in both FFY 2010 and FFY 2011. In FFY 2011, six jurisdictions achieved a performance percentage of at least 95.0% but less than 100% compliance. One jurisdiction achieved performance of less than 95.0%. This jurisdiction is a smaller-size jurisdiction and had 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 18.2% percentage points. Seven jurisdictions decreased their compliance, three of which were 100% compliant in FFY 2010.

Compared to FFY 2010, the performance for the State decreased slightly from 99.4% to 99.1% in FFY 2011. This represents a 0.3% decrease from FFY 2010 and a 0.5% decrease since FFY 2009. Several major reasons for systemic untimely Transition Planning Meetings were noted. Most of the 29 missed timelines were due to provider scheduling errors (12 or 41.4%) or provider availability (8 or 27.6%). Other reasons included provider illness (3 or 10.3%), inclement weather delays (2 or 6.9%), scheduling issues with Part B staff (2 or 6.9%), and interpreter delays (2 or 6.9%).

| Scheduling Errors | Provider Availability | Provider Illness | Inclement Weather Delays | Interpreter Delays | Issues with Part B Staff | Total Number of Systemic Reasons |
|-------------------|-----------------------|------------------|--------------------------|--------------------|--------------------------|----------------------------------|
| 12 (41.4%) | 8 (27.6%) | 3 (10.3%) | 2 (6.9%) | 2 (6.9%) | 2 (6.9%) | 29 |

Data Collection, Reporting, and Analysis:

For Indicator 8A, the MSDE and LITPs conducted online record reviews to determine the percentage of children exiting Part C with transition steps and services. In FFY 2010, the MSDE began requiring transition outcomes to be entered directly into the IFSP database. This enabled the MSDE to obtain these data through electronic record review in FFY 2011, whereas in prior years the MSDE had to conduct site visits with the sole purpose of collecting these data. In FFY 2012, changes were made to the predefined transition reports in the IFSP database to capture the “transition outcome” field. It is hoped that in FFY 2014, MSDE will be able to use this report to determine the number of children with transition steps and services and, thus, will no longer have to obtain this information from each individual record.

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 and LITP were provided with their lists of children via a secure server.

For Indicator 8C, transition compliance data were tracked by the MSDE and LITPs throughout the reporting period. Children whose parents declined to participate in a transition-planning conference were not included in the numerator or denominator for 8C. In FFY 2011, seven families declined to participate in a TPM for their family. This is a decrease from 12 families declining in FFY 2010. Reasons for meetings not held were tracked in the database. Reasons for untimely meetings were also identified and strategies for correction and improvement were implemented. Family factors resulted in 587 (18.7%) 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 Maryland Infants and Toddlers Program (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 over 14,000 children.

Discussion of Improvement Activities:

State data indicate greater than 99% performance for all three sub-Indicators, and 100% compliance for indicators 8A and 8B. 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 three, additional planning is often required to help parents understand the differences in Part B and Part C services. Implementation of the Extended IFSP Option has required 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.

Implementation of the Extended IFSP Option also required Maryland to 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 were modified to correctly represent the State's change in age of eligibility from kindergarten age to age four. After the State regulations are finalized, these charts will be modified again to correctly represent the State's age of eligibility for the Extended IFSP Option.

Also, 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.

Beginning in FFY 2012, the Division of Special Education at the MSDE has initiated a birth to 21 comprehensive and coordinated system of services. As part of this initiative, division staff have been reorganized into branches based on role as opposed to based on child age (Part C versus Part B). For example, the branch in the division responsible for monitoring the components of IDEA now includes the Part C monitoring specialist. That branch is currently developing a birth to 21 monitoring protocol, including more in depth Part C record reviews, to be implemented in FFY 2013.

Ongoing Technical Assistance

In FFY 2011, 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 MSDE has continued to provide ongoing technical assistance and guidance on developing functional outcomes for transition. During site-visits, the MSDE often examined the quality of transition outcomes and provided feedback when outcomes did not have a functional component.

The State has continued to support local programs through development of several Parent Information series documents, including *A Family Guide to Early Intervention Services in Maryland and Parental Rights: A Companion Guide to the Maryland Procedural Safeguards Notice* and *The IFSP: A Family Guide to Understanding the Individualized Family Service Plan (IFSP)*. In FFY 2011, MSDE updated *A Family Guide to Next Steps: When Your Child in Early Intervention Turns Three – Families Have a Choice* to reflect the new age parameters of the Extended IFSP Option. All of these documents are made publically available on both MarylandPublicSchools.org and MarylandLearningLinks.org.

In FFY 2011, 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 support the development of the Maryland IDEA Scorecard (Early Childhood) by adding more data for programmatic decision-making and program analysis. In FFY 2011, several statewide Scorecard trainings were provided to local jurisdictions. These trainings will continue in FFY 2012.

Early Childhood Intervention and Education Leadership Academy

In FFY 2011, the State made revisions to its Early Intervention Leadership Academy (EILA). The new format, Early Childhood Intervention and Education Leadership Academy (ECIE-LA), was a professional development initiative (experience) that challenged its participants to apply a strategic approach to systems change to build and implement a seamless, comprehensive, and coordinated birth-5 system of services for young children with disabilities and their families. Core leadership teams from the participating 2011-12 Academy jurisdictions were comprised of LITP Directors, Preschool Special Education Coordinators, and other locally-designated birth through five representatives (e.g., local Family Support Services Coordinator, internal and external early care and education leaders, other public and/or private agency partners, etc.). An in-depth needs assessment was completed by each jurisdiction team at the onset of the Academy and then served as the foundation for engaging in the systems change process. Various other assessment methods were built into the Academy experience on a regular and periodic basis to examine participating team members' perceived relevance, usefulness, and quality of the Academy's contents/activities, as well as their perceptions of the impact of the Academy on their personal growth with regard to content-related knowledge and skill areas.

Updates to the Code of Maryland Regulations (COMAR)

In FFY 2011, the MSDE began to revise the Maryland Infants and Toddlers Program (ITP) COMAR to ensure consistency with the updated federal regulations released in Fall 2011. In addition to the COMAR changes that mirror federal regulation changes, other changes to the Part C COMAR will include the addition of the Extended IFSP Option into Maryland law. The development of proposed state transition regulations has been aided through four meetings of a stakeholder workgroup consisting of parents; public and private agency service providers; local ITP, preschool special education and special education directors/coordinators; early childhood representatives; a representative of the school-based/early intervention physical and occupational therapy practice group; State and Local Interagency Coordinating Council representative; a representative from higher education and MSDE staff from the Division of special Education/Early Intervention Services.

The proposed Part C regulations were also presented to the SICC, and the State received considerable verbal feedback at the meeting. In addition, the State obtained additional feedback via a statewide survey and received responses from more than 100 parents, administrators, SICC members, and LICC members.

To prepare local programs for the regulations changes, the MSDE has continued to provide guidance and technical assistance to local programs regarding the implementation of the new state and federal regulations. In particular, the MSDE conducted three webinars for ITP and special education providers and administrators to prepare LITPs for when the federal regulations went into effect on July 1, 2012. Components of these webinars included the ending age of the Extended IFSP Option, developmental screening option, the definition of multidisciplinary, and transition requirements for children at age three and after age three. The MSDE has also conducted training for other stakeholder groups such as local school superintendents, primary care physicians, audiologists, and the PT/OT school-based/early intervention practice group.

Addressing System Capacity Issues:

During the reporting year, LITPs made progress toward rectifying staff shortage issues. For FFY 2009, FFY 2010, and part of FFY 2011, 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 (i.e., from 14,636 in FFY 2010 to 15,046 in FFY 2011).

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, and to 874.73 in FFY 2011. The additional funding has also enabled the MITP to increase the number of service coordinators from 609 in FFY 2009 to 660 in FFY 2011. Many of these positions were created to support children receiving services through an Extended IFSP. In FFY 2012, the State intends to continue to support children on IFSPs after age three until the child's fourth birthday.

Identification and Correction of Individual Noncompliance:

The MSDE continued to monitor the implementation of the transition requirements 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, 2011 to December 31, 2011, and January 1, 2012 to June 30, 2012. Data analysis for these profiles occurred on March 1, 2012 for the July 1, 2011 to December 31, 2011 data period and on September 1, 2012 for the January 1, 2012 to June 30, 2012 data period. Prior to the distribution of local profiles on April 1, 2012 and October 1, 2012, 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 would have 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, unless the child was no longer in the jurisdiction. It should be noted that despite the quick correction, the state still made findings for each individual incidence of noncompliance identified.

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 Plan (CAPs) when performance of 95% was not achieved or to implement IPs 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 IP 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 IP 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 IPs 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 IPs or CAPs ended. The ending of an IP also signifies the correction of noncompliance because the State's definition of correction is 100% compliance.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 8A – 99.8%, 8B – 100%, 8C – 99.4%

Individual Level Noncompliance from FFY 2010

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, in FFY 2010 there were two incidences of noncompliance. The two children without transition steps and services left the program before the identification of noncompliance occurred, so no correction at the individual level was possible (Prong 1). For Indicator 8B, in FFY 2010 there was no identified noncompliance. For Indicator 8C, in FFY 2011 there were 18 incidences of noncompliance identified. Although late, Transition Planning Meetings were held for all 18 families (Prong 1).

Systemic Level Noncompliance from FFY 2010

| Systemic Level Noncompliance from FFY 2010 | 8A | 8B | 8C |
|---|-----------|-----------|-----------|
| 1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011) | 2 | 0 | 18 |
| 2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding) | 2 | 0 | 18 |
| 3. Number of FFY 2010 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 2010 were corrected at the systemic level (Prong 2). In particular, the only systemic level instance of noncompliance, less than 100% compliance, for Indicator 8A was corrected within one year (Prong 2). There were no systemic incidences of noncompliance, less than 100%, identified in FFY 2010 for Indicator 8B. All 10 systemic level instances of noncompliance, less than 100% compliance, for Indicator 8C were corrected within one year (Prong 2). The correction of noncompliance was confirmed through subsequent local and MSDE data analyses, prior to the closing of the CAP or 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)(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 IPs or CAPs. 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 2012:

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 achieve 100% compliance in transition planning.

New/Revised Improvement Activities:

1. The MSDE will continue to monitor the implementation of the transition requirements 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. When appropriate, MSDE Parts C and B will conduct joint monitoring of LITPs and LSSs to address compliance.

Revised Activity: In FFY 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system to be implemented in FFY 2013.

2. The MSDE will implement the Early Childhood Transition module of the web-based tutorial.

Revised Activity: In FFY 2012-2013, the MSDE will revise the Early Childhood Transition module of the web-based tutorial.

3. The MSDE will monitor LITPs and local school systems jointly to ensure that compliance with Part C requirements for timely transition planning and Part B requirements for timely IEP development and implementation result in smooth transition from Part C to Part B preschool special education.

Revised Activity: In FFY 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system to be implemented in FFY 2013. This new system will include more on-site record reviews by MITP.

Revised Activity: In FFY 2012, the MSDE will create a birth through 21 monitoring record review document and work with the Mid-South Regional Resource Center to create a compliance data collection system.

4. 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.

Revised Activity: In FFY 2012, the MSDE will publish updated COMAR regulations to go into effect on July 1, 2013. The MSDE will require LITPs to revise their local policies and procedures in FFY 2013.

5. **New Activity:** In FFY 2012, DSE/EIS will offer competitive grant funding to build a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services by demonstrating strong collaborative community partnerships to increase the continuum of early childhood settings, to support early childhood transitions, to engage families as leaders, and to improve school readiness results for young children with disabilities.

6. **New Activity:** In FFY 2012, DSE/EIS will develop online resources to assist service providers and service coordinators to better support families during transition, including the NE/LRE decision making module, the embedded learning opportunities on-line tool, a NE/LRE decision-making module, and a video focusing on functional outcomes and school readiness.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

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 |
|---------------------|---|
| 2011 (2011-2012) | 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 2011: 99.8% (534/535) of FFY 2010 systemic findings were corrected and verified within 12 months of written notification of local program noncompliance.

Process for Selecting EIS Programs for Monitoring:

Data Monitoring:

FFY 2010 findings of noncompliance corrected in FFY 2010 or in FFY 2011 (within 12 months of written notification) include findings identified through State-level monitoring and complaint investigations. The total number of findings reported includes findings identified from 7/1/10 to 6/30/11. Data from all 24 Local Infants and Toddler Programs (LITPs) were monitored as indicated below:

- For Indicators 1, 7, 8B, and 8C there were two reporting periods – 7/1/10 to 12/31/10 and 1/1/11 to 6/30/11, and there were two written notification dates – 3/11 and 9/11.
- For indicators 2, 5 and 6, there were two reporting snapshot dates – 10/31/2010 and 6/30/2011, and there were two written notification dates – 3/11 and 9/11.
- For sub-Indicator 8A, there was one reporting period – 7/1/10 to 6/30/11 and there was one written notification date 9/11.

Data for Indicator 8A were obtained via record reviews done between 10/8/2011 and 12/15/2011 for children transitioning in FFY 2010 (7/1/2010 – 6/30/2011).

Child outcome progress data were collected from evaluation and assessment developmental age scores provided on Individualized Family Service Plans (IFSPs) on children who have been participating in the program for at least six months between 7/1/2010 and 6/30/2011. This information was provided to the Johns Hopkins Center for Technology for analysis and, after preliminary results were provided to MSDE staff, additional investigation occurred. Child outcome progress data were shared with local program directors at the Annual Fiscal/Programmatic Forum in March 2011.

For Indicator 4, family surveys were mailed from the MSDE to LITPs on September 15, 2011 and surveys were returned to the vendor in October and November. LITPs were required to complete an IP to increase response rate if their response rate for the FFY 2010 family survey was less than 30.0%. In addition, LITPs were required to complete IPs if they did not meet the State target on one or more of the subindicators.

For Indicators 2, 5 and 6, LITPs were required to complete IPs if State targets were not met. The IPs 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 IPs or Corrective Action Plans (CAPs), 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, which was subsequently verified by the MSDE. Upon verification of correction of noncompliance by the MSDE, LITPs were notified in writing that the IPs or CAPs ended. The ending of an IP also signified the correction of noncompliance because the State's definition of correction is 100% compliance.

Fiscal Monitoring

The MSDE conducts joint multi-program (Part C, Part B, Part B619, American Reinvestment and Recovery Act, and Medicaid) onsite sub-recipient monitoring to ensure that funds are expended in accordance with IDEA, EDGAR, applicable OMB circulars, and the MSDE requirements. Prior to the onsite visit, local programs receive a notification letter 30 days prior to the visit, a copy of the completed risk assessment that guides the evaluation of various areas of risk, and the monitoring instrument that will be used during the visit. During the visit, the sub-recipient program and fiscal personnel present documentation of expenditures, contracts, and equipment inventory logs, as well as policies and procedures for documentation to ensure compliance with requirements.

After the on-site visit, a report is issued to the sub-recipient within 45 days and identifies any areas of noncompliance. The sub-recipient is required to submit a CAP to the MSDE within 30 days of notification if noncompliance is identified. The MSDE revises the CAP and, if deemed applicable, notifies the sub-recipient of the approval and timelines for implementation and verification of implementation. Correction of all noncompliance must be verified as soon as possible but in no case later than one year from the notification of noncompliance. After correction of noncompliance the CAP is closed.

Timely Correction of FFY 2010 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

| | |
|---|------------|
| 1. Number of findings of noncompliance the State identified in FFY 2010 (the period from July 1, 2010, through June 30, 2011) (Sum of Column a on the Indicator C9 Worksheet) | 535 |
| 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) | 534 |
| 3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)] | 1 |

Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

| | |
|---|----------|
| 1. Number of FFY 2010 findings not timely corrected (same as the number from (3) above) | 1 |
| 2. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction") | 1 |
| 3. Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)] | 0 |

Explanation of Progress or Slippage that Occurred for FFY 2011:

The following table illustrates the percentage correction of noncompliance that occurred in a timely manner for FFY 2006, FFY 2007, FFY 2008, FFY 2009, FFY 2010, and FFY 2011:

| FFY | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Percentage of timely correction | 100% | 100% | 100% | 100% | 100% | 99.8% |

When compared to FFY 2010, the percentage of correction in FFY 2011 decreased to 99.8%. This is the first time that the State has had noncompliance that was not corrected within one year of notification. This particular finding was a result of untimely submission of fiscal reports and has since been corrected (18 months after notification).

Correction of noncompliance within one year on data indicators remained consistent at 100%. The continued data 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. In FFY 2010, these additional funds have helped local programs correct noncompliance much more quickly than in previous years. However, for several jurisdictions, the loss of ARRA funding in FFY 2011 has affected their ability to correct systemic noncompliance quickly. For example, all systemic incidences of noncompliance for FFY 2010 data were corrected prior to written notification except one, whereas in FFY 2011, three incidences of noncompliance for data were not corrected prior to notification. In addition, in FFY 2010, the one incidence that was not corrected prior to notification was corrected within 5 weeks of notification. However, in FFY 2011, two of the three incidences of noncompliance identified in FFY 2010 took more than 17 weeks to correct. The longest incidence of noncompliance for data corrected in FFY 2011 took 31 weeks.

In FFY 2011, the State continued to require that local funding be used to improve patterns of poor performance and/or noncompliance. In particular, the MSDE continued the "Linking Funds for Program Improvement" criteria as a required component of the Consolidated Local Implementation Grant.

Discussion of Improvement Activities Completed that Occurred For FFY 2011:

In FFY 2010, the MSDE began requiring transition outcomes to be entered directly into the IFSP database. This enabled the MSDE to obtain these data through electronic record review in FFY 2011, whereas in prior years the MSDE had to conduct site visits with the sole purpose of collecting these data. In FFY 2012, changes were made to the predefined transition reports in the IFSP database to capture the "transition outcome" field. This will be a required field in FFY 2013. It is hoped that in FFY 2014, the MSDE will be able to use this report to determine the number of children with transition steps and services and, thus, will no longer have to obtain this information from each individual record. It is hoped that by FFY 2015 the MSDE will be able to report on the compliance level of Indicator 8A with data for all children and not just report on a random review of records.

Beginning in FFY 2012, the Division of Special Education at the MSDE has initiated a birth to 21 comprehensive and coordinated system of services. As part of this initiative, division staff have been reorganized into branches based on role as opposed to based on child age (Part C versus Part B). For example, the branch in the division responsible for monitoring the components of IDEA now includes the Part C monitoring specialist. That branch is currently developing a birth to 21 monitoring protocol, including more in depth Part C record reviews, to be implemented in FFY 2013.

Verification of Correction for findings of noncompliance identified in FFY 2010 (either timely or subsequent):

Jurisdictions were notified for all incidences, both individual level and systemic level of identified noncompliance. The process of data entry can take weeks, so data cannot be analyzed for correction until approximately 2 months after the data period ends. 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, 2011 to June 30, 2011. Data analysis to determine compliance was completed on September 15, 2011, and the jurisdiction was notified in writing of the noncompliance on October 1, 2011. However, correction of noncompliance for most jurisdictions occurred prior to the correction period ending on October 6, 2011. Since part of this correction period occurs prior to October 1, 2011, correction was occurring prior to the written notification date. The data analysis for the period of January 1, 2011 to June 30, 2011 was not completed until after September 24, 2011. 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 verified 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 CAPs or IPs to verify 100% compliance. The MSDE found that all individual level noncompliance identified in FFY 2011 was corrected in a timely manner except where the child was no longer in the EIS program when the finding was made (Prong 1). The MSDE also found that all systemic incidences of noncompliance identified in FFY 2010 were corrected with 100% compliance achieved (Prong 2). Correction of noncompliance was accomplished through the local implementation of changed practices and processes included by local programs in IPs or CAPs.

In FFY 2010, the State identified 475 individual level incidences of noncompliance. The correction of FFY 2010 individual level noncompliance was reported in the FFY 2010 APR but is also reported again below. In FFY 2010, the State identified 60 systemic level findings of noncompliance. Correction of these incidences of noncompliance is detailed below.

FFY 2010 Incidences of Noncompliance:

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

All systemic findings were corrected within one year of notification (Prong 2). Of the 17 systemic findings of noncompliance for Indicator #1 in FFY 2010:

- Fifteen of 17 findings were corrected prior to written notification
 - 11 were corrected in the first 2-week correction period
 - 1 was corrected in the second 2-week correction period
 - 2 were corrected in the third 2-week correction period
 - 1 was corrected in the fourth 2-week correction period
- Two of 17 findings were corrected after written notification
 - 1 was corrected in the eighth 2-week correction period
 - 1 was corrected in the twenty-second 2-week correction period

Of the 307 individual level findings 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 (Prong 1).

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

All systemic findings were corrected within one year of notification (Prong 2). Of the 14 systemic level findings of noncompliance for Indicator #7 in FFY 2010:

- Thirteen of 14 incidences were corrected prior to written notification
 - 8 were corrected in the first 2-week correction period
 - 3 were corrected in the second 2-week correction period
 - 2 were corrected in the third 2-week correction period
- One of 14 incidences was corrected after written notification
 - 1 was corrected in the fifteenth 2-week correction period

Of the 145 individual level findings of noncompliance in FFY 2010:

Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 145 children (Prong 1).

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

All systemic findings were corrected within one year of notification (Prong 2). Of the 2 systemic level findings of noncompliance for Indicator #8A in FFY 2010:

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

For FFY 2010, transition steps and services for the 4 individual level findings of noncompliance could not be corrected, since these children were no longer located within the jurisdiction of the EIS programs (Prong 1).

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

- In FFY 2010, the state began to report these data directly to each LEA. As such, no findings of noncompliance were made in FFY 2010.

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

All systemic findings were corrected within one year of notification (Prong 2). Of the 10 systemic level findings of noncompliance for Indicator #8C in FFY 2010:

- 10 were corrected prior to written notification
 - 7 were corrected within the first 2-week correction period
 - 2 were corrected within the second 2-week correction period
 - 1 was corrected within the third 2-week correction period

Of the 18 individual level findings 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 (Prong 1).

Other Areas of Noncompliance –

Complaints

One complaint resulted in a finding of non-compliance. This finding was a result of parents not being provided a copy of IFSP revision prior to the implementation of those revisions. The finding of non-compliance was corrected by the local jurisdiction within one year, prior to the ending of the FFY 2010 reporting period.

Fiscal

In FFY 2010, there were 17 findings of fiscal noncompliance distributed in the areas of:

- Debarment/Suspension Procedures – 6 incidences
- Personnel Activity Report Noncompliance – 3 incidences
- Semi-Annual Certifications – 3 incidences
- Untimely Financial Reporting – 2 incidences
- Absence of Contracts – 1 incidence
- Late Liquidation – 1 incidence
- Exceeding Category Budget – 1 incidence

16 of 17 (94.1%) findings of noncompliance were corrected within 1 year of notification.

- 1 finding of noncompliance for Untimely Financial Reporting was corrected 18 months after notification. The jurisdiction involved in this finding had staffing issues and staff turnover in their fiscal department, which resulted in an inability to submit timely reports to the MSDE.

FFY 2011 Corrected Individual Incidences of Noncompliance:

In FFY 2011, the State identified 353 individual level findings of noncompliance. Because all of these individual level incidences of noncompliance have been corrected (Prong 1), the State has elected to report on them below:

Indicator #1 - Timely Service Delivery

Of the 225 individual level findings of noncompliance in FFY 2011:

Although late, services were eventually provided for all 225 children whose services were not provided within Maryland's 30-day timeline (Prong 1).

Indicator #7 – 45-Day Timeline

Of the 99 individual level findings of noncompliance in FFY 2011:

Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 99 children (Prong 1).

Indicator #8A – Transition Steps and Services

For FFY 2011, all children reviewed had transition steps and services included in their IFSP, and there were no individual findings of noncompliance.

Indicator #8B – Notification to the LEA

For FFY 2011, local LEAs were notified of 100% of children potentially eligible, and there were no individual findings of noncompliance.

Indicator #8C – Timely Transition Planning Meetings

Of the 29 individual level findings of noncompliance in FFY 2011:

Although late, Transition Planning Meetings were eventually held for all 29 of the children whose meetings were not held in a timely manner (Prong 1).

INDICATOR C-9 WORKSHEET

| Indicator/Indicator Clusters | General Supervision System Components | # of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11) | (a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11) | (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 | 324 | 324 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 4. Percent of families participating in Part C who report that early intervention services have helped the family | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |

| Indicator/Indicator Clusters | General Supervision System Components | # of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11) | (a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11) | (b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification |
|---|--|--|--|--|
| 5. Percent of infants and toddlers birth to 1 with IFSPs | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| 6. Percent of infants and toddlers birth to 3 with IFSPs | | 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 | 9 | 159 | 159 |
| | 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 | 2 | 6 | 6 |
| | 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: | 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 2010 (7/1/10 through 6/30/11) | (a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11) | (b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification |
|---|--|--|--|--|
| 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 | 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: | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 6 | 28 | 28 |
| 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. | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| OTHER AREAS OF NONCOMPLIANCE: FISCAL | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 9 | 17 | 16 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |

| Indicator/Indicator Clusters | General Supervision System Components | # of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11) | (a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11) | (b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification |
|--|--|--|--|--|
| OTHER AREAS OF NONCOMPLIANCE: Failure to provide parents with written notice of IFSP revisions prior to implementation of this revision | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 1 | 1 | 1 |
| OTHER AREAS OF NONCOMPLIANCE: | Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other | 0 | 0 | 0 |
| | Dispute Resolution: Complaints, Hearings | 0 | 0 | 0 |
| Sum the numbers down Column a and Column b | | | 535 | 534 |

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

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

Revised Activity: In FFY 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system to be implemented in FFY 2013. This new system will include more on-site record reviews by the Maryland Infants and Toddlers Program (MITP).

Revised Activity: In FFY 2012, the MSDE will create a birth through 21 monitoring record review document and work with the Mid-South Regional Resource Center to create a compliance data collection system.

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

Revised Activity: In FFY 2012, the MSDE will provide training to enable the assignment of surrogate parents at the local level. The Code of Maryland Regulations (COMAR) will be changed to be consistent with this change in practice.

3. **New Activity:** In FFY 2012, the MSDE will pilot the use of teleconference for the State Interagency Coordinating Council (SICC) meetings. It is anticipated that this strategy will encourage greater stakeholder input and participation in SICC activities.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three-year-old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Maryland State Department of Education (MSDE) Complaint Investigation database and related case information was shared with the State Interagency Coordinating Council (SICC). Data for these indicators include children birth through to age 3 and children in the Extended Individualized Family Service Plan (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 |
|-----------------------|--|
| 2011 (2011 – 2012) | No target required because fewer than 10 resolution sessions were requested. |

Actual Target Data for FFY 2011:

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 2011:

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. In FFY 2011, *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights* were released. 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 2012:

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 2012 – FFY 2013, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2012, the MSDE will create a Prior Written Notice Template Form for local use at IFSP meetings.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Maryland State Department of Education (MSDE) Complaint Investigation database and on-site record reviews and related case information was shared with the State Interagency Coordinating Council (SICC). Data for these indicators include children birth through to age 3 and children in the Extended Individualized Family Service Plan (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 |
|-----------------------|---|
| 2011 (2011 – 2012) | No target required because fewer than 10 mediation sessions were requested. |

Actual Target Data for FFY 2011:

There were no mediation requests received in FFY 2011. Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

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. In FFY 2011, *Understanding the Individualized Family Service Plan* and *A Family-Friendly Resource to Understanding Your Parental Rights* were released. 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 2012:

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 2012 – FFY 2013, the MSDE will revise the components of the Parent Information Series to incorporate changes in the Part C regulations.

2. **New Activity:** In FFY 2012, the MSDE will create a Prior Written Notice Template Form for local use at IFSP meetings.

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Data for this indicator were collected through the Part C database, the Maryland State Department of Education (MSDE) Complaint Investigation database, and on-site record reviews, verified by Local Infants and Toddler Programs (LITPs), validated by the MSDE and reviewed by the State Interagency Coordinating Council (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 |
|-----------------------------|--|
| 2011 (2011-2012) | 100% of State reported data (618, State Performance Plan, and Annual Performance Report) are timely and accurate. |

Actual Target Data for FFY 11:96.4%

To calculate the percentage of State-reported data that are timely and accurate for FFY 2011, the MSDE used the rubric recommended by the Office of Special Education Programs (OSEP) for Indicator 14, which combines the timeliness of 618 and APR submission with the accuracy of data reported in the State Performance Plan/Annual Performance Report (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 were submitted accurately, except Table 2 – Settings. This table was originally submitted to OSEP with one child in the wrong age group. The data were corrected and resubmitted.

| 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 |
| 12 | 1 | 1 | 2 |
| 13 | 1 | 1 | 2 |
| Subtotal | | | 26 |
| APR Score Calculation | Timely Submission Points - If the FFY 2011 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) = | | 31 |

| 618 Data - Indicator 14 | | | | | |
|---|--------|---------------|---|---------------------------------|-------|
| Table | Timely | Complete Data | Passed Edit Check | Responded to Data Note Requests | Total |
| Table 1 - Child Count Due Date: 2/1/12 | 1 | 1 | 1 | 1 | 4 |
| Table 2 - Program Settings Due Date: 2/1/12 | 1 | 1 | 0 | 1 | 3 |
| Table 3 - Exiting Due Date: 11/7/12 | 1 | 1 | 1 | N/A | 3 |
| Table 4 - Dispute Resolution Due Date: 11/7/12 | 1 | 1 | 1 | N/A | 3 |
| | | | | Subtotal | 13 |
| 618 Score Calculation | | | Grand Total (Subtotal X 2.2) = | | 28.6 |

| Indicator #14 Calculation | |
|--|--------------|
| A. APR Grand Total | 31.00 |
| B. 618 Grand Total | 28.60 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 59.60 |
| Total NA in APR | 0.00 |
| Total NA in 618 | 0.00 |
| Base | 61.80 |
| D. Subtotal (C divided by Base*) = | 0.964 |
| E. Indicator Score (Subtotal D x 100) = | 96.4 |

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

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 Individualized Family Service Plan (IFSP) document. Predefined reports with child-level and summary data for each of the 618 tables have been programmed into the database.

During FFY 2011, 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 are 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 2011, the MSDE emphasized the importance of timely data submission. During regional IFSP trainings, the MSDE stressed the importance of timely submission of data through Maryland's Online IFSP Database. In addition, the MSDE has continued to support the development of the Maryland IDEA

Scorecard (Early Childhood) by adding more data for programmatic decision-making and program analysis. In FFY 2011, several statewide Scorecard trainings were provided to local jurisdictions. The scorecard trainings will continue in FFY 2012.

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 2011, 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 IPs 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 uses Child Outcome Summary (COS) data entered into the part C database on the Strengths and Needs Summary Form of the IFSP when each child enters and exits the local early intervention system. Formulas provided by OSEP/Early Childhood Outcomes (ECO) are used to calculate each summary statement.
- To report data for Indicator 4, the MSDE selected the National Center for Special Education Accountability Monitoring (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 1,195 (38.0%) of the 3,146 children who turned three years of age during the reporting period. All (100%) of the records reviewed had transition outcomes written into the IFSP.
- 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 2012:

New/Revised Improvement Activities:

1. The MSDE will continue to monitor the entry of data by LITPs on a periodic basis to ensure accuracy and completeness of data entry.

Revised Activity: In FFY 2012, the Division of Special Education at the MSDE will develop a birth through 21, coordinated monitoring system, including the monitoring of timely and accurate data, to be implemented in FFY 2013.

2. The MSDE will continue to work with the data system developers, as needed, to ensure the availability of reporting formats necessary for federal reporting as well as monitoring of local programs.

Revised Activity: In FFY 2012 – 2013, the MSDE will continue IFSP Users Group Meetings with the goal of obtaining feedback from local Online IFSP Database Users.

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 awarded 1.7 million dollars of Part B 611 funds to LITPs to provide services to three year old children participating in the Extended IFSP Option in FFY 2011 (December 2011 – September 2012) and has committed 2.5 million in FFY 2012.