

Introduction

In alignment with the MSDE priorities, the Division of Special Education/Early Intervention Services (DSE/EIS) leads a seamless integrated system that serves children and youth with disabilities from birth through 21 and their families. This comprehensive system balances the statutory requirements with equal emphasis on programmatic leadership aimed to narrow existing gaps. The DSE/EIS works in partnership with 24 local Infants and Toddlers Programs (LITPs), 24 Local School Systems (LSS), the Maryland School for the Blind, the Maryland School for the Deaf, other Public Agencies (PA), and nonpublic agencies and organizations.

Early intervention and special education services are supported through a combination of federal, State, and local funds. On average, across Maryland, approximately 70 percent of the funding for these early intervention services comes from local sources and flows directly to the designated lead agency. The DSE/EIS has responsibility for direct oversight and management of federal, State, and special funds. Additionally, the DSE/EIS provides State and local capacity-building strategies for braiding funds to blend programs through pass-through and competitive and non-competitive discretionary grant funding opportunities. This initiative allows local flexibility to address identified priorities focused on narrowing the existing performance and school readiness gaps (Moving Maryland Forward: 2013).

As the lead agency for the Maryland Infants and Toddlers Program (MITP), an interagency, family-centered program supporting our youngest learners with disabilities and their families, the MSDE provides innovative leadership to implement a seamless system of services Birth to Kindergarten. Beginning in 2010, with initial grant funding through the Office of Special Education Programs (OSEP), the MSDE, DSE/EIS expanded early intervention services to children and families beyond a child's third birthday. The Extended Individualized Family Service Plan (IFSP) Option, now a part of Maryland law, offers families of eligible children the choice to remain on an IFSP after age three, until the beginning of the school year following the child's 4th birthday. This system and infrastructure change for the State of Maryland served as a major catalyst for a heightened focus on school readiness results.

With the DSE/EIS' laser focus on Results Driven Accountability (RDA) and in alignment with the *DSE/EIS Strategic Plan, Moving Maryland Forward*, the MITP continues to transform and augment support to LITPs, to not only comply with regulatory requirements, but also to narrow the school readiness gap. This transformation began with the DSE/EIS' infrastructure changes around the four Core Functions: Leadership, Technical Assistance, Accountability, and Resource Management.

- **Leadership:** to build a comprehensive and coordinated birth through twenty-one system of services with high expectations for all children;
- **Technical Assistance and Performance Support:** to build and sustain local capacity to implement evidence-based practices;
- **Accountability for Results:** to narrow the achievement gap – maximizing learning for all children, and to ensure State and local compliance; and
- **Fiscal/Resource Management:** to ensure efficient and transparent use of federal, State and special funds.

During Phase I of the State Systemic Improvement Plan (SSIP), as stakeholders analyzed data and infrastructure components including the components of the DSE/EIS Strategic Plan, they were able to assist the DSE/EIS to further refine and identify the specific areas for infrastructure development and improvement for the MITP. The following chart clearly summarizes the specific infrastructure development identified by stakeholders and necessary to implement the Part C SSIP.

Leadership (Collaboration/Communication)	Technical Assistance (Professional Learning)	Accountability (Data Informed Decision Making)
The State will focus on collaboration and communication with intra- and interagency partners through enhanced teaming structures to support a seamless, comprehensive birth to kindergarten (B-K) system of services.	The State's technical assistance will focus on supporting LITPs through systems and content coaching as they build an implementation infrastructure focusing on evidence-based practices that attends to the implementation drivers – competency, organization, and leadership.	The State's evidence-based data-informed decision making model, TAP-IT (Team, Analyze, Plan, Implement, and Track), will help LITPs to form high performing teams focused on using data in a practice to policy feedback loop when implementing evidence-based practices, including the Child Outcomes Summary process and high-quality functional routines-based IFSPs, so that any needed adjustments can be made.

Further Infrastructure Analysis and Refinement from Phase I of the Part C SSIP

To build upon the State's infrastructure analysis from Phase I of the SSIP and to continue prioritizing the areas of infrastructure improvement, the State utilized the Early Childhood Technical Assistance (ECTA) Center's System Framework. The ECTA Center's System Framework was created to help states build and sustain high-quality early intervention and preschool special education systems. In particular, the System Framework helps states to evaluate their current systems, identify potential areas for improvement, and develop more effective, efficient systems that support implementation of evidence-based practices.

The System Framework is composed of six components, including governance, finance, personnel/workforce, data systems, accountability and quality improvement, and quality standards. The DSE/EIS ensured internal and external stakeholder involvement in the process by assigning pieces of the Framework to related groups with enough expertise to rate current infrastructure:

- 1) Governance – Performance Support and Technical Assistance (PSTA) Branch, Policy and Accountability (PA) Branch, State Interagency Coordinating Council (SICC)
- 2) Finance – Resource Management (RM) Branch, PA Branch
- 3) Personnel/Workforce – PSTA Branch, PA Branch
- 4) Data System – PA Branch, PSTA Branch, Johns Hopkins University/Center for Technology in Education (JHU/CTE), IFSP User's Group
- 5) Accountability and Quality Improvement - PSTA Branch, PA Branch, Division of Early Childhood Development (DECD)
- 6) Quality Standards - PSTA Branch, PA Branch, SICC, DECD

After completion of each section of the framework, DSE/EIS staff compiled responses from the groups to create a final completed Framework. While many of the components of the System Framework overlap, the DSE/EIS, with stakeholder input (as identified above), focused in on areas of infrastructure requiring significant change (Governance, Data Use, and Accountability and Quality Improvement). The completed Framework concentrated on recommended changes that were aligned with the DSE/EIS Strategic Plan, and built on the State's Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis findings and three coherent improvement strategies identified in Phase I. A specific component under either Governance, Data Use, or Accountability and Quality Improvement was identified for each coherent improvement strategy to provide a broad baseline measure for overall infrastructure changes.

- 1) ***Provide leadership for strategic collaboration and resource management:*** ECTA Self-Assessment Component Governance (GV8) - Part C and 619 state staff or representatives use and promote strategies that facilitate clear communication and collaboration, and build and maintain relationships between and among Part C and Section 619 stakeholders and partners;
- 2) ***Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices:*** ECTA Self-Assessment Component Accountability (AC7) - Leadership at all levels work to enhance the capacity to use data-informed practices to implement effective accountability and improvement schemes; and
- 3) ***Ensure accountability with a focus on results through data-informed decision making:*** ECTA/DaSy Self-Assessment Component Data Use (DU6) - Part C/619 state staff or representatives support the use of data at state and local levels.

An additional area of refinement promoted by stakeholder involvement was around the MITP Theory of Action. Given the complexity of the State's original submission in Phase I and with guidance from stakeholders, it was decided to create a condensed, summarized version of the Theory of Action. This consolidated version helps guide all partners and stakeholders through the State's Theory of Action in a more cohesive narrative:

IF the Maryland Infants and Toddlers Program and its partners provide leadership for strategic collaboration and resource management through enhanced teaming structures and provide high quality professional learning and support to Local Implementation Teams through systems and content coaching in the areas of data informed decision-making, which includes: implementation science/TAP-IT, high quality functional routines-based IFSPs, Child Outcomes Summary (COS) competency, and core elements of identified evidence-based practices, which includes Routines-Based Interview (RBI) and Social Emotional Foundations for Early Learning (SEFEL),

THEN Local Infants and Toddlers Programs will have the capacity to provide ongoing support to early care and education providers to implement evidence-based strategies and measure child outcomes with fidelity. Fidelity of implementation will enable early care and education providers to deliver high quality reflective coaching, family assessment, and social emotional instructional practices and develop high quality

functional routines-based IFSPs within the framework of the three early childhood outcomes,

WHICH will substantially increase the rate of growth of positive social-emotional skills for infants, toddlers, and preschool age children with developmental delays/disabilities in four Local Infants and Toddlers Programs.

The graphic below illustrates the State's condensed Theory of Action:

Figure #1

Maryland Infants and Toddlers: Theory of Action *Part C SSIP*



MSDE: Division of Special Education/Early Intervention Services



This continued refinement of the MITP Theory of Action clearly highlights the necessary improvements needed in the DSE/EIS infrastructure around leadership, technical assistance, and accountability to not only support the four SSIP Infants and Toddlers Programs but also other local programs identified as needing to improve performance.

State Baseline, Annual Targets, and Progress Data

The State set a baseline and targets in FFY 2013 with the Phase I submission. Below is a table that includes the State's baseline, annual targets, and progress data. In FFY 2014, the State met its target of 57.40%.

FFY	Of the Infants, Toddlers, and Preschool Age Children Who Entered the Program Below Age Expectations in Positive Social-Emotional Development, the Percentage Who Substantially Increased Their Rate of Growth By the Time they Exited in the Four (4) Selected LITPs	
	State Target	State Data
2013	57.40% (Weighted Baseline)	57.40% (Weighted Baseline)
2014	57.40%	59.34%
2015	58.40%	-
2016	59.40%	-
2017	60.40%	-
2018	61.40%	-

Phase II Component #1: Infrastructure Development

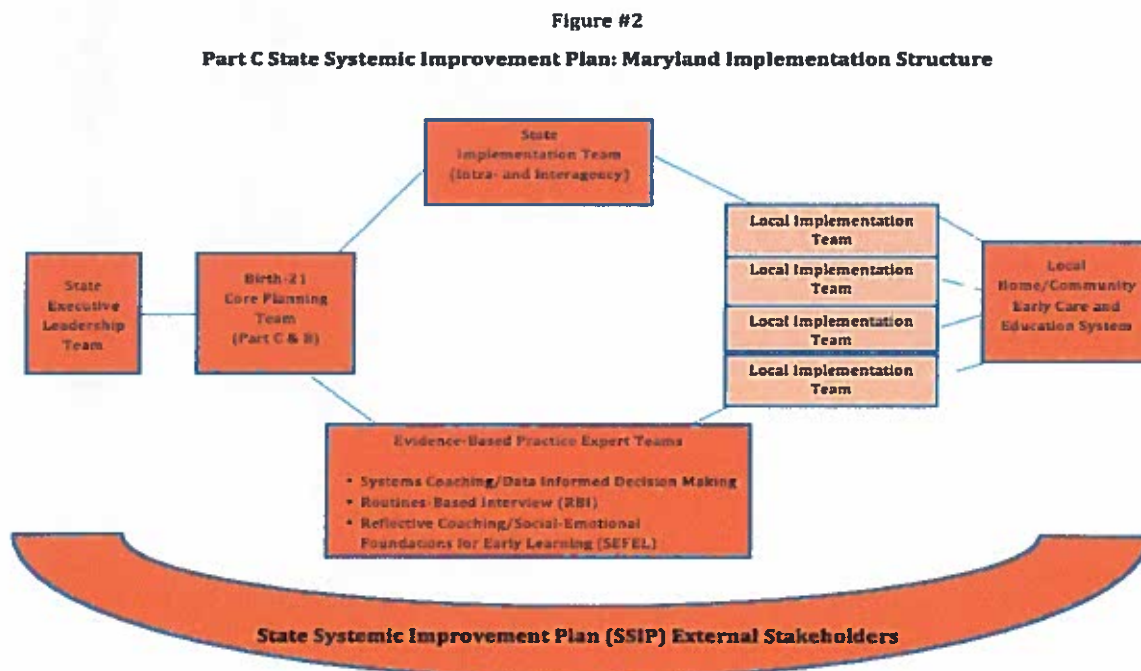
1(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and/or EIS providers to implement and scale up evidence-based practices to improve the State-identified Measurable Result(s) for infants and toddlers with disabilities and their families.

Three key State infrastructure improvements, aligned with the three MITP key strategies discussed in Phase 1, will better support LITPs to implement and scale up evidence-based practices to improve social-emotional results for infants and toddlers with disabilities and their families. These include:

- Leadership for Collaboration/Communication
- Technical Assistance and Professional Learning
- Accountability Using Data-Informed Decision Making

Leadership for Collaboration/Communication - *The State will focus on collaboration and communication with intra- and interagency partners through enhanced teaming structures to support a seamless, comprehensive birth to kindergarten system of services.* This is aligned with Key Strategy #1: Provide leadership for strategic collaboration and resource management.

Based on implementation research, in order to intentionally strengthen ongoing collaborations and target support for LITPs to implement and scale-up evidence-based practices with fidelity, the State is creating and defining several new implementation structures. These include a State Executive Leadership Team, a Birth – 21 Core Planning Team, a State Implementation Team, Evidence-Based Practice Expert Teams, Local Implementation Teams, and Key Stakeholder groups. The State has developed a visual to detail the decision-making teaming structure and flow of information toward achieving the State Identified Measurable Result:



Specific infrastructure development around teaming includes the team description, meeting frequency, and role.

- 1) **State Executive Leadership Team:** The State Executive Leadership Team is comprised of state leaders with decision-making power across the state. Members include representatives from every Division across the MSDE, as well as the Superintendent of Maryland Public Schools and the Superintendent's three deputies (School Effectiveness, Teaching and Learning, and Finance and Administration). The State Executive Leadership Team meets twice annually to ensure cross-departmental collaboration and provide feedback on current SSIP progress. During Phase II, this team designated cross-departmental team members to the State Implementation Team.
- 2) **Birth - 21 Core Planning Team:** The core planning team ensures that Maryland integrates support for children/students with disabilities and their families birth through age 21 throughout the SSIP Part C and Part B work. Members of this team meet quarterly and include the Assistant State Superintendent, the Branch Chief for Policy and Accountability and the Branch Chief for Performance Support and Technical Assistance, the Director of the MITP, a lead education specialist who supports the SPDG grant, a lead education specialist B-K, two external consultants and two evaluation consultants. Throughout Phase II of the SSIP work this Core Team has assisted with the formation and selection of the State Implementation Team as well as the specific Birth to Kindergarten (B-K) liaison assignments. Currently, this team is engaged in the following activities: (1) development of the Part B and Part C logic models and evaluation plans (2) identification of the training needed by DSE/EIS staff to implement infrastructure changes, e.g., TAP-IT, Implementation Science, and Systems Coaching; and (3) development of an action/logistics plan which allocates staff time and other resources to the SSIP jurisdictions and to jurisdictions identified in either the Targeted, Focused, or Intensive Tier, as defined by the *Differentiated Framework: Tiers of Supervision and Engagement* (see Attachment 1).
- 3) **State Implementation Team:** The State Implementation Team meets monthly with all intra- and interagency partners involved directly in implementation of the Part C SSIP. The primary responsibility of this team is to identify and support infrastructure development and to shepherd the implementation and evaluation of the Part C SSIP. The State Implementation Team members include a parent representative from Maryland's Parent Training and Information (PTI) Center (Parents' Place of Maryland), the four LITP Directors identified as Part C SSIP jurisdictions, cross-divisional DSE/EIS staff, including the Part C SSIP Coordinator/MITP Director and B-K liaisons serving as a systems coach (each LITP is assigned a B-K liaison charged with supporting the building of capacity in the SSIP jurisdictions as well as other local jurisdictions through the tiers of engagement, using the TAP-IT process, Active Implementation Frameworks, and Systems Coaching), the SICC Chair, a representative from the Division of Early Childhood Development (DECD), a representative from the Division of Educator Effectiveness, a representative from the JHU/CTE, and representatives from each of the Evidence-Based Practice Expert Teams described below.
- 4) **Evidence-Based Practice Expert Teams:** Evidence-Based Practice (EBP) Expert Teams are small working teams responsible for the major planning and implementation of each evidence-based practice. Birth - K liaisons, as well as external contracted partners, are part of these teams in order to help integrate EBP and existing practitioner

wisdom. These teams inform the work of the Core Planning Team, the State Implementation Team, and Key Stakeholder Groups. There are three EBP expert teams that meet typically monthly:

- a) Systems Coaching/Data Informed Decision-Making (including COS and IFSP Quality)
 - b) Routines-Based Interview (RBI)
 - c) Reflective Coaching/Social Emotional Foundations for Early Learning (SEFEL)
- 5) **Local Implementation Teams:** Local Implementation Teams have been created in each of the four SSIP jurisdictions, with the main purpose of addressing implementation drivers, such as selection, training, coaching, and the data-informed decision-making needed for the implementation of evidence-based practices. These teams meet monthly and will also strengthen existing local collaborations, develop new partnerships as appropriate, and receive ongoing support from the State Implementation Team, as well as specific DSE/EIS staff (B-K liaisons) assigned to each team. This ongoing support in the form of “systems coaching” will be discussed further.
- 6) **Key Stakeholder Groups:** While the key stakeholder groups are not new teams, these identified stakeholders will have ongoing involvement in the development of the infrastructure as responses will be used to make necessary adjustments to teaming structures, technical assistance and professional learning as evidence-based practices are implemented and scaled up in LITPs.
- a) **Primary SSIP Stakeholder Group - State Interagency Coordinating Council (SICC)** – The SICC has been designated as the internal and external SSIP stakeholder group because of its broad intra- and interagency representation. The SICC is the State’s Advisory Committee, consistent with both State and federal regulations. The Committee includes parents, birth through five administrators and providers, a state legislator, representatives from institutes of higher education, medical personnel/pediatricians, personnel preparations staff, and State staff responsible for special education/early intervention, health insurance, Head Start, child care, homeless education, foster care, mental health, home visiting, and Medicaid. The State also has an Executive SICC, which is comprised of MSDE Staff, the SICC Chair, the SICC Co-Chair, a family advocate, an LITP Director, and a pediatrician. General SICC and Executive SICC Meetings each occur four to five times per year and significant time is allotted at each meeting for SSIP work.
 - b) **Focused SSIP Stakeholder Groups**
 - i) **IFSP User’s Group** – The IFSP User’s Group is a group of stakeholders that make recommendations about updates and changes to the IFSP and Online IFSP Database. The group consists of LITP Directors, Data Managers, local providers, JHU/CTE staff, and DSE/EIS staff. The IFSP User’s Group meets quarterly and will be specifically involved in the SSIP when IFSP revisions may be needed to support the implementation of evidence-based practices.
 - ii) **Early Childhood Mental Health Steering Committee (ECMHSC)** – The purpose of the ECMHSC is to infuse mental health services into existing early childhood settings and to create a continuum of services that extend from prevention through treatment and therapy services. Members

include parents, child and family advocates, childcare providers, the Assistant State Superintendent of the DSE/EIS and other DSE/EIS staff, DECD staff, LITP Directors, the Department of Health and Mental Hygiene (DHMH) staff, Department of Human Resources (DHR), Center for Infants Studies staff, institutes of higher education representatives, researchers, local health department administrators, a representative from the Social Security Administration, local mental health providers, private practitioners, staff from the Maryland Family Network, ZERO to THREE staff, and physicians. The ECMHSC meets monthly and is responsible for identifying where young children in need of mental health services are, to bring appropriate personnel to them, and to ensure coordination between mental health providers in Maryland.

- iii) **Maryland Early Intervention and Screening Consortium** – The Maryland Early Intervention and Screening Consortium is a group of stakeholders that share an interest in improving early intervention and screening services in Maryland. Members include representatives from the DSE/EIS, the DECD, LITPs, JHU/CTE, Kennedy Krieger Institute, the Maryland Center for Developmental Disabilities, DHMH, local school systems, Johns Hopkins, and Franklin Square Hospital. The group meets monthly and strives to maximize developmental outcomes of children birth through five with special needs through access to appropriate quality services by connecting a diverse system of screening, referral, follow up, and intervention.

To operationalize further infrastructure change focusing on strategic collaboration with intra- and interagency partners, the MSDE has identified specific programs/initiatives in which to strengthen ongoing collaboration and communication around the social-emotional needs and challenges of young children with disabilities and their families. These are:

- 1) **Maryland's Early Childhood Mental Health Consultation (ECMHC) Project:** The ECMHC Project is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the childcare director or teacher and with the permission of the child's parent or guardian. Better collaboration with the ECMHC Project will help retain children with behavioral and mental health needs in quality childcare programs who would otherwise be expelled.
- 2) **Home Visiting Programs:** The U.S. Department of Health and Human Services (HHS) defines Home Visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and stipulates that funding may only support evidence-based Home Visiting programs that meet federal criteria. The Maryland MIECHV Program recognizes five evidence-based home visiting programs (Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), and Early Head Start-Home Based Model) being implemented throughout Maryland. These programs consist of a variable but comprehensive set of services, including medical care, behavioral health care, social services, and health education. Better collaboration with home visiting programs will increase access to evidence-based programs that provide developmental and parenting support to families,

especially children in need of social-emotional supports as part of a more comprehensive set of family services.

- 3) **Maryland EXcellence Counts in Early Learning and School-Age Care (EXCELS):** Maryland EXCELS is a Quality Rating and Improvement System (QRIS), that awards ratings to registered family child care providers, licensed childcare centers (e.g., Head Start, Letter of Compliance facilities, and school age-only child care), and public pre-kindergarten programs that meet increasingly higher standards of quality in identified areas. Maryland EXCELS is currently voluntary and is designed to increase parent and provider awareness of the key elements of high quality childcare. Continued expansion of the Maryland EXCELS system will result in higher-quality childcare with better social foundations support, thereby producing better social-emotional outcomes for children in the MITP and throughout Maryland.
- 4) **Health Care Providers:** Health care providers include not only pediatricians and other physicians, but also groups with the intended purpose of increasing the identification and enhancing service provision to infants, toddlers, and preschool age children with developmental delays and disabilities. Three examples of these groups include the Maryland Developmental Screening Consortium, the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP), and the Maryland Premature Infant Health Network. Better collaboration with health care providers will result in better coordination of services, earlier referral and, consequently, better child outcomes for children in MITP and throughout Maryland.
- 5) **Maryland Early Childhood Advisory Council (ECAC) -** The Maryland ECAC is a council comprised of early childhood educators, policy-makers, and community advocates. Its mission is to identify the most important factors and most effective strategies for making the greatest possible gains in early care and education. The Maryland ECAC works towards the goal of ensuring all children enter school with healthy minds and bodies. Therefore, collaboration with the Maryland ECAC, as well as local Early Childhood Advisory Councils, will promote a more comprehensive and coordinated system of services for all young children, including children with disabilities.

The second State infrastructure improvement to better support LITPs to implement and scale up evidence-based practices to improve results for infants and toddlers with disabilities and their families is:

Technical Assistance and Professional Learning: *The State will focus on supporting LITPs through systems and content coaching as they build an implementation infrastructure that attends to the implementation drivers – competency, organization, leadership.* This is aligned with Key Strategy #2: Provide technical assistance and performance support with a focus on family partnerships and evidence-based practices.

The federal shift towards results driven accountability has provided an impetus to revise the State's System of General Supervision. Stakeholders noted that this focus presents an important opportunity for the State to increase its focus on achieving positive outcomes for children and their families. The revision to a birth through 21 seamless monitoring system, described in detail in the Phase I submission, is being further refined. For example, the State has changed from a six-year comprehensive monitoring cycle to a three-year cycle. In addition, the State has added a self-assessment component to monitoring activities. LITPs are required to complete the self-

assessment as part of the comprehensive monitoring process and are encouraged to voluntarily complete it as ongoing capacity-building processes during off-monitoring years.

The MSDE, DSE/EIS has aligned its general supervisory responsibilities with engagement for performance support and technical assistance providing a Differentiated Framework or tiered system for monitoring and technical assistance. The Differentiated Framework illustrates the Division's shared responsibility to improve results for infants, toddlers, children and youth with disabilities and their families. An LITP is assigned to a tier of general supervision and oversight, based upon performance on federal compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and monitoring findings, and is also assigned a corresponding tier of engagement for performance support and technical assistance (see *Attachment #1*).

The following chart describes the tiers of performance support and technical assistance including the frequency of interactions between the State and an LITP at each level. While LITPs identified as SSIP jurisdictions were not identified due to multiple needs with little to no improved results, the SSIP jurisdictions were identified with low child outcomes data with the capacity for systems change/improvement, particularly in the area of social-emotional skills, and will be supported as an identified **Focused** jurisdiction. Changes that will be implemented as part of SSIP to ongoing performance support and technical assistance in each tier are in italics.

TIER	PERFORMANCE SUPPORT AND TECHNICAL ASSISTANCE	FREQUENCY
Universal	In this tier of engagement the MSDE, DSE/EIS provides technical assistance through the development of tools, resources and professional learning opportunities that addresses Statewide needs based on overall State trend data, e.g., performance on State Performance Plan/Annual Performance Report (SPP/APR) indicators, child outcomes, and school readiness.	<ul style="list-style-type: none"> • Quarterly Professional Learning Institute (PLI) • Webinars, phone conferences • Ongoing relationship building
Targeted	In this tier the technical assistance focus is on providing ongoing support to the LITP in order to address a specific need identified through monitoring and APR indicators. The LITP leadership will be required to collaborate with the DSE/EIS to review multiple sources of data in order to (1) isolate the root causes(s) of an identified need, (2) select strategies to address it, and (3) develop an Improvement Plan.	<ul style="list-style-type: none"> • Monthly Check-In (format optional) • Face-2-Face meetings as needed in addition to monthly check-in • Quarterly TAP-IT meetings (3 per fiscal year)
Focused* *All SSIP LITPs will be supported with Focused	When a LITP receives a Focused designation, the State Superintendent and the Assistant State Superintendent will contact the local School Superintendent/Health Officer to advise local leadership of a need to meet together with cross-departmental, cross-divisional State and local leaders. The LITP leadership is also required to participate in a quarterly joint State and local Focused Intervention and Accountability Team (FIAT) to review progress. The DSE/EIS may direct	<ul style="list-style-type: none"> • Bi-monthly Check-In (one of these meetings should be F-2-F) • Additional F-2-F meetings as needed • Quarterly TAP-IT meetings (3 cycles per fiscal year)

Intensity	<p>federal or State funds.</p> <p>The technical assistance provided in this tier is focused on providing substantial support to the LITP in order to address multiple needs identified through monitoring and APR indicators. Substantial support will necessitate a higher frequency of contact between the State and a local jurisdiction in order to take a critical look as to why the LITP has continuously been unable to improve results. The LITP leadership (including the Superintendent or Health Officer, depending on the lead agency) will be required to collaborate with the Division to review multiple sources of data in order to (1) isolate the root causes(s) of an identified need, (2) select strategies to address it, and (3) develop an Improvement Plan.</p> <p><i>The MSDE will support the formation of a local implementation team that will be responsible for overseeing the implementation of the improvement plan strategies and will use the TAP-IT process to create a data feedback loop to inform decision making. In practice, there is an expectation that this team will meet at least quarterly to review both adult practice and child and family results data and determine any adjustments to the plan based on the information analyzed.</i></p> <p><i>The DSE/EIS will act as a systems coach through relationship-based work with the local implementation teams as they implement improvement strategies.</i></p>	
Intensive	<p>Formal, collaborative agreement between the State and Local Lead Agency Superintendent/Health Officer to guide improvement and correction, with onsite supervision and sanctions (sanctions may include direction, recovery, or withholding of funds).</p>	

To provide the tiered system of support for improved results described above, each LITP is assigned a B-K liaison charged with supporting the building of capacity in the SSIP jurisdictions as well as other local jurisdictions through the tiers of engagement, using the TAP-IT process, Active Implementation Frameworks and Systems Coaching. The MSDE DSE/EIS has assigned a different B-K liaison to each of the four LITPs identified as SSIP jurisdictions. Through a **systems coaching evidence-based model**, the MSDE Birth-K liaisons will collaborate with the LITP leaders through monthly State Implementation Team meetings and will support Local Implementation Teams to implement and scale-up evidence-based practices to fidelity.

To better understand the differences between the roles of the monitors and those of the B-K liaisons (systems coaches), see the table below:

ROLES	RESPONSIBILITIES
B-K Liaison/ Systems Coach	<p>Team Development</p> <ul style="list-style-type: none"> • Develop a relationship with the LITP team • Facilitate the development of an Implementation Team at the LITP level • Use the “UNITED” protocol to build a high performing team • Facilitate a team based project management process <p>Engagement and Collaboration</p> <ul style="list-style-type: none"> • Relationship development • Supporting behavior changes <ul style="list-style-type: none"> ○ Build relationships ○ Listen carefully ○ Understand perspectives ○ Affirm strength ○ Build trust ○ Manage distress ○ Resolve conflicts <p>Change Facilitation</p> <ul style="list-style-type: none"> • Implementation facilitation • Intervention development • Coaching <p>Discovery and Diagnosis</p> <ul style="list-style-type: none"> • TAP-IT <ul style="list-style-type: none"> ○ Diagnose and strategically analyze data ○ Data-informed decision making
Monitor	<ul style="list-style-type: none"> • Review of APR data to determine which LITP has not met individual Indicators • Require LITP who has not met an Indicator to develop an improvement plan related to the Indicator • Monitor the progress the LITP is making in implementing the improvement plan • Collaborate with TA providers as appropriate

These changes to the State infrastructure will support LITPs with the implementation of coherent improvement strategies and activities in a sustainable manner because the B-K liaisons and the LITP leaders will utilize a systems coaching model with Local Implementation Teams, who will then provide the ongoing support at the local program level that is needed to implement evidence-based practices with fidelity. To accomplish this goal, all B-K liaisons and two LITP leaders from each Local Implementation Team will receive training in **systems coaching** in order to become competent in four essential functions: engagement and collaboration, team development, discovery and diagnosis, and change facilitation.

The State B-K liaisons and the LTP leaders will both utilize a **systems coaching** model to support ongoing evidence based practices including the Division of Early Childhood (DEC) Recommended Practices, Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments, high quality family assessment through

evidence-based family assessment tools, and reflective coaching practices. Additionally, through systems coaching, State and Local Implementation Teams will establish routines for data-informed decision-making through TAP-IT meetings which, in turn, will promote a practice-to-policy data feedback loop to assess implementation progress and implementation barriers so any needed adjustments can be made.

With active stakeholder involvement during Phase I of the SSIP, several specific evidence-based practices were identified for initial installation in the four SSIP jurisdictions to support positive social-emotional outcomes for infants, toddlers and preschoolers with disabilities. These evidence-based practices, Routines-Based Interview (RBI), and Reflective Coaching/Social Emotional Foundations for Early Learning (SEFEL), will be supported by State B-K liaisons and LITP leaders, through **systems coaching** with local implementation teams and evidence-based practices experts through **content coaching** with a local cadre of coaches/trainers.

Content experts in RBI and Reflective Coaching/SEFEL were identified and specific grants have been secured during 2015-17 to support these new efforts. An initial RBI Summer Institute was held in August 2015 with national expert, Dr. Robin McWilliam of the RAM Group, and a nationally-certified trainer, Mary Hendricks from the Johns Hopkins University School of Education. Initial Reflective Coaching/SEFEL trainings are being held during the late winter/spring 2016 provided by a nationally certified trainer, Sarah Nadiv, from the University of Maryland School of Social Work. Follow-up coaching with a local cadre of coaches/trainers is built into both of these professional learning initiatives.

Additional infrastructure development through ongoing work of the State Implementation Team continues to focus on exploration activities, including the readiness of fit and creating a hospitable environment for the implementation of evidence-based practices. Future work of both the State and Local Implementation Teams involve decision-making around fidelity protocols for each evidence-based practice as well as assessing implementation drivers.

The third State infrastructure improvement to better support LITPs to implement and scale up evidence-based practices to improve results for infants and toddlers with disabilities and their families is:

Accountability Using Data-Informed Decision Making: *An evidence-based data-informed decision making model, TAP-IT, will help LITPs to form high performing teams focused on using data in a practice to policy feedback loop when implementing evidence-based practices, including the Child Outcomes Summary process and high-quality functional routines-based IFSPs, so that any needed adjustments can be made.* This aligns with Key Strategy #3: Ensure accountability with a focus on results through data-informed decision making.

TAP-IT (Team, Analyze, Plan, Implement, and Track) is the Division's continuous improvement process that ensures the formation of a high performance team that uses data to: analyze the root cause of the problem, select evidence-based strategies to address the identified need, and oversee the implementation of the selected strategies. TAP-IT has been embedded into the DSE/EIS Technical Assistance protocol as discussed earlier. The Performance Support and Technical

Assistance Branch has worked with experts in the field and will provide training on TAP-IT and Implementation Science to the B-K liaisons and the local ITP leaders to build capacity to actively support implementation of the SSIP using the active implementation frameworks as the State and LITPs move through the improvement cycle. Continued follow-up on both TAP-IT and Implementation Science frameworks will be implemented through the systems coaching model.

Two new tools to assist B-K liaisons and local ITP leaders to make better data-informed decisions are the Child Outcomes Summary - Competency Check (COS-CC) and the IFSP Reflection Tool. The DSE/EIS has the personnel and fiscal resources in place, through a continued partnership with the Johns Hopkins University/Center for Technology in Education, to focus on COS fidelity and on IFSP quality, both aligned with our SSIP work.

To guide additional infrastructure development for implementation of the COS process with fidelity, in-depth face-to-face COS interviews with each of the local SSIP jurisdictions is currently underway. This will then inform a more large-scale needs assessment and the gradual roll-out of additional professional learning opportunities, both face to face and online, based on users' needs. The State will define key COS implementation requirements and provide additional tools to support both knowledge and skill development around the COS process including an online COS simulation case study and the COS Team Collaboration checklist. Ultimately, the DSE/EIS will implement the Child Outcomes Summary - Competency Check (COS-CC) being created by ECTA/DaSy to provide states with a mechanism to verify the basic competencies of staff with regard to the COS process. When COS-CC becomes available nationally, the DSE/EIS will pilot the tool with the four LITPs participating in the SSIP work, and following revisions and stakeholder feedback, make the COS-CC a requirement for all providers involved in the COS process.

The recently created High-Quality, Functional Routines-Based IFSP Reflection Tool is a self-assessment that may be used for professional learning and program improvement. Further infrastructure work around the IFSP Reflection Tool will be guided by specific feedback gathered on the reflection tool and modules once these are posted on Maryland Learning Links. Overall infrastructure development will be necessary to identify and implement IFSP revisions related to the implementation of evidence-based practices. To support this work, a High-Quality IFSP workgroup will be formed, including members of the IFSP User's Group.

Finally, a specific infrastructure improvement related to data-informed decision making around personnel was identified by stakeholders during the SWOT analysis during Phase I and during the completion of the ECTA System's Framework in Phase II. Both analyses indicate the need to identify the attributes of highly qualified staff that lead to positive child and family outcomes. Currently, the State cannot make data-informed decisions around personnel as the State's Personnel Standards for Early Intervention Service Providers data reside in an antiquated FileMaker Pro database. This database has several limitations, including an inability to run and analyze reports to look for patterns and the inability for LITPs to access these data. As a result, the State is in the process of planning a new data system that would allow for LITP access and better evaluation of content areas of need for personnel. It is anticipated that the development of this system will lead to better data-informed decision-making at both the State and local levels.

1(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

- *What are the current improvement plans and initiatives in the State?*
- *What are the specific steps the State has taken to further align current statewide initiatives and improvement plans that impact infants and toddlers with disabilities and their families?*
- *How is the State aligning and leveraging the current improvement plans across the Lead Agency, and how will this work specifically impact infants and toddlers with disabilities and their families?*

In Maryland, a major infrastructure change took place in 2009, when the State applied for and received American Recovery and Reinvestment Act (ARRA) Funding offered by the Office of Special Education Programs (OSEP) to implement IFSP services after age three. These funds enabled the State to develop a more seamless B-K system of services, which offers families of eligible children a choice to remain on an IFSP or to receive preschool special education services through an IEP. The Extended IFSP Option incorporates the strength of the special education/preschool education program, including a school readiness component, with the existing infants and toddlers' family-centered model. Current State regulations allow children and families to remain on the Extended IFSP Option until the beginning of the school year following the child's fourth birthday. Since the start of the Extended IFSP Option, approximately 65% of families of eligible children have chosen to remain on an IFSP at age three. Maryland has aligned the Extended Option infrastructure change with the Part C SIMR, as the data, baseline, and targets to substantially increase the rate of growth of positive social-emotional skills includes infants, toddlers and preschoolers with disabilities.

In 2013, the DSE/EIS Strategic Plan - *Moving Maryland Forward* provided a framework to align the State work impacting children with disabilities and their families Birth - 21. With Early Childhood as one of three strategic imperatives, messaging to all partners and stakeholders has communicated the vision that school readiness begins at birth and we are in this business to *narrow the gap*. The DSE/EIS has clearly articulated the key strategies to move forward this vision. Strategic collaboration, family partnerships, evidence-based practices, data-informed decision-making and professional learning, when implemented with fidelity using the principles of implementation science, will produce results. Each of these key strategies are integrated throughout the Part C SSIP work.

During the State's Phase I data and infrastructure analysis and continued work on infrastructure development in Phase II, stakeholders frequently emphasized the need for more integration and collaboration with the Division of Early Childhood Development (DECD). As discussed earlier, the State is proposing that one of the three major infrastructure improvements focuses on leadership for collaboration and communication with intra- and interagency partners. The outcome of this infrastructure improvement will further align personnel and fiscal resources, through the creation of new teaming structures and through intentional relationship building to support ongoing collaborations, specifically with the Early Childhood Mental Health Consultation Project, Home Visiting/Early Head Start, and EXCELS - Maryland's quality

improvement rating system for early care and education settings. Through partnerships with early childhood programs that include all children, the DSE/EIS and DECD can strengthen service delivery to our most vulnerable populations, including infants, toddlers, and preschool-age children with developmental delays and disabilities.

Through the Race to the Top - Early Learning Challenge Grant (RTT-ELCG), further alignment has occurred and continues to occur within early learning initiatives. One of these initiatives, Making Access Happen (MAH), received funding through Maryland's RTT-ELCG and involves a collaboration between the MSDE (the DSE/EIS and the DECD) and the Johns Hopkins University School of Education. It 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. This initiative uses a training-of-trainers reflective coaching model to build local program capacity through enhanced professional learning, including the use of video. With DSE/EIS B-K early intervention/preschool special education staff taking the lead, local early care and education partners work in collaboration to build capacity through customized, sustainable professional learning on evidence-based practices to expand access and promote positive school readiness outcomes for young children with disabilities. The DSE/EIS and the DECD are working collaboratively to continue the MAH initiative to further support children three through five with developmental delays and disabilities with their typically developing peers in high-quality environments. Additionally, the reflective coaching evidence-based model has been integrated into the SEFEL initiative to further align early intervention service delivery with infants, toddlers and preschoolers with disabilities and their families.

The DECD in collaboration with the DSE/EIS has been actively involved with the implementation of SEFEL throughout the State. While initially these efforts focused on preschool settings, the RTTT-ELCG expanded SEFEL training to early care and education settings over the past several years, with online SEFEL modules available to all early care and education providers. Since the trainings went live in July 2013, a cumulative total of 1,065 unique individuals have completed all four SEFEL Preschool training modules, earning certificates. Since September 2014, 645 individuals have completed all three SEFEL Infant Toddler modules, earning certificates. To date, 173 individuals have completed all four SEFEL Preschool modules and all three Infant Toddler modules, earning certificates. While local early intervention providers may have been included with their preschool counterparts for SEFEL training or completed online training, these trainings did not focus on home visiting and did not incorporate the principles of reflective coaching. As part of Phase I, the need for focused and aligned SEFEL home visiting training for all early intervention providers was identified. Infrastructure development has occurred during Phase II to implement this training with fidelity, beginning with the four SSIP jurisdictions and then expanding statewide. Full implementation of SEFEL for all early care and education providers in Maryland provides a common language for supporting the social-emotional strengths and needs of young children and for working with families to promote positive social-emotional skills for all young children, including infants, toddlers and preschoolers with disabilities.

Another area where the State is aligning the B-K work to specifically impact infants, toddlers and preschoolers with disabilities and their families is around the measurement of child outcomes. The MITP began integrating the COS process into the IFSP in FFY 2011 with full

implementation during FFY 2012. The COS process is completed and documented on the Strengths and Needs Summary page of the IFSP which 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 and assessment processes 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 across settings and situations in the three early childhood outcome areas.

Building upon the continued refinement of the State's B-K seamless system of services, the MITP COS Integration initiative led to an integration of COS into Maryland's IEP for preschool age children in FFY 2015. This change ensures a consistent approach to child outcomes measurement for children B-K in Maryland. Families of young children with disabilities also benefit since this common metric for measuring child outcomes provides a bridge as children and families transition from IFSP to IEP.

With the roll-out of the COS process in Maryland for preschoolers receiving services through an IEP, initial fidelity checks through an online assessment and simulator were developed. The DSE/EIS is currently working on the infrastructure to support these initial fidelity checks birth to kindergarten, including an online COS simulation case study and the COS Team Collaboration checklist. Once the national COS-CC has been finalized, Maryland will make this a requirement for all providers involved in the COS process.

Finally, the DSE/EIS is aligning its ongoing processes for grant reviews and targeted funding with the Part C SSIP work. Each LITP in Maryland is required to submit a Consolidated Local Implementation Grant (CLIG) to the MSDE. The CLIG is designed to support the programmatic implementation of each LITP. To build capacity and to more fully understand the systems planning that takes place at the local level, B-K MSDE staff members work directly with LITPs in the CLIG development and review. CLIGs for each of the LITPs engaged in the SSIP will be further reviewed by the B-K liaison assigned to the SSIP LITP for the purpose of supporting local implementation teams in aligning current initiatives with those of the SSIP. To further align fiscal resources with support for social-emotional needs as additional funds become available, the DSE/EIS will require LITPs to identify through the data informed decision making process (TAP-IT) how to best utilize discretionary fiscal resources toward achieving progress in positive social-emotional outcomes.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

As discussed earlier under 1(a), a multi-level teaming structure has been created to support the identification and implementation of infrastructure changes, including continuous internal and external stakeholder engagement, see the SSIP Teaming Structure Flowchart (*Figure 2*).

An MITP (Part C) SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice, resources needed, who is responsible, and

timelines for completing improvement efforts. Please see *Attachment 2 - MITP SSIP Action Plan*.

What resources will be needed to get to the expected outcomes?

In planning for Phase II there has been significant effort focused on the alignment of existing resources and initiatives to support the SIMR. Through the establishment of the SSIP teaming structure previously discussed, efforts have been made to use the SSIP to organize the intra- and interagency work across Departments, Divisions, and Branches to better support LITPs as they implement EBPs with fidelity in order to achieve the State's SIMR.

In addition, we have identified two primary resources needed to accomplish this work:

- **Staff Time** - To intentionally collaborate in strategic partnerships and to participate in TAP-IT, Implementation Science, and Systems Coaching training and ongoing implementation through a partnership with the National Implementation Research Network (NIRN)/State Implementation and Scaling-up of Evidence-based Practice Center (SISEP); and
- **Fiscal Resources** – For Systems Coaching Training, to support RBI training with follow-up coaching, Reflective Coaching/SEFEL training with follow-up coaching, and continued collaboration to improve data-informed decision making around COS competency and high quality IFSPs.

What are the timelines to complete changes to the infrastructure and build capacity within the State to better support the LEA program?

In SSIP Phase I, stakeholders identified the following areas for improvement in relation to the State's infrastructure: **Leadership for Collaboration, Technical Assistance and Professional Learning, and Accountability for Data Informed Decision Making**. During Phase II, the DSE/EIS has moved forward with many infrastructure changes, which include:

- The development and implementation of enhanced teaming structures to support **Leadership for Collaboration**;
- The identification of and hiring/contracting with content experts in RBI and Reflective Coaching/SEFEL to support **Technical Assistance and Professional Learning**; and
- The creation and initial implementation of the IFSP Reflection Tool and the TAP-IT process to support **Accountability for Data Informed Decision Making**.

However, the DSE/EIS will continue to focus on further infrastructure development by providing professional learning for State B-K liaisons and local ITP leaders in the following areas: TAP-IT, Implementation Science, and Systems Coaching. We are specifically requesting support from our technical assistance partners for Systems Coaching and are targeting **Summer, 2016** as the completion date for staff training in these areas. Additional infrastructure development will support data-informed decisions focusing on:

- Qualifications and competencies of early intervention personnel through the creation of a new database;
- COS competency by creating and implementing an assessment tool and simulator required for all early intervention providers; and

- Support of high quality functional, routines-based IFSPs through potential IFSP revisions necessary for full implementation of evidence-based practices.

An MITP (Part C) SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice, resources needed, who is responsible, and timelines for completing improvement efforts. Please see *Attachment 2 - MITP SSIP Action Plan*.

1(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure?

In an effort to better support EIS programs and providers, how does the SSIP promote collaboration within the Lead Agency and among other State agencies to improve the State's infrastructure?

The MSDE/DSE/EIS has and will continue to involve multiple offices within the State Lead Agency and among other State agencies through our enhanced teaming structures to improve the State's infrastructure. These include:

- The State Executive Leadership Team - promoting collaboration across the Lead Agency/MSDE;
- The Birth - 21 Core Planning Team - promoting collaboration across the DSE/EIS;
- The State Implementation Team - promoting collaboration across the MSDE with other early childhood partners, across the DSE/EIS with multiple branch and cross-functional representation, and across other State agencies and stakeholders, including Parents' Place of MD parent representative, the SICC chair, local ITP directors, and evidence-based practice experts; and
- The SICC - promoting collaboration with broad intra- and interagency partners and serving as the primary SSIP Stakeholder Group with SSIP infrastructure updates and feedback at every quarterly meeting.

Additional activities identified in the MITP SSIP Action Plan (*Attachment 2*) under Strategy #1 support strategic collaboration across multiple offices within the State Lead Agency.

What mechanisms would the State use to involve multiple offices and/or other State agencies in the improvement of the State's infrastructure?

Specific mechanisms that the State will use to involve multiple offices and other State agencies in the improvement of the State's infrastructure will include:

- Ongoing communication and messaging about the DSE/EIS Strategic Plan - Moving Maryland Forward and the Part C and Part B SSIP at all Statewide events including Professional Learning Institutes, the SICC, the Special Education State Advisory Council, Maryland Early Childhood Advisory Council, Maryland Early Intervention and Screening Consortium, the Early Childhood Mental Health Steering Committee, etc.;
- Written materials to include a SSIP one-pager and newsletter, at least twice a year, posted on MLL;

- Intentional strengthening of ongoing collaboration and communication around the social-emotional needs and challenges of infants, toddlers and preschoolers with disabilities and their families (see page 7 and the MITP SSIP Action Plan Strategy #1);
- Statewide surveys of LITPs including social emotional practices and child outcomes summary practices; and
- Ongoing, robust stakeholder involvement

How will stakeholders be involved in the infrastructure development?

All teaming structures and messaging protocols discussed above will continue to keep Maryland stakeholders involved in the infrastructure development. Our external stakeholders (SICC and Focused Stakeholder Groups) provided input during SSIP infrastructure development and will have an ongoing role during implementation. All stakeholders (internal and external) will be asked to provide information at regular intervals through the SSIP formative assessment process. In this way, stakeholders will have ongoing opportunities to evaluate SSIP infrastructure change and provide input on any needed adjustments to the process.

The following list provides dates in which external stakeholders provided specific feedback in Maryland's Phase II SSIP development:

- 1) SICC - 5/7/15, 10/1/15, 12/3/15, 2/1/16
- 2) IFSP User's Group - 4/8/15, 9/24/15, 1/21/16
- 3) ECMH Steering Committee - 12/8/15, 2/9/16, 3/8/16
- 4) Maryland Early Intervention and Screening Consortium - 11/6/15, 2/26/16

As discussed earlier, the primary SSIP Stakeholder Group is the State Interagency Coordinating Council (SICC). Specific designated time has been, and continues to be, devoted to gathering stakeholder input on all aspects of the State's SSIP work. Please see *Attachment 3* for a sample of activities completed with stakeholders specific to infrastructure development from the October 6, 2015 SSIP Stakeholder meeting.

Phase II Component #2: Support for Implementation of Evidence-Based Practices

2(a) Specify how the state will support EIS programs and providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program and EIS provider practices to achieve the State-identified Measurable Result(s) for infants, toddlers, and preschoolers with disabilities and their families.

- *Did the State describe the evidence used to select evidence-based practices that will be implemented?*
- *How did the State consider the EIS program and provider needs and the best fit for the coherent improvement strategies and evidence-based practices?*
- *How did the State assess the readiness and capacity for implementation within the Lead Agency, EIS programs, and with EIS providers?*
- *What implementation drivers are needed to effect change in EIS provider practices?*
- *What is the professional development (PD) or TA support for high-fidelity adoption, implementation and sustainability of selected coherent improvement strategies and EBPs?*
- *How will the State support the EIS programs and providers in scaling up EBP?*

The DSE/EIS Part C SSIP implementation approach will focus on improvement strategies that impact the **system**. Systems Coaching will be used as an overall evidence-based approach because it is State and local leaders who establish the conditions that are necessary for successful implementation (DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2014) through utilization of a data informed decision making model (TAP-IT) and the principles of implementation science. Furthermore, by building the capacity of the DSE/EIS B-K liaisons and local ITP leaders to become Systems Coaches, the State will be able to support LITPs not only with the implementation of EBP with fidelity, but can provide ongoing support for scale-up and sustainability. Maryland believes if the DSE/EIS B-K liaisons and local ITP leaders are competent Systems Coaches, the jurisdiction will have the capacity to effectively implement a program, practice, or approach to enhance child outcomes (Metz: SPDG National Conference, 2015).

As Maryland has adopted the DEC Recommended Practices in Early Intervention/Early Childhood Special Education, and aligns its work with a laser focus on three key strategies (Leadership for Collaboration, Technical Assistance and Professional Learning, and Accountability for Data Informed Decision Making), specific indicators around Leadership provide the evidence and support for a systems coaching approach. These include:

- L6. Leaders establish partnership across levels (State and local) and with their counterparts in other systems and agencies to create coordinated and inclusive system of services and supports.
- L7. Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.
- L9. Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

L12. Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

Since the State focuses its technical assistance at the jurisdiction level with administrative level staff, we know that most LITPs are not knowledgeable about the Active Implementation Frameworks nor do they collect data on adult behavior on an ongoing basis. Consequently, when a new innovation is selected it may conflict with other initiatives, providers may not understand what it is or have sufficient training and ongoing support, the environment may not be hospitable, and very often there is no ongoing data collection on practitioner implementation. We have learned from our research and experience with other initiatives, that a selected EBP needs both the ongoing support of an instructional/content coach and the ongoing support of jurisdictions' leaders through systems coaching, as well as attention to the other implementation drivers through a Local Implementation Team, if it is going to be implemented with fidelity. Consequently, our rationale for using Systems Coaching is recognition that if we do not help system level personnel understand the necessity of attending to the implementation frameworks, it is unlikely that they will be able to implement the selected EBP (Reflective Coaching/SEFEL and RBI) with fidelity. That is why the DSE/EIS is focused on building the capacity of B-K liaisons and LITP leaders in the four essential functions (engagement and collaboration, team development, change facilitation, and discovery and diagnosis) of a systems coach. Knowledge and skill in these areas will build the competency of local system level staff to coach local early intervention providers to implement EBPs with fidelity.

As mentioned above, two new evidence-based strategies to support social-emotional outcomes for infants, toddlers and preschoolers with disabilities (RBI and Reflective Coaching/SEFEL) were selected for exploration, installation, initial implementation and scale-up in the four SSIP jurisdictions. These were selected based on a review of literature, thoroughly detailed in Phase I, with stakeholder input. Both RBI and Reflective Coaching/SEFEL are supported by the DEC Recommended Practices (2014) to improve outcomes for young children with disabilities, their families, and the personnel who serve them. Specific indicators in the area of Assessment, Environment, Family, Instruction and Interaction highlight recommended practices resulting in better outcomes and support the alignment of the Part C SSIP work around three key strategies. These DEC Recommended Practices (2014) indicators include:

Assessment

- A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.

Environment

- E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

Family

- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Instruction

- INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.
- INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.
- INS9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.
- INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

Interaction

- INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.
- INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

The training and implementation model that will be used to install the RBI process and Reflective Coaching/SEFEL framework first involves building capacity at the state level. The State Implementation Team will identify evaluation tools to measure implementation fidelity, create a systemic process to collect and analyze child outcome data, and carefully select a cadre of professional learning experts to deliver training and provide external content coaching to establish high-fidelity implementation. Each targeted jurisdiction will have access to both face-to-face professional learning and technical assistance, as well as virtual support to help guide them through levels of implementation of both RBI and Reflective Coaching/SEFEL. Providing high levels of post-training support through both systems and content coaching will increase the likelihood that systemic change will occur.

The State believes that the adoption of the systems coaching process and a system improvement approach, will enable the DSE/EIS system coaches (B-K liaisons) to competently coach the LITP local leaders as they embark on the installation of new evidence-based practices. In turn, local programs will be supported in two ways, through **systems coaching** with local implementation teams and by evidence-based practices experts through **content coaching** with a local cadre of coaches/trainers in order to scale-up the implementation of EBPs within the jurisdiction. Systems coaching in tandem with content coaching will enable Maryland to focus on a systemic approach to SSIP implementation, by engaging all levels of the early intervention system - State, local, provider, family and child - in a coherent capacity-building process.

Consideration of Best Fit, Readiness, and Capacity for Implementation

During Phase I infrastructure and data analyses, stakeholders discussed potential improvement strategies in the context of the *Hexagon Tool for Assessing Evidence-Based Practice Readiness of Fit* to narrow down a set of coherent improvement strategies that would substantially increase the rate of growth of positive social-emotional skills for infants, toddlers and preschool-age children with disabilities. To identify SSIP LITPs and to determine the best fit for the coherent improvement strategies and evidence-based practices, the State again used its data and infrastructure analyses. These analyses pointed to four LITPs that had social emotional child outcomes data well below the State mean, but also had the systemic capacity, at both the administration and provider level, to implement new EBPs as part of the SSIP. The DSE/EIS engaged in conversations with local program directors to ensure its analyses of local infrastructure was consistent with a local perspective and that the local director believed that proposed EBPs could be implemented in the jurisdiction as part of the SSIP process. It is important to note that all four LITPs identified by the State and its stakeholders indicated an interest in participation in the SSIP and supported being a part of this intensive technical assistance process.

During Phase II, initial SSIP work with these four local programs, through the monthly State Implementation Team meetings, has primarily focused on using implementation frameworks to improve child outcomes. Several resources have been highlighted at these meetings with specific discussions around assessing the readiness and capacity issues locally. These resources include: *Active Implementation Frameworks for Program Success* (Metz & Bartley, *Zero to Three*, March 2012) and *An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems* (Research Brief OPRE 2015-48, May 2015). Local implementation teams have been or are being put into place in each SSIP LITP to enhance the stage-based implementation work, primarily around exploration. These activities include assessing the “goodness of fit” between the evidence-based practices and the needs of children and families served, building awareness and buy-in for these new approaches, and deciding on a plan of action and the resources needed.

During the installation stage of implementation, the competency drivers (selection, training, coaching, and fidelity assessment) will be used to effect changes at the State, LITP, and provider levels. The following chart aligns actions with each of the competency drivers. These actions are primarily targeting the implementation of the **system** improvement strategy – systems coaching - but also reference the specific EBP professional learning and content coaching that will be provided at the local ITP level and individual provider level.

Competency Driver	State Level	LITP Level	Provider Level
Selection	<ul style="list-style-type: none">• Selection of State Implementation Team members.• Select performance support/technical	<ul style="list-style-type: none">• Selection of members of the Local Implementation Team.• Select 2 representatives of the Local	<ul style="list-style-type: none">• Local content coaches/trainers sign a letter of agreement.

	<p>assistance B-K staff from the DSE/EIS to take the role of a systems coach for each LITP.</p> <ul style="list-style-type: none"> ● Select evidence-based practices experts to conduct training. 	<p>Implementation Team to take the role of a local systems coach.</p> <ul style="list-style-type: none"> ● Selection of system and content coaches. ● Determine the specific timeframe for the rollout of each EBP based on local program variables. ● Selection of providers for initial implementation if not initially rolled out across the LITP. 	
Training	<ul style="list-style-type: none"> ● Selected DSE/EIS staff will be trained by NIRN/SISEP in the four essential functions of systems coaching and will develop the Useable Intervention document that includes a clear description of the program, clear essential functions that define the program, operational definitions of essential functions and a practical performance assessment e.g., practice profile for systems coaching. ● Development of training for selected EBP. ● Useable Intervention document developed for each EBP. ● Local EBP experts conduct training for content coaches and providers. 	<ul style="list-style-type: none"> ● Selected LITP staff will be trained by NIRN/SISEP in the four essential functions of systems coaching and will develop the Useable Intervention document that includes a clear description of the program, clear essential functions that define the program, operational definitions of essential functions and a practical performance assessment e.g., practice profile for systems coaching. ● Local content coaches will be trained/certified in the evidence-based practice. 	<ul style="list-style-type: none"> ● Providers receive training in EBPs.
Coaching	<ul style="list-style-type: none"> ● DSE/EIS staff will receive ongoing support from 	<ul style="list-style-type: none"> ● LITP leaders will receive ongoing systems coaching support from 	<ul style="list-style-type: none"> ● Early intervention providers work with coaches to

	NIRN/SISEP. <ul style="list-style-type: none"> ● Evidence-based practice experts will provide ongoing content coaching support to locally-identified content coaches. 	the State. <ul style="list-style-type: none"> ● Content coaches develop a service delivery plan for ongoing coaching to support early intervention service providers. ● District designs mechanism, e.g. coaches clinic, for ongoing support for content coaches. 	effectively implement EBP with fidelity.
Fidelity Assessment	<ul style="list-style-type: none"> ● Development and implementation of fidelity assessments for the EBP selected (RBI, reflective coaching, SEFEL). 	<ul style="list-style-type: none"> ● Development and implementation of practice profile for content coaches. 	<ul style="list-style-type: none"> ● Providers engage in ongoing fidelity assessment, including DEC Recommended Practices Checklists.

While the above information only focused on the competency drivers, as this stage-based implementation work continues, the State and Local Implementation Teams will need to address both organizational drivers and leadership drivers for installation, initial implementation, full implementation and eventual scaling up to other LITPs. With the teaming structures in place to support this work, and the professional learning being provided to B-K liaisons and local leaders around systems coaching, a hospitable environment has been created for future work around implementation drivers to scale-up and sustain evidence-based practices in the four SSIP jurisdictions.

2 (b) Identify steps and specific activities needed to implement the coherent improvement strategies including

- *communication strategies;*
- *stakeholder involvement;*
- *how identified barriers will be addressed;*
- *who will be in charge of implementing;*
- *how the activities will be implemented with fidelity;*
- *the resources that will be used to implement them;*
- *how the expected outcomes of the improvement strategies will be measured; and*
- *timelines for completion.*
- *What are the short term and long term activities for each coherent improvement strategy and timelines for completion of those activities?*
- *What are the communication strategies the State will use to implement the Plan?*
- *How will stakeholders be involved in implementation and where are their decision-making roles during the planning stage?*
- *Given the barriers identified in Phase I, how are they being addressed within the Plan?*

- *How will the implementation teams at the EIS program and provider levels ensure that personnel/providers are trained to implement the coherent improvement strategies and EBPs with fidelity?*
- *What are the short term and long term activities for each coherent improvement strategy and timelines for completion of those activities?*

A robust communication/messaging plan will be a significant part of the SSIP work as the DSE/EIS provides leadership for collaboration and communication around the social-emotional strengths and challenges of our youngest learners with disabilities and their families. The SSIP plan will be posted on the MSDE, DSE/EIS webpages <http://marylandpublicschools.org/MSDE/divisions/earlyinterv/index.html> and <http://mdideareport.org> with a link to the SSIP page on Maryland Learning Links, our interactive web-based portal for educational and community stakeholders. Additionally, the following activities will be part of a comprehensive communication plan:

- Ongoing communication and messaging about the DSE/EIS Strategic Plan - Moving Maryland Forward and the Part C and Part B SSIP at all Statewide events including Professional Learning Institutes, the SICC, the Special Education State Advisory Council, Maryland Early Childhood Advisory Council, Maryland Early Intervention and Screening Consortium, the Early Childhood Mental Health Steering Committee, etc.;
- Written materials to include a SSIP one-pager and newsletters, at least twice a year; and
- Feedback on statewide interviews and surveys of LITPs around social emotional practices and child outcomes summary practices.

The State's Part C Coordinator, who also functions as the State's Part C SSIP Coordinator, will be a conduit for two-way communication among key SSIP teams, e.g., the Core Planning Team, the State Implementation Team, the Evidence-Based Practices Expert Teams and the Local Implementation Teams. The SSIP Coordinator will provide opportunities for two-way communication about implementation efforts with Maryland stakeholders external to the MSDE, e.g., advisory groups.

Like with Phase I, the SSIP implementation structure proposed in Phase II is designed to routinely engage both internal and external stakeholders. Internal stakeholders, that is, the State Executive Leadership Team, Birth - 21 Core Planning Team, and Evidence-Based Practice Expert Teams are comprised of personnel from across the department or those whose services have been contracted. These individuals have otherwise defined roles and responsibilities but have participated in SSIP planning and will be involved in an ongoing manner in SSIP implementation and evaluation. They will continue to have input into decisions being made around resource allocation and any changes to the State's system of support, which will be influenced by the SSIP process. The State Implementation Team meetings began in October 2015 with both internal and external stakeholders providing feedback on the consolidated Theory of Action, Logic Model, and evaluation strategies and measures. This feedback loop will continue to be built into every State Implementation Team meeting and provide invaluable formative assessment to move the work forward with fidelity in the implementation phases of the SSIP.

Additionally, over 200 educational partners (local school systems, public agencies, institutes of higher education, general education partners, advisory council leaders, and strategic partners) were brought together for our Professional Learning Institute on December 9, 2015. A session was presented on the SSIP data-informed decision-making process, Theory of Action, and Logic Model. Participants were encouraged to offer suggestions for the SSIP Part C and Part B Theory of Action and Logic Model.

Our external stakeholders (SICC and Focused Stakeholder Groups) provided input during SSIP planning, including development of an evaluation plan, and will have an ongoing role during implementation. All stakeholders (internal and external) will be asked to provide information at regular intervals through the SSIP formative assessment process. In this way, stakeholders will have ongoing opportunities to evaluate SSIP implementation progress and provide input on any needed adjustments to the process.

The following list provides dates in which external stakeholders provided specific feedback in Maryland's Phase II SSIP development:

- 5) SICC - 5/7/15, 10/1/15, 12/3/15, 2/1/16
- 6) IFSP User's Group - 4/8/15, 9/24/15, 1/21/16
- 7) ECMH Steering Committee - 12/8/15, 2/9/16, 3/8/16
- 8) Maryland Early Intervention and Screening Consortium - 11/6/15, 2/26/16

Finally, the SSIP Theory of Action and Logic Model were shared across the DSE/EIS to ensure understanding of the process and SSIP efforts ahead. Questions were fielded and smaller groups were provided the opportunity to dig deeper into the direction of the work.

The DSE/EIS is focusing on building the capacity of the State Implementation Team and Local Implementation Teams in the four essential functions of Systems Coaching. Consequently, the DSE/EIS is recommending that the Local Implementation Teams address the exploration and installation stages of implementation during the first year of Phase III of the SSIP. This will enable the implementation teams to (1) work to plan the rollout of evidence-based practice aligned to local needs, (2) select coaches, (3) develop practice profiles/fidelity measures (4) select and work with providers to design training for selected EBP, (5) ensure coaches and early intervention providers have received training, and (6) implement fidelity assessments for EBPs with providers. Although some LITPs will begin initial implementation of EBPs in FFY 2015, we will target initial implementation of EBPs to occur by the end of FFY 2016.

In order to ensure implementation by FFY 2016, the DSE/EIS will provide face-to-face professional learning by expert trainers on RBI and Reflective Coaching/RBI directly to early intervention personnel and providers. The DSE/EIS will adhere to high quality professional learning indicators, e.g., preparation, introduction to content, demonstration, engagement, self-evaluation and content and skill mastery activities (Dunst & Trivette, 2012). Each SSIP jurisdiction will have access to both face-to-face professional learning, technical assistance, and follow-up coaching as well as virtual support to help guide them through levels of implementation of both RBI and Reflective Coaching/SEFEL. The provision of high levels of post-training support through both systems and content coaching will increase the likelihood of implementation of evidence-based practices with fidelity for systemic change.

A MITP Part C SSIP Action Plan has been developed to identify activities and steps to implement changes in infrastructure and practice around each improvement strategy, resources needed, who is responsible, and timelines for completing improvement efforts. Please see *Attachment 2 - SSIP MITP Part C Action Plan*.

2(c) Specify how it would involve multiple offices within the Lead Agency (and other state agencies) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

- *How will the multiple offices within the Lead Agency and other State agencies (including the SEA) support the EIS programs and providers during the scaling up period and in sustaining the implementation of EBPs?*
- *How will the multiple offices within the Lead Agency and other State agencies (e.g., the SEA) ensure that the steps and specific activities occur within the timelines?*

The DSE/EIS has incorporated multiple offices within the Lead Agency and other state agencies into several decision-making teams, including the State Executive Leadership Team, the State Implementation Team, EBP Expert Teams, and Key Stakeholder Groups. This incorporation will support the scale-up of EBPs through a sharing of knowledge and resources, and through an ongoing formative assessment process to assess SSIP implementation progress and provide input on any needed adjustments to the process.

The DSE/EIS has also developed a grant opportunity for the University of Maryland School of Social Work to develop SEFEL training modules both face-to-face and online with follow-up content coaching. This training has been specifically tailored for early intervention providers who support young children with disabilities and their families in LITPs as part of the MITP. Additionally, the DSE/EIS has developed a grant opportunity with the Johns Hopkins University School of Education to develop an RBI Summer Institute, which includes a certification process and follow-up content coaching.

Intentional strengthening of ongoing collaboration and communication around the social-emotional needs and challenges of infants, toddlers and preschoolers with disabilities and their families at the State level will also lead to increased collaboration at the local level through systems coaching and support. Once EBPs have been fully implemented with fidelity, the DSE/EIS will continue to support LITPs through systems coaching to ensure sustainability of the installed EBPs and to move forward with scaling-up these practices within LITPs throughout Maryland.

Phase II Component #3: Evaluation Plan

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP. Specify its impact on achieving measurable improvement in the SIMR for young children with disabilities.

The MSDE leadership, in collaboration with an external evaluation team, designed a multi-year evaluation plan identifying clear indicators with short-, medium- and long-term outcomes aligned to the *MITP SSIP Theory of Action* (see *Figure 1*) addressed through the implementation science drivers. The evaluation plan will monitor the implementation process and outcomes of infrastructure development, training, coaching, and LITP implementation of evidence-based practices. Together, through formative assessment aligned with Implementation Science and guided by data-based implementation, the SSIP will impact the social-emotional development of infants, toddlers, and preschool aged children, resulting in measurable improvement in the identified SIMR.

Inputs and Outputs

The *MITP SSIP Logic Model* (*Attachment 4*) includes inputs, implementation activities and outputs, as well as short-, medium- and long-term outcomes aligned with the *MITP SSIP Theory of Action* (*Figure 1*). The *MITP SSIP Evaluation Plan* (*Attachment 5*) provides outcomes, indicators, evaluation questions and measures aligned with the *Theory of Action*, the *Logic Model* and overarching evaluation questions. Evaluation of inputs and outputs will ensure that the processes and products (i.e., state-level collaboration, LITP training and coaching) meet the needs of local providers and adhere to Implementation Science principles. Inputs include state infrastructure, intra- and interagency staff, national experts, local expertise, stakeholder involvement, data systems, and braided funding. Outputs include trained state systems coaches, local systems and content coaches and local implementation teams, a resource toolbox, structured process and tools, and protocols for implementation fidelity.

Short-, Medium- and Long-Term Outcomes

The short-term, medium-term and long-term outcomes have been aligned with indicators as identified in the *MITP SSIP Evaluation Plan* (*Attachment 5*). These indicators encompass short-term outcomes including knowledge, skills, and use of resources; medium-term outcomes including infrastructure and behavior changes which result in implementation fidelity of evidence-based practices, systems change through collaboration and data-informed decision making, and increased engagement of families; and long-term outcomes including the SIMR: *The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four local Infants and Toddlers Programs.* Annual SIMR data will inform inputs and outputs, identifying both areas of success and continued improvement.

The *MITP SSIP Evaluation Plan* displays the alignment of the *Logic Model*, overarching evaluation questions, outcomes, indicators, and evaluation questions and measures. Indicators include:

- MSDE partners with four LITPs to implement evidence-based practices (EBPs) in early intervention.
- The MSDE engages in intra- and interagency collaboration to support cross-agency initiatives, develop products, and monitor progress.
- The MSDE collaborates with partners and integrates stakeholder feedback into data-informed decisions.
- The MSDE and LITP Systems Coaches demonstrate expertise in essential functions of systems coaching, e.g., Implementation Science (active implementation frameworks), and TAP-IT. LITP Content coaches demonstrate innovation fluency in EBPs of RBI and Reflective Coaching/SEFEL.
- MSDE and LITP Systems/Content Coaching is of high quality and addresses the needs of adult learners.
- Early intervention providers have knowledge of EBPs (e.g., RBI, Reflective Coaching/SEFEL) and know how to implement these EBPs.
- LITP Systems Coaches monitor systems implementation and make systems improvements.
- Early intervention providers utilize the essential features of RBI and Reflective Coaching/SEFEL in daily practice.
- Local Implementation Teams follow the TAP-IT process to use data to design, provide, and modify individual child/family supports.
- Families are identifying concerns and priorities within daily routines and activities as part of the IFSP process, resulting in functional routines-based IFSP outcomes.
- Early intervention providers address social-emotional development through the use of SE specific linkages, assessment tools, and outcomes.
- SIMR goal: ***The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four local Infants and Toddlers Programs.***

As identified in the evaluation plan, progress and achievement of each indicator will be monitored through one or more evaluation measures. Each evaluation measure is described in the evaluation plan.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

As described in Component 1(a), key stakeholders involved in the design of the SSIP included the primary SSIP Stakeholder Group - the State Interagency Coordinating Council, and focused SSIP Stakeholder Groups - the IFSP User's Group, the Early Childhood Mental Health Steering Committee, and the Maryland Early Intervention and Screening Consortium. The SSIP Logic Model and Evaluation Plan were developed collaboratively by the Birth-21 Core Planning Team with input from the State Executive Leadership Team, the State Implementation Team, and the State Interagency Coordinating Council (SICC). During the December 2015 and February 2016

SICC meetings, focused feedback activities were created to engage stakeholders in providing specific input around the logic model. Please see *Attachment 6* for a sample of activities completed with stakeholders specific to evaluation planning and development from the December 3, 2015 SSIP Stakeholder meeting.

Ongoing dissemination and input from these groups on the implementation and formative data from the SSIP will be obtained on at least a quarterly basis. Additional input from stakeholders on the SSIP evaluation plan will be attained through monthly meetings with the State Implementation Team. Modifications to implementation or evaluation will be documented in the meeting summaries and reported in Phase III of the SSIP. Progress and outcomes will be monitored on an ongoing basis and disseminated through an annual evaluation presentation/report.

State Interagency Coordinating Council

The SICC will continue to be an ongoing partner in the evaluation design, implementation, and data-informed decision making for ongoing improvement. The SSIP will be an agenda item at each of the General SICC and Executive SICC meetings. Ongoing implementation and evaluation data will be provided, and this group will discuss and inform modifications to inputs, outputs, evaluation measures, and training content in order to meet the indicators (identified above) and ensure progress on the SIMR. These modifications will be documented in meeting minutes/summaries.

Involvement of Local Infants and Toddler Programs

Feedback from LITPs on implementation of the SSIP will be obtained through a variety of methods. Administrators and early intervention providers from LITPs are members of the SICC and will provide ongoing feedback through that group. Additionally, the State Implementation Team will meet monthly to provide progress updates, collaborate across the four LITPs and strategize solutions to implementation barriers. These LITPs will inform the SSIP implementation and evaluation through a collaborative data-informed process. Early intervention providers participating in training will provide feedback on the training and coaching provided by the Local Implementation Team systems and content coaches. Both qualitative and quantitative data will be analyzed and reported to the trainers and MSDE systems and content coaches following each training event. Monthly State Implementation Team meetings will continue to provide the forum to discuss and document feedback as well as make adjustments to the training and coaching content and process.

Data from the State and Local Implementation Teams monthly progress updates, systems coaching logs, questionnaires, knowledge assessments, fidelity measures, and IFSP audits will be used to evaluate implementation. In addition to implementation progress and areas for improvement, these data will provide feedback into the usefulness, effort, and timeliness of data to inform state-level and local-level decision-making. Modifications to the evaluation measures will be a direct result of this feedback.

Family Engagement

Families will inform the implementation and evaluation of the SSIP. Parents are members of the SICC and will continue to provide ongoing feedback through that group. Additionally, a parent who works for Maryland's Parent Training and Information (PTI) Center, Parents' Place of Maryland, is part of the State Implementation Team. Monthly feedback will continue to inform both LITP and MSDE implementation and evaluation efforts. Additionally, to inform SSIP implementation and evaluation, families will provide annual feedback through the Maryland Early Intervention Family Survey. These data will be aggregated, analyzed and used to inform both LITP and MSDE implementation and evaluation efforts.

Through the implementation of Routines-Based Interview as part of the IFSP process, families will identify concerns and priorities for their child's daily routines and activities. This will result in increased functional, routines-based IFSP outcomes as measured by the High Quality, Functional, Routines-Based IFSP Reflection Tool.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR.

The evaluation will be conducted by the MSDE in collaboration with external evaluators, State data systems, MSDE Systems and Content Coaches, and Local Systems/Content Coaches. Quantitative and qualitative methods will be utilized to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving the SIMR. Please refer to the *MITP SSIP Evaluation Plan (Attachment 5)*.

State-Level

To measure implementation in the state infrastructure, agendas and meeting minutes/summaries from the State Implementation Team meetings, Evidence-Based Practice Expert Team meetings, and stakeholder group meetings will be analyzed to determine progress in collaboration strategies, alignment efforts, and implementation of the coherent improvement strategies. These agendas and meeting minutes/summaries will also be reviewed to determine outcomes of collaborative efforts and the ongoing use of data to inform infrastructure refinement. A document analysis of collaborative products will be used to determine the extent to which the MSDE provides protocols, resources and tools that support implementation and sustainability of evidence-based practices.

To address the Implementation Science Selection Driver, the MSDE has clearly articulated LITP responsibilities and systems/content coaching roles, responsibilities, and qualifications. These have been provided to the LITP and both the MSDE and Local Systems Coaches. To address the Implementation Science Training Driver, the MSDE members of the State Implementation Team will observe training provided to State and local systems coaches, local content coaches and early intervention providers. Through a structured observation protocol, they will document training fidelity and the presence or absence of indicators of high-quality professional development, including opportunities to practice skills, relate the content to the local context, and

reflect on learning. Participants' knowledge assessments (pre/post) and demonstration of skills will ensure that the training facilitators effectively taught the essential content of the practice(s). In the Implementation Science Coaching Driver, State Systems Coaches (Birth - K liaisons) will log their coaching, including the focus areas and next steps for both the Local Implementation Team and the State Systems Coach. These coaching logs will be analyzed to determine implementation progress and areas for continued training across LITPs. Feedback from Local Implementation Teams and Local Systems Coaches, through monthly progress updates and feedback at collaborative meetings will be used to determine the extent to which the state infrastructure is meeting the needs of LITPs.

Local-Level

The SSIP evaluation will measure improvements in LITP implementation of systems alignment, TAP-IT, and stage-based evidence-based practice implementation (i.e., Routines-Based Interview and Reflective Coaching/Social Emotional Foundations for Early Learning). Systems alignment in the LITPs will be evaluated through a document review of their Consolidated Local Implementation Grants (CLIGs) and Local Implementation Team monthly progress updates. Implementation fidelity will be evaluated through the RBI Implementation Checklist, SEFEL Benchmarks of Quality Checklist, Family Coaching Checklist, Child Outcomes Summary – Competency Check, and High-Quality Functional Routines-Based IFSP Reflection Tool. These measures will guide self-reflection and support coaching designed to deepen implementation of EBPs. Early intervention providers will provide feedback on the quality of the coaching they receive through the Coaching Feedback Questionnaire. These data will inform both systems and content coaching and MSDE support necessary for coaching and implementation fidelity. Data from the Maryland Early Intervention Family Survey and the analysis of functional routines-based IFSP outcome will provide ongoing feedback to the Local Implementation Teams to continually expand implementation and increase/maintain fidelity. These data will also support the MSDE and Local Systems/Content Coaching to monitor progress, evaluate the effectiveness of training and coaching, and customize their focus to meet the needs of early intervention providers.

Family and Child Results

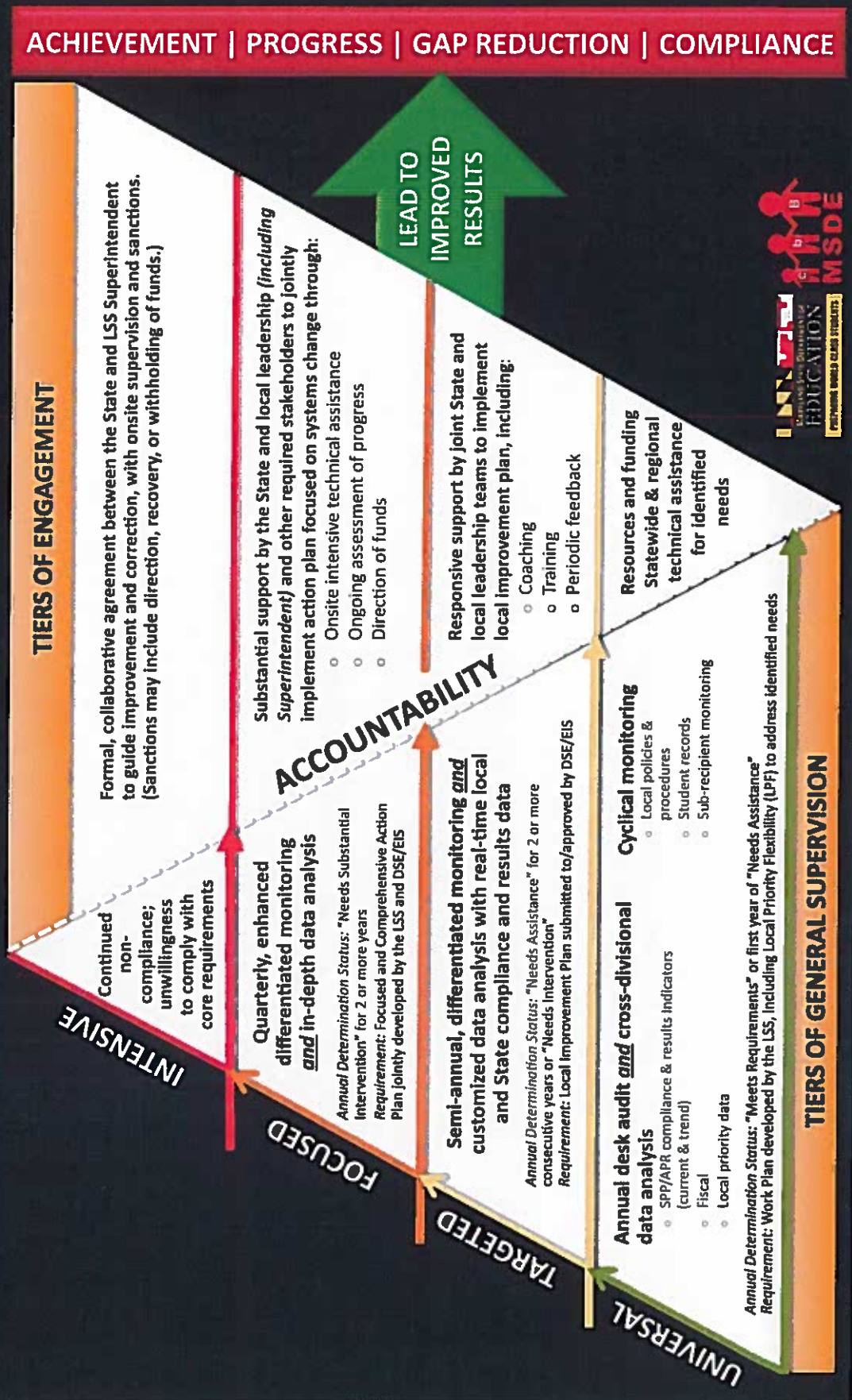
To support data-informed decisions around implementation and evaluation, feedback from families will be analyzed through the annual Maryland Early Intervention Family Survey and family engagement in the IFSP process will be verified through document analysis of the IFSP for functional routines-based outcomes. Child progress will be measured through the IFSP review/analysis and the Child Outcomes Summary at entry, annually and exit. Through sustained implementation of evidence-based instructional practices, and collaborative data-informed decision making structures, **the Maryland Infants and Toddlers Programs will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children** as measured through the Child Outcomes Summary process.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; the evaluation, assessment of the progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

The MSDE will incorporate evaluation data from multiple sources to examine the effectiveness of the implementation, progress toward achieving intended improvements, and to make modifications of the SSIP inputs and outputs as necessary. At the State level, the State Implementation Team will be responsible for directing and utilizing ongoing analysis of inputs, outputs, and outcomes data. The State Implementation Team will meet monthly to monitor progress and determine implementation strengths and areas for improvement. The State Implementation Team, in collaboration with from the Birth – 21 Core Planning Team and Evidence-Based Practice Expert Teams, will be directly responsible for initiating modifications that will lead to increased implementation fidelity and child outcomes. Additionally, this team will strategize inputs and outputs to address continued or newly-identified areas of improvement. The MSDE will implement ongoing modifications to better support LITPs and early intervention providers in implementing evidence-based practices to improve the social-emotional skills of infants, toddlers, and preschool-aged children. Successes and modifications to training, coaching, and systems alignment will be documented through meeting minutes/summaries. As described in component 3(b), the primary internal and external SSIP stakeholder group is the State Interagency Coordinating Council. These stakeholders, along with additional focused SSIP stakeholder groups, including Local Implementation Teams, will be ongoing, integral partners in examining the effectiveness of implementation, assessing progress toward achieving intended improvement, and recommending modifications to the SSIP as necessary.

The Division of Special Education/Early Intervention Services Differentiated Framework

Tiers of General Supervision and Engagement to Improve Birth-21 Special Education/Early Intervention Results



MARYLAND INFANTS AND TODDLERS PROGRAM (PART C) SSIP ACTION PLAN

State-Identified Measurable Result

To substantially increase the rate of growth of positive social emotional skills in infants, toddlers, and preschool age children with developmental delays/disabilities in four (4) Local Infants and Toddlers Programs (LITPs).

STRATEGY #1: Provide leadership for strategic collaboration and resource management

Implementation Activity (Logic Model)	Long and Short Term Activities	Responsibility	Resources Needed	Timelines
Engage in Strategic Partnerships/Teaming Structures	1.1 In collaboration with partners, MSDE supports relationships at the local level with ECMH consultants, Home Visiting programs and Health Care Providers to increase the identification and support of infants, toddlers, and preschool age children with social emotional concerns to create a more seamless system of services for families.	MITP/SSIP Coordinator and staff through work with State and Local Implementation Teams	Time	July 2015 - ongoing
	1.1.1 The MITP staff participates regularly in ECMH Steering Planning and Committee meetings, Home Visiting Consortium Planning and Committee meetings, ECMH Consultation Project Meetings, and Maryland Screening Consortium meetings.	MITP/SSIP Coordinator Staff	Time	July 2015 - ongoing
	1.1.2 The MITP staff facilitates Statewide opportunities to learn more about ECMH Consultation Project, Home Visiting programs, and specific healthcare provider initiatives related to mental health (i.e., posting on Maryland Learning Links (MLL), presentations at SICC and other collaborative meetings/events).	MITP/SSIP Coordinator Staff	Time/MLL posting protocol	September 2015 - ongoing
	1.1.3 The MITP staff facilitates robust stakeholder communication around the importance of supporting	MITP/SSIP Coordinator	Time	Spring 2016 - ongoing

Attachment #2

	social emotional needs through SSIP one-pager and newsletters (at least twice per year) posted on MLL.	staff	Time	Ongoing
1.2	In collaboration with partners, MSDE ensures that childcare providers are informed about the early intervention, preschool special education, and ECMH process by building awareness of support and resources among State and local early intervention leaders through Maryland EXCELS so that more children in MITP receive their services in a high quality inclusive childcare environment.	MITP/SSIP Coordinator and DECD staff through work with State and Local Implementation Teams		
1.2.1	A childcare representative from the DECD participates in monthly DSE/EIS cross-divisional meetings, including the monthly State Implementation Team Meeting and monthly Making Access Happen implementation meeting, and the State Interagency Coordinating Council.	DECD staff	Time	October 2015
1.2.2	Making Access Happen (MAH) provides online " <i>just in time, just for me</i> " tool kit and training/technical assistance to better address the needs of early care and education professionals in supporting young children with disabilities/developmental delays in natural/inclusive settings.	MAH Cross-Departmental Team	Braided Fiscal Resources	Initial funding 2012-2015 - Ongoing
1.3	The MSDE creates teaming infrastructures to provide guidance and support for implementation of evidence-based practices to fidelity in each of the four ITP programs.	DSE/EIS leadership	Time	July 2015 - ongoing
1.3.1	MSDE Cross-Departmental Executive Team provides guidance and support of the SSIP work, including designating specific cross-departmental team members to the State Implementation Team (SIT).	DSE/EIS Assistant State Superintendent	Time	July 2015

Attachment #2

1.3.2	MSDE creates a SIT comprised of family advocate, cross departmental state leaders, local lead agency leaders, EBP experts, and the SICC Chair to guide the provision of high quality technical assistance and performance support through a systems coaching approach to implement the EBPs to fidelity in the four local ITP programs.	State Executive Leadership Team and Birth - 21 Core Implementation Team	Time	October 2015
1.3.3	MSDE supports the development of a Local Implementation Team (LIT) comprised of local program leaders and decision-makers in each of the four ITP programs.	State Implementation Team	Time	Winter 2015-2016
Identify any barriers or challenges to implementation: <ul style="list-style-type: none"> MSDE staffing changes 				

STRATEGY #2: Provide technical assistance and programmatic support with a focus on family partnership and evidence-based practices: a) Systems Coaching; and b) Content Coaching

Implementation Activity (Logic Model)	Long and Short Term Activities	Responsibility	Resources Needed	Timelines
Develop Professional Learning (PL)/ Training for Local Implementation Teams in – <i>Implementation Science (IS) Tools, Systems Coaching, and TAP-IT</i>	<p>2.1 State and local liaisons provide systems coaching to support implementation of evidence-based practices to fidelity in each of the four local infants and toddlers' programs.</p> <p>2.1.1 MSDE invites four local infants and toddlers' programs to participate in the SSIP. Each program agrees to implement ongoing and new key initiatives/ evidence-based practices as agreed upon by stakeholders in the SSIP.</p>	MITP/SSIP Coordinator with State B-K liaisons and local ITP Directors	Time	Fall 2015 - ongoing
Participate in State		DSE/EIS Assistant State Superintendent and MITP/SSIP Coordinator	Time	Summer/ Fall 2015

Attachment #2

<p>systems coaching and TA to local programs</p> <p><u>Develop PL/Training</u> for implementation of RBI, Reflective Coaching/SEFEL, including the use of the Child Outcomes Summary (COS)</p> <p>Disseminate resources to promote scale-up/sustainability</p>	<p>2.1.2 MSDE develops a protocol and timelines for technical assistance activities aligned to the DSE/EIS Differentiated Framework: Tiers of Engagement (Universal, Targeted, Focused, and Intensive).</p>	<p>DSE/EIS Assistant State Superintendent and DSE/EIS Leadership Team</p>	<p>Time</p>	<p>Fall/Winter 2015</p>
	<p>2.1.3 MSDE provides professional learning opportunities to increase the knowledge and skills of the four Birth to K State Liaisons and 2 LITP leaders (per jurisdiction) of their role as system coaches.</p>	<p>PSTA Branch Chief/SSIP Coordinator</p>	<p>Time/ Fiscal</p>	<p>Training anticipated Spring 2016</p>
	<p>2.2 Providers implement Routines Based Interviews (RBI) with fidelity to better engage families in the IFSP process.</p>	<p>Local Implementation Teams</p>	<p>Time/ Fiscal</p>	<p>Rollout varies by LITP 2015-18</p>
	<p>2.2.1 MSDE conducts RBI professional learning and follow-up coaching for SSIP local program trainers and leaders.</p>	<p>Content Experts with EBP Expert Team</p>	<p>Time/ Fiscal</p>	<p>First Summer Institute 2015 - ongoing</p>
	<p>2.2.2 MSDE implements an RBI certification process to ensure RBI certified trainers are available.</p>	<p>Content Experts with EBP Expert Team</p>	<p>Time/ Fiscal</p>	<p>Rollout varies by LITP 2015 - 2016</p>
	<p>2.2.3 RBI training is conducted by certified trainers in each of the SSIP jurisdictions.</p>	<p>Local Content Coaches</p>	<p>Time/ Fiscal</p>	<p>Summer 2016 - ongoing</p>
	<p>2.2.4 MSDE provides online tools, resources, and fidelity measures to support RBI professional learning and content coaching.</p>	<p>Content Experts with EBP Expert Team</p>	<p>Time/ Fiscal</p>	<p>2015-2017</p>
	<p>2.2.5 MSDE implements follow-up coaching with a cadre of trained RBI coaches to ensure RBI trainers/coaches have the knowledge and skills to provide follow-up (content) reflective coaching around the RBI for children and families in each SSIP local program.</p>	<p>Content Experts</p>	<p>Time/ Fiscal</p>	<p>Rollout varies by LITP 2016-17</p>

Attachment #2

	2.3 Providers implement Social Emotional Foundations for Early Learning (SEFEL) with fidelity to build capacity to address social emotional needs.	Local Implementation Teams	Time/ Fiscal	Beginning Spring - ongoing
	2.3.1 MSDE conducts professional learning on reflective coaching/SEFEL in each SSIP jurisdiction.	SEFEL Content Experts with EBP Expert Team	Time/ Fiscal	Spring 2016 - Summer 2016
	2.3.2 MSDE provides follow up coaching with a cadre of trained SEFEL coaches to ensure SEFEL trainers/coaches have the knowledge and skills to provide follow-up reflective coaching around social emotional outcomes for young children in each SSIP local program.	SEFEL Content Experts with EBP Expert Team	Time/ Fiscal	Spring 2016 - ongoing
	2.3.3 MSDE provides online tools, resources, and fidelity measures to support SEFEL for early intervention professional learning and follow-up coaching.	SEFEL Content Experts with EBP Expert Team	Time/ Fiscal	Spring 2016 - ongoing
Identify any barriers or challenges to implementation: <ul style="list-style-type: none"> • MSDE and local staffing changes • Decreased availability of discretionary funds 				

STRATEGY #3: Ensure accountability with a focus on results through data-informed decision-making

Implementation Activity (Logic Model)	Long and Short Term Activities	Responsibility	Resources Needed	Timelines
Develop Professional Learning (PL)/ Training for Local	3.1 The LITs conduct fidelity checks for the EBP they are implementing and use that data along with formative data during quarterly TAP-IT meetings to create a practice to	Local Implementation Teams with B-K and local LITP Directors	Time/ Training	Based on local rollout 2016-2017

Attachment #2

Implementation Teams in – <i>Implementation Science (IS) Tools, Systems Coaching, and TAP-IT</i>	policy feedback loop that ensures change happens and that EBPs are implemented with fidelity.	MITP/SSIP Coordinator	Time/ Training	Spring 2016
	3.1.1 The SIT and LITs understand the five implementation science frameworks, including the TAP-IT data decision-making cycle.			
Conduct needs assessments/surveys with local programs around EBPs	3.1.2 The LITs identify exploration stage activities for the implementation of evidence-based practices – reflective coaching, RBI, SEFEL, and data-informed decision-making.	Local Implementation Teams	Time/ Training	Fall/Spring/ Summer 2016
	3.1.3 The SIT and LITs utilize the usable strategies framework to specify the implementation of EBPs and agree on the selection of fidelity measures.	State and Local Implementation Teams	Time/ Training	Spring/ Summer 2016
Disseminate resources to promote scale-up/sustainability	3.1.4 The SIT and LITs understand the relevance of the implementation drivers in relation to implementation of the evidence-based practices.	State and Local Implementation Teams	Time/ Training	Spring/ Summer 2016 - ongoing
	3.1.5 The State and local systems coaches provide ongoing support to LITs around the use of TAP-IT and EBPs with fidelity.	B-K liaisons and local ITP Directors	Time/ Training	Spring 2016 - ongoing
3.2 Families with all other IFSP team members are engaged in developing high-quality, functional routines-based IFSPs.	3.2.1 MSDE and Johns Hopkins University Center for Technology in Education (JHU/CTE) meet at least monthly to support the work around high-quality IFSPs.	State and Local Implementation Teams	Time/ Training	Rollout varies by LITP 2015-18
		MITP/SSIP Coordinator	Time	Ongoing
	3.2.2 MSDE finalizes and disseminates the IFSP Reflection Tool, along with three training modules.	MITP/SSIP Coordinator and staff	Time	Spring 2016

Attachment #2

	3.2.3	MSDE gathers information through multiple sources to assemble a High-Quality IFSP Workgroup to review the current IFSP process and documentation to make recommendations for revisions that reflect the integration of evidence-based practices.	MITP/SSIP Coordinator and staff	Time	Summer 2016
	3.2.4	MSDE in collaboration with JHU/CTE make revisions to the IFSP process and documentation and provide statewide training and technical assistance.	MITP/SSIP Coordinator and staff	Time/ Fiscal	2017-2018
	3.2.5	LITPs integrate the use of reflection and fidelity tools into systems coaching practices.	Local Implementation Teams	Time/ Training	Spring 2016 - ongoing
	3.2.6	MSDE analyzes functional routines-based IFSP outcomes annually for four SSIP jurisdictions.	MITP/SSIP Coordinator and staff	Time	Completed annually 2015-2018
	3.3	LITPs ensure that all IFSP Team members are considered competent in the COS process.	Local Implementation Teams	Time/ Training	Based on release of COS-CC
	3.3.1	MSDE and JHU/CTE meet at least monthly to support the work around COS Birth – K.	MITP/SSIP Coordinator and staff	Time	Ongoing
	3.3.2	MSDE conducts interviews and surveys with SSIP jurisdictions to identify training, technical assistance, and fidelity issues around the COS process and integration of COS processes into the IFSP.	MITP staff with JHU/CTE partner	Time	Winter/ Spring 2016 - ongoing
	3.3.3	MSDE will define key COS implementation requirements and provide training modules and resources, including online COS simulation case study and the COS-Team Collaboration checklist, to support the implementation of COS with fidelity.	MITP/SSIP Coordinator and staff with JHU/CTE partners	Time/ Fiscal	Spring 2016 - ongoing

Attachment #2

	<p>3.3.4 When ECTA finalizes the Child Outcomes Summary - Competency Check (COS-CC), MSDE makes COS-CC available for local use and requires all local staff to be COS competent.</p> <p>3.4 MSDE will support and monitor documentation of quality personnel standards for early intervention providers.</p> <p>3.4.1 MSDE will publish a Request for Quote with detailed technical specifications for a new Suitable Qualifications Database.</p> <p>3.4.2 MSDE will provide LITPs with the ability to access the Suitable Qualifications Database to make better data-informed decisions around staffing and professional learning activities.</p> <p>3.5 MSDE will continuously analyze data and modify implementation and evaluation activities, as necessary.</p> <p>3.5.1 Modifications will be vetted through stakeholders.</p> <p>3.5.2 Modifications will be submitted to the OSEP as part of the Annual Performance Report submission.</p>	<p>MITP/SSIP Coordinator and staff with JHU/CTE partners</p> <p>MITP Staff</p> <p>MITP Staff</p> <p>MITP Staff and LITP leaders</p> <p>MITP Staff</p> <p>MITP Staff and stakeholders</p> <p>MITP Staff</p>	<p>Time/ Fiscal</p> <p>Time/ Fiscal</p> <p>Time/ Fiscal</p> <p>Time/ Fiscal</p> <p>Time</p> <p>Time</p> <p>Time</p>	<p>Based on release of COS-CC</p> <p>Summer 2016</p> <p>Summer 2016</p> <p>Winter/Spring 2017</p> <p>April 1, 2016 - Ongoing</p> <p>April 1, 2016 - Ongoing</p> <p>April 1, 2017 - ongoing</p>
<p><u>Identify any barriers or challenges to implementation:</u></p> <ul style="list-style-type: none"> • Availability/timeline for COS-Competency Check • Decreased availability of discretionary funds 				

Attachment #3
Maryland State Department of Education
Division of Special Education/Early Intervention Services
Infant and Toddler Program Stakeholder Meeting Summary

In Conjunction with the Maryland State Interagency Coordinating Council Meeting (SICC)

Thursday, October 1, 2015

Expected Outcome: Stakeholders will support Maryland's Infants and Toddler Program with the Phase 2 of the State Systemic Improvement Plan (SSIP) process, specifically providing feedback and input related to planning for State infrastructure development, support to local programs, and evaluation.

Handouts

State Systemic Improvement Plan – Part C (submitted to the Office of Special Education Programs, US DOE, April, 2015)

Stakeholder Group Chart

Governance and Quality Standards sections of the Early Childhood Technical Assistance (ECTA) Center System Framework Self-Assessment

Background

Brian Morrison provide background for the group on Phases 1 and 2 of the SSIP process. He reviewed that MSDE ITP had selected substantially increasing the social/emotional development of infants and toddlers as the State-identified Measurable Result (SiMR).

He noted that for Phase 2, the MSDE will use a number of implementation and stakeholder groups to support the work. He provided a chart showing the inter-relationship of these groups. Brian also noted that there is an MSDE leadership/implementation team that coordinates between the Part C and Part B SSIP to maintain the connection to the Strategic Plan's emphasis on Birth through 21.

There was some discussion of the various strategies that will be emphasized with the four Local Infant and Toddler Programs (LITPs), yet, will also be a statewide focus. Specifically, the Routines Based Interview (RBI) was highlighted. This is a semi-structure interview process designed to establish a positive relationship with the family while learning about the child and family functioning. The result is a list of outcomes and goals to be used in the Individualized Family Service Plan (IFSP).

Another strategy discussed is SEFEL or Social Emotional Foundations for Early Learning, which is a framework that uses evidence-based strategies to promote social-emotional development and school readiness for young children ages birth to age 5. SEFEL has been used with childcare providers and parents for about 10 years. About two years ago it was introduced for use with home visitors. There is a need, however, to adapt to more appropriately fit the context of Maryland. There is joint work between MSDE and the University of Maryland to adapt and to develop modules that will also incorporate or be overlaid with a reflective coaching component.

Early Childhood Technical Assistance (ECTA) Center System Framework

Jane Nell Luster, Consultant to MSDE for the SSIP, showed the SICC Stakeholders a graphic of the ECTA System Framework (<http://ectacenter.org/sysframe/#components>) that shows components very similar

to those used in the Phase 1 SSIP infrastructure analysis. She noted the purpose of the framework is to identify the current status of MSDE EIS using quality indicators, which will then help identify strengths and areas that need to be strengthened. As noted in the framework document, the framework and self-assessment help a State to answer - *"What does a state need to put into place in order to encourage/support/require local implementation of evidence-based practices that result in positive outcomes for young children with disabilities and their families?"*

Jane Nell also showed the Self-Assessment – an Excel spreadsheet that allows data entry and self-calculates scores in each of the component areas and sub-indicators of quality (http://ectacenter.org/~xls/sysframe/ECTA-DaSy_Self-Assessment_June_2015.xlsm). She noted that there were worksheets for two of the areas – Governance and Quality Standards – in the SICC Stakeholders' packets. She asked Brian to address why these two area/components were chosen versus any of the others. Brian noted that it was felt these areas most closely align with perceptions of stakeholders – community, parents, providers, etc. – and would help EIS as they plan for infrastructure development both at the state and local level.

One of the SICC Stakeholders asked why they, rather than the four LITPs, were completing these sections of the Self-Assessment. Two reasons were given. One is that the Phase 2 infrastructure development requires the State – MSDE – to determine how they will build their capacity to support local programs. Therefore, it is important to have perceptions of stakeholders about areas of strength and need at the state level. Also, the ECTA Center has primarily identified this as a state measure. However, based on the group's observation there will be consideration of using the tool with the four LITPs.

Jane Nell led the SICC Stakeholder Group through the first four items of Governance to demonstrate how the tool is used and begin the conversation. The SICC Stakeholder Group was divided into four small groups of four to six. Two groups addressed Governance – Group 1 was asked to respond to Quality Indicators 1-4 and Group 2 to respond to Quality Indicators 5-8. Groups 3 and 4 were asked to address Quality Standards. Group 3 responded to Quality Indicators 1-3 and Group 4, Quality Indicators 4-6. Each group was asked to assign a recorder so that one set of notes/ratings could be collected from each group. None of the groups completely finished the task in the forty minutes allocated.

Jane Nell completed one final activity with the entire group and the Self-Assessment. It was to demonstrate how once each of the sub-quality indicators was completed an overall Quality Indicator score was auto-calculated. In turn there is a tab in the spreadsheet that shows by using color coding the results of the self-assessment.

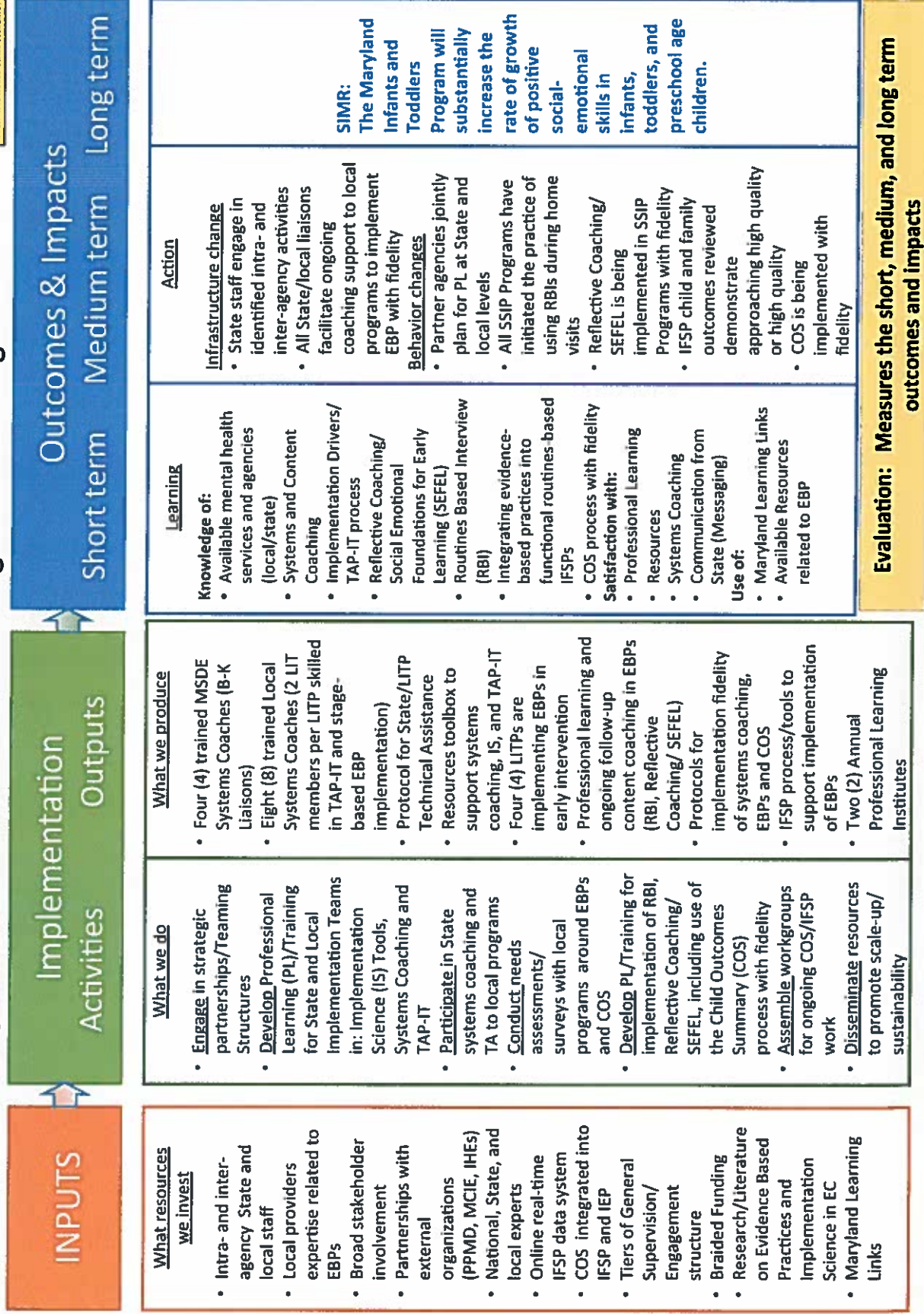
One of the SICC Stakeholders asked how MSDE would reconcile the rating they assigned with MSDE perceptions. The general answer was that unless there was compelling reason to change a rating, MSDE ITP would use the rating of the SICC Stakeholder Groups. The Stakeholders did ask that final ratings be shared with them in the future.

Submitted 10/5/2015
Jane Nell Luster, Ph.D.

Attachment #4



Maryland Infants and Toddlers Program SSIP Logic Model



Attachment #5

Maryland Infants and Toddlers Program SSIP Evaluation Plan

Overarching Evaluation Questions

1. Did we produce what we planned to produce?
 - a. Four trained MSDE Systems Coaches
 - b. Eight trained Local System Coaches (2 local implementation team [LIT] members per Local Infants and Toddlers Programs [LITP]) skilled in Team, Analyze, Plan, Implement, and Track [TAP-IT] and stage-based evidence-based practice [EBP] implementation
 - c. Minimum of 3 trained Local Content Coaches skilled in each EBPs (Routines-Based Interview [RBI], Reflective Coaching/Social Emotional Foundations for Early Learning [SEFEL])
 - d. Protocol for state and LITP technical assistance
 - e. Four LITPs implementing EBPs in early intervention
 - f. Resource Toolbox to support systems coaching, implementation science, TAP-IT, and EBPs
 - g. Professional learning in EBPs (RBI, Reflective Coaching/ SEFEL)
 - h. Individualized Family Service Plan (IFSP) tools to support implementation of EBPs
 - i. Two annual professional learning institutes
2. Did we engage in strategic partnerships?
3. Did we provide high-quality professional development and coaching?
4. Did LITP partners learn systems coaching and EBPs in early intervention?
5. Did the participating LITPs build their capacity to support the implementation, sustainability and scale up of EBPs?
6. Did LITPs install and implement EBPs with fidelity?
7. Did family engagement through the RBI lead to more functional routines-based outcome?
8. Did infants, toddlers, and preschool age children improve positive social-emotional skills?

ST = Short Term Outcome; MT = Medium Term Outcome

Logic Model	Overarching Evaluation Question	Outcomes	What does this look like? Indicators	How will we know? Evaluation Questions & Measures
ST = Knowledge of available mental health services and agencies (local/state)	#1 Did we produce what we planned to produce?	MSDE collaborates to develop and refine a comprehensive and coordinated system of services, including professional development in EBPs.	MSDE partners with four Local Infants and Toddlers Programs (LITPs) to implement EBPs in early intervention.	Are there clearly established requirements and responsibilities for participating LITPs, as well as a documented selection process? <ul style="list-style-type: none"> • Document analysis of selection criteria • Requirements/responsibilities
MT = Infrastructure change State staff engage	#2 - Did we engage in strategic partnerships?			

Attachment #5
Maryland Infants and Toddlers Program SSIP Evaluation Plan

Logic Model	Overarching Evaluation Question	Outcomes	What does this look like? Indicators	How will we know? Evaluation Questions & Measures
in identified intra- and inter-agency activities MT = Behavior changes Partner agencies jointly plan for PL at State and local levels				outlined in letter of agreement
			MSDE engages in intra- and interagency collaboration to support cross-agency initiatives, develop products, and monitor progress.	Is there evidence of opportunities to engage in effective collaboration? Did this collaboration result in implementation progress? <ul style="list-style-type: none"> • Agendas & Meeting Minutes • Artifacts/Products • Cross-Agency Professional Development/Community Events
			MSDE collaborates with partners and integrates stakeholder feedback into data-based decisions.	Are MSDE Divisions and partners included in meaningful collaboration, with opportunities to provide input and feedback at critical decision points? <ul style="list-style-type: none"> • Agendas • Meeting Minutes/Summaries (include activities, lingering questions and stakeholder recommendations)
ST = Knowledge of <ul style="list-style-type: none"> • Systems and Content Coaching • Implementation Drivers/ TAP-IT process • SEFEL • RBI 	#3 - Did we provide high quality professional development and coaching? #4 - Did LITP partners learn systems coaching and EBPs in early intervention?	MSDE and LITP Systems/Content Coaches support LITP implementation and sustain implementation	MSDE and LITP Systems Coaches demonstrate expertise in essential functions of systems coaching, e.g., implementation science (active implementation frameworks), and TAP-IT. LITP Content Coaches demonstrate innovation fluency in EBP of RBI	Are there clearly established requirements and responsibilities for MSDE and LITP Systems/ Content Coaches, as well as a documented selection process? Are they trained and supported to promote and sustain implementation of selected evidence-based practices?

Attachment #5
Maryland Infants and Toddlers Program SSIP Evaluation Plan

Logic Model	Overarching Evaluation Question	Outcomes	What does this look like? Indicators	How will we know? Evaluation Questions & Measures
ST = Satisfaction with <ul style="list-style-type: none"> Professional Learning Resources Systems Coaching Communication from State (Messaging) ST = Use of <ul style="list-style-type: none"> Maryland Learning Links Available Resources related to EBP MT = Behavior changes All State/local liaisons facilitate ongoing coaching support to local programs to implement EBP with fidelity			and Reflective Coaching/SEFEL.	<ul style="list-style-type: none"> Coaching Roles, Responsibilities, & Qualifications Monthly Progress Update
			Training is of high quality and addresses the needs of adult learners.	Is all training of high quality for adult learners, containing elements such as preparation, engagement, application, evaluation and mastery? Is training ongoing, grounded in evidence, and reviewed for fidelity to content? <ul style="list-style-type: none"> Observation of training for content fidelity and HQPD indicators
			MSDE and LITP Systems/Content Coaching is of high quality and addresses the needs of adult learners.	How much systems/content coaching is occurring with LITP and is it of quality, containing elements such as engagement and collaboration, team development, discovery and diagnosis, and change facilitation? <ul style="list-style-type: none"> MSDE Systems Coaching Log Monthly Progress Update Coaching Feedback Questionnaire
ST = Knowledge of <ul style="list-style-type: none"> Systems and Content Coaching Implementation Drivers/ TAP-IT process 	#4 - Did LITP partners learn systems coaching and EBPs in early intervention?	Early intervention providers (EIPs) increase awareness, knowledge, and skills	EIPs have knowledge of EBPs (e.g., RBI, Reflective Coaching/SEFEL) and know how to implement these EBPs.	To what degree did training participants meet learning targets? As a result of training, were early intervention providers able to demonstrate fluency in EBP? <ul style="list-style-type: none"> Knowledge Assessment,

Attachment #5
Maryland Infants and Toddlers Program SSIP Evaluation Plan

Logic Model	Overarching Evaluation Question	Outcomes	What does this look like? Indicators	How will we know? Evaluation Questions & Measures
<ul style="list-style-type: none"> SEFEL RBI 				Demonstrate Skills at Training <ul style="list-style-type: none"> Coaching Practices Rating Scale
MT = Behavior changes <ul style="list-style-type: none"> All State/local systems coaches facilitate ongoing coaching support to local programs to implement EBP with fidelity 	#5 - Did the participating LITPs build their capacity to support the implementation, sustainability and scale up of EBP?	LITP Systems Coaches create conditions that support implementation	LITP Systems Coaches monitor systems implementation and make systems improvements.	On a regular basis, how are LITP and EIPs needs/capacity assessed to provide targeted professional development and coaching? <ul style="list-style-type: none"> MSDE Systems Coaching Log Documented alignment of current initiatives in Consolidated Local Implementation Grant (CLIG) Monthly Progress Update
ST = Knowledge of <ul style="list-style-type: none"> Integrating evidence-based practices into function routines-based IFSPs COS process with fidelity MT = Behavior changes <ul style="list-style-type: none"> All SSIP Programs have initiated the practice of using RBIs during home visits SEFEL is being implemented in SSIP Programs COS is being implemented with 	#6 - Did LITPs install and implement EBPs with fidelity?	EIPs implement evidence-based practices with fidelity	EIPs utilize the essential features of RBI and Reflective Coaching/SEFEL in daily practice.	Are participants implementing practices with fidelity in the child and family's environment as intended? <ul style="list-style-type: none"> RBI Implementation Checklist SEFEL Benchmarks of Quality Checklist Family Coaching Checklist Coaching Feedback Questionnaire
			LITs follow TAP-IT process to use data to design, provide, and modify individual child/family supports.	Are key components of data-informed decision-making practices being implemented as intended? <ul style="list-style-type: none"> Child Outcomes Summary – Competency Check (COS-CC)

Attachment #5

Maryland Infants and Toddlers Program SSIP Evaluation Plan

Logic Model	Overarching Evaluation Question	Outcomes	What does this look like? Indicators	How will we know? Evaluation Questions & Measures
fidelity				
MT = Behavior changes <ul style="list-style-type: none"> All SSIP Programs have initiated the practice of using RBIs during home visits IFSP child and family outcomes reviewed demonstrate approaching high quality or high quality 	#7 - Did family engagement through the RBI lead to more functional routines-based outcome?	Families are engaged in the IFSP process	Families are identifying concerns and priorities within daily routines and activities as part of the IFSP process. This results in functional routines-based IFSP outcomes.	To what degree are families engaged in the IFSP process? <ul style="list-style-type: none"> High-Quality, Functional Routines-Based IFSP Reflection Tool Maryland Early Intervention Family Survey
SIMR: <i>The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children</i>	#8 - Did infants, toddlers, and preschool age children improve positive social-emotional skills?	EIPs have increased capacity to identify and support social-emotional needs of young children and their families	EIPs address social-emotional development through the use of SE specific linkages, assessment tools, and outcomes.	Do more IFSPs include SE specific linkages, assessment tools, and outcomes? <ul style="list-style-type: none"> IFSP Reviews/Analysis
		Children improve social-emotional outcomes	SIMR goal: <i>The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children</i>	Are more infants, toddlers, and preschool aged children meeting positive social-emotional skill standards? <ul style="list-style-type: none"> Child Outcomes Summary

Evaluation Measures

Attachment #5

Maryland Infants and Toddlers Program SSIP Evaluation Plan

This section outlines measures that will be used to evaluate the development, installation, and implementation of the SSIP. Many additional process measures will inform implementation at the State, LITP, and EIP levels.

State Implementation Team

Document analysis of selection criteria: The LITP selection criteria, clearly articulated in the SSIP Phase I.

Agendas & Meeting Minutes/Summaries (including activities, lingering questions and stakeholder recommendations): Documentation of MSDE and stakeholder meetings, including activities, lingering questions, and stakeholder recommendations. Through an analysis of agendas and meeting summaries over time, improvements to SSIP implementation based on stakeholder input will be identified.

Artifacts/Products: Product developed will include a protocol for state and LITP technical assistance; Resource Toolbox to support systems coaching, implementation science, TAP-IT, and EBPs; Professional learning in EBPs (RBI, Reflective Coaching/SEFEL); and IFSP tools to support implementation of EBPs.

Cross-Agency Professional Learning/Community Events: Documentation of cross-agency professional learning and community opportunities. Through an analysis of this documentation, improvements in providing a coordinated comprehensive system of services will be identified.

Knowledge Assessment, Demonstrate Skills at Training: Standardized knowledge (e.g., pre/post-tests) for each training topic (e.g. TAP-IT, RBI, Reflective Coaching/SEFEL) and skill-based activities designed to support training participants to practice the application of the knowledge. These will be incorporated into all training provided to MSDE and LITP Systems Coaches and LITP Content Coaches, and used to evaluate the effectiveness of the professional learning. These evaluation measures will also be available in the Resource Toolbox for use by Local Implementation Teams in training to early intervention personnel.

Observation of training for content fidelity and HQPD indicators: Professional learning opportunities provided to MSDE and LITP Systems/Content Coaches will be observed and rated using the *Indicators of High-Quality Professional Development Training Checklist*. This measure evaluates the use of adult learning principles in training to support the acquisition of knowledge and application to context. Additional observation information will identify whether the learning objectives of the training were met.

Monthly Progress Update: Monthly updates provided by the State Implementation Team, including State Systems and Content Coaches. These updates will include current implementation status, coaching focus areas, and technical assistance needed to support

Attachment #5

Maryland Infants and Toddlers Program SSIP Evaluation Plan

implementation. These updates will be used to inform systems decisions, and will be archived to evaluate implementation progression over time.

LITP Implementation Team

Requirements/responsibilities outlined in letter of agreement: Letter of agreement provided to and signed by LITP administration. This letter outlines requirements and responsibilities of the LITP.

Monthly Progress Update: Regular progress updates provided by each Local Implementation Team, including Local/State Systems and Content Coaches. The updates will include current implementation status, coaching focus areas, and technical assistance needed to support implementation. These updates will be used to inform systems decisions, and will be archived to evaluate implementation progression over time.

Documented alignment of current initiatives in Consolidated Local Implementation Grant (CLIG): Documentation of professional learning activities relating to social-emotional development/evidence-based practices in the Comprehensive System of Personnel Development Plan and/or other discretionary funding plans submitted annually with the CLIG.

Child Outcomes Summary – Competency Check (COS-CC): Documentation of the percent of local staff that is determined COS competent as part of annual CLIG submission.

Evidence-Based Practices fidelity measures: Summaries/analyses of SEFEL Benchmarks of Quality Checklists, Family Coaching Checklists, RBI Implementation Checklists for EIPs and summaries/analyses of Coaching Practices Rating Scale for local SEFEL coaches as part of Final Program reports submitted annually.

MSDE and LITP Systems Coaching

Monthly Progress Update: Regular progress updates provided by each Local Implementation Team by local Systems Coaches. Monthly updates also provided by the State Implementation Team, including MSDE Systems Coaches. The updates will include current implementation status, coaching focus areas, and technical assistance needed to support implementation. These updates will be used to inform systems decisions, and will be archived to evaluate implementation progression over time.

MSDE Systems Coaching Log: MSDE Systems Coaches will log their coaching, including those coached, focus of coaching, next steps for those coached, and next steps for the MSDE Systems Coach.

Attachment #5

Maryland Infants and Toddlers Program SSIP Evaluation Plan

LITP Content Coaches

Coaching Roles, Responsibilities, & Qualifications: Clearly defined roles, responsibilities, and qualification shared with LITP Content Coaches for RBI and SEFEL.

Coaching Feedback Questionnaire: Twice per year, LITP Content Coaches self-report of their coaching and provide feedback on MSDE Coaching they receive.

Coaching Practices Rating Scale: Pre-training and post-training completion of the Coaching Practices Rating Scale for LITP SEFEL coaches.

Families

Maryland Early Intervention Family Survey: Annual completion of the Part C Early Intervention Family Survey. MSDE analyzes and shares data for State and local decision-making.

High-Quality, Functional Routines-Based IFSP Reflection Tool: Family engagement verification through review of functional routines-based IFSP outcomes. MSDE provides annual analysis of functional routines-based IFSP outcomes to support child and family results.

Early Intervention Providers

Coaching Feedback Questionnaire: Twice per year, through a confidential survey, EIPs self-report of their coaching to families and provide feedback on LITP Content Coaching they receive.

SEFEL Benchmarks of Quality Checklist: Summaries of SEFEL Benchmarks of Quality Checklists completed by EIPs.

Family Coaching Checklist: Summaries of Family Coaching Checklists completed by EIPs.

RBI Implementation Checklist: Summaries of RBI Implementation Checklists completed by EIPs.

Child Outcomes & Impact

IFSP Reviews/Analysis: Annual analyses of social-emotional linkages, assessment tools, and outcomes in IFSPs.

Child Outcomes Summary: The child's positive social-emotional skills are documented at entry, annual, and exit for the early childhood program. This data provides both the rate of growth and the impact of the SSIP.

Attachment #6
Maryland State Department of Education
Division of Special Education/Early Intervention Services
Infant and Toddler Program Stakeholder Meeting Summary

In Conjunction with the Maryland State Interagency Coordinating Council Meeting (SICC)

Thursday, December 3, 2015

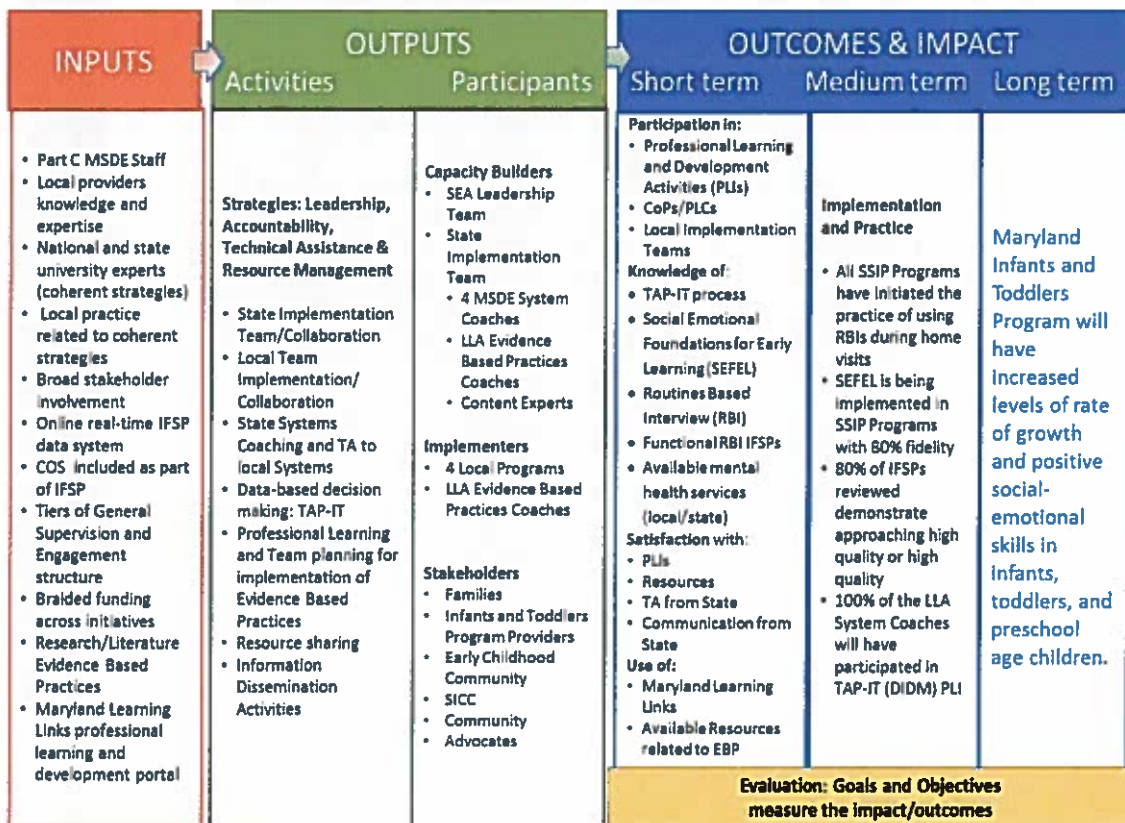
Expected Outcome: Stakeholders will support **Maryland's Infants and Toddler Program** with the Phase 2 of the State Systemic Improvement Plan (SSIP) process, specifically providing feedback and input related to planning for State infrastructure development, support to local programs, and evaluation.

Handouts

Activity Sheet as noted below

Evaluation – Logic Model – Stakeholder Input Activity

Jane Nell Luster, Consultant to Maryland State Department of Education (MSDE) for the State System Improvement Plan (SSIP), provided a brief background of the three Phases of the SSIP process. In this SSIP Phase 2, MSDE Part C must plan for implementation – this includes three parts: infrastructure development within MSDE, MSDE support for Local Infants and Toddlers Program (LITP) /Local School System (LSS) implementation of evidence-based practices (EBPs), and evaluation.



The 12/3/2015 Stakeholder input session was specifically for participants to provide assistance to MSDE in more fully developing a draft logic model that will guide the evaluation. A slide was shown with the following prompt: *Evaluation is beginning with the end in mind - what will be different in the social emotional skill development of Infants and Toddlers with disabilities in Maryland in 1, 2, 3, etc. years?* The Core Functions of Leadership, Accountability, Technical Assistance, and Resource Management were shown as part of the MSDE Part C Theory of Action for achieving the State-identified Measurable Result (SIMR): [In FFY 2018], *the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children will be substantially increased.* Participants were reminded of the four broad strategy areas of Family Partnerships, Strategic Collaboration, Evidence-Based Practices, and Data-Informed Decision Making. Next participants were shown a draft logic model (see page 1 above) that included categories of inputs, outputs – activities and participants, and outcomes and impact – short, medium, and long term, with the SIMR representing the long-term outcome.

Activities

Medium Term Outcomes

Implementation and Practice

- All SSIP Programs have initiated the practice of using RBIs during home visits
- SEFEL is being implemented in SSIP Programs with 80% fidelity
- 80% of IFSPs reviewed demonstrate approaching high quality or high quality
- 100% of the LLA System Coaches will have participated in TAP-IT (DIDM) PLI

Activity #1

Participants were asked to look specifically at the draft **medium term outcomes**. They were to “Consider – *what are additional measurable outcomes that could demonstrate either implementation of a practice or a change in practice after 2 or 3 years using the related strategies of Leadership, Accountability, Technical Assistance, and Resource Management or from gaining knowledge and skills of evidence-based practices?*”

Four groups were formed. Below are responses from each of the groups to Activity #1:

- All SSIP Programs have initiated reflective coaching.
- [There is an] increased number of mental health providers across SSIP and other counties.
- To invite x number of additional jurisdictions based on what is learned; add additional EIS Programs/LSSs.
- All SSIP Programs have initiated the practice of using Routines-Based Interviews (RBIs) during home visits so that ... [explicitly show the relationship from] the medium-term outcome to the long-term outcome.
- All SSIP Programs have initiated the practice of coaching.
- Families will have increased knowledge and resources to promote

social-emotional skills with their children.

Questions and notes from the groups, some of which could potentially be incorporated as medium-term outcomes:

- How do we define high quality and approaching high quality?
- What is the rate of locals adopting Evidence-Based Practices (EBPs) prior to 2015 and those adopting after?
- Clarify:
 - RBI – is it Routines Based Interview or Routines Based Intervention?
 - SEFEL Implementation – What is the definition of 80% fidelity and does this apply to all staff or to the staff initially trained in SEFEL (Spring '16)?
- Medium-term outcomes need a “so that” statement (see bullet 4 above).
- One bullet must be that programs are implementing COS to fidelity.

- Outcomes need to be expanded so that there is a clear reason to monitor/evaluate (not just the long term outcome).

Participants also cited the need to involve Institutes of Higher Education (IHEs) and the potential importance of dual certification. One participant pointed out that with only collecting data at Entry and Exit on the Child Outcome Summaries, a mid-point measurement is lost.

Activity #2

The second activity in which the Stakeholder participants were asked to engage was to “Look at the Outputs Column. Review the Activities. Review the Participants. Consider – *are there any participants missing?*”

OUTPUTS	
Activities	Participants
Strategies: Leadership, Accountability, Technical Assistance & Resource Management • State Implementation Team/Collaboration • Local Team Implementation/Collaboration • State Systems Coaching and TA to local Systems • Data-based decision making: TAP-IT • Professional Learning and Team planning for implementation (Coherent Strategies) • Resource sharing • Information Dissemination Activities	Capacity Builders • SEA Leadership Team • State Implementation Team • Context Experts Implementers • 3 Local Programs Stakeholders • Families • Infants and Toddlers • SICC • Community • Advocates

Responses from the four groups included:

- Medical Community
- LICC (noted by two groups)
- Faith-based Community
- American/Maryland Academy of Pediatrics – their focus on Social-Emotional – considering requiring social-emotional screenings by pediatricians
- Pediatricians and Family Physicians
- IHE’s – to assure new leaders are being informed
- Social Service agencies
- Healthcare
- Early Childhood Advisory Councils (ECAC) (noted by two groups)
- Home visiting agencies and/or nonprofits
- Local political folks (i.e., council members, legislators)
- 4 local programs – should include local agencies – DSS, Health, and Education

Activity #3a

The last activity had two parts. Activity 3a asked participants to consider the Logic Model as a whole (see page 1) and to think about the intent of the SSIP and SIMR. “Consider – *what questions would you want answered short-term or annually to help you determine if the implementation of key strategies is supporting progress toward increased positive social-emotional skills in infants and toddlers?*”

Responses from the four groups included:

- What is the percent of growth for each child annually?
- Are families satisfied?
- Are strategies being used across all settings the child is in during the day and/or the week?
- How many EIP providers worked with the family and/or early childhood providers?
- COS annually
- # of opportunities sharing the plan/progress with stakeholders/community
- Info from families about their ability to understand and use SEFEL strategies.

Questions and notes from the groups:

- Want data that shows a correlation between high quality IFSPs and high quality COS
- What have challenges/barriers been?
- Can't measure knowledge
- Baseline data – can Maryland Learning Links (MLL) website differentiate the number of hits versus the number of people?
 - Did they find what they were looking for?
 - SSIP counties may have to log in
 - How are we measuring MLL – just SSIP counties or all?

Activity #3b

Activity 3b again asked Stakeholder participants to consider the SSIP Logic Model as a whole.

“Consider – what questions would you want answered in 2-3 years to help you determine if progress is being made toward increasing positive social-emotional skills in infants and toddlers?”

Responses from the four groups included:

- What rate of change are you looking for with COS?
- Are we starting (?)
- How do SSIP jurisdictions compare to others?
- How do we define/know what it means to “initiate” RBI’s?
- Is there any data that shows a relationship between SEFEL/RBI and COS?
- Is there a screening process to determine whether there is adversity in the home? If we aren't identifying the atmosphere/adversities/toxic stress, we are missing a significant component.
- Is there an increase in school readiness based on R4K?

Submitted 12/30/2015

Jane Nell Luster, Ph.D.