

**FFY 2012 (2012-2013)
Annual Performance Report (APR)
Part C**



Maryland State Department of Education
Division of Special Education/Early Intervention Services
Maryland Infants and Toddlers Program

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SICC Certification

MARYLAND'S FFY 2012 (2012 – 2013) ANNUAL PERFORMANCE REPORT

Overview of Development of FFY 2012 Annual Performance Report

The Part C Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2012 was developed by the Maryland Infants and Toddlers Program (MITP) staff in the Maryland State Department of Education (MSDE)/Division of Special Education/Early Intervention Services, in collaboration with the State Interagency Coordinating Council (SICC) and local Infants and Toddlers Programs (LITPs). In preparation for submission of the APR in January, 2014, MITP collected and analyzed data on Monitoring Priority Indicators #1,2,3,5,6,7,8,9,10,11,12,13, and 14 for FFY 2012 (July 1, 2012-June 30, 2013) from the following sources:

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

The State's Part C database is a web-based system specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the State and the U.S. Office of Special Education Programs (OSEP) including compliance indicators 1, 7, 8A, 8B, 8C and 9 and for results indicators 2, 3, 5 and 6. Data collected at referral and from IFSPs for every eligible child and family is entered into the database by local staff. MSDE and the LITPs generate reports on a regular basis to monitor statewide and local compliance/results and audit for data validity and reliability.

Indicator #3 in the APR has been updated to include progress data for children birth to three who received services for at least six months and exited the program between July 1, 2012 and June 30, 2013, as well as children birth to four who received services in through an extended IFSP for at least 3 months. Entry and exit Child Outcome Summary (COS) were collected from the Part C database, aggregated, and reported by the database developer based on specifications consistent with OSEP reporting requirements.

Data for Indicator #4 were collected through the National Center for Special Education Accountability Monitoring (NCSEAM) Early Intervention Surveys that were sent to all families active in LITPs as of June 30, 2013, and was aggregated for reporting by a contractor with expertise in the development of the NCSEAM survey and the analysis of its results.

Data for Indicators 12 and 13 were obtained by a database maintained by the Complaint Investigation and Due Process Branch in the Division of Special Education/Early Intervention Services. Information is obtained from within the Branch and from the Maryland Office of Administrative Hearings. Because Maryland Part C adopted Part B dispute resolution procedures on 10/5/2009, Indicator #12 was included in the APR, but no due process hearings were fully adjudicated.

Data for Indicator 14 consist of timely and accurate submission of 618 data, APR data and the SPP/APR.

The statuses of existing improvement activities have been included in the FFY 2012 APR. Regarding the inclusion of indicator data on children /families participating in the Extended IFSP

Option the following plan was submitted to OSEP on and approval was verbally provided by OSEP on 1/3/2011:

Indicator 1: 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. The data for the two age groups is combined into one reporting figure. This indicator includes data on services added per the IFSP process for children in the Extended IFSP Option between July 1, 2012 and June 30, 2013.

Indicator 2: The percentage of children primarily receiving services in the natural environment reflects data utilized for 618 reporting on 10/26/2012 on children birth to age three. In the data analysis for this indicator, we also included the percentage of children in the Extended IFSP Option primarily receiving services in the natural environment on 10/26/2012.

Indicator 3: The data for children birth to age three are being utilized to determine the percentages for the three child outcomes. In the data analysis for this indicator, we also included the progress data for children from entry into the program, prior to age three, to exit from the Extended IFSP Option.

Indicator 4: The family outcome data results are based on survey results from families of all active eligible children on 6/30/2013 including those families in the Extended IFSP Option. The survey included two questions pertinent to the Extended IFSP Option. Families who were active eligible on 6/30/2013 and who participated in the Extended Option were asked to complete these two questions. The data from these two questions are included in the APR as part of data analysis for this indicator.

Indicator 5: Children in the Extended IFSP Option did not impact the results for this indicator.

Indicator 6: The results reported for this indicator are based on 618 data or the number of active eligible children birth to age three on 10/26/2012. The number of children participating in the Extended IFSP Option on 10/26/2012 was also included in the data analysis.

Indicator 7: Children in the Extended IFSP Option did not impact the results for this indicator.

Indicator 8: Children in the Extended IFSP Option did not impact the results for this indicator.

Indicator 9: Reporting on correction of non-compliance involving children birth to three and children in the Extended Option for indicators 1, 10, 11, 12 and 13 and on related requirements for other indicators was included as necessary in indicator 9 in the FFY 2012 APR. Children in the Extended Option were included in the correction of noncompliance data for indicator 1. No families, with children in the Extended Option, filed a State complaint or requested a due process hearing and/or mediation in FFY 2011.

Indicators 12 and 13: Data for these indicators include children birth to three and children in the Extended IFSP Option. No families, with children in the Extended Option, requested a due process hearing and/or mediation.

Indicator 14: Data for this indicator include timely and accurate reporting of data on children birth to three and children in the Extended Option.

Stakeholder Input

Throughout FFY 2012, MSDE provided information and preliminary data on the Part C APR indicators and multiple opportunities for questions, comments, and recommendations from a broad range of stakeholders including the SICC, local ITP directors and local special education directors. Updates on SPP/APR federal reporting requirements and State and local performance

data were provided at all SICC meetings throughout the reporting period. A special presentation on the statewide data and the draft APR was made to the SICC on December 5, 2013.

In FFY 2012, the MSDE piloted the use of teleconference for the State Interagency Coordinating Council (SICC) meetings. While it is anticipated that this strategy would encourage greater stakeholder input and participation in SICC activities, the strategy was discounted due to technology limitations, including video and audio problems.

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. State regulations were completed in FFY 2012 and went into effect on July 1, 2013. 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 the 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. Feedback from stakeholders was incorporated into COMAR prior to the final publication of the regulations.

Public Reporting

MSDE will make the APR and revised SPP available to the public via <http://www.mdideareport.org> shortly after submission to the Office of Special Education Programs by February 1, 2014. Copies of the APR and revised SPP will be provided to LITPs, the SICC, and other stakeholders simultaneously.

As required in the IDEA of 2004, MSDE will report to the public on the performance of LITPs on Part C Indicators # 1, 2, 3, 4, 5, 6, 7 and 8 for FFY 2012 (July 1, 2012-June 30, 2013). Performance data in numbers and percentages will be reported for each LITP, along with the State target, State performance data, and a narrative description of the indicator. State performance data on Part C Indicators # 9, 10, 11, 12, 13 and 14 will also be reported to the public.

In partnership with the Johns Hopkins University Center for Technology in Education (JHU/CTE), MSDE has developed an accessible, state-of-the art SPP/APR website for local and State performance data. The website includes APRs from FFY 2005 to FFY 2011 and can be accessed at <http://www.mdideareport.org>. In addition to the complete SPP/APR, the website includes State and LITP results for all applicable indicators and tools for comparing local performance in relation to the State targets. The public may see progress and slippage through a combination of tables and graphs populated on the website. This site also includes OSEP's annual State determination, and MSDE's annual local Infants and Toddlers Program

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determinations. The FFY 2012 APR will be included on this website shortly after the State's submission to OSEP.

Please contact Ms. Marcella Franczkowski, Assistant State Superintendent, Division of Special Education/Early Intervention Services at 410-767-0238 or at mfranczkowski@msde.state.md.us for information related to Maryland's SPP/APR.

Part C State Annual Performance Report (APR) for FFY 2012

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, 2012 and June 30, 2013.

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
2012 (2012-2013)	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 2012: 96.9% (10,123/10,448)

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 7/1/2012 and 6/30/2013, the MSDE generated a report from the statewide Part C database comparing IFSP meeting date (date of parent consent) 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
10,448*	8,035 (76.9%)	2,088 (20.0%)	10,123	96.9%

*Reflects data from all 24 local jurisdictions

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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-System Reasons
10,448	622 (6.0%)	1,181 (11.3%)	226 (2.2%)	59 (0.6%)	2,088 (20.0%)

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

Admin Errors	Staffing Issues	Provider Scheduling Conflicts	Provider Illnesses	Interpreter Delays	Total Number of System Reasons
219 (62.4%)	89 (25.4%)	27 (7.7%)	14 (4.0%)	2 (0.6%)	351

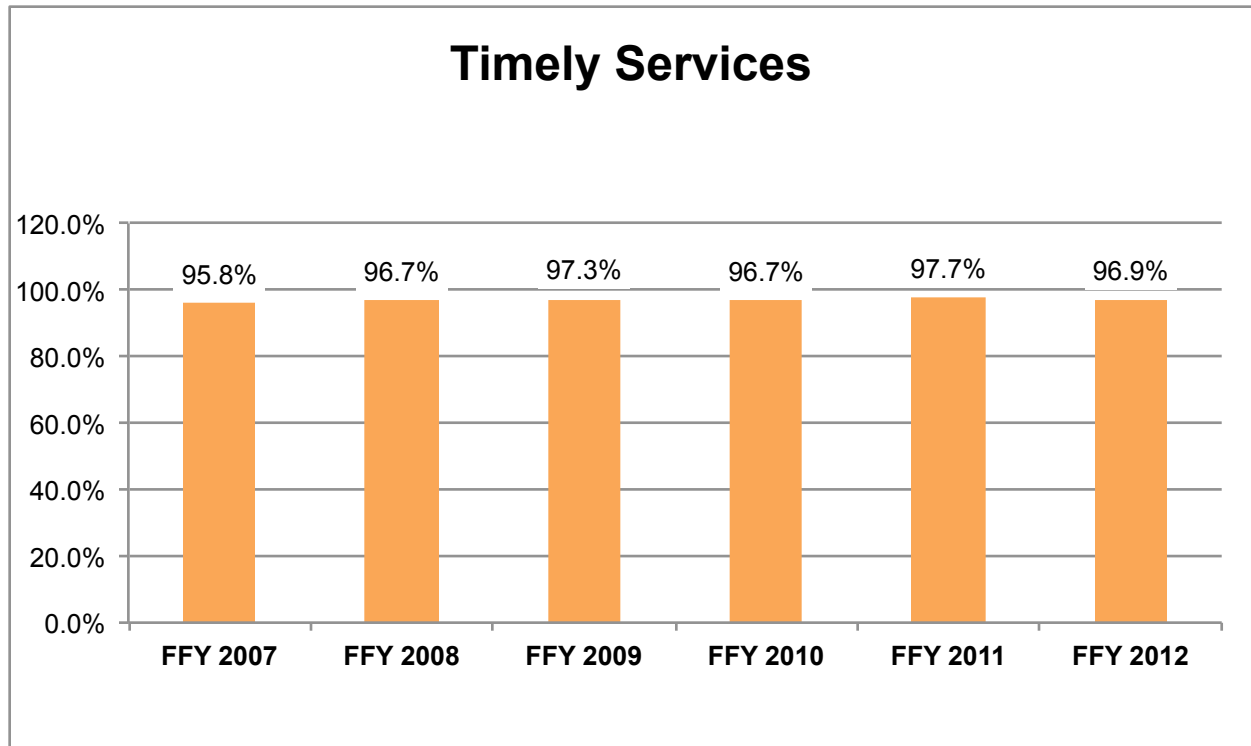
*Note: There were 351 services (for a total of 325 children) provided late due to system reasons.

Explanation of Progress or Slippage

The statewide training and general supervision described below, along with additional federal (ARRA) funding and additional local staffing, have contributed to more children receiving timely services, from 6,628 children in FFY 2009, 7,634 children in FFY 2010, 7,837 children in FFY 2011, and 8,035 in FFY 2012, and timely correction of noncompliance for this indicator (see indicator 9). 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, FFY 2011, and FFY 2012 (prior to FFY 2007, the MSDE reported projected timely services, so a comparison to FFY 2006 data is not useful):

FFY	2007	2008	2009	2010	2011	2012
Percentage of children with timely services	95.8%	96.7%	97.3%	96.7%	97.7%	96.9%



When comparing FFY 2012 results (96.9%) to FFY 2011 results (97.7%), there is a decrease of 0.8% in the percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner. It's important to note that despite the increase in the number of children served the data still demonstrate a consistent high level of compliance.

Twenty of the 24 LITPs either made progress or maintained their current level of performance with this indicator, three more jurisdictions than in FFY 2011. Thirteen of 24 LITPs achieved the State target (100%) for this indicator and eight others exceeded 95% performance. Three jurisdictions did not attain at least 95% performance. Two jurisdictions were large jurisdictions. One of these jurisdictions was under 95% performance in FFY 2011 as well. The second jurisdiction decreased from 96.9% in FFY 2011 to 91.7% in FFY 2012. The third jurisdiction, a medium-sized jurisdiction, actually increased its compliance level by 0.6% from FFY 2011 to FFY 2012. These three jurisdictions were responsible for 72.0% of the State's individual incidences of noncompliance in FFY 2012.

In FFY 2012, 8,035 children (76.9%) had service initiation within 30 days; 622 (6.0%) had service initiation beyond 30 days of the IFSP because of family reasons; 1,181 children (11.3%) had service initiation dates beyond 30 days because the child was not available; 326 children (2.2%) had service initiation dates beyond 30 days because of IFSP team decisions based on the needs of the child and family; and 59 children (0.6%) 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 3.1% (325 children/351 services) was administration errors (219 or 62.4%), followed by staffing issues (89 or 25.4%). Several local jurisdictions were temporarily prevented from hiring staff for vacant positions because of hiring freezes. During the reporting period, 351 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 (27 or 7.7%), provider illness/cancellation (14 or 4.0%), and interpreter delays (2 or 0.6%) accounted for noncompliance.

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Missed timelines due to system 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 consent (187 or 53.3%), followed by 46 to 60 days (61 or 17.4%), over 75 days (57 or 16.2%), and 61 to 75 days (46 or 13.1%).

Finally, missed timelines due to system 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 system-related late services. In FFY 2011 and FFY 2012, some progress was made in the overrepresentation of speech and language services as a system-related 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 system-related late services and in FFY 2012 speech and language services accounted for about 24% of all services, but accounted for 29% of all system-related late services. Still, speech services, as well as special instruction, were more likely to begin outside of the 30-day timeline than were other services (see chart below). Some local programs have continued to express difficulty in recruiting speech language pathologists. 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 System-Related Late Services	Percentage of All Services Provided
Assistive Technology	0	0.0%	2.4%
Audiology	9	2.6%	1.4%
Family Counseling/Training	8	2.3%	9.7%
Nursing	1	0.3%	1.2%
Occupational Therapy	36	10.3%	11.5%
Other	2	0.6%	0.8%
Physical Therapy	68	19.4%	15.1%
Psychological	4	1.1%	1.3%
Social Work	4	1.1%	1.4%
Special Instruction	113	32.2%	27.1%
Speech/Language Therapy	101	28.8%	23.9%
Transportation	0	0.0%	3.2%
Vision Services	5	1.4%	1.0%
Total	351	100.0%	100.0%

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-related reasons, 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 system 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 were 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 Improvement Plans (IPs), local programs are required to develop and implement strategies to correct data entry issues.

On November 12, 2013, 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 system reasons. Untimely services are summed and are reported above. For FFY 2012, statewide and local data reports were run on 3/15/13 and 9/15/13. For FFY 2013, statewide and local data reports will be run on 3/15/14 and on 9/15/14.

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 2013, 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 system 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. This process has helped 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.

Discussion of Improvement Activities

Monitoring and Supervision

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 (CAPs), respectively, with strategies to:

- Achieve 100% compliance;

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- 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, the MSDE began assigning Corrective Action Plans to LITPs with a pattern of providing data in an untimely manner.

During FFY 2012, the DSE/EIS developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

Professional Learning Resources and Technical Assistance

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. To provide support to LITPs, the MSDE created an early childhood tutorial to the IFSP process with regard to its purpose, legal requirements, best practices, and family partnerships. The MSDE expects to fully revise this tutorial to ensure consistency with the new State and federal regulations in FFY 2013. 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 2012, 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.

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. State regulations were completed in FFY 2012 and went into effect on July 1, 2013. 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. An additional webinar was conducted to provide guidance on how and when to adjust for a child's prematurity. 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.

Further clarification regarding procedures for age adjusting, atypical development, and the impact of neonatal diagnosis will be provided through another statewide webinar and a series of train the trainer modules. It is anticipated that these modules will increase provider effectiveness in working with children who were born prematurely and/or who have atypical development.

Addressing System Capacity Issues

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 in FFY 2012. Since the Extended IFSP Option is now included in COMAR, in FFY 2013 the State will continue to provide optional IFSP services until the beginning of the school year following the child's fourth birthday.

With the end of ARRA funding and no increase in State funding, the State has seen increases in the number of incidences of noncompliance in providing services in a timely manner. Several local jurisdictions were prevented from hiring staff for vacant positions because of hiring freezes. As in previous years, 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.

Verification of Correction of FFY 2012 Findings of Noncompliance

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 2012, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2012 to December 31, 2012 and January 1, 2013 to June 30, 2013. Data analysis for these profiles occurred on March 15, 2013 for the July 1, 2012 to December 31, 2012 data period and on September 15, 2013 for the January 1, 2013 to June 30, 2013 data period. Local Data Profiles serve as the State's method of written notification of findings of noncompliance. Prior to the distribution of local profiles on April 1, 2013 and October 1, 2013, 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 system-related 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

Local Data Profiles, which also function as the State's method of written notification of 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 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 occurring.

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 by reviewing the updated data. 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.

Verification of Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance)

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 97.7%

1.	Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	243
2.	Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding)	243
3.	Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Individual Level Noncompliance from FFY 2011

For FFY 2011, there were 225 individual level incidences of noncompliance. The State reviewed the records of all 225 children whose services were not initiated within Maryland's 30-day timeline in FFY 2011 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 2011

At the systemic level, eighteen instances of noncompliance, less than 100% compliance, were identified in FFY 2011 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 data and the 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 2013**

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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 10/26/2012 on children birth to age 3. Also included in the data analysis for this indicator are the percentages of children in the Extended Individualized Family Service Plan (IFSP) Option primarily receiving services, based on service hours, in the natural environment on 10/26/2012. 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 = $\left[\frac{\text{\# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings}}{\text{total \# of infants and toddlers with IFSPs}} \right] \times 100$.

FFY	Measurable and Rigorous Target
2012 (2012-2013)	92.0% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or community-based settings.

Actual Target Data for FFY 2012: 97.6% (7,295/7,478)

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 10/26/2012. Infants and toddlers were considered to receive service(s) 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 2012 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=7,478) Based on 618 Data Collected on 10/26/2012.

Home	Community Setting	Total in NE	Total in Other	Percent in NE
6,156	1,139	7,295	183	97.6%

MARYLAND

Out of 7,478 active eligible children, 7,295 children received services primarily in the natural environment. There were 183 children who received the majority of their services in settings other than natural environments.

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 10/26/12, Maryland has:

- 8 small jurisdictions (serving <90 children)
- 11 mid-size jurisdictions (serving 90 – 400 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 92.0%. Eleven LITPs supported all children in the natural environment (4 mid-sized jurisdiction and 7 small jurisdictions). Another eight jurisdictions supported more than 98% of children in the natural environment (2 large jurisdictions, 5 mid-sized jurisdictions and 1 small jurisdiction). The remaining five jurisdictions supported between 95.1% of children to 98% of children in the natural environment (3 large jurisdictions and 2 mid-sized jurisdictions).

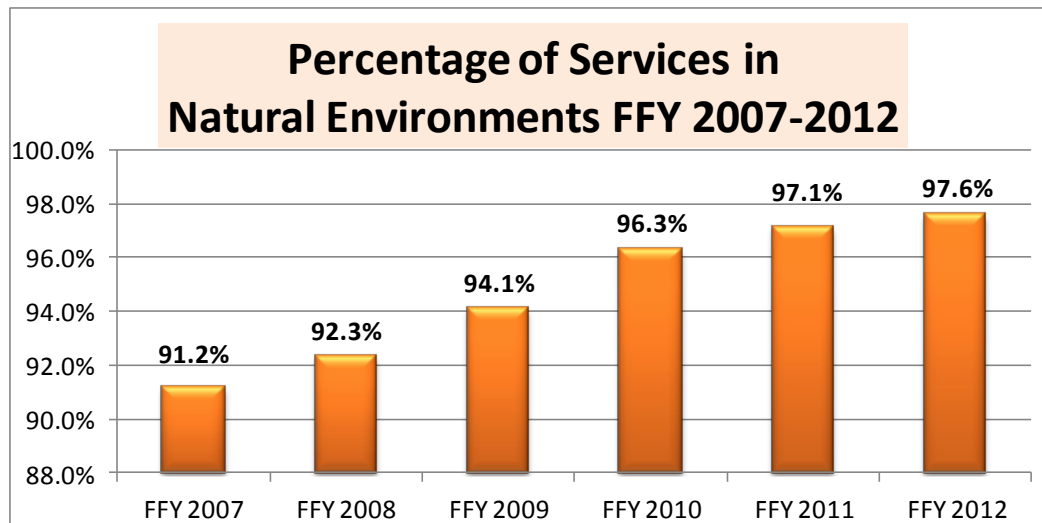
The percentage of children served in the natural environment includes children in which the majority of service hours occur in a natural environment. Prior to the submission of 618 data reported in this indicator, the MSDE runs an audit report and reviews the settings that are entered under the “Other” 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 2012. 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 97.6% of services (414 of 424 services) not provided in a natural setting had appropriate justifications; a total of 10 justifications were not based on the needs of the child. In FFY 2011, 92.3% of services had appropriate justifications reflecting a 5.3% 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 four jurisdictions. Last year, justifications not based on the needs of the child occurred in six jurisdictions and two years ago in eleven jurisdictions. Steady progress has been made over the past several years on the documentation of appropriate justifications for not providing services in the natural environment.

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 2012:

FFY	2007	2008	2009	2010	2011	2012
Percentage of services in natural environments	91.2%	92.3%	94.1%	96.3%	97.1%	97.6%



In FFY 2012, the State met its target of 92.0% and improved from the previous year by 0.5%. This increase in serving children in natural environments may be due to a variety of factors including an increase in State funding for LITPs beginning in FFY 2008, access to American Reinvestment and Recovery Act (ARRA) funds during FFY 2009 – FFY 2011, and an overall emphasis placed on building community partnerships. Over the past several years, many jurisdictions have 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. Additionally, professional learning including access to innovative online resources has placed an emphasis on embedding supports and interventions into daily routines.

Extended IFSP Option – Early Intervention Services in Natural Environments

In FFY 2012, 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 were 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 927 children receiving services through an Extended IFSP on October 26, 2012, 909 children (98.1%) received services primarily in the natural environment. There were 18 children (1.9%) 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
543	366	909	18	98.1%

Discussion of Improvement Activities

Monitoring and Supervision

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 2012, 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 Improvement Plan (IP) for the NE indicator. During FFY 2012, no jurisdictions had to implement an IP for the natural environment indicator, which remained consistent from FFY 2011.

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. The improvement in natural environment justifications may be due to the continued technical assistance provided 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 does 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 is 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. It was not necessary for any LITP to assign federal funds due to issues with serving children in the natural environment during FFY 2012.

Professional Learning Resources, Consultation, and Technical Assistance

In FFY 2012, in order to ensure individualized decision-making regarding settings and to increase services in the natural environment, the MSDE and contractors provided professional learning resources, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and families in numerous formats and forums.

- An online professional learning resource, *the Embedded Learning Opportunities website*, assists IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the three early childhood outcomes. The website is organized by three common daily routines in which parents/caregivers and children engage: mealtime, bath time, and bedtime. Within each routine area, various activities are presented by age group (birth through 3 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s)/caregiver(s). Survey evaluations are currently being conducted to ascertain the impact of this type of online tool.
- Another online professional learning resource available on Maryland Learning Links, *the Preschool through Kindergarten, NE/LRE Team Decision-Making Module*, was created to ensure that young children with disabilities receive services in typical community-based early childhood settings and programs whenever possible, and only go to more restrictive or specialized settings when individual needs require it. The module highlights best

- practices for effective team decision making by supporting extended IFSP teams in selecting natural environments (NE) and IEP teams in selecting least restrictive environments (LRE) in order for young children with disabilities to participate in regular early childhood settings with children without disabilities and achieve positive school readiness outcomes. Survey evaluations are currently being conducted to ascertain the impact of this online module.
- Another very exciting project, *Making Access Happen*, directly impacts young children in Maryland served through an Extended IFSP. This collaborative initiative between the MSDE DSE/EIS and The Johns Hopkins University School of Education is designed to increase the participation of three- to five- year old children with disabilities in public and private community-based early care and education programs and settings, through the delivery of job-embedded professional development. Utilizing universally-designed mobile technologies and applications, this train the trainer model captures exemplary inclusive classroom strategies paired with reflective coaching practices to enhance the abilities of early care and education personnel supporting young children with disabilities. Based on an extensive needs assessment, four local school systems are currently implementing the *Making Access Happen* program tailored to their jurisdictions' specific strengths and challenges. This project is funded through the Race to the Top - Early Learning Challenge Grant with the specific goal of narrowing the school readiness gap for young children with disabilities, one of the specialized populations targeted by this grant opportunity.
 - Additional activities impacting young children with disabilities and their families through the Race to the Top – Early Learning Challenge Grant include:
 - The creation of 23 local early childhood councils with the goal of developing local plans to improve school readiness for all children, including children with disabilities. Many of the local councils are specifically targeting enhanced results for young children with disabilities and beginning to engage in specific initiatives targeting this specialized population. The local Infants and Toddlers Programs are represented on each of the early childhood councils.
 - The implementation of the Tiered Quality Rating and Improvement System (Maryland EXCELS) and support to all programs to participate in Maryland EXCELS. Information will be provided to families of children with disabilities on identifying and selecting high quality child care programs that meet their child's individual and unique needs.
 - A revision to the state's existing early learning standards to align with Maryland's College and Career-Ready Standards and conduct professional learning to promote the use of the early learning standards by all programs. Development of a Guide to Early Childhood Pedagogy to support the use of early learning standards and assessment.
 - The development of new formative assessments and revision to the existing Kindergarten Entry Assessment to align with Maryland's College and Career-Ready Standards.
 - Addressing the health and behavioral needs of children through a comprehensive set of early intervention and prevention programs including The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) online modules.
 - The creation of a Coalition for Family Engagement to develop a Maryland-specific Family, Parent, and Community Engagement Framework to implement strategies and training.
 - Specific professional learning opportunities around family engagement and the provision of early intervention services embedded within daily routines in natural environments

were presented at statewide meetings of Family Support Services Coordinators, Early Childhood Mental Health Consultants, and Nutritionists.

- With revisions to the Code of Maryland Regulations (COMAR) beginning July 1, 2013, the MSDE revised 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.

- The MSDE Division of Special Education/Early Intervention Services continues to support the website, www.marylandlearninglinks.org. This website includes online resources, media and tools to strengthen the early intervention and education services provided to infants, toddlers, children and youth with disabilities, their educators, families and family support providers. The Birth–5 System section of the website houses numerous resources supporting service delivery in the natural environment, including the Parent Information Series.

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

- During FFY 2011, in collaboration with a COS/IFSP Integration stakeholder workgroup, the 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.
- To strengthen the integration of the Child Outcomes Summary (COS) process into the IFSP process, additional improvement activities were completed. This included the development, field-testing and piloting of an online COS tutorial. The purpose of the COS tutorial is to assist early intervention professionals to understand and effectively measure early childhood outcome results. The online tutorial was officially launched in November 2012 and was designed to supplement direct face-to-face training and provide an ongoing resource for implementing the integration of COS into the IFSP process in Maryland.
- An additional resource also made available in the fall of 2012 is entitled *Functional Outcomes and School Readiness Video*. This resource was created to illustrate the importance of creating functional child outcomes integrated into daily routines, even when the outcomes are specifically focused on school readiness. A video viewing guide was created to assist professional to elicit functional information from families, to use information from the child’s strengths and needs summary to identify focus areas for outcome development, to blend functionality and school readiness expectations, and to foster collaborative decision-making when developing functional outcomes. Both the COS tutorial and the school readiness video are housed on Maryland Learning Links.

System of Services Grant Initiative Birth through Five – Building Bridges

In FFY 2012, the MSDE offered competitive grant funding, through the Building Bridges grant initiative, to support local jurisdictions in building a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services; the infrastructure allows young children and their families equal access, full participation and support to narrow the existing achievement gap and prepare children with disabilities to enter school ready to learn.

Seven jurisdictions were awarded this discretionary grant initiative to design, develop and implement a seamless birth through five comprehensive system of coordinated services by forging strong collaborative community partnerships. A specific component of each grant plan supported an increase in the continuum of early childhood settings that successfully meet the needs of children on an IFSP, Extended IFSP, and IEP, birth through five, and promote inclusive practices with their typically developing peers (Indicators C2 and B6). Preliminary program evaluation reports indicate increases in the NE/LRE continuum, improved child outcomes, supportive transitioning experiences, and more meaningful family engagement opportunities.

Leadership Development for a Birth–5 System

In FFY 2012, 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.

- Maryland's IDEA Scorecard was introduced to local birth through five leaders in May 2012. The purpose of Scorecard is to provide access to relevant and usable data in order for state and local leaders to improve results for infants, toddlers, children, and youth with disabilities and their families. A face-to-face training was held in June of 2012 with a follow-up teleconference in July 2012. An additional Scorecard training for local programs was provided in September 2012. While 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, only some jurisdictions are utilizing this powerful data informed decision-making tool for program improvement. Additional avenues for assisting local leaders to utilize this information is being explored such as simplifying the use of Scorecard by building a variety of specific local-level pre-determined reports impacting results, including the provision of services in natural environments.
- In October 2012, at the Annual Special Education/Early Intervention Services Leadership Conference, the Assistant State Superintendent shared results data and best practices videos through the State of the State presentation. One of the videos highlighted birth through five programs, with specific focus on the implementation of the Extended IFSP Option and services in natural environments and least restrictive environments. The afternoon session focused on the need for a strategic focus and initiated the beginning of a year-long strategic planning process for the DSE/EIS. All LITP Directors and their leadership staff attended this conference with more than 250 participants. Additionally, the DSE/EIS held quarterly leadership meetings (including the birth through five leadership staff) to involve local stakeholders in the strategic planning process and to share updates and best practices statewide.
- The Assistant State Superintendent presented the State of the State and the strategic planning process to numerous other leaders throughout the State including the Family Support Services Coordinators, the Early Learning Coordinators and Supervisors, the Transition Coordinators, the Occupational Therapy, Physical Therapy and Speech Therapy Workgroups, and the Institutes of Higher Education.
- *The DSE/EIS Strategic Plan: Moving Maryland Forward* was finalized and operationalized in the fall of 2013. The specifics of the plan were shared at the October 2013

Professional Learning Institute, which was attended by over 300 participants and included a broad compilation of birth through 21 leaders and stakeholders. One of the action imperatives in the DSE/EIS Strategic Plan focuses specifically on early childhood.

- The October 2013 Professional Learning Institute engaged learners in four strands based on the action imperatives of the DSE/EIS Strategic Plan. A stakeholder survey was conducted to ensure that Early Childhood Strand participants would take away valuable, practical information to support narrowing the existing birth-five school readiness gap. Dr. Robin McWilliam, from the Siskin Institute, presented at two sessions, *High Quality Now for Success Tomorrow: A Focus on Evidence-Based Practices* and *A Routines-Based Approach for Developing Functional IFSP Outcomes and IEP Goals*, providing Maryland's early intervention and early childhood education leaders with powerful evidence-based models and best practice strategies. The JHU School of Education *Making Access Happen* Coaching Project presented on *Building Collaborative Partnership through Coaching and UDL Principles for Effective Implementation of Inclusive Practices*. The participant evaluations for the early childhood sessions reflected high learner engagement and recommended additional follow-up on these topics.

Addressing System Capacity Issues

In Maryland, over 97% of children age birth to 3 and over 98% of children ages 3 to 4 were supported in the natural environment. For FFY 2012, the State target of 92% has been met in all 24 jurisdictions. Examples of innovative strategies utilized by LITPs to promote the provision of early intervention services in natural environment settings included development of partnerships with City and County Parks and Recreation Programs, Head Start, Judy Centers, Community Services Programs and Kid Fit Programs, childcare centers and libraries to hold inclusive child play groups and provide early intervention while the child and/or family attended these programs or groups.

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

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that, due to the revised age parameters, additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered and exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1: Percent = $\frac{\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d)}}{\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in progress category (b)}}$

category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

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

Actual Data for FFY 2011 – FFY 2012 and Target Data for FFY 2012:

Table 1: Actual Data for Part C Children Exiting in FFY 2011 (Birth to 3/Birth to K) and FFY 2012 (Birth to 3/Birth to 4) and Target Data for FFY 2012

NOTE: The “Birth to K” data (FFY 2011) include children older than 3 who 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 but the age parameters have been revised on two occasions. Beginning on December 1, 2011 until June 30, 2013, children could remain on an Extended IFSP until their 4th birthday. Therefore, in FFY 2012 only children up to age 4 were served on an Extended IFSP. Beginning July 1, 2013, children can continue receiving services through an Extended IFSP until the beginning of the school year following their fourth birthday.

Summary Statements	Actual Birth to 3 FFY 2011 (% and # children)	Actual Birth to 3 FFY 2012 (% and # children)	Actual Birth to K FFY 2011 (% and # children)	Actual Birth to 4 FFY 2012 (% and # children)	Target FFY 2012 (% 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: $c+d/a+b+c+d$	70.1% (n=4,412)	68.8% (n=4,874)	70.4% (n=1,074)	63.6% (n=988)	81.1%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: $d+e/a+b+c+d+e$	65.3% (n=4,412)	65.6% (n=4,874)	68.5% (n=1,074)	64.7% (n=988)	74.3%
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: $c+d/a+b+c+d$	74.1% (n=4,416)	73.2% (n=4,877)	75.6% (n=1,076)	71.3% (n=988)	86.3%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: $d+e/a+b+c+d+e$	60.5% (n=4,416)	60.9% (n=4,877)	64.4% (n=1,076)	62.7% (n=988)	70.4%

Summary Statements	Actual Birth to 3 FFY 2011 (% and # children)	Actual Birth to 3 FFY 2012 (% and # children)	Actual Birth to K FFY 2011 (% and # children)	Actual Birth to 4 FFY 2012 (% and # children)	Target FFY 2012 (% of children)
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: $c+d/a+b+c+d$	72.9% (n=4,415)	74.3% (n=4,884)	71.3% (n=1,073)	66.5% (n=988)	87.5%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: $d+e/a+b+c+d+e$	63.5% (n=4,415)	59.0% (n=4,884)	69.5% (n=1,073)	63.6% (n=988)	75.9%

Table 2: Progress Data for Part C Children (Birth to 3) FFY 2012

A. Positive social-emotional skills (including social relationships)	Number of children	% of children
a. Percent of children who did not improve functioning	39	0.8%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	948	19.5%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	691	14.2%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1490	30.6%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1706	35.0%
Total:	N = 4,874	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	26	0.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	974	20.0%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	907	18.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1825	37.4%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1145	23.5%
Total:	N = 4,877	100%
C. Use of appropriate behaviors to meet their needs	Number of children	% of children
a. Percent of children who did not improve functioning	25	0.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1035	21.2%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	941	19.3%
d. Percent of children who improved functioning to reach a level	2122	43.4%

comparable to same-aged peers		
e. Percent of children who maintained functioning at a level comparable to same-aged peers	761	15.6%
Total:	N = 4,884	100%

Table 3: Progress Data for Part C Children (Birth to 4) FFY 2012

A. Positive social-emotional skills (including social relationships)	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	224	22.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	118	11.9%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	286	28.9%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	353	35.7%
Total:	N = 988	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	6	0.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	217	22.0%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	146	14.8%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	407	41.2%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	212	21.5%
Total:	N = 988	100%
C. Use of appropriate behaviors to meet their needs	Number of children	% of children
a. Percent of children who did not improve functioning	6	0.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	231	23.4%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	123	12.4%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	347	35.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	281	28.4%
Total:	N = 988	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 criteria for defining an infant or toddler “comparable to same-aged peers” is an infant or toddler who has been assigned a score of 6 or 7 on the COSF. The COSF data reported in FFY 2009 were 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 Child Outcomes Summary (COS) process

into Maryland's Individualized Family Service Plan (IFSP). The COS was then integrated into the IFSP in FFY 2011.

In Maryland, the Strengths and Needs Summary page (Part IIIA) of the IFSP is the mechanism for collecting, measuring and reporting on the three early childhood outcomes. The Strengths and Needs Summary page 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 each of the three early childhood outcome areas:

- 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

<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 Relate 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 best practice guidance has been provided to local programs to complete the COS process at every annual IFSP review. The online IFSP allows for multiple interim COS ratings.

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 documented family input.

Discussion of Summary Statements and a-e Progress Data (Birth to 3) for FFY 2012 (Tables 1 and 2)

In FFY 2012 the overall child outcome data (birth to 3) across the six summary statements, using the COS process to compare progress to typical peers, indicated both progress and slippage when compared to FFY 2011 data. The progress ranged from 0.3% to 1.4% across summary statements and the slippage ranged from 0.9% to 4.5% across summary statements. The slippage across all 6 summary statements, compared to the FFY 2012 targets, ranged from a 8.7% to a 16.9% decrease.

Please note: The significant slippage compared to targets is due to FFY 2011 and FFY 2012 targets being based on a different data collection methodology. Maryland’s COS data is now collected through the COS process integrated into the IFSP process. Utilizing multiple forms of stakeholder input, new child outcomes targets are being set for FFY 2013 based on FFY 2011

and FFY 2012 baseline data reflective of Maryland's revised COS methodology. These new targets will be reported in the FFY 2013 SPP/APR on February 1, 2015.

The FFY 2012 Summary Statement 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 2012 target was 81.1% of children, the FFY 2011 actual data were 70.1%, and the FFY 2012 actual data were 68.8%. These results were 12.3 percentage points less than the target and a 1.3% 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 2012 target was 74.3% of children, the FFY 2011 actual data were 65.3%, and the FFY 2012 actual data were 65.6%. These results were 8.7 percentage points less than the target and a 0.3% **increase** 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 2012 target was 86.3% of children, the FFY 2011 actual data were 74.1%, and the FFY 2012 actual data were 73.2%. These results were 13.1 percentage points less than the target and a 0.9% 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 2012 target was 70.4% of children, the FFY 2011 actual data were 60.5%, and the FFY 2012 actual data were 60.9%. These results were 9.5 percentage points less than the target and a 0.4% percentage point **increase** 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 2012 target was 87.5% of children, the FFY 2011 actual data were 72.9%, and the FFY 2012 actual data were 74.3%. These results were 13.2 percentage points less than the target and a 1.4% **increase** 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 2012 target was 75.9% of children, the FFY 2011 actual data were 63.5%, and the FFY 2012 actual data were 59.0%. These results were 16.9 percentage points less than the target and a 4.5% decrease from last year.

Overall, Maryland's Summary Statement data had been significantly higher than the national data, but since the change in methodology (integrating the COS process into the IFSP process) Maryland's Summary Statement data trends are much more similar to the national data trends. When comparing Maryland's Summary Statement data to the national averages reported in FFY 2011, Maryland's data is 1 to 9 percentage points higher on five out of six of the summary statement indicators. The MSDE continues to focus on data quality through a variety of professional learning and technical assistance activities and has reset targets based on two years of baseline data utilizing the new methodology of the COS process integrated into the IFSP.

In reviewing a–e progress data from last year's actual COS data to this year's actual COS data, both stability and variations were noted across the three child outcomes indicators.

- With regard to positive social-emotional skills, less than a 1% difference was noted in any of the a-e progress categories from FFY 2011 to FFY 2012. This represents two years of very stable progress category data for this indicator.
- A similar trend was noted for acquisition and use of knowledge and skills as there was less than a 1.2% variation noted in any of the a-e progress categories. Once again, the progress data for FFY 2011 and FFY 2012 are very comparable.
- Variations in progress category data were noted for the use of appropriate behaviors to meet needs. The 'a-d' progress categories all showed an increase from 0.4% to 4.4%, while the 'e' progress category indicated a 9.1% decrease. These data seem to indicate that significantly fewer children came into and exited from the program functioning at a level comparable to same-aged peers with regard to their adaptive skills. While there is no definitive explanation for this change, a focus on evaluation and assessment tools and the COS process integrated into the IFSP process, which includes family input, may be influencing these results.
- Across all three indicators increases were noted in category 'a' with 25 to 36 children reported in category 'a' as compared to 4 to 6 children reported in category 'a' last year. This increase in category 'a' may be due to service providers having open and honest conversations with families about their child in comparison to same-aged peers. As families are now included in the COS decision-making process, service providers may be more comfortable sharing with families that their child has not made any progress or is regressing when compared to typical peers.

While it seems encouraging that two out of three of the child outcome indicator progress category data remained stable, there is still no definitive explanation of the variations in the a-e progress data for child outcome indicator 3C – using appropriate behaviors to meet their needs. The 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 4) for FFY 2012 (Tables 1 and 3)

FFY 2012 is the third year to report child outcome results for children entering early intervention prior to age 3 and exiting early intervention at some point after age 3. Unfortunately, with the several revisions that have occurred with the age range for children receiving services on an Extended IFSP, it is difficult to analyze and compare results over the last few years. Last year there were slightly more exit data available for children receiving services through an IFSP (almost 1,100 children) than in FFY 2012 (988 children), as the age range was limited to age 4.

Please note: The significant slippage compared to targets is due to FFY 2011 and FFY 2012 targets being based on a different data collection methodology. Maryland's COS data is now collected through the COS process integrated into the IFSP process. Utilizing multiple forms of stakeholder input, new child outcomes targets are being set for FFY 2013 based on FFY 2011 and FFY 2012 baseline data reflective of Maryland's revised COS methodology. These new targets will be reported in the FFY 2013 SPP/APR on February 1, 2015.

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 2012 target was 81.1% of children, the FFY 2011 actual data were 70.4%, and the FFY 2012 actual data were 63.6%. These results were 17.5 percentage points less than the target and a 6.8% 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 2012 target was 74.3% of children, the FFY 2011 actual data were 68.5%, and the FFY 2012 actual data were 64.7%. These results were 9.6 percentage points less than the target and a 3.8% 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 2012 target was 86.3% of children, the FFY 2011 actual data were 75.6%, and the FFY 2012 actual data were 71.3%. These results were 15.0 percentage points less than the target and a 4.3% 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 2012 target was 70.4% of children, the FFY 2011 actual data were 64.4%, and the FFY 2012 actual data were 62.7%. These results were 7.7 percentage points less than the target and a 1.7% 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 2012 target was 87.5% of children, the FFY 2011 actual data were 71.3%, and the FFY 2012 actual data were 66.5%. These results were 21 percentage points less than the target and a 4.8% 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 2012 target was 75.9% of children, the FFY 2011 actual data were 69.5%, and the FFY 2012 actual data were 63.6%. These results were 12.3 percentage points less than the target and a 5.9% decrease from last year.

There continues to be variability in the data across the three outcomes when comparing FFY 2011 to FFY 2012 'a-e' progress category data. With regard to Outcome 1, there was a 5.2% increase in category 'b' and a 3.9% decrease in category 'd'. For Outcome 2 there was a 3.6% increase in progress category 'b.' Outcome 3 showed the greatest variability which was also noted in the Birth to 3 data. Progress category 'b' was up 7.3% and progress category 'e' was down 11%.

At this point in time it is not appropriate to discuss patterns or to make hypotheses about these progress data as there has not been stability with regard to the age range of children receiving services through an Extended IFSP. The MSDE continues to focus on data quality through a variety of professional learning and technical assistance activities and has reset targets following two years of baseline data using the new methodology of the COS process integrated into the IFSP. The 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, missing data is becoming less of an issue. Compared to FFY 2011, the number of children with progress data (Birth – 3) increased by over 9% and 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 2012*.

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 2012	Percentage of children with missing COS data in FFY 2011	Percentage of children with missing COSF data in FFY 2010
Positive social-emotional skills	4901	2084	903	27	19%	23%	27%
Acquisition and use of knowledge and skills	4901	2084	903	24	19%	23%	27%
Use of appropriate behaviors to meet their needs	4901	2084	903	17	19%	23%	26%

Integrating the COS into the IFSP continues to lower the number of children with missing progress data and this trend should continue over the next several years, as it is now a required component of the initial and the exit IFSP. Additionally, a predefined report indicating the COS Exits Needed was developed and utilized by local programs 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. The IFSP User's Group is examining the need for an additional predefined report identifying actual missing COS data, when no legitimate reasons are provided.

Explanation of Progress/Slippage

In FFY 2012, the overall child outcomes data (birth to 3 and birth to 4) across the six indicators, using the COS process integrated into the IFSP to compare progress to typical peers, indicated a 7.7% to 17.5% decrease compared to the FFY 2012 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 and similar to last year's results. 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.

New child outcomes targets have been set for FFY 2013 based on FFY 2011 and FFY 2012 baseline data using the revised COS methodology. To set these new targets, the MSDE utilized multiple methods to obtain input from stakeholders including, but not limited to special education directors, LITP directors, preschool coordinators, the SICC, and Head Start personnel. Revised targets will be reported with the FFY 2013 SPP/APR due on February 1, 2015.

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 learning and technical assistance activities.

Figure 1: FFY 2012 Summary Statements for Indicator 3a – Social Emotional Skills: Birth to 3, Birth to 4 and Target

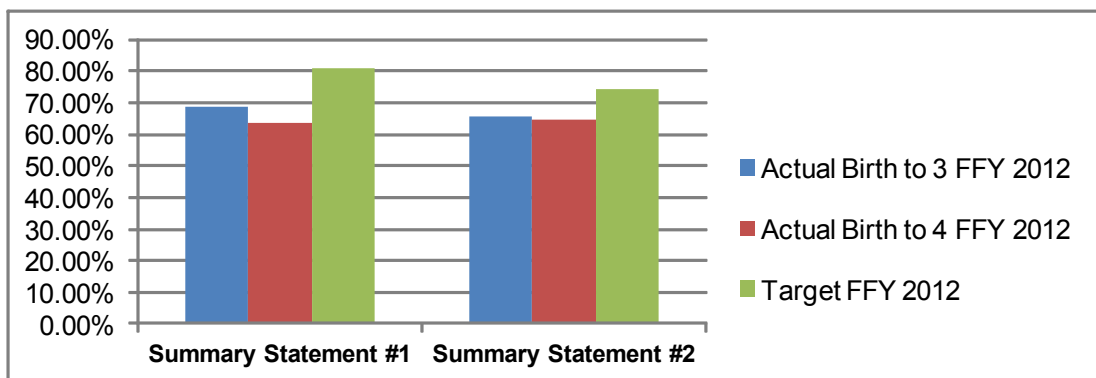


Figure 2: FFY 2012 Summary Statements for Indicator 3b – Acquisition and Use of Knowledge and Skills: Birth to 3, Birth to 4 and Target

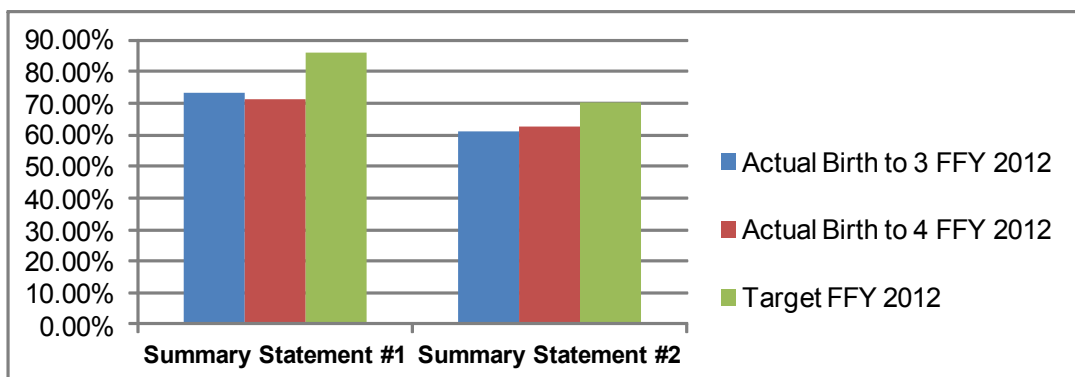
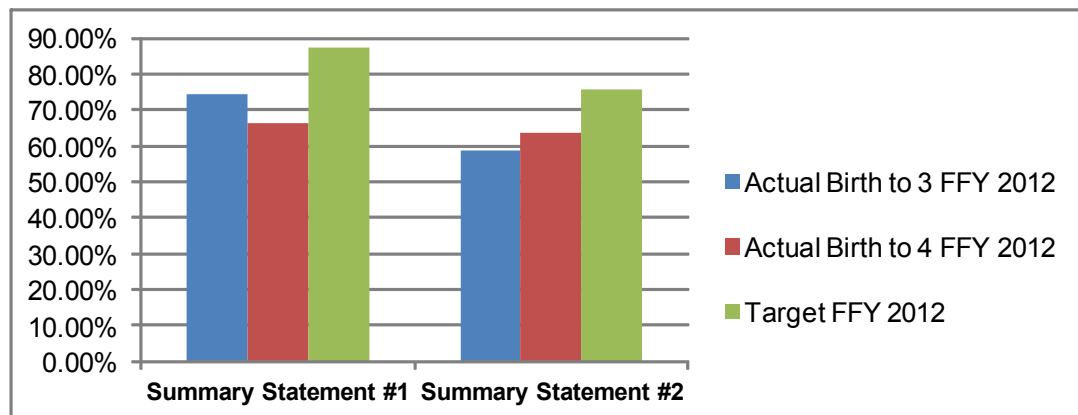


Figure 3: FFY 2012 Summary Statements for Indicator 3c – Use of Appropriate Behaviors to Meet Needs: Birth to 3, Birth to 4 and Target



Discussion of Improvement Activities

Improvement activities focused on three overall areas: 1) Reporting and monitoring of data quality and accuracy; 2) Professional learning resources and technical assistance to improve data quality and data analysis; and 3) Professional learning resources and technical assistance 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 such as the integration of the COS process into the IFSP process.

Reporting Child Outcomes Data

Based on the improvement in data quality and accuracy established through the new methodology of integrating the COS process into the IFSP process, new child outcomes targets have been set for FFY 2013 utilizing FFY 2011 and FFY 2012 baseline data. To set these new targets, the MSDE implemented multiple methods to obtain input (i.e., face-to-face meetings, survey results) from stakeholders including, but not limited to special education directors, LITP directors, preschool coordinators, SICC members, and Head Start personnel. Revised targets will be reported with the FFY 2013 SPP/APR due on February 1, 2015.

Monitoring for Data Quality/Timely and Accurate Data

During FFY 2012, the MSDE continued to include the local COS progress data for each child outcomes sub-indicator on local data profiles distributed on April 1, 2013 and October 1, 2013, 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 in FFY 2012, the local profiles included a – e progress category data and local programs were asked to make comparisons between statewide and local a – e progress category data. Local programs continued to utilize 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. An additional 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, the 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. During FFY 2012, the COS/IFSP Integration stakeholder workgroup (a subcommittee of the Assessment Think Tank) continued to guide the COS/IFSP integration work. While the COS/IFSP integration is still a relatively new initiative 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.

To strengthen the integration of the Child Outcomes Summary (COS) process into the IFSP process, several additional improvement activities were completed during FFY 2012.

- Comprehensive training materials (Track 1 and Track 2 trainings originally provided in November of 2011) were uploaded to the online IFSP system and accessible to all local leaders, professional development staff, service providers and service coordinators.
- A requirement to conduct local Child Outcomes Summary (COS) training for both new and seasoned staff was added to the Comprehensive System of Professional Development (CSPD) plan. The CSPD plan is part of the yearly grant application for federal funds submitted by LITPs in May of each year.
- An online COS tutorial, adapted from a COS workbook developed by Naomi Younggren, was field tested, piloted and then launched in November of 2012. The purpose of the COS tutorial is to assist early intervention professionals to understand and effectively measure early childhood outcome results. It was designed to supplement direct face-to-face training and provide an ongoing resource for implementing the integration of COS into the IFSP process in Maryland. The tutorial is embedded with several examples and self-check activities, as well as a culminating case study activity.

Maryland continued participating in the "Integrating Outcomes Learning Community" sponsored by ECO, the RRCP, and the ECTA Center. 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.

Professional Learning Resources, Training, Consultation and Technical Assistance to Improve Program Quality and Services

In FFY 2012, in order to improve program quality and services to positively impact child outcome results, the MSDE and contractors provided resources, training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and parents in numerous formats and forums. Dissemination of these resources, trainings, media, and tools to strengthen child outcomes and the early intervention and education services provided to infants, toddlers, young children with disabilities and their families is supported through the MSDE Division of Special Education/Early Intervention Services website, www.marylandlearninglinks.org.

- An online professional learning resource, the *Embedded Learning Opportunities website*, was piloted in November of 2012 and launched in spring 2013. The website assists IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the three early childhood outcomes. The website is organized by three common daily routines in which parents/caregivers and children engage: mealtime, bath time, and bedtime. Within each routine area, various activities are presented by age group (birth through 3 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings. Professionals can use the website with families to identify

relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s)/caregiver(s). Survey evaluations are currently being conducted to ascertain the impact of this type of online tool.

- Another resource also made available in the fall of 2012 is entitled *Functional Outcomes and School Readiness Video*. This resource was created to illustrate the importance of creating functional child outcomes integrated into daily routines, including the outcomes that are specifically focused on school readiness. A video viewing guide was created to assist professionals to elicit functional information from families, to use information from the child's strengths and needs summary to identify focus areas for outcome development, to blend functionality and school readiness expectations, and to foster collaborative decision-making when developing functional outcomes. Excellent feedback on the video has been received from administrators, service providers and families.
- An additional online professional learning resource available on Maryland Learning Links, *the Preschool through Kindergarten, NE/LRE Team Decision-Making Module*, was created to ensure that young children with disabilities receive services in typical community-based early childhood settings and programs whenever possible, and only go to more restrictive or specialized settings when individual needs require it. The module highlights best practices for effective team decision making by supporting extended IFSP teams in selecting natural environments (NE) and IEP teams in selecting least restrictive environments (LRE) in order for young children with disabilities to participate in regular early childhood settings with children without disabilities and achieve positive school readiness outcomes. Survey evaluations are currently being conducted to ascertain the impact of this online module.
- A collaborative initiative between the MSDE DSE/EIS and The Johns Hopkins University School of Education, *Making Access Happen*, is designed to increase the participation of three- to five-year-old children with disabilities in public and private community-based early care and education programs and settings, through the delivery of job embedded professional development. This project directly impacts young children in Maryland served through an Extended IFSP. Utilizing universally-designed mobile technologies and applications, this train the trainer model captures exemplary inclusive classroom strategies paired with reflective coaching practices to enhance the abilities of early care and education personnel supporting young children with disabilities. Based on an extensive needs assessment, four local school systems are currently implementing the *Making Access Happen* program tailored to their jurisdictions' specific strengths and challenges. This project is funded through the Race to the Top - Early Learning Challenge Grant with the specific goal of narrowing the school readiness gap for young children with disabilities, one of the specialized populations targeted by this grant opportunity.
- Additional activities impacting school readiness outcomes for young children with disabilities and their families through the Race to the Top – Early Learning Challenge Grant include:
 - The creation of 23 local early childhood councils with the goal of developing local plans to improve school readiness for all children, including children with disabilities. Many of the local council are specifically targeting enhanced results for young children with disabilities and beginning to engage in specific initiatives targeting this specialized population.
 - The implementation of the Tiered Quality Rating and Improvement System (Maryland EXCELS) and support to all programs to participate in Maryland EXCELS. Information will be provided to families of children with disabilities on identifying and selecting high quality child care programs that meet their child's individual and unique needs.
 - A revision to the state's existing early learning standards to align with Maryland's College and Career-Ready Standards and conduct professional learning to promote the use of the early learning standards by all programs.

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- The development of a Guide to Early Childhood Pedagogy to support the use of early learning standards and assessment.
- The development of new formative assessments and revision to the existing Kindergarten Entry Assessment to align with Maryland's College and Career-Ready Standards.
- Addressing the health and behavioral needs of children through a comprehensive set of early intervention and prevention programs including The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) online modules.
- Specific professional learning opportunities around family engagement and the provision of early intervention services embedded within daily routines in natural environments were presented at statewide meetings of Family Support Services Coordinators, Early Childhood Mental Health Consultants, and Nutritionists.
- With revisions to the Code of Maryland Regulations beginning July 1, 2013, the MSDE revised 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.

- The MSDE Division of Special Education/Early Intervention Services in collaboration with the University of Maryland School of Medicine and the Johns Hopkins University's Center for Technology in Education is currently developing five modules supporting infants born prematurely and those with atypical development. The content of this new technology-enhanced training series includes:
 - Module I: The ABCs and 123s of Prematurity
 - Module II: Diagnoses Associated with Prematurity and Developmental Implications
 - Module III: Understanding and Using Adjusted Age with Infants Born Prematurely
 - Module IV: A Potpourri of Interventions for After the NICU
 - Module V: Atypical Development – Increasing Awareness

These professional learning modules will provide essential content to service providers, service coordinators, and families to improve child outcome results for premature infants and infants and toddlers exhibiting atypical development. This professional learning series will be evaluated following implementation by local programs.

System of Services Grant Initiative Birth through Five – Building Bridges

In FFY 2012, the MSDE offered competitive grant funding, through the Building Bridges grant initiative, to support local jurisdictions in building a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services. The infrastructure allows young children and their families equal access, full participation and support to narrow the existing achievement gap through improved child outcomes and prepare children with disabilities to enter school ready to learn.

Seven jurisdictions were awarded this discretionary grant initiative to design, develop and implement a seamless birth through five comprehensive system of coordinated services by forging strong collaborative community partnerships. A specific component of each grant plan supported an increase in the continuum of early childhood settings that successfully meet the

needs of children on an IFSP, Extended IFSP, and IEP, birth through five, and promote inclusive practices with their typically developing peers (Indicators C2 and B6). Preliminary program evaluation reports indicate increases in the NE/LRE continuum, improved child outcomes, supportive transitioning experiences, and more meaningful family engagement opportunities.

Building Leadership Capacity for Results

In FFY 2012, 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.

- Maryland’s IDEA Scorecard was introduced to local birth through five leaders in May 2012. The purpose of Scorecard is to provide access to relevant and usable data in order for state and local leaders to improve results for infants, toddlers, children, and youth with disabilities and their families. A face-to-face training was held in June of 2012 with a follow-up teleconference in July 2012. An additional Scorecard training for local programs was provided in September 2012. While 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, only some jurisdictions are utilizing this powerful data informed decision-making tool for program improvement. Additional avenues for assisting local leaders to more effectively analyze child outcome results is being explored such as simplifying the use of Scorecard by building a variety of specific local-level pre-determined reports to analyze child outcome results at the jurisdiction level and child level.
- In October 2012, at the Annual Special Education/Early Intervention Services Leadership Conference, the Assistant State Superintendent shared results data and best practices videos through the State of the State presentation. One of the videos highlighted birth through five programs, with specific focus on the implementation of the Extended IFSP Option and services in natural environments and least restrictive environments. All LITP Directors and their leadership staff attended this conference with more than 250 participants. The afternoon session focused on the need for a strategic focus and initiated the beginning of a year-long strategic planning process for the DSE/EIS. One of the four action imperatives identified by the DSE/EIS strategic plan is to narrow the school readiness gap for young children with disabilities through high-quality, coordinated early childhood services. Additionally, the DSE/EIS held quarterly leadership meetings (including the birth through five leadership staff) to involve local stakeholders in the strategic planning process and to share updates and best practices statewide. Early childhood stakeholders contributed innovative thinking to the strategic planning process throughout the year.
- The Assistant State Superintendent presented the State of the State and the strategic planning process to numerous other leaders throughout the State including the Family Support Services Coordinators, the Early Learning Coordinators and Supervisors, the Transition Coordinators, the Occupational Therapy, Physical Therapy and Speech Therapy Workgroups, and the Institutes of Higher Education.
- *The DSE/EIS Strategic Plan: Moving Maryland Forward* was finalized and operationalized in the fall of 2013. One of the four action imperatives identified by the DSE/EIS strategic plan is to narrow the school readiness gap for young children with disabilities through high-quality, coordinated early childhood services. The specifics of the plan were shared at the October 2013 Professional Learning Institute which was attended by over 300 participants and included a broad compilation of birth through 21 leaders and stakeholders.
- The October 2013 Professional Learning Institute engaged learners in four strands based on the action imperatives of the DSE/EIS Strategic Plan. A stakeholder survey was conducted to ensure that Early Childhood Strand participants would take away valuable, practical information to support narrowing the existing birth-five school readiness gap. Dr. Robin

McWilliam presented at two sessions, *High Quality Now for Success Tomorrow: A Focus on Evidence-Based Practices* and *A Routines-Based Approach for Developing Functional IFSP Outcomes and IEP Goals*, providing Maryland's early intervention and early childhood education leaders with powerful evidence-based models and best practice strategies. The JHU School of Education Coaching Project presented on *Building Collaborative Partnership through Coaching and UDL Principles for Effective Implementation of Inclusive Practices*. The participant evaluations for the early childhood sessions reflected high learner engagement and recommended additional follow-up on these topics.

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, 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 for both Indicator 3a – Social Emotional Skills and Indicator 3b – Knowledge and Skills, some trends are noted. For Summary Statement #1, both Figure 4 and Figure 5 below show a higher percentage of children who are '25% Delayed' who have substantially increased their rate of growth in both social emotional skills and knowledge and skills. For Summary Statement #2, Figure 4 and Figure 5 indicate a higher percentage of children who have the 'atypical' eligibility status functioning within age expectations in social emotional skills and knowledge and skills when they exit the program.

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

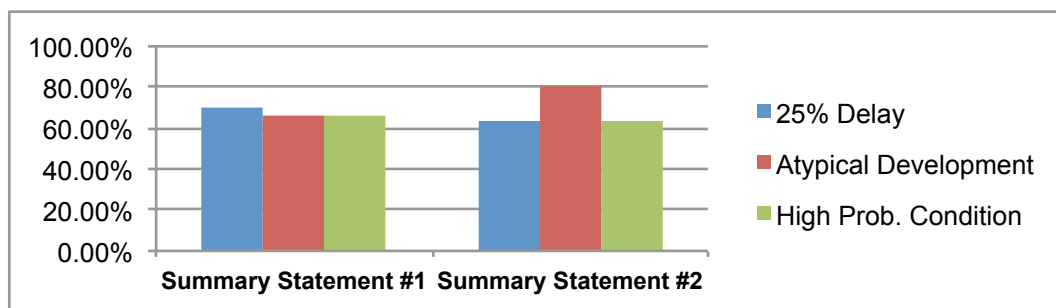


Figure 5: Summary Statements by Eligibility Status – Indicator 3b - Knowledge and Skills

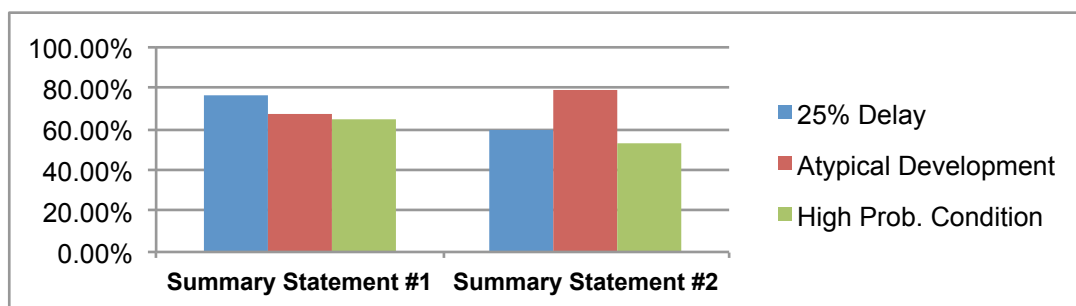


Figure 6 below examines Summary Statement #1 by Medicaid enrollment indicating a 5 to 8 percentage point difference across the three child outcome indicators. While Figure 7 examines Summary Statement #2 by Medicaid enrollment indicating an 8 to 14 percentage point difference across the three child outcome indicators. The percentage differences for both Summary Statements seem to suggest differences in child outcome results for children not receiving Medicaid compared to children receiving Medicaid, particularly with regard to exiting the program within age expectations (Summary Statement #2). This finding may suggest the need for more

targeted interventions for children receiving Medicaid and the need for local jurisdictions to disaggregate their data by this factor to enhance service coordination and service delivery to children enrolled in Medicaid and their families.

Figure 6: Summary Statement #1 by Medicaid Enrollment (ME) – Indicator 3a, 3b, 3c

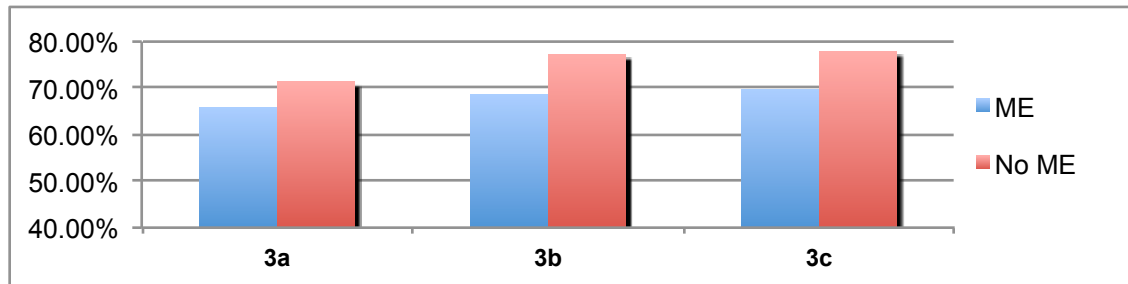


Figure 7: Summary Statement #2 by Medicaid Enrollment (ME) – Indicator 3a, 3b, 3c

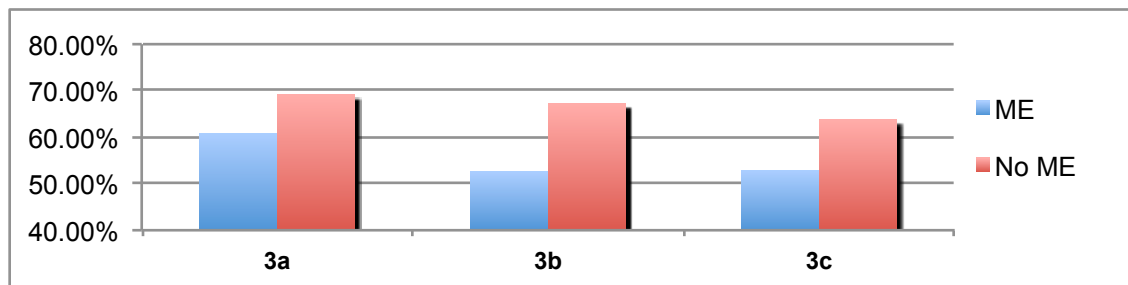


Figure 8 below examines Summary Statement #1 by age at referral across the three indicators. While variation is noted for Indicator 3a and 3b, for Indicator 3c – Use of Appropriate Behavior to Meet Needs, the earlier children were referred to the program the higher the results with regard to children substantially increasing their rate of growth.

Figure 8: Summary Statement #1 by Age at Referral - Indicator 3a, 3b, 3c

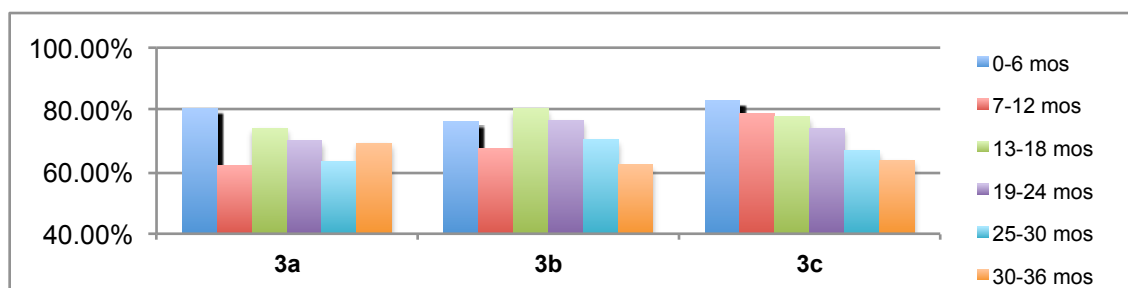
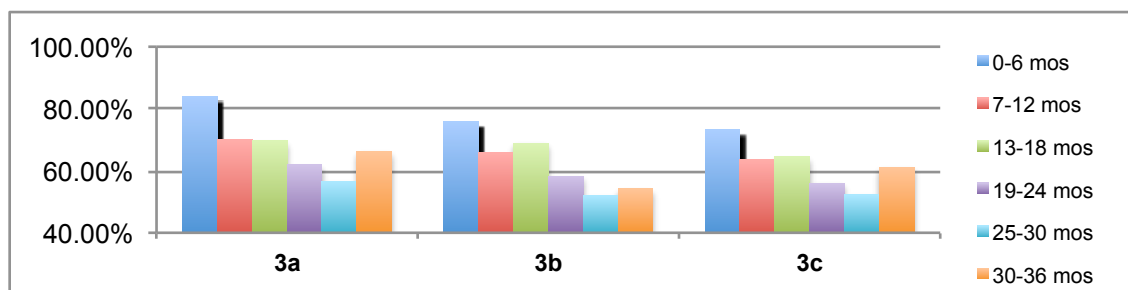


Figure 9 below shows higher results for children meeting age expectations when children were referred between birth and 6 months of age across all three indicators. This may be reflective of those children born premature who were able to “catch up” by the time they exited the program.

Figure 9: Summary Statement #2 by Age at Referral - Indicator 3a, 3b, 3c

Variation continues to be noted when analyzing local jurisdiction data across a-e categories and across summary statements. 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 has initiated through strategic planning, a strong focus on child outcome results with the ultimate goal of narrowing the school readiness gap. The MSDE will support local programs to further utilize child outcomes data through better data analysis tools and to enhance child outcome results through high-quality professional learning opportunities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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 the 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 6/30/2013, 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 6/30/2013 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 2012

Target Data and Actual Target Data	FFY 2012 Target	FFY 2012 Actual	
A. Know their rights	81.0%	3,700/3,898	94.9%
B. Effectively communicate their children's needs	79.0%	3,569/3,765	94.8%
C. Help their children develop and learn	89.0%	3,548/3,729	95.1%

Survey Design, Distribution, Data Collection, Representativeness, 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 are valid and reliable. The survey includes 22 core questions followed by two demographic questions, including the relationship of the survey respondent to the child and the child's age when first referred to early intervention. Two additional questions were asked of parents whose children turned three years old before July 1, 2013, and continued to receive services through an IFSP. These last two questions were analyzed separately and are included towards the end of this report.

The MSDE provided an external evaluation team with a data file of all active eligible children as of June 30, 2013 receiving early intervention services across 24 local Infants and Toddlers Programs (ITPs). Using these data, a unique confidential identification number was assigned to each potential survey respondent, and each family was assigned (based on the primary home language data field) to receive the survey in either English or Spanish. In mid-September, survey envelopes were mailed in bulk to the 24 local ITPs. The sealed, pre-addressed survey envelopes, which included a cover letter, the survey questionnaire, and a business reply envelope, were then hand-delivered by the local ITPs to their respective families. When this was not possible the survey was mailed to the family by the local program. Service coordinators and service providers supported families by answering questions and facilitating translations of the survey as necessary. Completed surveys were returned via the business reply envelope to the offices of the external evaluation team, where they were opened and logged.

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, with specific survey questions (Q17 for 4a; Q15 for 4b; and Q19 for 4c) by the total number of responses. Variations in the denominator occurred due to variations in the number of questions a family answered on the survey.

Response Rates

The 2012-13 Maryland Infants and Toddlers Program Early Intervention Services Family Survey was distributed to 8,862 families across 24 local Infants and Toddlers Programs. The overall survey response rate was 45.0% (n=3,989), with the response rate by jurisdiction ranging from a high of 93.8% to a low of 12.5%. Two-thirds (n=15) of the jurisdictions achieved a response rate greater than 50.0% and three jurisdictions had response rates of 75% or higher. The overall response rate was down slightly (1.7 percentage points) from last year's rate of 46.7%, although just over one-half (n=13) of the jurisdictions had a higher response rate this year than last.

Survey Representativeness

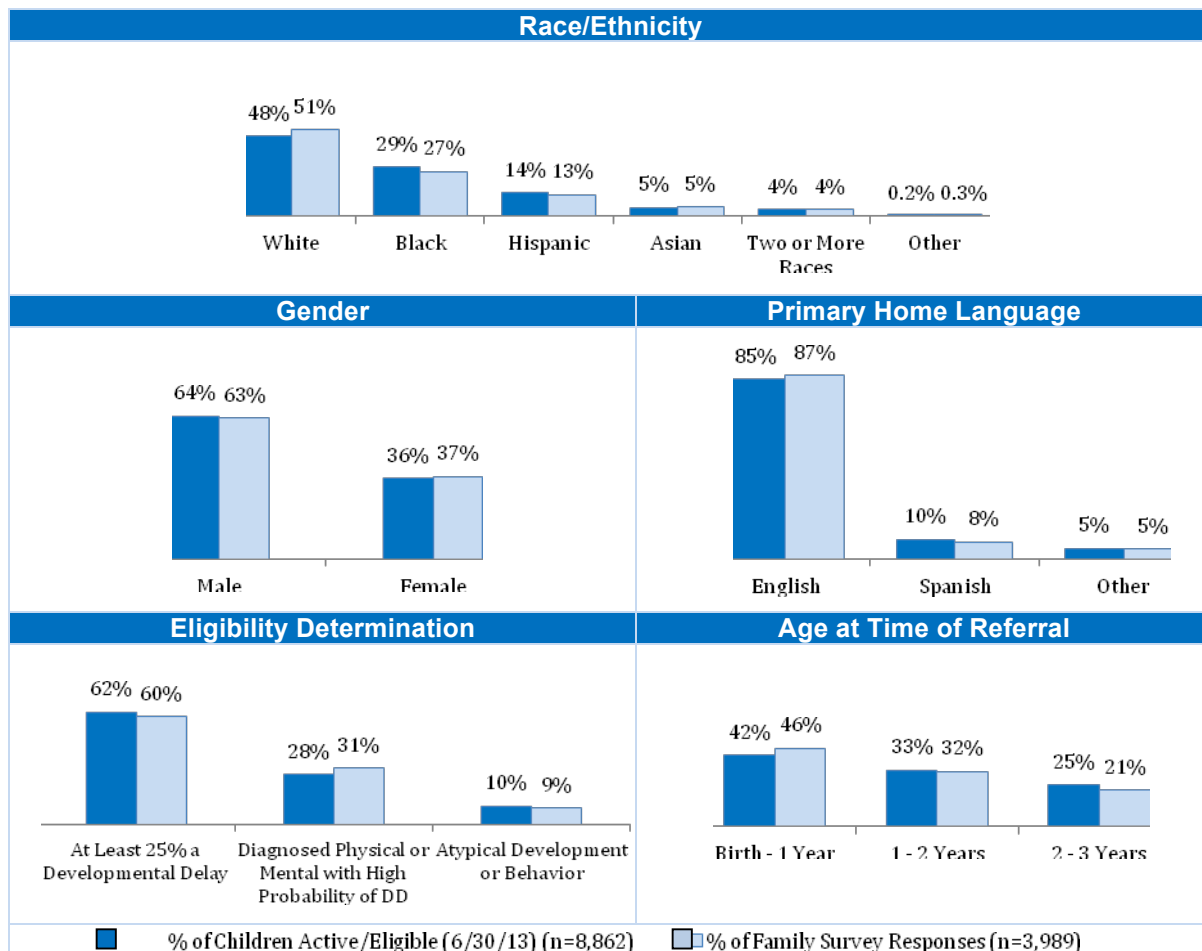
The following figures compare the demographic characteristics of all children who were active and eligible for Part C Early Intervention Services on June 30, 2013 to the demographic characteristics of children whose families responded to the 2012-13 Maryland Infants and Toddlers Program Early Intervention Services Family Survey. Demographic data for all active and eligible children were provided to the external evaluation team by the MSDE prior to the survey mailing. These data were then matched to survey respondents using the unique confidential identification number printed on each distributed survey.

Representativeness By Respondent Demographics

In general, the survey was fairly representative across all key respondent demographic variables (see Figure 1) with the largest discrepancies being an over-representation of White families (3 percentage points), families of children diagnosed with a physical or mental condition with a high probability of a developmental delay (3 percentage points), and families of children ages birth to

one year (4 percentage points); and a corresponding under-representation of families of children ages two to three years (4 percentage points). The survey representativeness mirrored last year's findings, with all demographic variables within one or two percentage points of last year's representation.

Figure 1: 2012-13 Survey Representativeness by Key Demographic Variables



Representativeness By Jurisdiction

Similarly, the 2012-13 survey was also generally representative by jurisdiction, as is shown when comparing the percentage of active and eligible children in each Local Infants and Toddlers Program (LITP) to the percentage of survey responses from each LITP. With the exception of Wicomico, which had a response rate of over 90%, LITPs at the very top and bottom of the over-under distribution (see the last column in Table 1) are those with the highest proportion of active and eligible children. This includes Baltimore County (over-represented by 2.3 percentage points), Montgomery (under-represented by 3.3 percentage points), and Baltimore City (under-represented by 4.8 percentage points). The same jurisdictions stood out in last year's comparison; however lower response rates in all three jurisdictions this year tempered the size of this year's over-representation in Baltimore County (2.8 percentage points last year) and exaggerated the size of this year's under-representation in Montgomery and Baltimore City (3.1 percentage points and 3.7 percentage points last year, respectively).

Table 1: 2012-13 Survey Representativeness by Jurisdiction

Local Infants & Toddlers Program	Active and Eligible Children		Survey Responses		Over- or Under-Representation
	n	% of Total	n	% of Total	% pts
Baltimore County	1,284	14.5%	670	16.8%	+2.3%
Anne Arundel	858	9.7%	463	11.6%	+1.9%
Wicomico	145	1.6%	136	3.4%	+1.8%
Prince George's	1,043	11.8%	539	13.5%	+1.7%
Howard	386	4.4%	206	5.2%	+0.8%
Saint Mary's	165	1.9%	101	2.5%	+0.7%
Allegany	102	1.2%	68	1.7%	+0.6%
Washington	201	2.3%	110	2.8%	+0.5%
Garrett	43	0.5%	37	0.9%	+0.4%
Cecil	151	1.7%	84	2.1%	+0.4%
Calvert	159	1.8%	84	2.1%	+0.3%
Dorchester	32	0.4%	24	0.6%	+0.2%
Queen Anne's	69	0.8%	39	1.0%	+0.2%
Worcester	39	0.4%	24	0.6%	+0.2%
Caroline	35	0.4%	21	0.5%	+0.1%
Somerset	14	0.2%	6	0.2%	-0.0%
Kent	8	0.1%	1	0.0%	-0.1%
Talbot	44	0.5%	9	0.2%	-0.3%
Frederick	259	2.9%	104	2.6%	-0.3%
Carroll	217	2.4%	55	1.4%	-1.0%
Harford	479	5.4%	171	4.3%	-1.1%
Charles	223	2.5%	55	1.4%	-1.1%
Montgomery	1,881	21.2%	714	17.9%	-3.3%
Baltimore City	1,025	11.6%	268	6.7%	-4.8%
Total	8,862	100.0%	3,989	100.0%	--

Note: Local Infants and Toddlers Programs have been sorted in descending order from over-representation to under-representation.

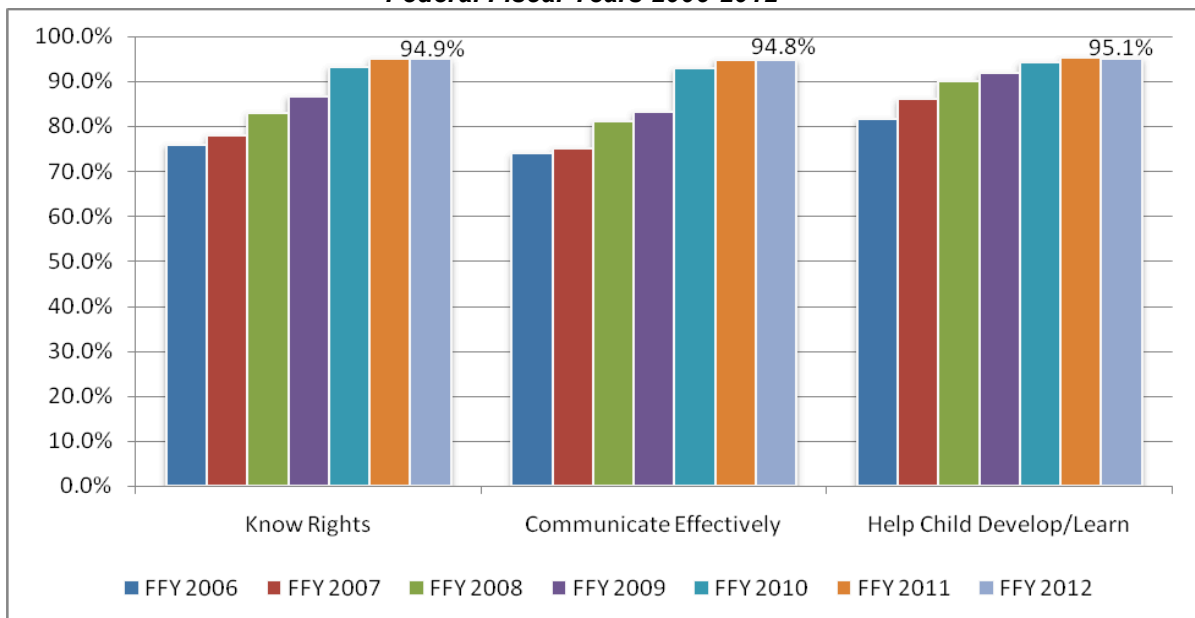
Explanation of Progress or Slippage

For FFY 2012, with a confidence interval of 95%, the percentages for each indicator are the same or within one-tenth of a percentage point of last year's results. For *Indicator 4a – Know their rights* the results were identical to last year at 94.9%. *Indicator 4b – Effectively communicate their children's needs* went up one-tenth of a percentage point to 94.8%. *Indicator 4c – Help their child develop and learn* went down one-tenth of a percentage point to 95.1%.

Figure 2 presents FFY 2006 – FFY 2012 data to compare values on OSEP Indicators #4A, #4B, and #4C. Maryland continues to have consistent family outcome results and is well above the targets in all of the family outcome indicators. Additionally, Maryland has put an increased emphasis on the family outcome results over the past several years by including them as part of the local jurisdiction profiles with follow-up improvement plans as necessary and conducting

professional learning through yearly family outcome webinars. These efforts have had a positive impact on the family outcome results.

**Figure 2: Results for OSEP Indicators #4A, #4B, and #4C:
Federal Fiscal Years 2006-2012**



Discussion of Improvement Activities

Monitoring and Supervision

Improvement activities during FFY 2012 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 Improvement Plan (IP) that included a discussion of the data and specific steps to increase the benefit of early intervention services for 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 specific strategies the jurisdiction will use to increase response rates, such as incentives to families and/or service providers for completing the survey.

When a jurisdiction submitted an IP regarding their results data or their response rate data, the IP was reviewed by the MSDE staff. The MSDE provided technical assistance through phone consultation, on-site visits and local presentations to local early intervention staff. During FFY 2012, no jurisdictions had to submit an IP based on their results data, but four jurisdictions were required to submit an IP to increase local response rates for the family survey.

In FFY 2012, 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. No jurisdictions needed to direct funds to improve family outcomes results for FFY 2012 or FFY 2013 as this year's and last year's family outcome results indicate that no jurisdiction is below the State target for Indicators #4a, #4b, or #4c. While it was not necessary to utilize this strategy for program improvement for FFY 2012, this requirement will remain in place as linking local family outcome results and response rate results to local improvement efforts has in the past been an effective method for improving results.

Professional Learning Resources, Training, Consultation and Technical Assistance to Improve Program Quality and Services

In FFY 2012, in order to improve program quality and services to positively impact family outcome results, the MSDE and contractors provided resources, training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders and parents in numerous formats and forums.

- The DSE/EIS conducted a statewide webinar in February 2013, "Focusing on Family Outcomes," with over 60 participants including local administrators, teachers, related service providers, service coordinators and family support coordinators. 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. Emphasis was placed on a structured approach to local family outcomes data analysis and specific data questions for local teams were shared. 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 learning as well as the value and relevance of the content.
- An online professional learning resource, the *Embedded Learning Opportunities website*, was piloted in November of 2012 and launched in spring 2013. This website assists families as part of IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the three early childhood outcomes. The website is organized by three common daily routines in which parents/caregivers and children engage: mealtime, bath time, and bedtime. Within each routine area, various activities are presented by age group (birth through 3 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s)/caregiver(s). Survey evaluations are currently being conducted to ascertain the impact of this type of online tool.
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- A collaborative initiative between the MSDE DSE/EIS and The Johns Hopkins University School of Education, *Making Access Happen*, is designed to increase the participation of three- to five- year old children with disabilities in public and private community-based early care and education programs and settings, through the delivery of job embedded professional development. This project directly impacts young children in Maryland served through an Extended IFSP. Utilizing universally-designed mobile technologies and applications, this train the trainer model captures exemplary inclusive classroom strategies paired with reflective coaching practices to enhance the abilities of early care and education personnel supporting young children with disabilities. While the reflective coaching practices are aimed at coaching community-based providers, the skills acquired through this project may also improve the coaching practices provided to families, and therefore, positively impact family outcomes as well as school readiness outcomes. This project is funded through the Race to the Top - Early Learning Challenge Grant with the specific goal of narrowing the school readiness gap for young children with disabilities, one of the specialized populations targeted by this grant opportunity.
- Additional activities impacting families of young children with disabilities through the Race to the Top – Early Learning Challenge Grant include:
 - The implementation of the Tiered Quality Rating and Improvement System (Maryland EXCELS) and support to all programs to participate in Maryland EXCELS. Information will be provided to families of children with disabilities on identifying and selecting high quality child care programs that meet their child's individual and unique needs.
 - Addressing the health and behavioral needs of children through a comprehensive set of early intervention and prevention programs including The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) online training modules and family modules.
 - The creation of a Coalition for Family Engagement to develop a Maryland-specific Family, Parent, and Community Engagement Framework to implement strategies and training.
- Specific professional learning opportunities around family engagement and the provision of early intervention services embedded within daily routines in natural environments were presented at statewide meetings of Family Support Services Coordinators, Early Childhood Mental Health Consultants, and Nutritionists.
- With revisions to the Code of Maryland Regulations beginning July 1, 2013, the MSDE revised 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 family outcomes and the three child outcomes, as well as the importance of implementing early intervention services through daily routines in natural environments.

- The MSDE Division of Special Education/Early Intervention Services continues to support the website, www.marylandlearninglinks.org. This website includes online resources, media and tools to strengthen the early intervention and education services provided to infants, toddlers, children and youth with disabilities their educators, families and family support providers. The Birth–5 System section of the website houses numerous resources supporting positive family outcomes, including the Parent Information Series.

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

During FFY 2011, in collaboration with a COS/IFSP Integration stakeholder workgroup, (a subcommittee of the Assessment Think Tank), the 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. During FFY 2012, the COS/IFSP Integration stakeholder workgroup continued to guide the COS/IFSP integration work. While the COS/IFSP integration is still a relatively new initiative 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.

To strengthen the integration of the Child Outcomes Summary (COS) process into the IFSP process, several additional improvement activities were completed during FFY 2012.

- Comprehensive training materials (Track 1 and Track 2 trainings provided in November of 2011) were uploaded to the online IFSP system and made accessible to all local leaders, professional development staff, service providers and service coordinators.
- A requirement to conduct local Child Outcomes Summary (COS) training for both new and seasoned staff was added to the Comprehensive System of Professional Development (CSPD) plan. The CSPD plan is part of the yearly grant application for federal funds submitted by LITPs in May of each year.
- An online COS tutorial, adapted from a COS workbook developed by Naomi Younggren, was field tested, piloted and then launched in November of 2012. The purpose of the COS tutorial is to assist early intervention professionals to understand and effectively measure early childhood outcome results. It was designed to supplement direct face-to-face training and provide an ongoing resource for implementing the integration of COS into the IFSP process in Maryland. The tutorial is embedded with several examples and self-check activities, as well as a culminating case study activity.

System of Services Grant Initiative Birth through Five – Building Bridges

In FFY 2012, the MSDE offered competitive grant funding, through the Building Bridges grant initiative, to support local jurisdictions in building a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services; the infrastructure allows young children and their families equal access, full participation and support to narrow the existing achievement gap and prepare children with disabilities to enter school ready to learn. Seven jurisdictions were awarded this discretionary grant initiative to design, develop and implement a seamless birth through five comprehensive system of coordinated services by forging strong collaborative community partnerships. A specific component of each grant plan supported an increase in the continuum of early childhood settings with typical peers that successfully meet the needs of young children on an IFSP, Extended IFSP, and IEP, as well as family engagement and seamless transition strategies. Preliminary program evaluation reports indicate increases in the NE/LRE continuum, improved child outcomes, supportive transitioning experiences, and more meaningful family engagement opportunities.

Building Leadership Capacity for Results

In FFY 2012, to continue to build capacity in the implementation of a seamless, comprehensive and coordinated birth–5 system of services for young children with disabilities and their families, the following improvement activities were specifically focused on Maryland's birth through five leaders.

- Maryland's IDEA Scorecard was introduced to local birth through five leaders in May 2012. The purpose of Scorecard is to provide access to relevant and usable data in order for state and local leaders to improve results for infants, toddlers, children, and youth with disabilities and their families. A face-to-face training was held in June of 2012 with a follow-up teleconference in July 2012. An additional Scorecard training for local programs was provided in September 2012. While 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, only some jurisdictions are utilizing this powerful data informed decision-making tool for program improvement. Additional avenues for assisting local leaders to more effectively analyze child outcome results is being explored such as simplifying the use of Scorecard by building a variety of specific local-level pre-determined reports to analyze child outcome results at the jurisdiction level and child level.
- *The DSE/EIS Strategic Plan: Moving Maryland Forward* was finalized and operationalized in the fall of 2013. The specifics of the plan were shared at the October 2013 Professional Learning Institute which was attended by over 300 participants and included a broad representation of birth through 21 leaders and stakeholders. One of the action imperatives in the DSE/EIS Strategic Plan focuses specifically on early childhood and one of the key strategies is family partnerships.
- The October 2013 Professional Learning Institute engaged learners in four strands based on the action imperatives of the DSE/EIS Strategic Plan. A stakeholder survey was conducted to ensure that Early Childhood Strand participants would take away valuable, practical information to support narrowing the existing birth-five school readiness gap. Dr. Robin McWilliam presented at two sessions, *High Quality Now for Success Tomorrow: A Focus on Evidence-Based Practices* and *A Routines-Based Approach for Developing Functional IFSP Outcomes and IEP Goals*, providing Maryland's early intervention and early childhood education leaders with powerful evidence-based models and best practice strategies. The JHU School of Education *Making Access Happen* Coaching Project presented on *Building Collaborative Partnership through Coaching and UDL Principles for Effective Implementation of Inclusive Practices*. The participant evaluations for the early childhood sessions reflected high learner engagement and recommended additional follow-up on these topics.

Additional Reporting and Data Analysis

Jurisdiction Results

The average range across jurisdictions for all three indicators was 14.6 percentage points, which was 4 percentage points higher than last year's average range of 10.6 percentage points. Three local Infants and Toddlers Programs had 100% agreement across all three indicators. Outside of these three ITPs, the level of agreement across ITPs ranged from lows of 83.3%, 86.4%, and 86.4% to highs of 98.5%, 98.5%, and 98.0% on Indicators 4a, 4b, and 4c, respectively.

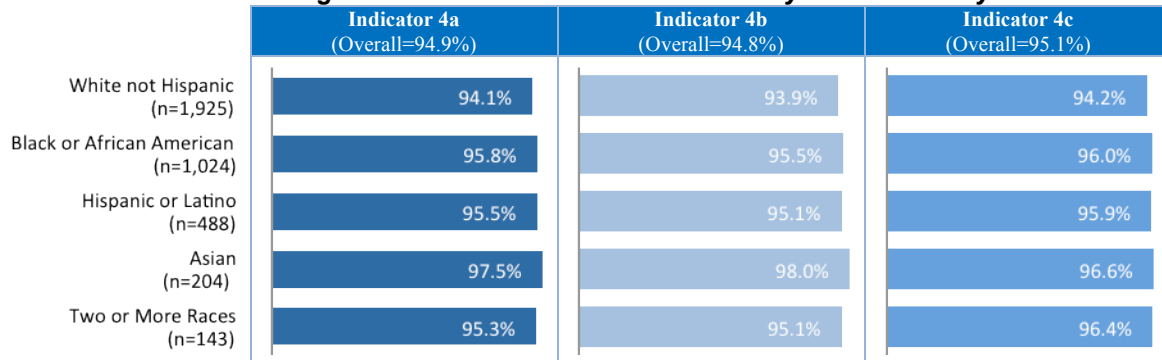
Key Respondent Demographic Results

The figures on the following pages present differences in Indicator 4 results across key respondent demographics; plus two additional demographic variables of interest: the length of time the child has received Part C services and the relationship of the survey respondent to the child. These last two variables demonstrated the largest (although still somewhat small) across-group (or within demographic) variance for the three indicators; on average, a range of 5.3 percentage points for length of time receiving services and a range of 4.5 percentage points for relationship of the survey respondent. This was somewhat different from last year's results where the largest across-group variance occurred with respect to race/ethnicity (an average range of 6.3 percentage points); whereas this year, the average range for race/ethnicity was comparatively smaller at just 3.3 percentage points (see Figure 3).

Race/Ethnicity

Across each of the indicators, families of White not Hispanic children expressed slightly lower levels of agreement than did parents of children in all other race/ethnicity groups; whereas, families of Asian children expressed the highest levels of agreement; on average, 3.3 percentage points higher than families of White children.

Figure 3: FFY 2012 Indicator 4 Results by Race/Ethnicity

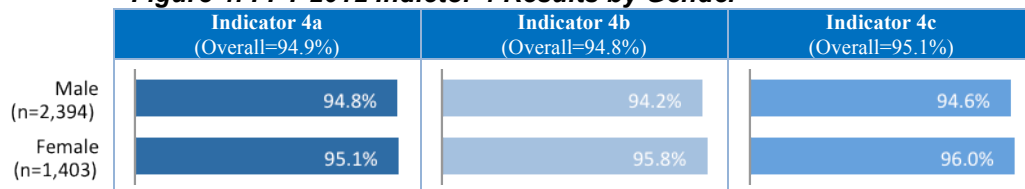


Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions. The categories of American Indian/Alaskan Native and Native Hawaiian/Other Pacific Islander are not shown due to the small # of respondents (n<20).

Gender

In general, families of female children expressed slightly higher levels of agreement than did families of male children, with an average difference of 1.1 percentage points across all three indicators.

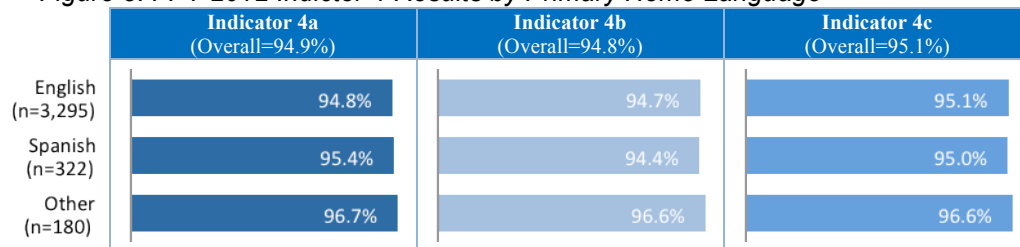
Figure 4: FFY 2012 Indicator 4 Results by Gender



Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

Primary Home Language

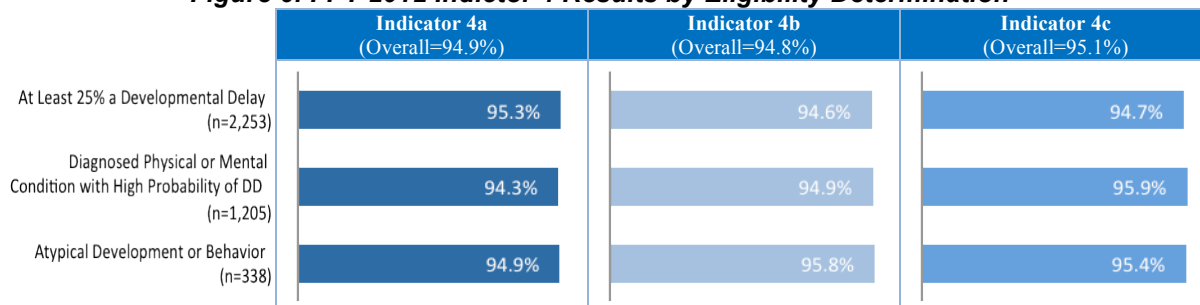
Families of children who spoke a language other than English or Spanish were most likely to agree with all three indicators (on average, 1.9 percentage points higher than the other two groups). However, there was no discernible difference (0.6 percentage points or less) between families of children whose primary home language was English and families of children whose primary home language was Spanish (see Figure 5).

Figure 5: FFY 2012 Indicator 4 Results by Primary Home Language

Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

Eligibility Determination

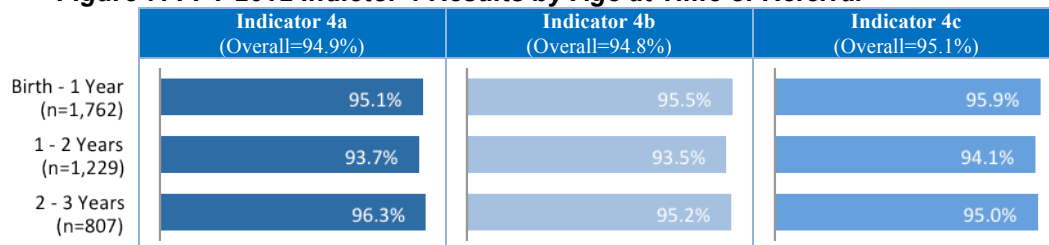
There were no clear patterns in agreement levels when comparing families of children with different eligibility determinations. A different eligibility group had the highest level of agreement for each of the indicators; and overall, the across-group variance was relatively small at just over 1 percentage point (Figure 6).

Figure 6: FFY 2012 Indicator 4 Results by Eligibility Determination

Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

Age at Time of Referral

Families whose children were referred to early intervention services between the ages of one to two years expressed slightly lower levels of agreement than did families whose children were referred either at an earlier or later age. On average, families whose children were referred between the ages of one to two years had agreement levels 2.1 percentage points lower than the other age groups (see Figure 7).

Figure 7: FFY 2012 Indicator 4 Results by Age at Time of Referral

Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

Length of Time in Part C

As was mentioned earlier, the largest across-group variance occurred with respect to this demographic variable. On average, families of children who had been in Part C for three to four years had agreement levels 5.3 percentage points higher than did families of children who had been receiving early intervention services for shorter periods of time (see Figure 8).

Figure 8: FFY 2012 Indicator 4 Results by Length of Time in Part C

	Indicator 4a (Overall=94.9%)	Indicator 4b (Overall=94.8%)	Indicator 4c (Overall=95.1%)
Less than 1 Year (n=2,572)	94.8%	94.7%	94.8%
1 - 2 Years (n=929)	94.6%	94.7%	95.6%
2 - 3 Years (n=253)	96.9%	95.3%	96.0%
3 - 4 Years (n=43)	100.0%	100.0%	100.0%

Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

Relationship to Child

And, as was also mentioned earlier, compared to other demographic variables, there was also a relatively large across-group variance when considering the relationship of the survey respondent to the child (Figure 9). On average, grandparents had agreement levels 4.5 percentage points higher than the other relationship groups (i.e., mother, father, and foster parent).

Figure 9: FFY 2012 Indicator 4 Results by Relationship to Child

	Indicator 4a (Overall=94.9%)	Indicator 4b (Overall=94.8%)	Indicator 4c (Overall=95.1%)
Mother (n=3,250)	94.6%	94.5%	95.0%
Father (n=314)	96.6%	95.8%	95.8%
Grandparent (n=84)	98.8%	98.8%	100.0%
Foster Parent (n=74)	94.7%	94.5%	95.9%

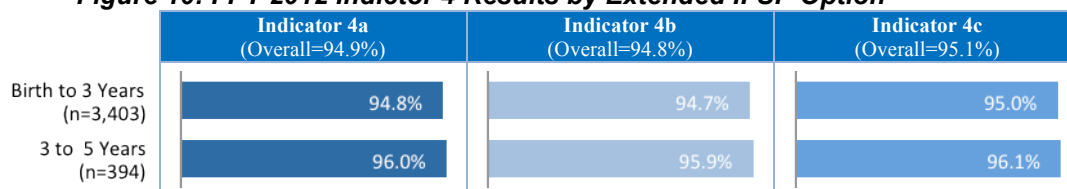
Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions. Responses written into an ‘Other’ category are not shown due to the small # of respondents (n<20) in any particular demographic.

Extended IFSP Option Results

Figure 10 on the next page presents differences in Indicator 4 results for families of children ages birth to three years, compared to families of children ages three to four years. In other words, families eligible to receive early intervention services through the Birth to Three Program, compared to families of children eligible to receive services through the Extended IFSP Option. Compared to last year, the across group variance for this demographic was slightly larger this year, with an average range of 1.2 percentage points this year (see Figure 10) compared to 0.3 percentage points last year.

Across each of the indicators, families of children ages three to four years reported higher levels of agreement (on average, 1.2 percentage points) than did families of children ages birth to three years. This is consistent with Figure 8 at the top of the page which showed increasing levels of satisfaction the longer a child receives early intervention services.

Figure 10: FFY 2012 Indicator 4 Results by Extended IFSP Option



Note: Bar charts display the % of families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively. The “n” represent the average # of respondents across all three questions.

In FFY 2009, in consultation with Batya Elbaum, Special Education Professor and Researcher at the University of Miami, the MSDE added two questions to the family survey instrument to gather information from families who 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 2012 to gather information from families who 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, 2013). From those families, the following results emerged:

- 94.8% (n=341) 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.”
- 93.0% (n=330) 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).”

Increases were noted for both of these survey items in comparison to last year, with a 1.8% increase and 1.0% increase respectively.

Analysis of Targeted Improvement Activities Based on Survey Items

In considering survey items to target for improvement activities, the Mid-South Regional Resource Center’s Part C Family Survey Guide suggests comparing the percentage of families that express a “higher-level of agreement” (i.e., strongly agree and very strongly agree) with each survey question.¹ The Guide characterizes the agree response as a “lukewarm” level of agreement that does not invoke much confidence in concluding that a family has actually achieved a specified outcome. They suggest that one strategy for developing improvement activities is to more closely consider those survey items that fall below the average “higher-level agreement” for the state.

As such, Table 2 presents each of the 24 Likert-scale survey items by the percentage of families who responded strongly agree or very strongly agree. The survey questions have been ranked in descending order by this “higher-level agreement” and according to their distance from the state’s average “higher-level agreement” of 70.0%. As is shown, the overwhelming majority of survey

¹ Mid-South Regional Resource Center (2009). Part C Family Survey Guide: Guide to the Development of Improvement Activities Using Family Survey Data. Available at: <http://ecoutcomes.fpg.unc.edu/resources/part-c-family-survey-guide>.

questions were within one standard deviation of the average, with just three questions (Q18, Q20, and Q19) one standard deviation above and three questions (Q4, Q2, and Q1) one standard deviation below the mean.

Table 2: 2012-13 Survey Responses Ranked by Higher-Level Agreement

1 Standard Deviation Above the Average		Within 1 Standard Deviation of the Average Higher-Level Agreement of 70.0%				1 Standard Deviation Below the Average	
Survey Question	Higher-Level Agreement	Survey Question	Higher-Level Agreement	Survey Question	Higher-Level Agreement	Survey Question	Higher-Level Agreement
Q18	79.4%	Q12	73.8%	Q15	71.4%	Q4	61.2%
Q20	77.5%	Q21	73.7%	Q11	70.4%	Q2	60.7%
Q19	76.1%	Q16	72.5%	Q14	70.2%	Q1	55.5%
		Q22	72.2%	Q6	70.1%		
		Q5	71.8%	Q10	70.0%		
		Q26	71.7%	Q7	69.5%		
		Q25	71.6%	Q3	67.2%		
		Q17	71.5%	Q9	66.8%		
		Q13	71.4%	Q8	64.9%		

Note: Higher-level agreement refers to the % of families who strongly agreed or very strongly agreed with the question. The standard deviation was 5.4%.

Lastly, the *Part C Family Survey Guide* also suggests that states consider survey items based on how the items cluster around a particular type of impact on the family. They characterize these impacts as family's relationship with the child (within family); with the system (within early intervention programs and other agencies); and with the community (within community). A quick review of the three survey questions that were one standard deviation below the average show potential weaknesses in the area of community: participate in typical activities for children and families in my community (Q1); know about services in the community (Q2); and know where to go for support to meet my family's needs (Q4). In contrast, a similar review of the three survey questions that were one standard deviation above the average, show potential strengths in the area of family: do things with and for my child that are good for my child's development (Q18); feel that my efforts are helping my child (Q20); and understand my child's special needs (Q19).

Historical Data Trends

The following section presents data that compares OSEP Indicator 4 results from Federal Fiscal Year (FFY) 2005 to FFY 2012, including the survey response rate of the instrument used to collect these data - the Maryland Infants and Toddlers Program Early Intervention Services Family Survey.

Response Rate Trends

There are two noticeable distribution trends in the eight years that the Early Intervention Services Family Survey has been disseminated, and both trends are most noticeable when comparing the first four years (FFY 2005-2008) to the second four years (FFY 2009-2012) of survey distribution. First, the number of surveys sent each year has increased, with an average of 6,699 surveys sent in the first four years, compared to an average of 8,664 surveys sent in the second four years. The increase corresponds with Maryland's implementation of the Extended IFSP Option in FY 2009, which consequently increased the overall population of active eligible children in the state.

Table 3: Survey Response Rate by Federal Fiscal Year

Federal Fiscal Year	Surveys Sent	Surveys Received	Response Rate
2005	6,508	1,275	19.6%
2006	6,395	1,476	23.1%
2007	7,078	1,570	22.2%
2008	6,813	2,017	29.6%
2009	8,109	3,384	41.7%
2010	9,036	3,589	39.7%
2011	8,650	4,042	46.7%
2012	8,862	3,989	45.0%

Second, the survey response rate has improved, with an average response rate of 23.6% in the first four years, compared to an average response rate of 43.3% in the second four years. Much of this improvement has been attributed to the state's decision to move away from "direct-mail" delivery of surveys (i.e., the survey contractor mails surveys directly to families) in FFY 2008 and 2009, to complete "hand" delivery (i.e., the survey contractor mails surveys in bulk to ITPs, who in turn hand deliver surveys to families) beginning in FFY 2010.

Indicator 4 – Family Outcome Trends

Trends in outcome data for Indicator 4 are also most useful when examined in two distinct time periods, although here the time periods are defined by the type of analyses used in reporting indicator results. For the first five years (FFY 2005-2009) of the survey, Rasch analysis, which assigns each respondent a "score" based on their responses to all survey questions, was used to report Indicator 4 results. In these years, the reported percentage reflects the percentage of respondents who achieved a score at or above a certain standard score (a score of 539 for 4a; a score of 556 for 4b; and a score of 516 for 4c). In subsequent years (FFY 2010-2012), the decision was made to report a straight percentage of parents who agreed, strongly agreed, or very strongly agreed with specific survey questions (Q17 for 4a; Q15 for 4b; and Q19 for 4c).

Figure 11 demonstrates that regardless of the method used, results for all three indicators have steadily increased throughout the eight year period and have remained well above the annual targets established in Maryland's SPP.

Figure 11: Indicator 4 by Federal Fiscal Year

Note: The % to agree includes those families who agreed, strongly agreed, or very strongly agreed to Q17, Q15, and Q19, respectively

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option. Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations

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went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database on 10/26/2012, verified by LITPs, validated by the MSDE and reviewed by the SICC. Children in the Extended IFSP Option did not impact the results for this indicator.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

FFY	Measurable and Rigorous Target
2012 (2012-2013)	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 2012: 1,113/71,976 = 1.55% (Based on 2012 Census Data)

Data were collected for this indicator from all 24 local Infants and Toddlers Programs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by OSEP on www.ideadata.org, Maryland served 1.55% of its 2012 resident birth to 1 population in the reporting period and met 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 (1.06%), Maryland served 1.55% of the resident population of children birth to 1 year of age. Maryland exceeds the national average by 0.49% and the percentage served ranked fifteenth among the 50 states, DC and Puerto Rico.

2012 Resident Population Birth to 1	FFY 2012 Birth to 1 Population Served Snapshot Count	FFY 2012 Percent Served Birth to 1
71,976	1,113	1.55%

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 2010, FFY 2011, and FFY 2012:

FFY	2010	2011	2012
Percentage of Eligible Children Birth to One With Active IFSPs (Snapshot Count)	1.59%	1.48%	1.55%
Number of Birth to One Year Old Children Receiving Early Intervention Services (Snapshot Count)	1,134	1,083	1,113
Resident Population – Birth to One Year Old Children (Snapshot Count)	71,523	73,059	71,976
Children Referred Birth to One Year Old Children (Annual Count)	4,355	4,642	4,846

In FFY 2012, the MITP provided early intervention services to 1.55% of children birth to one year of age residing in the State, which meets the State target of 1.50%. The above table shows the percentage of birth to one year old children receiving early intervention services statewide increased slightly, by 0.07 percentage points, based on a snapshot count on the last Friday in October in FFY 2011 compared to a snapshot count on the last Friday in October in FFY 2012.

From FFY 2010 to FFY 2012, the State resident population for birth to one year old children increased by 453 children, a 0.63% increase. However, from FFY 2011 to FFY 2012, there was a decrease of 1083 (1.48%) in the State resident population for birth to one-year-old children. Similarly, the number of children birth to one referred annually continues to increase, a 4.4% increase from FFY 2011 and an 11.3% increase from FFY 2010.

Eleven LITPs met or exceeded the State target of 1.50% in FFY 2012. Two of the five largest jurisdictions in the State exceeded the State target, while the other three large jurisdictions were providing early intervention services to 1.23%, 1.37%, and 1.43% of their birth to one resident population on the last Friday in October 2012.

LITPs that did not achieve the State target in FFY 2011 for this indicator were required to include a public awareness plan in the next annual application for federal and State funding. The LITPs who did not attain the State target for Indicator 5 were also required to develop an improvement plan with strategies to increase the percentage of birth to one year old children served. LITPs reported progress on attaining the State target in Semiannual and/or Final Program reports, submitted on 5/1/13 and 11/1/13, 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). Specifically, evaluations and assessments of children in the NICU and the NICU Follow-Up Clinic are completed by local ITP program staff assigned to the hospital. The local jurisdiction also has service coordinators that are assigned to the UMMC so that IFSPs can be completed when children are in the NICU or when they attend the NICU Follow-Up Clinic. This relationship is beneficial not only for identifying children with developmental delays and high probability conditions, but also because it helps to decrease the time from referral to evaluation and IFSP development because many of these children have IFSPs completed on the same 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 a local Infants and Toddlers Program (LITP) were below the State target, an LITP was required to develop an Improvement Plan for this indicator. For LITPs that had a Child Find (Birth to 1) Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their Semiannual and/or Final Program reports. In addition, those LITPs that did not achieve the State target for Indicator 5 were required to include a public awareness plan in the next annual application for federal and State funding.

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

- Providing monthly/quarterly updates to local health departments, local boards of education, local departments of social services, Judy Center steering committees, and other advisory committees/ agencies/civic clubs;
- Mailing information about LITPs to pediatricians, 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 physician's 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 form LITP about typical child development and recommendation for activities to promote development;
- Having opportunities to use an online application (CHADIS) to fill out an interactive screening and to have their scores automatically reported to LITPs; and
- Providing educational workshops for teen pregnancy programs.

Professional Learning Resources and Technical Assistance

The MSDE reviewed the local public awareness plan in annual LITP grant applications as well as the local birth to age one Improvement Plans and provided technical assistance (TA) as needed. Technical assistance was provided through phone consultation, statewide meetings, and on-site visits. As an example, in October 2012 the MSDE conducted a webinar on public awareness. During this webinar, several LITPs with exemplary public awareness practices presented helpful strategies to other LITPs in Maryland. Many LITPs attending the webinar reported that they would adopt some of the strategies presented in FFY 2013.

To provide support to LITPs, the MSDE created an early childhood tutorial to address evaluation and assessment with regard to their definitions, purposes, legal requirements, best practices, and family partnerships. During FFY 2012, the MSDE began the revision of this module to ensure consistency with the new State and federal regulations, as well as to ensure consistency with Maryland's birth through age five seamless, comprehensive continuum of services for children with disabilities and their families. Final revisions to this module are being completed and will be finalized in FFY 2013.

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 2012, many jurisdictions refined their local evaluation and assessment practices and to ensure consistency with the revised COMAR regulations. The MSDE will continue to support local decision-making for evaluation and assessment best practices. In FFY 2012, the State considered reconvening the Assessment Think Tank to develop a Toolbox for screening tools. As part of this consideration, the State disseminated a survey to LITPs to determine whether LITPs anticipated including screening in their local Policies and Procedures. At the time, only four LITPs anticipated including screening. Therefore, the State decided to wait until local Policies and Procedures were submitted before committing resources toward an additional Think Tank.

During the reporting period, the SICC task force on "Adjustment for Prematurity", chaired by an Assistant Professor in the Department of Pediatrics at the University of Maryland, School of Medicine, developed recommendations which were presented to the Assistant State Superintendent for the Division of Special Education/Early Intervention Services. The task force recommended that adjustment for prematurity be done for purposes of eligibility and IFSP

development until a child's adjusted age is one year. This recommendation has been approved by Division staff and included in the revised COMAR regulations that went into effect on July 1, 2013.

To further support the understanding and use of age adjustment for prematurity, the MSDE Division of Special Education/Early Intervention Services in collaboration with the University of Maryland School of Medicine and the Johns Hopkins University's Center for Technology in Education is currently developing five modules supporting infants born prematurely and those with atypical development. The content of this new technology-enhanced training series includes:

- Module I: The ABCs and 123s of Prematurity
- Module II: Diagnoses Associated with Prematurity and Developmental Implications
- Module III: Understanding and Using Adjusted Age with Infants Born Prematurely
- Module IV: A Potpourri of Interventions for After the NICU
- Module V: Atypical Development – Increasing Awareness

Monitoring and Supervision

Beginning in FFY 2010 and continuing into FFY 2012, 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, fourteen 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 pediatrician and childcare conferences, beginning an ASQ follow-up program, and collaborating with the local Early Childhood Joint Committee to participate in a community information campaign to outreach to minority families.

During FFY 2012, the DSE/EIS developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

Interagency Child Find Activities

In FFY 2012, 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 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 SFY 2014.

The MSDE continued the collaboration with the Maryland Chapter of the American Academy of Pediatrics (MCAAP) and the Department of Health and Mental Hygiene (DHMH) on a developmental screening workgroup to further implement the training of physicians on developmental screening. Pediatric and family medicine physician practices across the state are being trained to administer a developmental screening tool, the Ages and Stages Questionnaire (ASQ). In some local jurisdictions, Infants and Toddlers staff 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 also 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.

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 2012, the Guide was revised to ensure consistency with the new State regulations.

In addition, staff from the Division of Special Education/Early Intervention Services continued to participate on an ad hoc Developmental Screening Committee with developmental screening experts, early childhood education staff, childcare 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 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 childcare providers to administer developmental screening and to make appropriate referrals to LITPs or local Child Find offices.

With the statewide adoption of childcare screening, the MITP expects to see a significant increase in referrals. Staff members from the MITP are working with the committee to ensure that childcare providers understand the ITP process and that screening tools selected have appropriate psychometrics to ensure appropriate referrals.

Revisions, with Justification, to Proposed Targets/Improvement Activities/ Timelines/Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development: Data for this indicator were collected through the Part C database, verified by LITPs, validated by the MSDE and reviewed by the SICC. The results reported for this indicator are based on 618 data or the number of active eligible children birth to age three on 10/28/2012. The number of children participating in the Extended IFSP Option on 10/28/2012 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-year-old children 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 2012 (2012-2013)	The percent of infants and toddlers birth to three with IFSPs will be equal to or greater than 3.00% of the infants and toddlers of the same age in the general population.

Actual Target Data for FFY 2012: 7,478/217,998 = 3.43% (Based on 2012 Census Data)

Data were collected for this indicator from all 24 local Infants and Toddlers Programs. The Maryland IFSP data tracking system was used to obtain the data. Based on the data provided by OSEP on www.ideadata.org, Maryland served 3.43% of its 2012 birth to three-year-old resident population in the reporting period and exceeded the state target of 3.00%.

Compared to the national data, Maryland served 0.66% more children birth to three years of age than the national baseline of 2.77% and ranked tied for fourteenth among the 50 states, the District of Columbia and Puerto Rico.

2012 Maryland Resident Population Birth To 3	FFY 2012 Birth To 3 Population Served Snapshot Count	FFY 2012 Birth To 3 Percent Served
217,998	7,478	3.43%

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 2010, FFY 2011, and FFY 2012:

Federal Fiscal Year	2010	2011	2012
Percentage of Eligible Children Birth To 3 With Active IFSPs	3.54%	3.39%	3.43%
Number of Children Served Snapshot Count	7,697	7,380	7,478
Resident Population – Birth To 3	217,560	217,490	217,998
Number of Referrals Birth To 3 Annual	13,559	13,877	14,409

In FFY 2012, the MITP provided early intervention services to 3.43% of children birth to 3 years of age residing in the State, which exceeds the target of 3.00%. The above table shows the percentage of birth to three-year-old children increased by .04% from the FFY 2011 to the FFY 2012 snapshot count. But when comparing the FFY 2010 to the FFY 2012 snapshot count, the percentage of birth to three-year-old children receiving early intervention services in Maryland decreased by 0.11%.

The increase in resident population since FFY 2010 has also resulted in an increase in the number of annual referrals to the MITP. When compared to the number of birth to three year old children referred to the MITP in FFY 2010 (13,559 children), the number of referrals made to MITP in FFY 2012 increased by 6.3% (850 children).

Fourteen of the LITPs exceeded the State target for the percentage of children receiving early intervention services on 10/26/2012. Exceeding the State target was accomplished by four of the five largest jurisdictions in Maryland. LITPs that 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 that did not attain the State target for Indicator 6 were required to develop an improvement plan with strategies to increase the percentage of birth to three year old children served. LITPs reported progress on attaining the State target in Semiannual and/or Final Program reports submitted on 5/1/13 and 11/1/13 respectively.

It appears that the impact of statewide and local public awareness activities, the increase in the number of annual referrals in FFY 2012 and a slight increase in the census for the birth to three year old population of children contributed to Maryland exceeding the State target of 3.00% for Indicator 6 in FFY 2012. See chart below for breakdown of annual count by age from 10/28/11 to 10/26/12.

Age Category	Total
Birth to One	1,113
One to Two	2,399
Two to Three	3,966
Total	7,478

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

For related requirements for Indicator 6, there were no findings of noncompliance identified through the State data system or through on-site monitoring.

Extended IFSP Option

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

With approval from the U.S. Department of Education, the MSDE changed the ending age of the Extended IFSP Option on December 1, 2012 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 10/26/2012, 927 children and their families were participating in Maryland's Extended IFSP Option and receiving early intervention services. The number of participating Extended Option children in each of Maryland's 24 jurisdictions ranged from 1 child to 190 children on that snapshot date. Throughout FFY 2012, 1,248 children and their families chose to continue services on an Extended IFSP.

Discussion of Improvement Activities

During this reporting period, the MSDE continued to monitor the progress on this indicator by including the percentage of children served birth to 3 on local data profiles distributed to LITPs two times annually, in April and October. If the data for a local Infants and Toddlers Program (LITP) were below the State target, the LITP was required to develop an Improvement Plan for this indicator. For LITPs that had a Child Find (Birth-3) Improvement Plan, a progress report (including data, strategies and activities) was submitted along with their Final Program reports. In addition, the LITPs that did not achieve the State target for Indicator 6 were required to include a public awareness plan in the next annual application for federal and State funding.

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

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

Professional Learning Resources and Technical Assistance

The MSDE reviewed the local public awareness plan in annual LITP grant applications as well as the local birth to age one Improvement Plans and provided technical assistance (TA) as needed. Technical assistance was provided through phone consultation, statewide meetings, and on-site visits. As an example, in October 2012 the MSDE conducted a webinar on public awareness. During this webinar, several LITPs with exemplary public awareness practices presented helpful strategies to other LITPs in Maryland. Many LITPs attending the webinar reported that they would adopt some of the strategies presented in FFY 2013.

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 2012. This website includes online resources, media and tools to strengthen the early intervention and special education services provided to children and youth with disabilities their educators, families and family support providers. This website is an exceptional resource as well as a public awareness tool for Maryland's Infants and Toddlers Program.

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

To further support the understanding and use of age adjustment for prematurity, the MSDE Division of Special Education/Early Intervention Services in collaboration with the University of Maryland School of Medicine and the Johns Hopkins University’s Center for Technology in Education is currently developing five modules supporting infants born prematurely and those with atypical development. The content of this new technology-enhanced training series includes:

- Module I: The ABCs and 123s of Prematurity
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Monitoring and Supervision

Beginning in FFY 2010 and continuing into FFY 2013, 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 three, 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 three. Based on FFY 2010 and FFY 2011 data, 12 jurisdictions were required to allocate federal funds for public awareness activities birth to three 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 pediatrician and childcare conferences, beginning an ASQ follow-up program, and collaborating with the local Early Childhood Joint Committee to participate in a community information campaign to outreach to minority families.

During FFY 2012, the DSE/EIS developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

Interagency Child Find Activities

In FFY 2012, 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 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 SFY 2014.

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

The MSDE and DHMH also 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.

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 2012, the Guide was revised to ensure consistency with the new State regulations.

In addition, staff from the Division of Special Education/Early Intervention Services continued to participate on an ad hoc Developmental Screening Committee with developmental screening experts, early childhood education staff, childcare 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 to administer developmental screening tools;
- Amend child care regulations to require child care providers to do developmental screening;
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- Develop an implementation/monitoring plan for childcare providers to administer developmental screening and to make appropriate referrals to LITPs or local Child Find offices.

With the statewide adoption of childcare screening, the MITP expects to see a significant increase in referrals. Staff members from the MITP are working with the committee to ensure that childcare providers understand the ITP process and that screening tools selected have appropriate psychometrics to ensure appropriate referrals.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/
Timelines/Resources for FFY 2013**

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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
2012 (2012-2013)	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 2012: 98.1% (7,859/8,010)

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
7/1/12 – 6/30/13 (n =8,010)	6,353 79.3%	1,506 18.8%	7,859 98.1%

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
8,010	741 (9.2%)	663 (8.3%)	25 (0.3%)	64 (0.8%)	13 (0.2%)	1,506 (18.8%)

Explanation of Progress or Slippage

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, FFY 2011, and FFY 2012:

FFY	2006	2007	2008	2009	2010	2011	2012
Percentage of timely evaluations, assessments and IFSP meetings	93%*	94.8%	98.7%	99.1%	98.2%	98.7%	98.1%

*FFY2006 was reported in six-month intervals.

When comparing FFY 2012 results (98.1%) to FFY 2011 results (98.7%), there is a slight decrease (0.6%) 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, but the level of compliance has remained consistently high. Twenty of the 24 LITPs either made progress or maintained their current level of compliance with this indicator. Seventeen LITPs achieved full compliance (100%) in FFY 2012, an increase from 15 LITPs in FFY 2011.

Several major reasons for system-related untimely meetings were noted. Most of the 151 missed timelines were due to staff shortages (92 or 61.0%) or scheduling difficulties/errors (44 or 29.2%). Other reasons were need for further evaluation that was not planned (6 or 4.0%), interpreter delays (5 or 3.3%), transportation issues (3 or 2.0%), and provider illnesses (1 or 0.7%).

Missed timelines due to system-related 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 (93 or 61.6%), followed by 61 to 75 days (41 or 27.2%), and 76-90 days (12 or 7.9%), and over 90 days (5 or 3.3%). Lack of available staff was the primary reason for delays of less than 75 days (86/134 or 64.2%), whereas administration error was the primary reason for delays of greater than 75 days (8/17 or 47.1%).

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, 13,877 in FFY

2011, to 14,409 in FFY 2012. This is a 3.8% increase over the past year and a 24.5% 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 2011, four LITPs regressed, 16 LITPs had the same results as the previous year (100%), and four LITPs improved. Twenty-two LITPs achieved greater than 95% performance. The decrease in state data can be accounted for by the two jurisdictions that did not achieve greater than 95% compliance in FFY 2012. Both of these LITPs had achieved greater than 95% compliance in FFY 2011. These two LITPs were responsible for 68.9% (104 of 151 incidences) of all noncompliance in the State. An additional large LITP was responsible for 38 incidences of noncompliance making three LITPs responsible for 94.0% (142 of 151 incidences) of all noncompliance in the state.

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. In FFY 2012, the MSDE continued the development of the online IFSP database. Suggestions for online IFSP database updates were obtained through an IFSP Users Group that meets semi-annually and includes data managers, local directors, CTE staff, and State staff.

Discussion of Improvement Activities

Monitoring and Supervision

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 system-related 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. In addition, exporting into Excel allows LITPs to sort by service coordinator or site to look for patterns of noncompliance resulting from specific personnel. 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.

During FFY 2012, the DSE/EIS developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

Professional Learning Resources and Technical Assistance

To provide support to LITPs, the MSDE created an early childhood tutorial to address evaluation and assessment with regard to their definitions, purposes, legal requirements, best practices, and family partnerships. During FFY 2012, the MSDE began the revision of this module to ensure consistency with the new State and federal regulations, as well as to ensure consistency with Maryland’s birth through age five seamless, comprehensive continuum of services for children with disabilities and their families. Final revisions to this module are being completed and will be finalized in FFY 2013.

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 considered reconvening the Assessment Think Tank in FFY 2012 to develop a Toolbox for screening tools. As part of this consideration, the State disseminated a survey to LITPs to determine whether LITPs anticipated including screening in their local Policies and Procedures. At the time, only four LITPs anticipated including screening in their Policies and Procedures. Therefore, the State decided to wait until local Policies and Procedures were submitted before committing resources toward an additional Think Tank.

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. State regulations were completed in FFY 2012 and went into effect on July 1, 2013. In addition to the COMAR changes that mirror federal regulation changes, other changes to the COMAR included

the addition of the Extended IFSP Option into Maryland law and a State policy on adjusting age for prematurity. The development of state regulations was aided by 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(s); a representative from higher education and the 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. Preparation in the form of webinars continued in FFY 2012. Components of these webinars included the ending age of the Extended IFSP Option, developmental screening option, changes to the State's surrogacy procedures, and the definition of multidisciplinary. An additional webinar was conducted to provide guidance on how and when to adjust for a child's prematurity. 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.

Further clarification regarding procedures for age adjusting, atypical development, and the impact of neonatal diagnosis will be provided through another statewide webinar and a series of train the trainer modules. It is anticipated that these modules will increase provider effectiveness in working with children who were born prematurely and/or who have atypical development.

Addressing system capacity issues

As in previous years, 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 in FFY 2012. Since the Extended IFSP Option is now included in COMAR, in FFY 2013 the State will continue to provide optional IFSP services until the beginning of the school year following the child's fourth birthday.

With the end of ARRA funding and no increase in State funding, the State has seen increases in the number of incidences of noncompliance in meeting the 45-day timeline. Several local jurisdictions were prevented from hiring staff for vacant positions because of hiring freezes.

Despite the staffing issues, LITPs have decreased the average amount of time it takes to provide an evaluation, assessment, and initial IFSP. In particular, 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, and to 37.7 days in FFY 2012 (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, and to 30.9 days in FFY 2012. 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.

Verification of Correction of FFY 2012 Findings of Noncompliance

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 2012, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2012 to December 31, 2012, and January 1, 2013 to June 30, 2013. Data analysis for these profiles occurred on March 15, 2013 for the July 1, 2012 to December 31, 2012 data period and on September 15, 2013 for the January 1, 2013 to June 30, 2013 data period. Local Data Profiles serve as the State's method of written notification for findings of noncompliance. Prior to the distribution of local profiles on April 1, 2013 and October 1, 2013, 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 system-related reason, the State issued a finding with a required Corrective Action Plan (CAP) to ensure correction as soon as possible.

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 by reviewing the updated data. 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.

Verification of Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance)

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 98.7%

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	112
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)	112
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Individual Level Noncompliance from FFY 2011

For FFY 2011, there were 99 individual incidences of noncompliance identified. The State reviewed the records of all 99 children whose evaluation, assessments, and IFSPs were not provided within the 45-day timeline in FFY 2011 and verified that the evaluation and assessments were eventually provided and initial IFSPs completed (Prong 1).

Systemic Level Noncompliance from FFY 2011

At the systemic level, 13 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 LITP and the MSDE data analyses of data periods subsequent to the identified noncompliance. Following each incidence of noncompliance, data analyses were conducted to confirm that jurisdictions were correctly implementing the statutory/regulatory requirements (20 U.S.C. 1416(a)(3)(B) and 1442) consistent with timely evaluation, assessment, and IFSP development. The MSDE found that all systemic incidences of noncompliance were corrected with 100% compliance achieved (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 2013**

New Resources

The Division of Special Education/Early Intervention Services awarded 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. An additional 2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: The 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;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for potentially eligible Part B preschool services (Transition Notification); and
- 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.

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

Measurement:

- A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and the LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities who were potentially eligible for Part B)}} \right] \times 100$.
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2012 (2012-2013)	100% of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: <ul style="list-style-type: none">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;

	<p>B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for potentially eligible Part B preschool services (Transition Notification); and</p> <p>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.</p>
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Actual Target Data for FFY 2012:

- A. During the reporting period, 2,349 of 2,350 or 99.9%, of the records reviewed by the MSDE and LITPs had transition steps and services included on the IFSP at least 90 days, or at the discretion of all parties, not more than 9 months prior to the child's third birthday, or had an exceptional family reason for delay (2,349/2,350). One record had transition steps and services included on the IFSP less than 90 days prior to the child's third birthday as a result of noncompliance. Therefore, correction of noncompliance at the individual level has already occurred for this child. Data reported for Indicator 8A were based on a random online IFSP database review of 2,350 Early Intervention records, 76.2% of all 3,083 children who transitioned at age three between 7/1/12 and 6/30/13. Post hoc analysis indicated that the result with this sample size has a 1.0% margin of error with a 95% confidence level. Data were collected from all 24 jurisdictions.

Transition Date Range	Number of Records Reviewed	Number/Percentage of Records with Transition Steps and Services Included at Least 90 days, or at the Discretion of All Parties, Not More Than 9 Months Prior the Child's 3 rd Birthday	Number of Records with late Transition Steps and Services Due to Exceptional Family Circumstances**	Number/Percent of Reviewed Records with Timely Transition Steps and Services or Exceptional Family Circumstances
7/1/12 – 6/30/13	2,350*	2,069 88.0%	280 11.9%	2,349 99.9%

* Includes data from all 24 jurisdictions.

** Includes children found eligible less than 90 days prior to their third birthday, parent request for delay, and attempts to contact family unsuccessful.

- B. To report the target data for Indicator 8B, the MSDE generated monthly reports of all children older than 24 months of age. Between 7/1/12 and 6/30/13, local school systems and the SEA were notified of all 3,083 of the children, potentially eligible for Part B, who transitioned during the time period (3,083/3,083). Notification for 2,785 children occurred at least 90 days prior to the child's third birthday. Another 298 children were found eligible for Part C less than 90 days prior to their third birthday. Notification still occurred for all 298 children. Therefore, timely notification to the SEA and LEA (or late notification with a valid reason) occurred for all children potentially eligible for Part B services.

Transition Date Range	Number of Children Turning 3 Potentially Eligible for Part B Services	Number of Children Potentially Eligible for Part B with Timely SEA and LEA Notification	Number of Children Potentially Eligible for Part B and Found Eligible for Part C Less Than 90 Days Prior to Their 3 rd Birthday With SEA and LEA Notification (Valid Late Reason)	Total/ Percentage of Children with Timely or Valid Late Reason for SEA and LEA Notification
7/1/12 – 6/30/13	3,083	2,785	298	3,083 100%

The data for this indicator presented above were calculated through the MSDE, which has changed its procedure for the notification of potential eligibility for Part B services. Beginning in FFY 2010 and continuing in FFY 2012, the data for Indicator 8B were obtained from reports generated in the Part C database. Each month, the 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. The requirement to notify the SEA is met automatically, since the DSE/EIS structure is birth through five.

- C. Between 7/1/12 and 6/30/13, **98.4%** 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 exceptional family circumstance for the delay (3,026/3,076). Of the 50 incidences of noncompliance, 47 children were not provided a timely meeting and 3 children were not provided a meeting at all. 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
7/1/12 – 6/30/13	3,076	2,501 81.3%	525 17.1%	3,026 98.4%

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 (six in FFY 2012) for transition planning meetings were not included in either the numerator or denominator.

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, FFY 2011, and FFY 2012.

FFY	2006	2007	2008	2009	2010	2011	2012
8a. Percentage of IFSPs with timely transition steps and services	99.0%	99.1%	99.1%	99.6%	99.8%	100.0%	99.9%

For sub-Indicator 8A, data continued to demonstrate a high level of performance. In FFY 2012, 23 of 24 jurisdictions achieved the State target of 100%. One large jurisdiction included transition steps and services on the IFSP within 90 days of one child's third birthday as a result of service coordinator error. Since the steps and services were eventually added, although late, correction of noncompliance at the individual level has already occurred.

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, FFY 2011, and FFY 2012.

FFY	2006	2007	2008	2009	2010	2011	2012
8b. Percentage of potentially eligible children whose SEA and LEA was notified in a timely manner or with exceptional family circumstances	98.2%	99.9%	99.4%	99.8%	100.0%	100.0%	100.0%

For sub-Indicator 8B, performance remained at 100% in FFY 2012. The increase to 100.0% compliance for FFY 2010, 2011, and 2012 was a result of the State assuming responsibility for the notification to the LEA and SEA 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 2012, the LEA and SEA were notified of all children from all jurisdictions. As a result, there were no programmatic or individual incidences of noncompliance found in FFY 2012.

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, FFY 2011, and FFY 2012.

FFY	2006	2007	2008	2009	2010	2011	2012
8c. Percentage of timely transition planning meetings	93%	95.0%	96.4%	99.6%	99.4%	99.1%	98.4%

For sub-Indicator 8C, 20 jurisdictions achieved the State target of 100%, an increase from 17 in FFY 2011. Sixteen of the Maryland's jurisdictions achieved 100% compliance in both FFY 2011 and FFY 2012. In FFY 2012, three jurisdictions achieved a performance percentage of at least

95.0% but less than 100% compliance. Twenty-two jurisdictions either improved or maintained their level of performance with the largest improvement being 6.9% percentage points. Two jurisdictions decreased their compliance, one of which was 100% compliant in FFY 2011.

One jurisdiction achieved performance of less than 95.0%. This jurisdiction is a large jurisdiction and accounted for 37 of the 50 (74.0%) total State individual incidences of noncompliance. This jurisdiction only had 4 individual incidences of noncompliance for this indicator in FFY 2011. All jurisdictions were required to achieve 100% compliance and to correct noncompliance within one year when 100% compliance was not achieved.

Compared to FFY 2011, the performance for the State decreased slightly from 99.1% to 98.4% in FFY 2012, but the data continued to demonstrate a high level of compliance. A total of 50 individual incidences of noncompliance (untimely meetings and/or no meeting held) were identified in FFY 2012. Several major reasons for system-related untimely Transition Planning Meetings were noted. Most of the 47 missed timelines were due to provider scheduling errors (38 or 80.9%). Other reasons included change in providers (4 or 8.5%), scheduling issues with Part B staff (3 or 6.4%), and interpreter delays (2 or 4.3%). Three additional children were not provided with Transition Planning Meetings and LITPs received findings of noncompliance. All three (100%) of the reasons for no meeting held were administrative errors. The local program was unable to correct these findings at the individual level, since at the time of notification of noncompliance the child and family were no longer receiving services in the program.

Scheduling Errors	Change in Providers	Issues with Part B Staff	Interpreter Delays	Total Number of Late due to System Reasons
38 (80.9%)	4 (8.5%)	3 (6.4%)	2 (4.3%)	47

Admin Errors	Total Number of No Meeting Held
3 (100%)	3

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 **timely** 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” fields. 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.

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 2012, six families declined to participate in a transition planning meeting for their family. This is a decrease from 12 families declining in FFY 2010 and seven families declining in FFY 2011. 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 525 (17.1%) 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

Monitoring and Supervision

In FFY 2012, 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 system-related reasons. Reasons for untimely meetings were reviewed to determine whether there was a systemic cause for untimely meetings.

State data indicate greater than 98% performance for all three sub-Indicators. Statewide progress on the transition indicators may be related to the need to plan for parent choice regarding services after 3 years of age. In particular, because parents can now choose 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 Part C tutorial.

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. During FFY 2012, this branch developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the

MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

Professional Learning Resources and Technical Assistance

Implementation of the Extended IFSP Option also required Maryland to reexamine its transition processes. In planning for implementation of the Extended IFSP Option, 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. In FFY 2012, in preparation for the State regulations to become effective in FFY 2013 these charts were modified again to correctly represent the State's change in eligibility for the Extended IFSP Option to the beginning of the school year following the child's fourth birthday.

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*, *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 Three – Families Have a Choice*. Each of these documents was updated during the reporting period to ensure consistency with the new State and federal regulations. For example, *A Family Guide to Next Steps: When Your Child in Early Intervention Turns Three – Families Have a Choice* was changed to reflect the new age parameters of the Extended IFSP Option. All of these documents are made publically available on both MarylandPublicSchools.org (http://marylandpublicschools.org/MSDE/divisions/earlyinterv/infant_toddlers/resources.html) and MarylandLearningLinks.org (<http://marylandlearninglinks.org/3556>).

To provide further support to LITPs, the MSDE created an early childhood tutorial to the transition process with regard to its purpose, legal requirements, best practices, and family partnerships. The MSDE expects to fully revise this tutorial to ensure consistency with the new State and federal regulations in FFY 2013.

In FFY 2012, DSE/EIS also developed an online professional learning resource available on Maryland Learning Links, *The Preschool through Kindergarten NE/LRE Team Decision-Making Module*, was created to ensure that young children with disabilities receive services in typical community-based early childhood settings and programs whenever possible, and only go to more restrictive or specialized settings when individual needs require it. The module highlights best practices for effective team decision making by supporting extended IFSP teams in selecting natural environments (NE) and IEP teams in selecting least restrictive environments (LRE) in order for young children with disabilities to participate in regular early childhood settings with children without disabilities and achieve positive school readiness outcomes. Survey evaluations are currently being conducted to ascertain the impact of this online module.

System of Services Grant Initiative Birth through Five – Building Bridges

In FFY 2012, the MSDE offered competitive grant funding, through the Building Bridges grant initiative, to support local jurisdictions in building a local infrastructure that provides a seamless birth through five coordinated and comprehensive system of services; the infrastructure allows young children and their families equal access, full participation and support to narrow the existing achievement gap and prepare children with disabilities to enter school ready to learn. Seven jurisdictions were awarded this discretionary grant initiative to design, develop and implement a seamless birth through five comprehensive system of coordinated services by

forging strong collaborative community partnerships. A specific component of each grant plan supported an increase in the continuum of early childhood settings that successfully meet the needs of children on an IFSP, Extended IFSP, and IEP, birth through five, as well as typically developing peers (Indicators C2 and B6). Preliminary program evaluation reports indicate increases in the NE/LRE continuum, improved child outcomes, supportive transitioning experiences, and more meaningful family engagement opportunities.

Leadership Development for a Birth–5 System

In FFY 2012, 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.

- Maryland's IDEA Scorecard was introduced to local birth through five leaders in May 2012. The purpose of Scorecard is to provide access to relevant and usable data in order for state and local leaders to improve results for infants, toddlers, children, and youth with disabilities and their families. A face-to-face training was held in June of 2012 with a follow-up teleconference in July 2012. An additional Scorecard training for local programs was provided in September 2012. While 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, only some jurisdictions are utilizing this powerful data informed decision-making tool for program improvement. Additional avenues for assisting local leaders to utilize this information are being explored, such as simplifying the use of Scorecard by building a variety of specific local-level pre-determined reports impacting results, including the provision of services in natural environments.
- In October 2012, at the Annual Special Education/Early Intervention Services Leadership Conference, the Assistant State Superintendent shared results data and best practices videos through the State of the State presentation. One of the videos highlighted birth through five programs, with specific focus on the implementation of the Extended IFSP Option and services in natural environments and least restrictive environments. The afternoon session focused on the need for a strategic focus and initiated the beginning of a year-long strategic planning process for the DSE/EIS. All LITP Directors and their leadership staff attended this conference with more than 250 participants. Additionally, the DSE/EIS held quarterly leadership meetings (including the birth through five leadership staff) to involve local stakeholders in the strategic planning process and to share updates and best practices statewide.
- The Assistant State Superintendent presented the State of the State and the strategic planning process to numerous other leaders throughout the State including the Family Support Services Coordinators, the Early Learning Coordinators and Supervisors, the Transition Coordinators, the Occupational Therapy, Physical Therapy and Speech Therapy Workgroups, and the Institutes of Higher Education.
- *The DSE/EIS Strategic Plan: Moving Maryland Forward* was finalized and operationalized in the fall of 2013. The specifics of the plan were shared at the October 2013 Professional Learning Institute, which was attended by over 300 participants and included a broad representation of birth through 21 leaders and stakeholders. One of the action imperatives in the DSE/EIS Strategic Plan focuses specifically on early childhood.

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. State regulations were completed in FFY 2012 and went into effect on July 1, 2013. In addition to the COMAR changes that mirror federal regulation changes, other changes to the COMAR included

the addition of the Extended IFSP Option into Maryland law and a State policy on adjusting age for prematurity. The development of state regulations was aided by 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(s); a representative from higher education and the 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. An additional webinar was conducted to provide guidance on how and when to adjust for a child's prematurity. 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

As in previous years, 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 in FFY 2012. Since the Extended IFSP Option is now included in COMAR, in FFY 2013 the State will continue to provide optional IFSP services until the beginning of the school year following the child's fourth birthday.

With the end of ARRA funding and no increase in State funding, the State has seen increases in the number of incidences of noncompliance. For example, slight decreases in overall compliance over the past three years are noted in the percentage of timely transition planning meetings: from 99.4% (FFY 2010) to 99.1% (FFY 2011) to 98.4% (FFY 2012). Several local jurisdictions were prevented from hiring staff for vacant positions because of hiring freezes. Local programs report more administrative errors due to increased caseloads.

Verification of Correction of FFY 2012 Findings of Noncompliance

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 2011, data profiles were provided by the MSDE to all 24 LITPs semiannually, based on two data periods: July 1, 2012 to December 31, 2012, and January 1, 2013 to June 30, 2013. Data analysis for these profiles occurred on March 1, 2013 for the July 1, 2012 to December 31, 2012 data period and on September 1, 2013 for the January 1, 2013 to June 30, 2013 data period. Local Data Profiles serve as the State's method of written notification of findings of noncompliance. Prior to the distribution of local profiles on April 1, 2013 and October 1, 2013, 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 system-related 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. The state has verified that each individual instance of noncompliance was corrected, unless the child was no longer in the jurisdiction.

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 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 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 by reviewing the updated data. 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.

Verification of Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance)

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 8A – 100%, 8B – 100%, 8C – 99.1%

Noncompliance from FFY 2011	8A	8B	8C
1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011, through June 30, 2012)	0	0	41
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program of the finding)	0	0	41
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0	0	0

Individual Level Noncompliance from FFY 2011

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 Indicators 8A and 8B, there were no identified incidences of noncompliance in FFY 2011. For Indicator 8C, in FFY 2011 there were 29 incidences of noncompliance identified. Although late, Transition Planning Meetings were held for all 29 families (Prong 1).

Systemic Level Noncompliance from FFY 2011

There were no identified incidences of noncompliance for indicators 8A and 8B in FFY 2011. All incidences of noncompliance identified for 8C in FFY 2011 were corrected at the systemic level (Prong 2). There were no systemic incidences of noncompliance, less than 100%, identified in FFY 2011 for Indicator 8B. All 12 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 the 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 2013**

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option. Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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
2012 (2012-2013)	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 2012: 100% (404/404) of FFY 2011 findings of noncompliance were corrected and verified within 12 months of written notification of local program noncompliance.

Process for Selecting EIS Programs for Monitoring

Data Monitoring

FFY 2011 findings of noncompliance verified as corrected in FFY 2011 or in FFY 2012 (within 12 months of written notification of noncompliance) include findings identified through State-level monitoring and complaint investigations. The total number of findings reported includes findings identified from 7/1/11 to 6/30/12. Data from all 24 Local Infants and Toddler Programs (LITPs) were monitored as indicated below:

- For Indicators 1, 3, 7, 8B, and 8C there were two reporting periods – 7/1/11 to 12/31/11 and 1/1/12 to 6/30/12, and there were two written notification of findings of noncompliance dates – 3/12 and 9/12.
- For indicators 2, 5, and 6, there were two reporting snapshot dates – 10/28/2011 and 6/30/2012, and there were two written notification of finding of noncompliance dates – 3/12 and 9/12.

- For indicator 4 and sub-Indicator 8A, there was one reporting period – 7/1/11 to 6/30/12 and there was one written notification of findings of noncompliance date 3/13.

Data for Indicator 8A were obtained via record reviews done between 7/2/2012 and 11/8/2012 for children transitioning in FFY 2011 (7/1/2011 – 6/30/2012).

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 7/1/2011 and 6/30/2012. This information was provided to the Johns Hopkins Center for Technology for analysis and, after preliminary results were provided to the MSDE staff, additional investigation occurred.

For Indicator 4, family surveys were mailed from the MSDE to LITPs on September 17, 2012 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 2011 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 sub-indicators.

For Indicators 2, 4, 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 by reviewing the updated data. 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 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance)

1. Number of findings of noncompliance the State identified in FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C9 Worksheet)	404
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)	404
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected

1. Number of FFY 2011 findings not timely corrected (same as the number from (3) above)	0
2. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
3. Number of FFY 2011 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Explanation of Progress or Slippage that Occurred for FFY 2012

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, FFY 2011, and FFY 2012:

FFY	2006	2007	2008	2009	2010	2011	2012
Percentage of timely correction	100%	100%	100%	100%	100%	99.8%	100%

When compared to FFY 2011, the percentage of correction in FFY 2012 increased to 100% consistent with all fiscal years prior to FFY 2011. In FFY 2011 one incidence of fiscal noncompliance was not corrected within one year of notification. Like FFY 2011, correction of noncompliance within one year on data indicators remained consistent at 100% for FFY 2012. 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 of findings of noncompliance except one. Three incidences of noncompliance for data were not corrected prior to notification in both FFY 2011 and FFY 2012. 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 2012, three of the incidences of noncompliance identified in FFY 2011 took more than 22 weeks to correct. The longest incidence of noncompliance for data corrected in FFY 2012 took 28 weeks.

In FFY 2012, 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

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 2012, 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 anticipated 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.

During FFY 2012, the DSE/EIS developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

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. Preparation in the form of webinars continued in FFY 2012. Components of these webinars included the ending age of the Extended IFSP Option, developmental screening option, changes to the State's surrogacy procedures, and the definition of multidisciplinary. An additional webinar was conducted to provide guidance on how and when to adjust for a child's prematurity. 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.

Verification of Correction for findings of noncompliance identified in FFY 2011 (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 findings of noncompliance. For example, noncompliance could have occurred for a jurisdiction in the time period of January 1, 2012 to June 30, 2012. Data analysis to determine compliance was completed on September 15, 2012, and the jurisdiction was notified in writing of the noncompliance on October 1, 2012. However, correction of noncompliance for most jurisdictions occurred prior to the correction period ending on October 6, 2012. Since part of this correction period occurs prior to October 1,

2012, correction was occurring prior to the written notification for findings of noncompliance date. Likewise, the data analysis for the period of January 1, 2012 to June 30, 2012 was not completed until after September 15, 2012. 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 the 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 2011, the State identified 355 individual level incidences of noncompliance. In FFY 2011, the State identified 49 systemic level findings of noncompliance. All incidences of noncompliance were verified as corrected. Correction of these incidences of noncompliance is detailed below.

FFY 2011 Incidences of Noncompliance

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

All systemic findings were verified as corrected within one year of notification (Prong 2). Of the 18 systemic findings of noncompliance for Indicator #1 in FFY 2011:

- Eighteen findings were corrected prior to written notification
 - 15 were corrected in the first 2-week correction period
 - 1 was corrected in the second 2-week correction period
 - 2 were corrected in the fourth 2-week correction period

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 (Details of Correction are in Indicator #7)

All systemic findings were verified as corrected within one year of notification (Prong 2). Of the 13 systemic level findings of noncompliance for Indicator #7 in FFY 2011:

- Ten of 13 incidences were corrected prior to written notification
 - 9 were corrected in the first 2-week correction period
 - 1 was corrected in the second 2-week correction period
- Three of 13 incidences were corrected after written notification
 - 1 was corrected in the eleventh 2-week correction period
 - 1 was corrected in the thirteenth 2-week correction period
 - 1 was corrected in the fourteenth 2-week correction period

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 (Details of Correction are in Indicator #8A)

There were no findings of noncompliance for Indicator 8A in FFY 2011.

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 2011.

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

All systemic findings were verified as corrected within one year of notification (Prong 2). Of the 12 systemic level findings of noncompliance for Indicator #8C in FFY 2011:

- 12 were corrected prior to written notification
 - 8 were corrected within the first 2-week correction period
 - 2 were corrected within the second 2-week correction period
 - 2 were corrected within the fourth 2-week correction period

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).

Other Areas of Noncompliance

Complaints

One complaint resulted in 2 findings of individual-level non-compliance. This first finding was a result of an IFSP team not including the proper participants. The second finding was a result of the child not receiving all of the services required by the IFSP during the month of July 2011. Both findings of non-compliance were verified as corrected by the local jurisdiction within one year of notification.

Fiscal

In FFY 2011, there were 6 findings of systemic-level fiscal noncompliance distributed in the areas of:

- Debarment/Suspension Procedures – 2 incidences
- Personnel Activity Report Noncompliance – 2 incidences
- Untimely Financial Reporting – 1 incidences
- Absence of Contracts – 1 incidence

6 of 6 (100%) findings of noncompliance were verified as corrected within 1 year of notification.

FFY 2011 INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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	243	243
	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 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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	112	112
	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	0	0	0
	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: B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the child resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	41	41
	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	4	6	6
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Failure to include proper participants for an IFSP meeting	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: Failure to provide services as required by the IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	1	1	1

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
Sum the numbers down Column a and Column b			404	404

FFY 2012 Corrected Individual Incidences of Noncompliance:

Based on data, the State identified 526 individual level findings of noncompliance in FFY 2012. Because all of these individual level incidences of noncompliance have been verified as corrected (Prong 1), the State has elected to report on them below:

Indicator #1 - Timely Service Delivery

Of the 325 individual level findings of noncompliance in FFY 2012:
Although late, services were eventually provided for all 325 children whose services were not provided within Maryland's 30-day timeline (Prong 1).

Indicator #7 – 45-Day Timeline

Of the 151 individual level findings of noncompliance in FFY 2012:
Although late, evaluation, assessments, and IFSPs not provided within the 45-day timeline were completed for all 151 children (Prong 1).

Indicator #8A – Transition Steps and Services

For FFY 2012, 2,349 out of 2,350 records reviewed had timely transition steps and services included in their IFSP or had exceptional family circumstances. One child had transition steps and services included on the IFSP less than 90 days prior to the child's third birthday resulting from service coordination error. Therefore, correction of noncompliance at the individual level has already occurred.

Indicator #8B – Notification to the LEA and SEA

For FFY 2012, local LEAs and the SEA were notified of 100% of children potentially eligible, and there were no individual findings of noncompliance.

Indicator #8C – Timely Transition Planning Meetings

Of the 50 individual level findings of noncompliance in FFY 2012:
Although late, Transition Planning Meetings were eventually held for 47 of the children whose meetings were not held in a timely manner (Prong 1). Three children were no longer receiving program services at the time of notification so individual correction could not be completed.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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 to age 3 and children in the Extended IFSP Option. No families with children in the Extended Option filed a State complaint or requested a due process hearing and/or mediation during the reported 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
2012 (2012 – 2013)	No target required because fewer than 10 resolution sessions were requested.

Actual Target Data for FFY 2012:

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 2012

The MSDE has implemented the improvement activities identified in the State Performance Plan (SPP). The MSDE continues to support the use of resolution meetings as an effective means of resolving disputes prior to a due process hearing. The MSDE continues to provide ongoing technical assistance to public agency personnel.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations

went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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 to age 3 and children in the Extended IFSP Option.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2012 (2012 – 2013)	No target required because fewer than 10 mediation sessions were requested.

Actual Target Data for FFY 2012: 100%

There was one mediation held, which resulted in a mediation agreement.

Please refer to Table 4.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012

The MSDE has implemented the improvement activities stated in the State Performance Plan (SPP). These include regular data review with Office of Administrative Hearings (OAH) staff, support for staff development and mediator training. The MSDE will continue to implement these activities in order to support this process.

Revisions, with Justification, to Proposed Targets/Improvement Activities/ Timelines/Resources for FFY 2013

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option.

Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP

Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.

Part C State Annual Performance Report (APR) for FFY 2012

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:

- Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- Accurate, including covering the correct year and following the correct measurement.

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

FFY	Measurable and Rigorous Target
2012 (2012-2013)	100% of State reported data (618, State Performance Plan, and Annual Performance Report) are timely and accurate.

Actual Target Data for FFY 12: 100%

To calculate the percentage of State-reported data that are timely and accurate for FFY 2012, 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.

- For the reporting period, all Part C 618 data tables and the Part C SPP were submitted on the due dates.
- All State-reported data were submitted accurately.

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 2012 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	1	1	4
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	14
618 Score Calculation			Grand Total (Subtotal X 2.2) =		30.80

Indicator #14 Calculation	
A. APR Grand Total	31.00
B. 618 Grand Total	30.80
C. APR Grand Total (A) + 618 Grand Total (B) =	61.80
Total NA in APR	0.00
Total NA in 618	0.00
Base	61.80
D. Subtotal (C divided by Base*) =	1.00
E. Indicator Score (Subtotal D x 100) =	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

Data from FFY 2012 indicate an increase from the slippage that occurred in FFY 2011. Unlike data from FFY 2011, all Statewide data in FFY 2012 were considered timely and accurate.

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 2012, 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 2012, the MSDE emphasized the importance of timely data submission through the assignment of improvement plans for untimely submission of data. 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 2012, the MSDE continued to provide statewide Scorecard trainings to local jurisdictions.

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. During FFY 2012, this branch developed a comprehensive birth through 21 monitoring system. As part of this system, the MSDE created a record review document designed to monitor the implementation of requirements from both State and federal regulations for students age birth through 21. This comprehensive monitoring protocol was utilized as a pilot in four LITPs during FFY 2012 and will be part of the cyclical monitoring process in FFY 2013. In addition to developing the birth through 21 record review document, the MSDE worked with the Mid-South Regional Resource Center (MSRRC) to create a compliance data collection and reporting tool designed to collect and track data, saving considerable time and resources. The MSDE staff received training from MSRRC on the tool in the summer of 2013 and will utilize the tool in FFY 2013.

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 2012, 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 **timeliness** of transition outcomes in early intervention records of 2,350 (76.2 %) of the 3,083 children who turned three years of age during the reporting period. All but one (99.9%) of the records reviewed had transition outcomes included into the IFSP **no less than 90 days, at the discretion of all parties, not greater than 27 months, or had an exceptional family circumstance for delay.**
- 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 2013**

New Resources

The Division of Special Education/Early Intervention Services awarded \$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. An additional \$2.5 million Part C/Part B 611 funds have been awarded in FFY 2013 to provide services to children participating in the Extended IFSP Option. Since December 1, 2011, the age parameter for children participating in the Extended IFSP Option was age 3 until the child's 4th birthday. On July 1, 2013, the Code of Maryland Regulations went into effect and revised the age parameters for children participating in the Extended IFSP Option. Through family choice and if eligible for Part B special education and related services, young children and their families are now able to continue receiving early intervention services after age three until the beginning of the school year following the child's fourth birthday. It is anticipated that due to the revised age parameters additional children and families will be participating in the Extended IFSP Option during FFY 2013.