

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Preparation:

The Part C State Performance Plan (SPP) was developed by the Maryland Infants and Toddlers Program (MITP) staff in the Maryland State Department of Education (MSDE)/ Division of Special Education/ Early Intervention Services (DSE/EIS), in collaboration with the State Interagency Coordinating Council (SICC) and representatives of local Infants and Toddlers Programs (LITPs).

The Part C database was developed in 2003 to collect and track data to address the priority areas identified by both the State and the Office of Special Education Programs through the Continuous Improvement Monitoring Process. MSDE gathers data for all eligible children in all 24 LITPs in the B/C Data System which is an on-line real-time system. LITP data entry staff enter data gathered from referral and the IFSP for each child served by the LITP. MSDE and LITPs can generate data reports from the data system on individual children or groups of children.

In preparation for the SPP, MSDE gathered and analyzed data relevant to the SPP indicators for all eligible children in all 24 LITPs for the period 7/1/04-12/30/04 and 1/1/05-6/30/05. Data was aggregated to provide statewide data and disaggregated to provide data about individual local programs. Trend data as well as data for the period FFY2004-2005 was included in the analysis.

All data reported in the SPP represent all eligible children for the reporting period in all 24 LITPs. Sampling was not conducted.

Revision: Beginning in FFY2006, MSDE gathered monitoring data to determine the percentage of children exiting Part C with transition steps and services (Indicator 8A) because LITPs are not required to enter IFSP outcomes into the B/C Database.

Stakeholder Input:

In September 2005, following the OSEP Summer Institute, MSDE staff shared the SPP requirements and indicators with the SICC. The SICC includes the following membership:

- 8 parent members from various regions across the State, including one parent who is also a physician and several parents who are also affiliated with parent advocacy groups.
- 4 providers of services to young children and families.
- 8 State agency representatives including MSDE (Division of Special Education/Early Intervention Services, Division of Early Childhood Development, Office of Child Care, and Division of Student and School Services, Homeless Education), the Department of Health and Mental Hygiene, the Department of Human Resources, and the Governor's Office for Children
- 1 individual representing personnel preparation through higher education.
- 1 individual representing the Maryland Insurance Administration.
- 1 ex-officio member representing the Maryland Developmental Disabilities Council.

In addition to the stated membership, individuals representing a variety of constituencies across the State attend the monthly SICC meetings and were invited to participate in SICC discussions and development of the SPP.

In subsequent monthly SICC meetings in October and November, the development of the SPP was the primary focus of the agenda. In October, SICC members assisted in the review of baseline data and the development of targets. Prior to the November meeting, the draft SPP was sent to SICC members. The November SICC meeting was conducted as a work session with members and guests dividing into small groups to draft recommended improvement activities to address the indicators for inclusion in the SPP.

In October 2005, as part of the annual Early Intervention/ Special Education Leadership Conference, MSDE provided a comprehensive overview of the SPP to LITP Directors, including the role of local early intervention systems and the IDEA 2004 requirement to publicly report on the performance of each local early intervention system annually. LITP Directors were invited to participate with the SICC in the development of the SPP.

The recommendations from the SICC members and guests and LITP directors were reviewed and incorporated into the SPP.

Reporting to the Public:

The SPP will be posted on the MSDE website and distributed to the SICC members and LITP Directors. It will also be available to anyone upon request.

MSDE reports semi-annually to LITPs on local performance on federal and State targeted priorities through the local data profile, which is also distributed to the participating local public agencies. MSDE will post the local data profiles and the accompanying statewide data reports disaggregated by local program on the MSDE website.

Changes for FFY 2008

For Indicator #3, Child Outcomes, changes for FFY 2008 extend from page 33 to page 52. In addition, all new improvement activities or revised improvement activities are bolded throughout the document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

Maryland’s criteria for “timely” services: Maryland regulations require each local lead agency to coordinate the development of written interagency procedures to implement early intervention services as determined in the Maryland Individualized Family Service Plan (IFSP) not later than 30 days from the date of parent signature, except as provided un 34 CFR 303.345. [COMAR 13A.13.01.08(C)(1)] In addition, each local lead agency is required to develop procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among service providers, consistent with 34 CFR 303.525. [COMAR 13A.13.01.12(g)(1)] All LITPs have submitted policies and procedures which include the timely implementation of early intervention services and dispute resolution as required by COMAR.

Collection of data on timely initiation of services: In response to the federal requirement that the IFSP include the projected dates for initiation of services as soon as possible after IFSP meetings [34 CFR 303.344(f)(1)], LITPs are required to enter the Projected Initiation Date for each service on the IFSP and in the data system. All LITPs enter either the projected date or the actual date, if known, on the IFSP and in the data system. In some cases, LITPs enter a projected date into the data system and then change the date in the data system once the actual date is known.

Ensuring sufficient personnel who are knowledgeable and skilled in all geographic areas of the State: To ensure there are sufficient numbers of knowledgeable and skilled personnel available to provide early intervention services in all geographic areas of the State, MSDE requires all LITPs to:

- Address capacity issues in the annual Improvement Plan, including targeting State funds for additional service provider positions as needed.
- Develop an annual CSPD plan to address the training needs of service providers, paraprofessionals, administrators, service coordinators, primary referral sources and families. Plans are developed based on needs assessments, including personnel standards requirements of staff.

As part of the State CSPD Plan and to ensure the availability of ongoing training to all service coordinators and service providers statewide, MSDE developed web-based training on legal requirements and evidence-based IFSP practices (*cte.jhu.edu/ecgateway*). The project was undertaken jointly with the Johns Hopkins University Center for Technology in Education and Barbara Hanft, a nationally recognized consultant in the field of early intervention. All LITP Directors have received training on the use of the online modules for local professional development.

Baseline Data for FFY 2004 (2004-2005):

Maryland’s baseline:

**Timely delivery of services for children whose initial IFSPs were developed
between 7/1/04 and 6/30/05**

Number of eligible children	Number of children with timely delivery of services	Percent of children with timely delivery of services
6502	5574	86%

Discussion of Baseline Data:

Because data on the timely delivery of services has not been previously requested by OSEP in the manner in which it is currently being required in the SPP, Maryland’s Part C data system was not constructed to report the data in that format. Specifically, while the data system does link a specific service for a specific child with the initiation date of that service, it does not currently link that service with the date of the IFSP meeting which recommended the service.

To obtain the data in the format currently being required by OSEP, MSDE requested that the data system developer construct a special report which links each specific service with its initiation date to determine which services were initiated within 30 days of date of the IFSP meeting which recommended the service. The report aggregates the data for each child and tallies the number of children who received the early intervention services on their IFSPs in a timely manner (i.e. no later than 30 days following the IFSP meeting which recommended the service).

The baseline data indicates that services were delivered in a timely manner for 86% of children whose initial IFSPs were developed between 7/1/04 and 6/30/05.

The data report does not provide information on why the remainder of the children did not receive their services in a timely manner. MSDE will develop a method to analyze the data on the reasons services are not delivered in a timely manner to separate the family-related reasons from the systemic reasons and to ensure that the family-related reasons do not have a systemic cause.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner
2008 (2008-2009)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner
2009 (2009-2010)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner
2010 (2010-2011)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will review the process for collecting data on the timely delivery of services and identify the components of the process that will need to be changed, including: <ul style="list-style-type: none"> • The IFSP document • The local process for collecting data • The data system fields • The data system reporting mechanism 	2005-2006	MSDE staff CTE staff DataLab staff
MSDE will work with the data system developer to refine the data system and report format in order to gather data on the reasons why services are not delivered in a timely manner.	2005-2006	MSDE staff CTE staff DataLab staff
In FFY 2007 – 2010, MSDE will complete and fully implement modifications to the Part C database to refine data collection, reporting, and analysis related to timely service provision (e.g., electronic reports with reasons for and comparisons of untimely actual service initiation dates), and a change in the database structure which would more closely align the addition of services to IFSP meeting dates. It is expected that these changes to the database will decrease the amount of validation required by MSDE for each monitoring period. Accomplished Tasks: The database structure was modified to more reliably link actual service initiation dates with appropriate IFSP meetings. Child level and summary reports were developed and included in the list of predefined reports that	2007-2011	MSDE staff CTE/JHU LITPs

<p>can be run by MSDE staff for every LITP; reports may also be run by local program directors/data managers for their individual county.</p> <p>Additional Tasks: MSDE will modify the data system to account for children who exit the MITP program prior to scheduled service initiation. MSDE will provide training to LITP directors/data managers on entering actual service initiation dates because of the substantial number of missing service initiation dates discovered when the program was initially run, which subsequently required data verification and additional data entry. Additionally, for FFY 2009 MSDE will require all LITPs, as part of the annual application for funds, to submit the local jurisdiction procedure for submitting dates for actual service initiation to data entry staff for entry into the database.</p> <p>Revised Activity: To improve the timeliness and accuracy of data entry, MSDE and the database contractor are in the process of modifying the data system so that local service coordinators will be able to enter actual service initiation dates directly without submitting paperwork to local data entry staff. Service coordinators will also be able to do data reports that will assist them in keeping track of service initiation dates for children/families in their caseloads. MSDE will provide training to LITP directors/data managers/service coordinators on the database changes mentioned above. In addition, MSDE intends to create a predefined report that summarizes all of the reasons for late services. The current report provides data at the child level.</p>		
<p>MSDE will gather and analyze data on the reasons services are not delivered in a timely manner and develop activities to address the systemic issues.</p>	<p>2006-2011</p>	<p>MSDE staff</p>
<p>MSDE will add the requirement to the Local Data Profile and disseminate to LITPs.</p>	<p>2006-2011</p>	<p>MSDE Staff</p>
<p>MSDE will continue to require LITPs to address timely delivery of services requirements as part of annual Improvement Plans submitted with their local application for funding. LITPs will also continue to be required to report semi-annually on</p>	<p>2006</p>	<p>MSDE staff LITPs</p>

recruitment and retention.		
<p>In FFY 2008 – FFY 2010, MSDE will provide training on the primary model of service delivery statewide, regionally and in individual counties. Aspects of this model of service delivery will also be added to the IFSP Development and Implementation on-line tutorial on the Early Childhood Gateway. This model of service delivery, when deemed appropriate to improve child and family outcomes, promotes better utilization of staff.</p>	2008-2010	MSDE staff LITPs
<p>New Resources: For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 44% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of 7/1/2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which have enabled many of these programs to hire additional staff or maintain current levels of staffing so that early intervention services are initiated in a timely manner.</p>	2008	MSDE staff LITPs

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

MSDE's targeted focus on the provision of services in natural environments and the requirement that local Infants and Toddlers Programs (LITPs) address the requirement as part of each local Improvement (Targeted Priorities) Plan has resulted in increased numbers of children whose primary setting is a natural environment.

MSDE has continued to emphasize the provision of early intervention services within natural environments and the provision of a justification when a service is not provided in natural environments through required local Improvement (Targeted Priority) Plans which each LITP is required to develop and update annually. The statewide data system includes a mechanism for documenting a justification when a service is not provided in natural environments. LITPs are required to document justification, based on the needs of the child, on the IFSP and to enter that data into the data system.

In addition, beginning 12/30/04, MSDE began to monitor actual justifications to ensure that they are related to the needs of the child, use that analysis to determine level of monitoring of LITPs, and provide technical assistance to LITPs regarding decision making about service settings.

Using the data system, MSDE continues to monitor local primary settings data on a periodic basis to ensure all LITPs are providing services in natural environments and when a service is not provided in a natural environment, a justification has been documented on the IFSP. Data is used to determine level of focused monitoring and MSDE involvement. Refer to General Supervision for a detailed description of the monitoring process.

MSDE verified through review of local Improvement (Targeted Priorities) Plans, Semi-Annual Program Reports, and Final Program Reports that all LITPs (100%) had implemented strategies and activities which address the natural environments requirements.

Baseline Data for FFY 2004 (2004-2005):

Maryland's baseline for 2004-2005: 88% of children are being served in home or community settings based on 6/30/05 snapshot primary settings data report. Of the 12% of children whose services are not primarily provided in natural environments, 99% had a justification documented on the IFSP.

**Number and Percentage of children whose primary setting is Home or Community setting
Trend data**

Setting	12/1/01 N = 4897	12/1/02 N = 5450	12/1/03 N = 5774	Baseline data 6/30/05 N = 6588
Home	72%	75%	77%	5349 81%
Program for Typically Developing Children/ Community Settings	3%	4%	4%	471 7%
Total Number and percent of children whose primary setting is a NE	76%	79%	81%	5820 88%

Number and percentage of children who have a justification when a service is not provided in natural environments

	12/1/01	12/1/02	12/1/03	Baseline data 6/30/05 N = 6588
Number and percent of children who have a justification when a service is not provided in NEs	Not available	Not available	Not available	761 99%

Discussion of Baseline Data:

Based on the Primary Settings data for 6/30/05, a natural environment was the primary service setting for 88% of children. Trend data indicates that annually Maryland increases the number and percentage of children who are receiving services primarily in natural environments.

The presence of a justification on the IFSP when a service is not provided in natural environments was monitored for the 12% of children whose primary setting was not a natural environment based on the

6/30/05 primary settings report. Based on data in the data system, 99% of the children whose primary setting was not a natural environment had a justification documented on the IFSP. There was no justification provided for 7 children, all served by one LITP. That LITP has since been required to develop a Corrective Action Plan to address the justifications requirement.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	88.5% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).
2006 (2006-2007)	89% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).
2007 (2007-2008)	89.5% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).
2008 (2008-2009)	90% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).
2009 (2009-2010)	90.5% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).
2010 (2010-2011)	91% of active eligible children will receive early intervention services primarily in natural environments (e.g. home and community settings).

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will provide training on how to use the web-based IFSP tutorial for staff development to all LITP directors as part of the annual Leadership Conference	October 2005	MSDE Staff CTE Staff LITP directors
MSDE will continue to require LITPs to address natural environments requirements as part of annual Improvement Plans submitted with their local application for funding. LITPs will also continue to be required to report semi-annually on their progress toward achieving the goals on their Improvement Plan. Revised Activity: In FFY 2009 – FFY 2010 MSDE will require more rigorous improvement plan strategies particularly with regard to writing justifications based on the needs of the child when services are not provided in the	2005 – 2011 2009 – 2010	MSDE staff LITPs MSDE Staff LITPs

<p>natural environment.</p> <p>MSDE will continue to monitor the implementation of natural environments requirements by LITPs through the data system. Technical assistance will continue to be provided to LITPs who are not meeting the requirements.</p> <p>MSDE will require Corrective Actions Plans (CAPs) as part of enforcement actions when an LITP has not corrected non-compliance within one year through an Improvement Plan. CAPs require the LITP to analyze and report data to MSDE at least quarterly and modify activities if the data analysis does not indicate improvement. MSDE will monitor local data via the data system and other sources such as complaints to validate improvement.</p> <p>MSDE will continue to analyze information gathered on the justifications for not providing early intervention services in natural environments and use that analysis as part of decision-making regarding monitoring of LITPs.</p> <p>MSDE will plan and implement training sessions jointly with LITPs on the process of making decisions about the location for services and other areas identified through local data analysis and monitoring. The training will be aligned with best practices as described in the on-line tutorial and will include presentations by experts in the field as well as by LITP staff who are implementing best practices.</p> <p>Revised Activity: In FFY 2007 - FFY 2010 MITP will implement methods of informing referral sources, families and other stakeholders of evidence-based practices for providing early intervention services in NE. Methods will include: a. Maryland Early Childhood Gateway website; b. Publication of the revised <i>Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Disabilities to Maryland's System of Early Intervention Service</i>; and c. Local public awareness efforts.</p> <p>Accomplished Tasks: Local LITP directors and service providers were also informed of evidenced-</p>	<p>2005 - 2011</p> <p>2005 - 2011</p> <p>2005 - 2011</p> <p>2005 - 2011</p> <p>2005-2006</p> <p>2007- 2010</p>	<p>MSDE staff LITPs</p> <p>MSDE staff LITPs</p> <p>MSDE staff LITPs</p> <p>MSDE staff LITPs</p>
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<p>based practices for providing early intervention services in natural environments during FFY 2007. Stakeholders, administrators, and service providers were informed via the following forums:</p> <ul style="list-style-type: none"> a. Service Coordinators’ Resource Group Training/Technical Assistance Quarterly Sessions – Early Childhood Gateway (ECG) reminders and updates regarding new postings of content, resources, navigation upgrades and solicitation of input for new content and navigation features; b. Early Intervention Leadership Academy (EILA) – ECG site is referenced and content incorporated in all five course offerings; c. Annual Special Education/Early Intervention Services Leadership Conference – Pre-conference sessions on the ECG were sponsored which focused on highlighting new site development features, content, resources and solicitation of input for enhancements; d. Kennedy Krieger’s Center for Autism and Related Disorders: Professional Classroom Immersion Training Program and Local Technical Assistance – ECG content and resources were referenced in both programs during implementation and follow-up; e. Promoting Social Emotional Development Statewide Trainings – ECG content and resources were highlighted at the onset of each training; f. State Interagency Coordinating Council (SICC) – Reminders about the ECG resources available through the distribution of fliers, posters and magnet clips during meetings; and g. IFSP Regional Training in November, 2007 with Follow-up Training in April, 2008, provided by Barbara Hanft, a national expert on early intervention. Agenda items related to provision of service in natural environments included: <ul style="list-style-type: none"> • Development of multidimensional, functional child outcomes to guide intervention and assess a child’s progress; • Case studies with small group analysis and large group discussion; • Topics for follow-up and online discussions; • What worked/challenges regarding supporting families in natural environments; • Discussion of functional outcomes provided by conference participants; 		
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<ul style="list-style-type: none"> • Blending team services and supports and team/parent communication; and • On-line resources. 		
<p>MSDE and LITPs will identify and address local capacity issues related to service delivery. Refer to activities outline in Indicator #1 which address capacity-building and recruitment/ retention.</p>	<p>2005-2007</p>	<p>MSDE Staff LITPs SICC</p>
<p>MSDE will encourage and assist LITPs to build inclusive opportunities in communities through capacity-building activities such as:</p> <ul style="list-style-type: none"> • Training on how to identify and rally community resources. • Training on how to foster interagency collaboration. • Offering incentive grants to fund collaboration or other best practices and to reward LITPs who achieve positive outcomes. <p>Revised Activity: In FFY 2009, to improve individualized decision-making and services to children in natural environments, specific statewide training on fostering interagency collaboration will be conducted.</p>	<p>2005 - 2011</p>	<p>MSDE Staff LITPs SICC/ LICC</p>
<p>MSDE will explore how to inform referral sources and families of best practices and evidence-based practices for providing early intervention services in natural environments. Possible options include:</p> <ul style="list-style-type: none"> • Family Support Services newsletter features. • Featuring best practices on the website. • Include information for families and physicians and other referral sources on the <i>ecgateway</i> website. 	<p>2005-2006</p>	<p>MSDE Staff CTE Staff</p>
<p>In FF 2007 - FFY 2009, MSDE, Mid-South Technical Assistance Center staff and LITP staff from a large urban jurisdiction will develop and implement strategies to improve the percentage of services provided in natural environments considering challenges encountered in an urban environment.</p> <p>Accomplished Task: This technical assistance was provided, but the improvement activity is not complete.</p> <p>Revised Activity: In FF7 2009 - FFY 2010, Direct technical assistance will be provided to</p>	<p>2007-2009</p>	<p>MSDE Staff MSRRC LITPs</p>

<p>the LITP of a large urban jurisdiction and participating private agencies on providing services in a natural environment and writing justifications based on the needs of the child when services are not provided in a natural environment. This technical assistance will be also be provided to at least two other LITPs who have had challenges with justifications based on the needs of the child.</p>		
<p>In FFY 2008 – FFY 2010, MSDE staff will consult with other states and NECTAC on strategies to improve the percentage of children receiving services in natural environments and development of appropriate justifications.</p>	<p>2008-2010</p>	<p>MSDE Staff NECTAC</p>
<p>In FFY 2008 – FFY 2010, MSDE staff through the local application process and sub-recipient monitoring visits will review LITP contracts with private agencies providing early intervention services. Specific area of focus will be the provision of services in the natural environment.</p>	<p>2008-2010</p>	<p>MSDE Staff LITPs</p>
<p>In FFY 2009 – FFY 2010, MSDE staff will provide training to LITPs regarding the use of “child unavailable” as a valid justification for not providing services in natural environments when services are provided in non-natural environments due to unsafe neighborhoods.</p>	<p>2009 – 2010</p>	<p>MSDE Staff LITPs</p>
<p>In FFY 2009, MSDE will develop and disseminate a Parent Information Series to include the following components: A Family Guide to Early Intervention Services in Maryland <i>Ages Birth through Two</i>, A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead To Success – A Family Guide to Understanding the Transition Process & Planning for Young Children (Birth through Five, and A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3 – Families Have a Choice.</p>	<p>2009 - 2010</p>	<p>MSDE staff LITPs</p>

Part C State Performance Plan (SPP) for FFY 2005-2010

Overview of the State Performance Plan Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of

infants and toddlers with IFSPs assessed)] times 100.

- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

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

Measurement for Summary Statement 1:

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

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

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

Overview of Issue/Description of System or Process

MSDE has developed an Early Childhood Accountability System (ECAS) for measuring outcomes for infants, toddlers, and preschoolers with disabilities and their families. When the system is fully implemented, MSDE will be able to:

- 1) Meet its annual federal reporting requirements in the Annual Performance Report;
- 2) Evaluate the effectiveness of the State's early intervention and preschool special education systems;
- 3) Improve local service delivery and results; and
- 4) Assist local programs to improve IFSP and IEP decision-making and results for individual children.

With the support of a General Supervision Enhancement Grant, MSDE developed approaches to collect and report child outcome data for the early intervention and preschool special education systems in the State, ensuring collaboration at the State and local levels and building on existing partnerships and

initiatives to prepare young children with disabilities to succeed in school and community life. The approaches are being developed and implemented in partnership with the Johns Hopkins University Center for Technology in Education and representatives from LITPs and local school systems, and in consultation with the Early Childhood Outcomes Center. Maryland's ECAS includes specific plans for collecting and reporting outcome data at entry and exit for:

- 1) Infants and toddlers with disabilities based on the collection of present levels of development data from the IFSP process (Part C Indicator #3), and
- 2) Preschool children with disabilities using the Work Sampling System or a comparable early childhood assessment tool.

With input from LITPs, MSDE reviewed current IFSP procedures and practices related to gathering, collecting, and reporting evaluation and assessment data for infants and toddlers as the basis for developing the Birth-Three outcomes measurement system. Over the last few years, MSDE has focused monitoring, training, and technical assistance on ensuring that LITPs are assessing infants and toddlers in all developmental areas during initial evaluation and assessment and are documenting the present levels of development in all areas on the IFSP and the Part C database. MSDE and LITPs monitor database reports to ensure that the present levels of development in all domains for all eligible children are entered into the database, either quantitatively in months of age or, when quantitative data are unavailable, qualitatively, based on the results obtained by using the most appropriate assessment tools and methods. As a result, age-anchored data on present levels of development at initial evaluation and assessment are currently available for most eligible children through the Part C database.

Based on a preliminary review of evaluation and assessment data from the database, discussions with local staff, and consultation with ECO, MSDE decided to use the present levels of development data currently collected when a child is referred to an LITP as the status at entry data to be reported in the Annual Performance Report in February 2007.

There are several advantages to taking this approach:

- 1) Alignment of the outcome system with the IFSP process;
- 2) Ongoing monitoring, training, and technical assistance to ensure compliance and quality IFSP practices will also support the accuracy and quality of the outcome data;
- 3) Current Part C database includes initial present levels of development data and can be extracted electronically to generate outcome data and reports; and
- 4) Part C database can be modified to collect status at exit data.

In FFY 05, MSDE completed the following activities in collaboration with key stakeholders to prepare for the initial collection and reporting of status at entry data from the State Part C database.

Alignment of the present levels of development data with the three OSEP child outcomes

MSDE developed the following protocol for using present levels of development data to determine status at entry data for each of the child outcomes:

- 1) Extract the developmental age level/age range data in months from the social-emotional domain for Outcome A (Positive social-emotional skills).

- 2) Extract the developmental age level/age range data in months from the cognitive and communication domains for Outcome B (Acquisition and use of knowledge and skills). The domain with the lowest age level/age range will be used to establish status-at-entry data for Outcome B.
- 3) Extract developmental age level/age range data in months from the adaptive domain for Outcome C (Using appropriate behavior to meet needs).
- 4) Use the midpoint of an age range (e.g., used 13.5 months for a 12-15 month range) to establish status-at-entry data for all three outcomes.

Testing of extraction protocol, quality assurance, and analysis of preliminary data

Through its GSEG funding and partnership with JHU/CTE, preliminary status-at-entry reports were generated periodically between October 2005 and December 2006 using the extraction protocol for State and local review and analysis. LITPs reviewed individual child records for accuracy, correcting data entry errors and ensuring that quantitative data were entered into the database whenever available. MSDE and the database developer reviewed the local and State results for the accuracy and validity of the protocol. All data entry corrections, record reviews, and programming modifications were completed prior to the generation of the final Status-at Entry report.

Through the review of the draft reports, LITPs and MSDE representatives identified and discussed issues affecting the collection and reporting of outcome data, including the most appropriate multi-domain assessment instruments and methods, the need for consistent data entry and monitoring, and the criteria for determining whether a child's functioning is at age level.

Future data validation

Because the State's birth to 3 outcome measurement system is based on domain-specific assessment results, MSDE identified the need to determine if the State's approach can validly respond to functional child outcomes. To determine if the electronically extracted domain data are consistent with direct responses from providers about a child's functioning in the three outcome areas, MSDE decided to validate its results using the Child Outcomes Summary Form (COSF) developed by the ECO Center.

LITPs will begin using the COSF for validation purposes for children referred beginning 12/4/06. Training provided to local staff on the use of the COSF and current validation procedures and activities are described below.

Provision of technical assistance and training

During the reporting period and through calendar year 2006, MSDE provided ongoing training and technical assistance activities and supports to LITP directors and provider teams. Following State-sponsored training for local teams, LITPs provided training to provider teams using State-generated information and materials.

- 1) October 2005 Annual Leadership Conference - MSDE presented overview of the State's outcome measurement system, presented results of local assessment tool survey, and gathered input on implementation issues from LITP directors. Local staff received preliminary status-at-entry data for review and validation.

- 2) June 2006 team training - Local teams reviewed and discussed local implementation steps, proposed validation process, and received and reviewed updated status-at-entry data.
- 3) September 2006 team training- ECO Center and MSDE staff provided Phase I Validation Training on the use of the COSF to local administrator/provider teams. Local teams presented and discussed initial evaluation and assessment results for 3-4 children and determined whether or not children were functioning at age level in the three outcome areas. Local teams completed an informal validation of cases discussed by comparing domain assessment results with results of discussions of functional performance.
- 4) October 2006 Annual Leadership Conference - MSDE disseminated and discussed current local procedures for collecting and validating entry and exit child outcome data in context of federal requirements for SPP/APR reporting. Local staff received final draft of status-at-entry data with instructions for final review and validation.
- 5) November 2006 team training - ECO Center and MSDE staff provided Phase II Validation training on the use of the COSF to local administrator/provider teams. Local teams used the COSF numerical scale to determine the level of functioning of 3-4 children in each of the outcome areas based on their initial evaluation and assessment results. Local teams received updated procedures for implementing the validation process.

Current Policies and Procedures

MSDE distributed copies of the local procedures for implementing the 0-3 Child Outcomes System to LITP Directors following the November 2006 Validation training.

Local Procedures for Implementing the 0-3 Child Outcomes System

Status at Entry Data

- 1) Local Infants and Toddlers Program (LITP) staff will conduct initial evaluation and assessment for all children referred to the Single Point of Entry, using instruments and procedures that will provide information about the child's developmental status in each domain. Whenever appropriate, LITP staff will use instruments that provide quantitative data to describe the child's developmental age. LITP staff will record accurate results of the evaluation and assessment process (quantitative and qualitative) on Part IIA of the IFSP and enter the data into the Present Levels of Development Screen in the Part C database.
- 2) **VALIDATION PROCESS AT ENTRY** - For every child referred beginning 12/4/06, LITP staff will complete the Child Outcome Summary Form as soon as possible following initial evaluation and assessment. Following Phase 2 of the statewide Validation training held on November 15-17, 2006, LITP Program Directors will prepare all local staff to use the Child Outcome Summary Forms. LITP staff will enter data from the Child Outcome Summary Forms on the new Validation screen in the Part C Database, which will be available in December 2006.

- 3) LITP Directors will periodically review initial evaluation and assessment results used in creating Child Outcome reports for accuracy and provide requested input to MSDE/MITP staff.

Status at Exit Data

- 1) No later than December 4, 2006, LITP staff will begin conducting exit assessments for children who:
 - a) Had an initial IFSP meeting date of 12/1/05 or later; and
 - b) Who are exiting the program after receiving services through an IFSP for at least six months.
- 2) LITP staff will conduct the exit assessment of a child's developmental status no earlier than six months prior to a child's exit from the LITP. The closer the assessment is to the child's exit from the program, the more accurate the reporting of the child's progress in the three outcome areas will be.
 - a) For children who are exiting at age three, the exit assessment may be coordinated with the Transition Planning Meeting;
 - b) For children who are exiting the program for other reasons (moving out of State, no longer eligible), the exit assessment should be completed as soon as possible prior to exit.
 - c) The LITP from which the child is exiting is responsible to conduct the exit assessment.
 - d) Parents should be informed about the purposes of the child outcomes data collection required by the Office of Special Education Programs. Written parent consent is not required if the exit assessment is being conducted for the purposes of reporting on child outcome data. However, if the collection of the outcome information is used for evaluation purposes to determine initial or continuing eligibility, LITPs must provide prior written notice, and if applicable, obtain parent consent for evaluation as required by 34 CFR §303.404(a).

[Frequently Asked Questions Regarding the SPP/APR:

Early Childhood Outcomes, September 2006, Office of Special Education Programs]

- 3) It is recommended that LITPs use the same instrument and procedures at entry and exit to assess a child's developmental status. If it is not appropriate to use the same instrument at exit as was used at entry because of the child's age or circumstances, then the LITP should choose a comparable assessment.
- 4) Exit assessment results, including the name of the assessment instrument used, will be entered on Part IIA of the IFSP form. Part IIA of the IFSP will be revised to capture the type of assessment and the name of the instrument.
- 5) Exit assessment results will be entered into the revised Present Levels of Development screen in the Part C database, which will be available by December 1, 2006.

- 6) VALIDATION PROCESS AT EXIT - LITP staff will complete the Child Outcome Summary Form as soon as possible following the exit assessment for children:
 - a) Who were referred since December 4, 2006;
 - b) Who received services for at least six months; and
 - c) For whom a Child Outcomes Summary Form was completed after initial evaluation and assessment.

Following Phase 2 of the statewide Validation training held on November 15-17, 2006, LITP Program Directors will prepare all local staff to use the Child Outcome Summary Forms. LITP staff will enter data from the Child Outcome Summary Forms on the new Validation screen in the Part C Database, which will be available in December 2006.

Entry Data for FFY 2005 (2005-2006)

Using the approach described above, MSDE is reporting status-at-entry data on infants and toddlers who had initial IFSP meetings between December 1, 2005 and June 30, 2006 (n=4,019). LITPs use a variety of assessment instruments and methods to obtain the present levels of development data when children enter the program. In a survey completed in October 2005, LITPs identified the following multi-domain instruments as the most commonly used for initial evaluation and assessment: Battelle Developmental Inventory (BDI), Early Intervention Developmental Profile (EIDP), Early Learning Accomplishment Profile (ELAP), Hawaii Early Learning Profile (HELP), and Ages and Stages Questionnaire (ASQ). Other instruments may be used based on the age and needs of the child at referral. In 12/06, LITPs began entering the names of assessment instruments used to obtain the recorded results, and this data will be used as part of the validation process for future reporting.

LITPs record quantitative evaluation and assessment results (developmental age in months) on the IFSP and in the Part C database when it is possible to obtain such results. Qualitative results are entered when quantitative results cannot be obtained or to clarify the quantitative results. In this first round of data collection, qualitative data only were available for a limited number of children in domains that were linked to the three outcome areas, and those children are not included in the status at entry data as indicated below.

MSDE extracted, analyzed, aggregated, and generated State and local data for each outcome based on the alignment of developmental domains to the outcomes and a formula based on % delay. Reports were generated using cut points of 19% and 24% delay. These cut points were chosen in conjunction with a consultant with expertise in evaluation and assessment for young children with disabilities.

Using the cut point of 19% delay, MSDE is reporting the following status at entry data:

0-3 Status-At-Entry Data
n=4,019

Child Outcomes	Number/Percent Entering at Age Level	Number/Percent Entering Below Age Level	Quantitative Data Unavailable
Positive social-emotional skills (including social relationships)	2,673 67%	1,080 27%	266 7%
Acquisition and use of knowledge and skills (including early language/communication)	947 24%	2,852 71%	220 5%
Use of appropriate behavior to meet needs	2,237 56%	1,435 36%	347 9%

Measurement Strategies for Reporting Progress Data

MSDE will report baseline progress data, targets, and improvement activities to OSEP in the Annual Performance Report in February 2008 for children with initial IFSPs after December 1, 2005 who exited the local early intervention program beginning in December 2006. Local procedures for collecting and reporting status-at-exit data to the State are described above under the heading, **Current Policies and Procedures**. In subsequent years, MSDE will report baseline data on all eligible children who exit the program after receiving services for at least six months.

To report the required baseline progress data to OSEP, MSDE will extract the exit data from the new Present Levels of Development screen in the Part C database and will compare the entry and exit data for individual children who meet the criteria described above. When OSEP issued new reporting categories for this indicator in Fall 2006, MSDE reviewed its measurement approach and made the short-term and long-term modifications to be able to meet federal requirements and have richer progress data for State and local reporting.

MSDE is currently working with an Evaluation and Assessment (E & A) Consultant to adopt a protocol for measuring progress based on the rate of growth of each child between entry and exit from the program. The protocol will establish a rate of growth on a continuum that is responsive to OSEP's five progress categories, in a manner similar to the numerical continuum developed by the ECO Center on the COSF. MSDE and the E & A Consultant have done a literature search and are reviewing options for a rate of growth methodology. It is clear in the following example that a rate of growth model will yield more valid progress data than a model based on percent of delay.

A 12-month old child enters the early intervention system with a developmental age of 6 months in the adaptive domain. The child exits the program at 36 months with a developmental age of

18 months. Using percent delay (50% at both points) to measure progress would inaccurately put this child into reporting category a. (% of children who did not improve functioning). This child has made improvement, having progressed developmentally from 6 months to 18 months, although the child has not closed the gap. The protocol to be developed by MSDE will determine the growth rate that will describe developmental progress in all five categories.

Progress data obtained by measuring rates of growth in the present levels of development at entry and exit will be validated by the results of the Child Outcome Summary Form, which will be used for children who are referred to LITPs beginning 12/06. The analysis of the results obtained by the growth rate protocol and the Child Outcome Summary Form will be used to determine the most valid approach for measuring child outcomes for the State's Part C system.

Progress Data for FFY 2006 (2006-2007)

FFY 06 Progress data on the three child outcomes appears in the tables below:

A. Positive social-emotional skills (including social relationships):	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	9	1.5%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	8.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	18	3.1%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96	16.4%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	417	71.0%
Total	N=587	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	2	0.4%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	89	16.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%
Total	N=555	100%

C. Use of appropriate behaviors to meet their needs:	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	3	0.5%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%
Total	N=555	100%

Discussion of Progress Data

During the reporting period, LITP providers conducted initial and exit assessments and entered the results and the assessment tools used into child records in the Part C database according to the policies and procedures established in the previous grant period. In addition, providers completed the Child Outcomes Summary Form at entry and exit and entered the results into child records in the database. No changes to the procedures guiding evaluation and assessment or collection of the entry and exit assessment data were made in 2006-2007.

To obtain progress data, MSDE extracted entry and exit data from the database on children who entered early intervention during 2005-2006 or 2006-2007, were in early intervention for at least six months, and exited the system during 2006-2007. MSDE and consultants from Johns Hopkins University tested sample child entry and exit data from the Part C database, using the Intervention Efficacy Index (Bagnato and Neisworth) and the Proportional Change Index (Wolery), to determine how rates of development could be calculated to report progress data in the five OSEP categories.

After reviewing the tests results against individual child data and the criteria for each OSEP category, MSDE staff and consultants developed formulas for each reporting category using a child's chronological age at entry and exit, developmental age at entry and exit, and the Intervention Efficacy Index (IEI), as appropriate to each reporting category. The IEI, which relates change in child capabilities to time spent in a program, is an index of the average developmental gain for each month in intervention.

The IEI for an individual child is calculated by dividing a child's developmental gain in months by the number of months in intervention. An IEI of 1 would represent the expected growth (one month of developmental gain for each month in intervention). Based on a close review of the OSEP categories and the raw data, MSDE determined that the IEI could be included in the calculations for categories b and c, which describe the rate of progress of children who have improved but have not reached age

level. The formulas for each category were tested and refined until the actual rate of developmental progress for each child in the data set matched the criteria for each reporting category.

Recognizing that there is a range in developmental progress in typical children, MSDE determined that a 19% delay would be used as the standard for same-aged peers. All formulas were modified by (.81), which corresponds to the 19% delay figure chosen as the cutpoint for typical development when MSDE reported its entry data in FFY 05.

Formulas for each reporting category are as follows

a) % of children who did not improve functioning

In this category, MSDE is reporting children whose developmental age (DA) at exit is less than or equal to the child's developmental age at entry based on the formula:

$$\text{Exit DA} \leq \text{Entry DA} (.81)$$

b) % of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers

This category includes children whose developmental age at exit is greater than at entry, but the rate of growth is less than expected based on the formula:

$$\text{Exit DA} > \text{Entry DA} (.81) \text{ and the IEI is } \leq .81$$

c) % of children who improved functioning to a level nearer to same-aged peers, but did not reach it

This category includes children whose developmental age at exit is greater than at entry, and the rate of growth was typical or greater based on the formula:

$$\text{Exit DA} > \text{Entry DA} (.81) \text{ and the IEI is } > .81$$

d) % of children who improved functioning to reach a level comparable to same-aged peers

This category includes children who were not at age level at entry, but at exit their developmental age was equal to or greater than their chronological age (CA) based on the formula:

$$\text{Exit DA} \geq \text{Exit CA} \text{ and } \text{Entry DA} < \text{Entry CA} (.81)$$

e) % of children who maintained functioning at a level comparable to same-aged peers

This category includes children who were at age level at entry and exit based on the formula:

$$\text{Exit DA} \geq \text{Exit CA} (.81) \text{ and } \text{Entry DA} \geq \text{Entry CA} (.81)$$

At the Annual Special Education/Early Intervention Leadership Conference in October 2007, MSDE staff and database consultant presented an overview of the methodology, formulas, and sample progress results for FFY 06 to LITP Program Directors and providers in attendance. Local staff reviewed actual child data in each reporting category and discussed issues related to collecting, reporting, and verifying entry and exit assessment data to ensure the validity of the progress data over time.

Following the State/local review of the sample data for accuracy, the database consultant generated the full progress data report for all children in the database who met the criteria for entrance and exit from early intervention. MSDE reviewed individual child data in the final report and verified that the initial child outcome progress results are accurately reported for the FFY 06 period.

At this time, MSDE does not require the use of a single assessment tool and has not developed a recommended list of assessment tools for use by local providers in the evaluation and assessment process and outcome reporting system. In FFY 06, LITPs began entering the names of tools used to conduct entry and exit assessments into the Part C database. MSDE will review the frequency of tools used and begin to analyze the impact on the initial progress results in FFY 08. Based on the results of the final analysis, MSDE will determine if a recommended list of tools should be issued to improve the validity and reliability of the progress data.

The following chart describes the frequency of the most commonly used tools in Maryland’s Part C evaluation and assessment process from which exit data were collected in FFY 06. Maryland was not collecting the names of assessment tools during the time that most children included in the report entered the early intervention system. Comparison of assessment tools used for entry and exit data will be done in future reporting periods.

Tools Used in Exit Assessments (n= 598 children)	# of Children	% of Children
ELAP	284	47%
EIDP	214	38%
Preschool Language Scale	160	18%
Ages and Stages	96	16%
REEL	94	16%
Rossetti	83	14%
Peabody	31	5%
Multiple tools	391	65%

When only a single tool was used to conduct exit assessments, the ELAP and the EIDP were used for 86% of the children. Data from the FFY 06 assessment tool report will be reviewed and linked to specific LITPs and outcome results in the first stage of analysis of the impact of the tools used on progress results.

FFY 07 Changes in Data Collection and Validation and Statewide Training

In September 2008, LITPs were given a preliminary copy of the child outcome data. Local programs were asked to validate and correct this data in several ways. For example, the preliminary report generated numerous COSF scoring impossibilities. In particular, several children were found to have records that indicated a developmental gain (e.g., a category D) but were said to not have made progress. Local Programs were also asked to enter data for all children with missing evaluation or COSF scores.

Prior to the final analysis of FFY 07 data, DataLab, the MSDE’s database developer, was given a new way to calculate the length of time the child receives services. In the past, DataLab used the evaluation date as the start date for services. However, after discussions at MSDE and with LITPs, it was determined that a better measure of the child’s initiation into early intervention services was the child’s initial IFSP date. Therefore, for the final data analysis, DataLab was instructed to include only children who were in the program for over six months or longer with the child’s start date being the initial IFSP date.

Technical assistance was provided to LITPs at the annual Special Education Leadership Conference in September 2008 in the form of a Breakfast Round Table. Local Directors were given the opportunity to ask questions about their data from FFY 07 and they were given technical assistances handouts from the ECO website.

Progress Data for FFY 2007 (2007-2008):

To determine if the electronically extracted domain data from entry and exit assessment tools (Present Levels of Development – PLOD) are consistent with direct responses from providers about a child's functioning in the three outcome areas, MSDE decided to validate its results using the Child Outcomes Summary Form (COSF) developed by the ECO Center. For FFY 07, PLOD and COSF data appears in the tables below:

A. Positive social-emotional skills (including social relationships):	PLOD - # of Children	PLOD - % of Children	COSF - # of Children	COSF - % of Children
a. Percent of infants and toddlers who did not improve functioning	15	1.41%	10	1.23%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	112	10.52%	68	8.37%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	58	5.45%	117	14.41%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	150	14.08%	267	32.88%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	730	68.54%	350	43.10%
Total	N=1,065	100%	N=812	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	PLOD - # of Children	PLOD - % of Children	COSF - # of Children	COSF - % of Children
a. Percent of infants and toddlers who did not improve functioning	16	1.48%	5	0.62%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	208	19.24%	56	6.92%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	242	22.39%	161	19.90%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	443	40.98%	369	45.61%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	172	15.91%	218	26.95%
Total	N=1,081	100%	N=809	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children	PLOD - % of Children	COSF - # of Children	COSF - % of Children
a. Percent of infants and toddlers who did not improve functioning	11	1.04%	8	1.00%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	168	15.85%	62	7.74%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	48	4.53%	95	11.86%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	202	19.06%	313	39.08%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	631	59.53%	323	40.32%
Total	N=1,060	100%	N=801	100%

Discussion of FFY 2007 Progress Data:

The COSF results will be used to validate the PLOD results. This process will begin in collaboration with John's Hopkins Center for Technology in Education in February. Preliminarily, there is a large difference between the PLOD results for Social Emotional Development, Category e (68.54%) and the COSF results for the same child outcome and category (43.10%). This may be due to the lack of sensitivity of the evaluation tools in the social-emotional area. This finding and the other results will be examined in more detail.

The number of children statewide who participated in the MITP for 6 months and who exited between 7/1/07 and 6/30/08 was 1,086. The missing data for the three outcomes using the PLOD methodology are as follows:

Social emotional development:	21
Acquisition and use of knowledge and skills:	5
Use of appropriate behaviors to meet needs:	20

Most of the missing data cases are due to situations where an evaluation tool that yields a developmental age could not be utilized because of the age or degree of disability of the children. On the COSF portion of the above chart, there are missing data or impossible exit scores for the 3 child outcomes:

	Positive social-emotional skills	Acquisition and use of knowledge and skills	Use of appropriate behaviors to meet their needs
Impossible scores*	23	23	31
Progress question not answered	14	15	15
Missing data at entry &/or exit	237	239	239
Total	274	277	285

* Impossible exit scores are those in which the child was rated as functioning at the same or higher level at exit as compared to entry but the answer to the question "Has the child shown *any* new skills or behaviors related to [the three child outcome categories] since the last outcomes summary?" was answered "no".

The following charts compare the child outcome results using the PLOD methodology for FFY 06 to FFY 07:

A. Positive social-emotional skills (including social relationships):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	9	1.5%	15	1.41%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	8.0%	112	10.52%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	18	3.1%	58	5.45%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96	16.4%	150	14.08%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	417	71.0%	730	68.54%
Total	N=587	100%	N=1,065	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	2	0.4%	16	1.48%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	89	16.0%	208	19.24%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%	242	22.39%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%	443	40.98%

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%	172	15.91%
Total	N=555	100%	N=1,081	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07
a. Percent of infants and toddlers who did not improve functioning	3	0.5%	11	1.04%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%	168	15.85%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%	48	4.53%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%	202	19.06%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%	631	59.53%
Total	N=555	100%	N=1,060	100%

FFY 08 Changes in Data Collection and Validation and Statewide Training

In FFY 2008, MSDE continued to collect Present Levels of Development (PLOD) data from IFSPs to report child outcome results. As with previous years, LITPs were given a preliminary copy of the child outcome data in September 2009. Local programs were asked to validate and correct this data in several ways. For example, local programs were asked to investigate outlying Intervention Efficacy Index (IEI) scores. LITPs were also asked to confirm the accuracy of data for children that experienced 2 months or more of developmental progress per 1-month timeframe and children whose developmental level decreased over their time in the program. Finally, LITPs were asked to enter data for all children with missing and available entry or exit developmental evaluation (PLOD) scores.

In July 2009, MSDE created an Assessment Task Force, comprised of national, State, and local experts. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored the strategy of Maryland using one or two assessment tools that could be cross walked to

the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions, which are projected to be implemented on July 1, 2010.

Technical assistance was again provided to LITPs at the annual Special Education Leadership Conference in September 2009 in the form of a panel discussion. With assistance from the John’s Hopkins Center for Technology in Education, MSDE presented a crosstab analysis of the FFY 2007 child outcome data. Local Directors were also given the opportunity to ask questions about statewide or local data and data collection practices.

Progress Data for FFY 2008 (2008-2009)

Using the approach described above, MSDE is reporting status-at-entry and status-at-exit data on infants and toddlers who exited the program between July 1, 2008 and June 30, 2009 and who participated in the MITP for at least 6 months. LITPs use a variety of assessment instruments and methods to obtain the present levels of development data when children enter the program.

LITPs record quantitative evaluation and assessment results (developmental age in months) at entry and at exit on the IFSP and in the Part C database when it is possible to obtain such results. Qualitative results are entered when quantitative results cannot be obtained or to clarify the quantitative results.

MSDE extracted, analyzed, aggregated, and generated State and local data for each child outcome based on the alignment of developmental domains to the outcomes and a formula based on % delay. Using the cut point of 19% delay, MSDE is reporting the following progress data:

A. Positive social-emotional skills (including social relationships):	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	35	1.31%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	309	11.54%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	94	3.51%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	487	18.19%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1752	65.45%
Total	N=2,677	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	21	0.78%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	623	23.03%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	510	18.85%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1091	40.33%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	460	17.01%
Total	N=2,705	100%

C. Use of appropriate behaviors to meet their needs:	# of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	18	0.68%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	468	17.56%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	89	3.34%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	515	19.32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1575	59.10%
Total	N=2,665	100%

Baseline Data for FFY 2008

The FFY 2008 data results for each subindicator are very consistent with the FFY 2007 data. In particular, the largest percentage difference in the Social-Emotional Skills subindicator was a 4.11% increase in the percentage of children in category d (Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) from FFY 2007 to FFY 2008. All other category differences for “Positive social-emotional skills” were smaller. The largest difference in the Knowledge and Skills subindicator was a 3.79% decrease in the number of children in category c (Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach) from FFY 2007 to FFY 2008. The largest difference in the Appropriate Behaviors

subindicator was a 1.71% increase in the number of children in category b (Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers).

The following charts compare the child outcome results using the PLOD methodology for FFY 06 to FFY 08:

A. Positive social-emotional skills (including social relationships):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08
a. Percent of infants and toddlers who did not improve functioning	9	1.5%	15	1.41%	35	1.31%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	8.0%	112	10.52%	309	11.54%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	18	3.1%	58	5.45%	94	3.51%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96	16.4%	150	14.08%	487	18.19%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	417	71.0%	730	68.54%	1752	65.45%
Total	N=587	100%	N=1,065	100%	N=2,677	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08
a. Percent of infants and toddlers who did not improve functioning	2	0.4%	16	1.48%	21	0.78%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	89	16.0%	208	19.24%	623	23.03%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	87	15.7%	242	22.39%	510	18.85%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	260	46.8%	443	40.98%	1091	40.33%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	117	21.1%	172	15.91%	460	17.01%
Total	N=555	100%	N=1,081	100%	N=2,705	100%

C. Use of appropriate behaviors to meet their needs:	PLOD - # of Children FFY 06	PLOD - % of Children FFY 06	PLOD - # of Children FFY 07	PLOD - % of Children FFY 07	PLOD - # of Children FFY 08	PLOD - % of Children FFY 08
a. Percent of infants and toddlers who did not improve functioning	3	0.5%	11	1.04%	18	0.68%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	11.9%	168	15.85%	468	17.56%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	14	2.5%	48	4.53%	89	3.34%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	116	20.9%	202	19.06%	515	19.32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	356	64.1%	631	59.53%	1575	59.10%
Total	N=555	100%	N=1,060	100%	N=2,665	100%

The number of children statewide who participated in the MITP for 6 months and who exited between 7/1/08 and 6/30/09 was 2,709. The missing data for the three outcomes using the PLOD methodology are as follows:

Social emotional development:	32
Acquisition and use of knowledge and skills:	4
Use of appropriate behaviors to meet needs:	44

Most of the missing data cases are due to situations where an evaluation tool that yields a developmental age could not be utilized because of the age of the child or degree of disability of the child.

MSDE has investigated progress data in terms of the Summary Statements, using the ECO Summary Statement calculator, where:

- Summary Statement #1 equals the number of children who enter the program below age expectations in the outcome who increase their rate of growth in the outcome by the time they exit; and
- Summary Statement #2 equals the number of children who are functioning within age expectations in the outcome by the time they exit.

Social Emotional Skills	Summary Statement 1	Summary Statement 2
FFY 2006 (n=587)	67.1%	87.4%
FFY 2007 (n=1,065)	62.1%	82.6%
FFY 2008 (n=2,677)	62.8%*	83.6%*

*Indicates the State's FFY 2008 Baseline Data.

Acquiring & Using Knowledge & Skills	Summary Statement 1	Summary Statement 2
FFY 2006 (n=555)	79.2%	67.9%
FFY 2007 (n=1,081)	75.4%	56.9%
FFY 2008 (n=2,705)	71.3%*	57.3%*

*Indicates the State's FFY 2008 Baseline Data.

Taking Appropriate Action to Meet Needs	Summary Statement 1	Summary Statement 2
FFY 2006 (n=555)	65.3%	85.0%
FFY 2007 (n=1,060)	58.3%	78.6%
FFY 2008 (n=2,665)	55.4%*	78.4%*

*Indicates the State's FFY 2008 Baseline Data.

MSDE is currently investigating the possible reasons why the percentages for both summary statements were considerably higher in FFY 2006. One potential reason is the small sample size in comparison to FFY 2007 and FFY 2008.

With the assistance of Johns Hopkins Center for Technology in Education, MSDE disaggregated data by several factors, including eligibility status, length of time in the program, Medicaid, age at referral, and family outcome sub-indicators.

1) Examination of child outcomes data in relation to eligibility category.

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

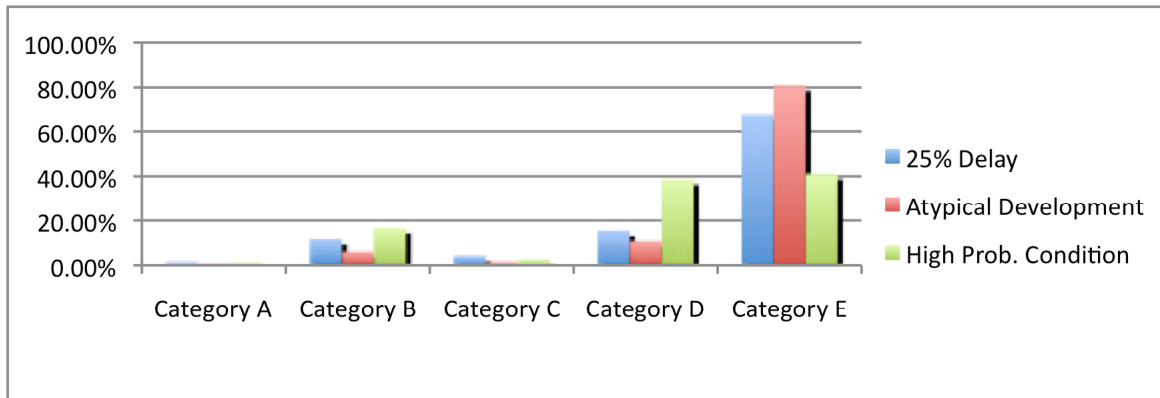


Figure 2: PLOD Categories by Eligibility Status – 3b. Knowledge & Skills

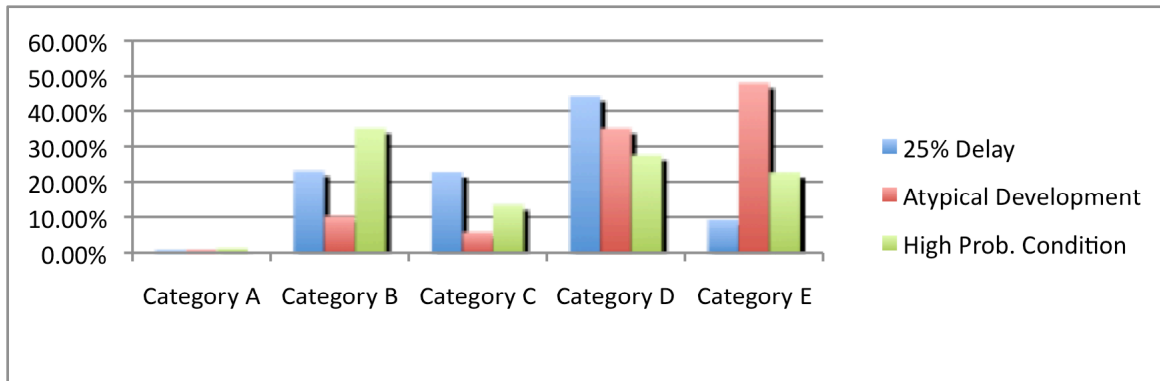
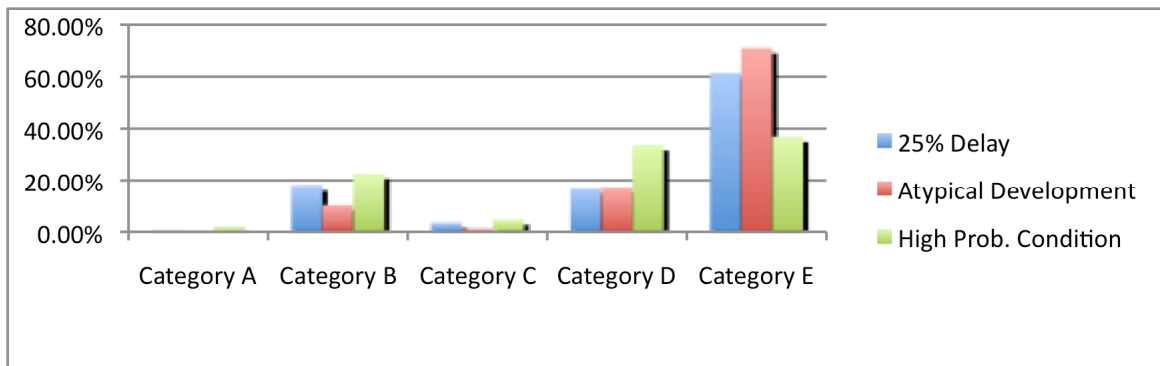


Figure 3: PLOD Categories by Eligibility Status – 3c. Adaptive



In examining the charts disaggregating eligibility status by child outcomes above at least two interesting trends are noted. First, a much larger percentage of high probability condition children were found in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) for social-emotional development as compared to the other 2 eligibility categories. Second, over 40% of children entering the program with at least a 25% delay in Knowledge and Skills catch up to their same age peers (Category D).

2) Examination of child outcomes data in relation to length of time in the program.

Figure 4: Plod vs. Length of Time in Program – 3a. Social Emotional

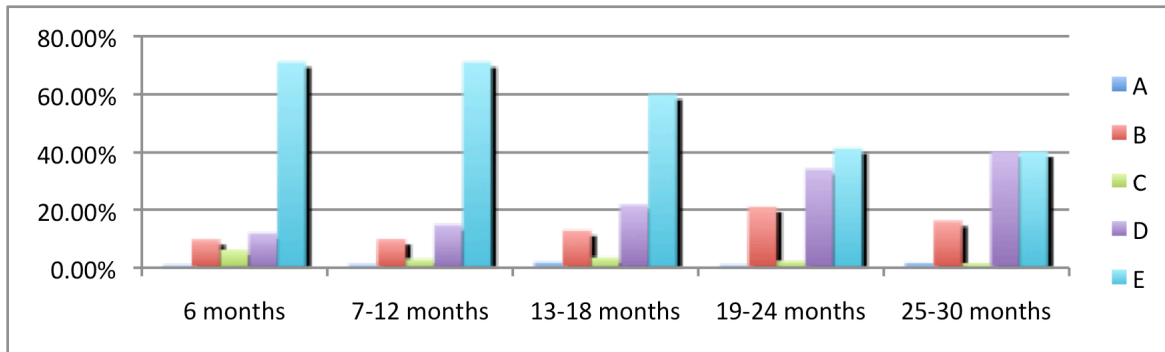


Figure 5: Plod vs. Length of Time in Program – 3b. Knowledge & Skills

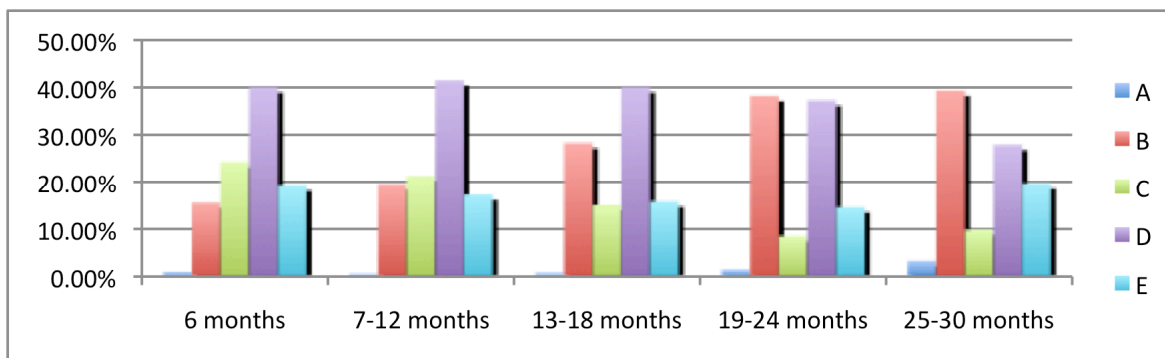
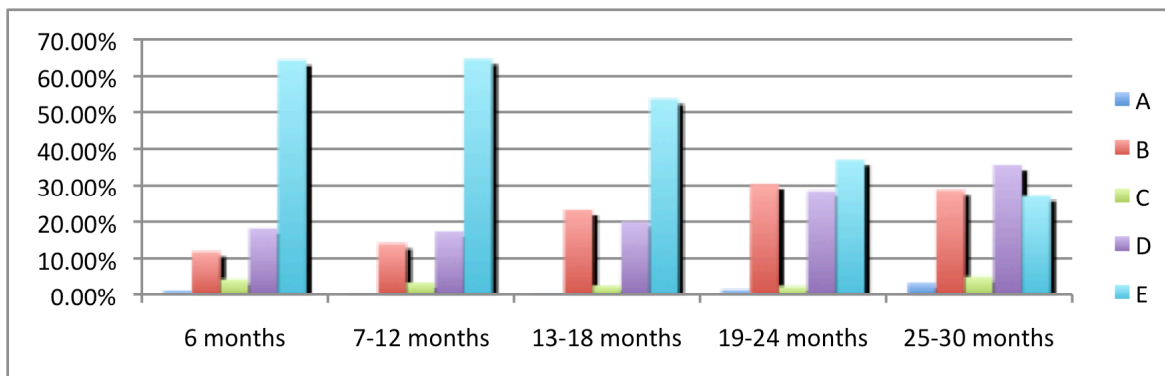


Figure 6: Plod vs. Length of Time in Program – 3c. Adaptive



In examining the charts disaggregating length of time by child outcomes above at least two interesting trends are noted. First, the percentage of children in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) increases with length of time in the program for both the social-emotional and adaptive sub-indicators. It appears that children who spent more time in early intervention were more likely to catch up to their peers in social-emotional and adaptive domains than children who spent less time in early intervention. Second, the percentage of children in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) appears to increase with length of time in the program. This finding lends support to the notion that children with significant disabilities are being identified early.

3) Examination of child outcomes data in relation to Medicaid vs. non-Medicaid.

Figure 7 – Percentage of Children with and without Medicaid in each Outcome Category – 3a. Social Emotional

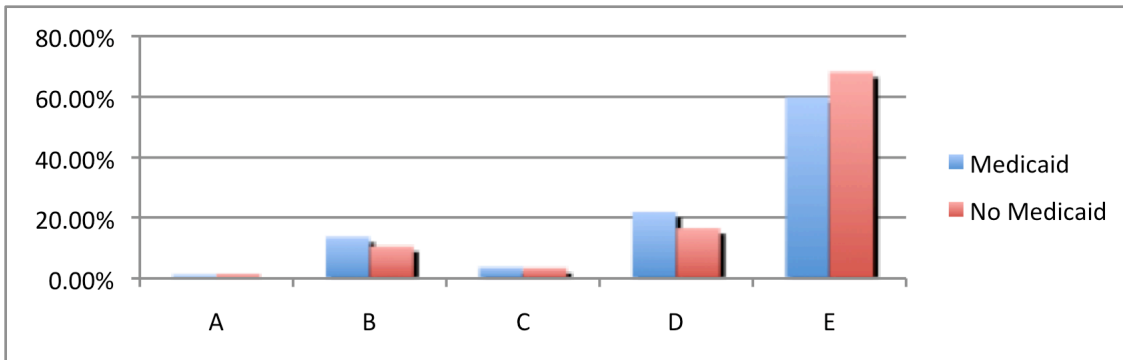


Figure 8 – Percentage of Children with and without Medicaid in each Outcome Category – 3b. Knowledge and Skills

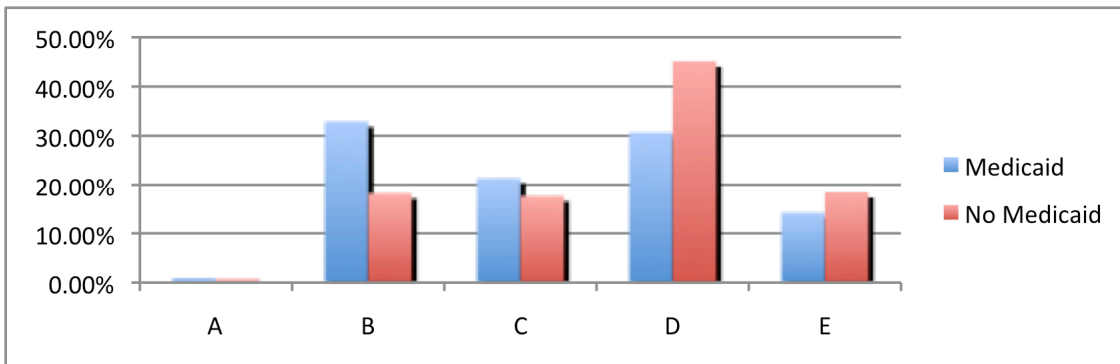
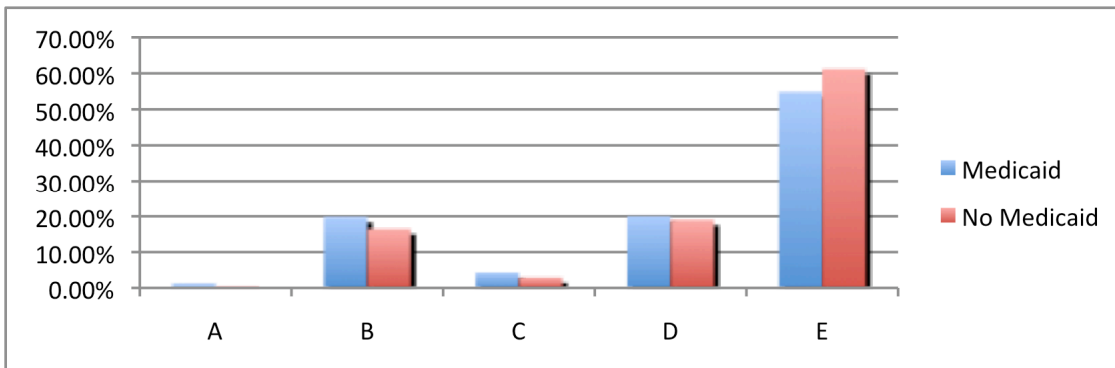


Figure 9 – Percentage of Children with and without Medicaid in each Outcome Category – 3c. Adaptive



In examining the charts disaggregating Medicaid status by child outcomes it does not appear that Medicaid status and the percentage of children in each child outcome category are related for any of the subindicators because there were not large differences in the how the children with Medicaid made developmental progress (as measured by child outcomes category) compared to children without Medicaid.

4) Examination of child outcomes data in relation to age at referral.

Figure 10: PLOD Categories by Age at Referral – 3a. Social Emotional

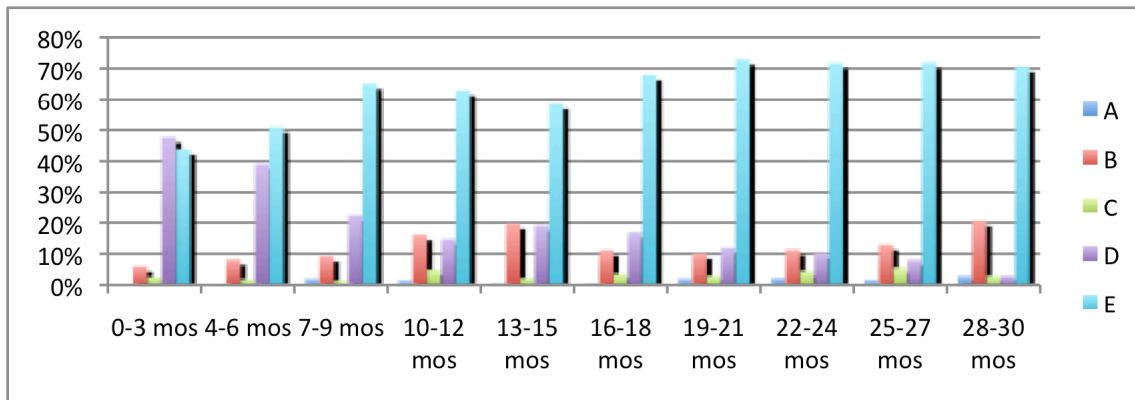


Figure 11: PLOD Categories by Age at Referral – 3b. Knowledge & Skills

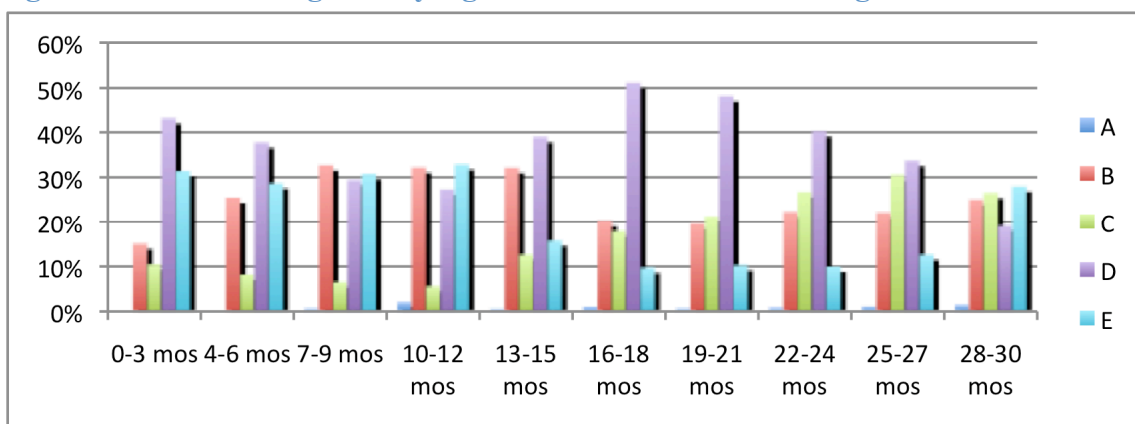
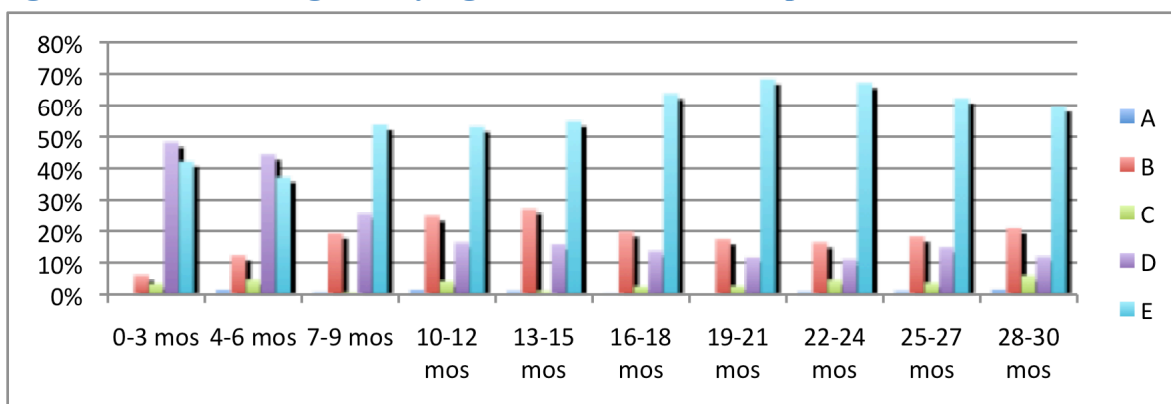


Figure 12: PLOD Categories by Age at Referral – 3c. Adaptive



In examining the charts disaggregating length of time by child outcomes above one very interesting trend stands out. The percentage of children in Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) decreases as children get older at the time of referral for both of the social-emotional and adaptive subindicators. At least for subindicators 3a (social-emotional) and 3c (appropriate behaviors to meet needs), it appears that children who were behind their peers at referral are more likely to catch up if they are referred earlier than those children referred later.

5) Examination of child outcomes data in relation to family outcomes data.

Figure 13 – Categories by Family Outcome Subindicators – 3a. Social Emotional

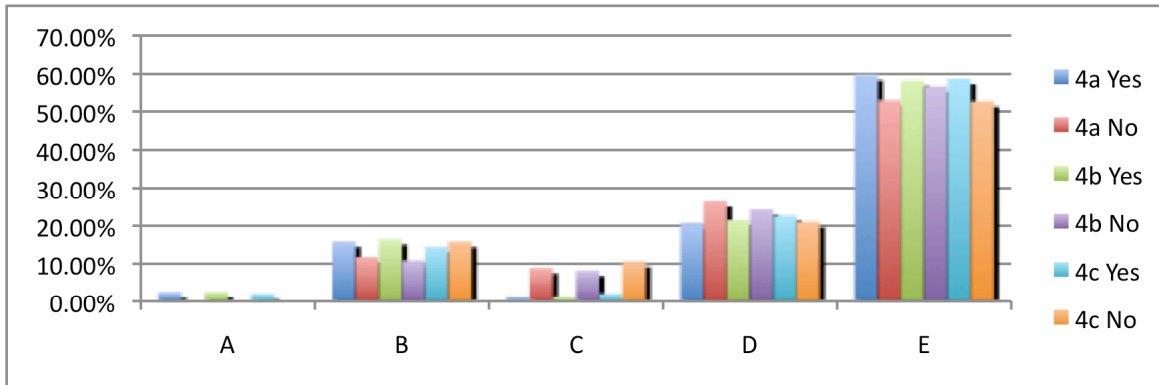


Figure 14 – Categories by Family Outcome Subindicators – 3b. Knowledge and Skills

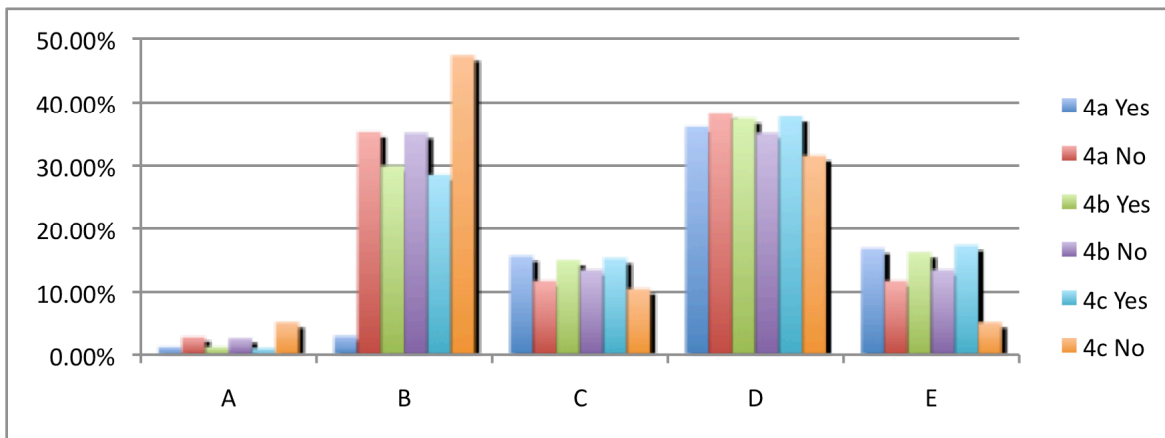
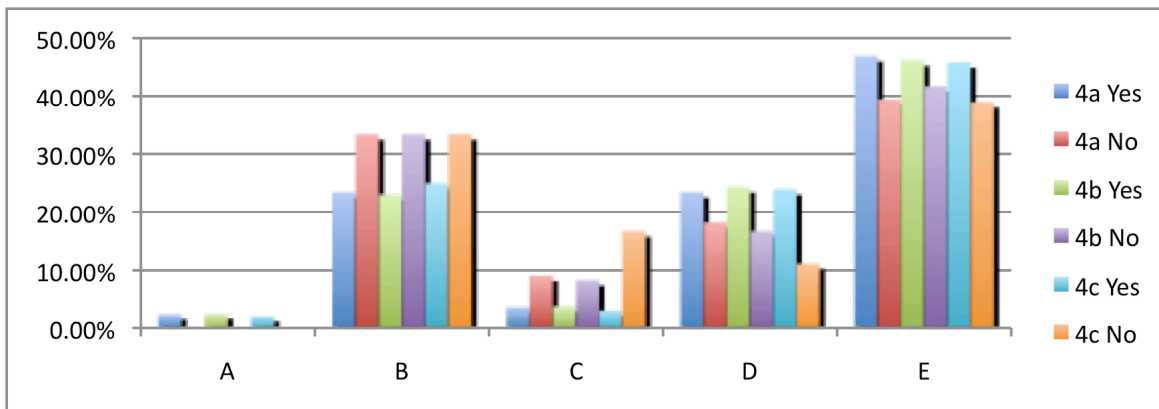


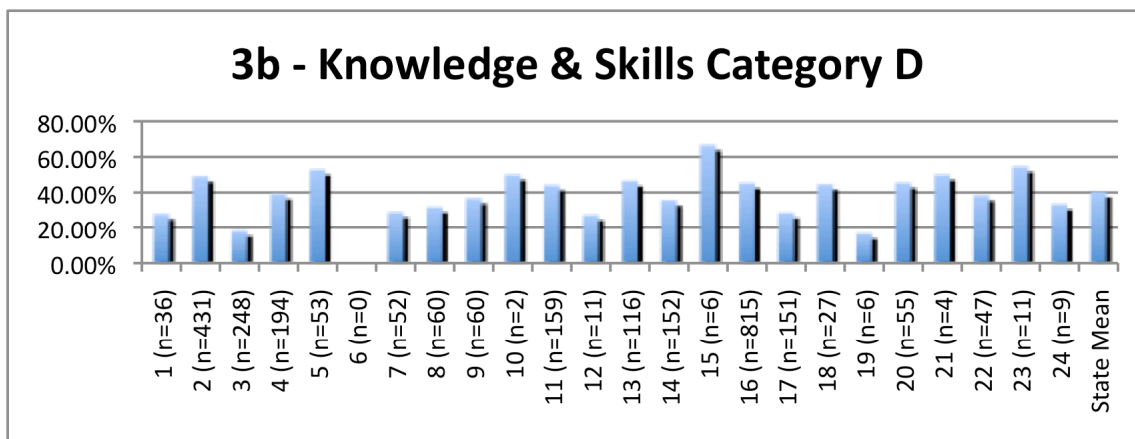
Figure 15 – Categories by Family Outcome Subindicators – 3c. Adaptive



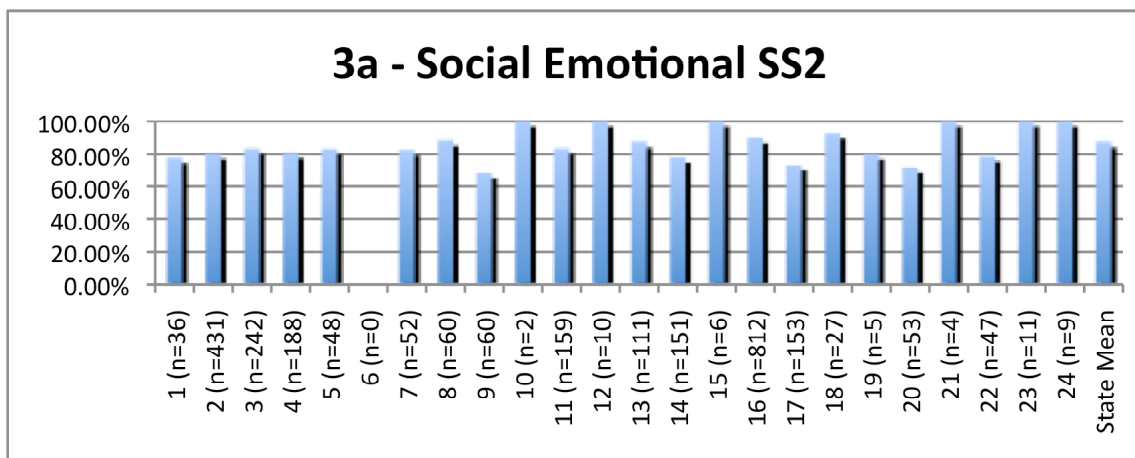
In examining the charts disaggregating length of time by child outcomes above at least two interesting trends stand out. First, for all three subindicators, the percentages of children are higher in Category B (percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) when parents said “no” on the family outcome questions than when parents said “yes” for the family outcome questions. It is possible that parents are less likely

to report that early intervention services have helped their family if their children are not making much progress in the program. Second, it appears that the converse relation appears in Category E (percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers) for all three subindicators, and Category D (percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) for the Adaptive subindicator. Parents of children in these categories were at least a little more likely to answer “yes” to one of the 3 family outcome questions.

MSDE examined the local jurisdiction data for each child outcome category (A,B,C,D,E) in each child outcome subindicator to look for outliers that may have skewed the FFY 2008 data. For example, MSDE compared the percentage of children in category A for social-emotional development for each of the 24 local jurisdictions in Maryland. The examination of this data found no significant outliers. The examination process was also completed for each category in each subindicator and no significant outliers were found. An example of the chart used for this analysis is provided below:



MSDE also examined the local jurisdiction data in terms of Summary Statements. In particular each subindicator was broken down by jurisdiction’s Summary Statement percentage. An example of the charts used by MSDE to examine this data is provided below. Again, MSDE found no significant outliers that would affect the setting of targets for any subindicator.



After examination of the FFY 2008 data, as well as the trend data from FFY 2006, FFY 2007, and FFY 2008, MSDE was able to set measurable and rigorous targets for FFY 2009 and FFY 2010. For FFY

2009, the targets set are equal to the baseline data for FFY 2008. MSDE feels justified to set targets at baseline for the first fiscal year because of several factors:

- 1) The total number of children included in the analysis for each fiscal year has increased substantially. For this reason it is difficult to get an idea of the true baseline for each subindicator.
- 2) An analysis of the trend data does not support a trend toward greater percentages for each summary statement. If anything, the percentages for summary statements for a few of the subindicators have been decreasing over time (e.g., Summary Statement #1 for Knowledge and Skills). It is believed that this trend is most likely due to regression to the mean as the State continues to increase the number of children included in its child outcomes data analysis. It is expected that as the State gets closer to the true population of infants and toddlers in MITP the percentages for each Summary Statement has leveled out and thus, targets should be set on the FFY 2008 data since it is closer to the actual population data in Maryland.
- 3) As mentioned in the FFY 08 Changes in Data Collection and Validation and Statewide Training discussion above, MSDE has created an Assessment Task Force to examine its method of obtaining assessment data for children. Maryland's child outcome data could be substantially different if measurement methodology is changed by MSDE after the recommendations of the Assessment Task Force are considered.

MSDE took the information presented above to the State Interagency Coordinating Council (SICC) and the following Measurable and Rigorous Targets were developed with stakeholders. Following an MSDE presentation to the SICC on all SPP/APR indicators, two discussion groups were formed. The first group discussed activities to increase LITP referrals for children birth to 1 year of age. The second group discussed child outcome data and target setting.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	

FFY	Measurable and Rigorous Target
<p>2008 (2008-2009)</p>	<p><u>Baseline Data</u></p> <p>62.8% of children who entered the program below age expectations in Social-Emotional Skills increased their rate of growth in Social-Emotional Skills by the time they exited.</p> <p>83.6% of children were functioning within age expectations in Social-Emotional Skills by the time they exited.</p> <p>71.3% of children who entered the program below age expectations in Acquiring and Using Knowledge and Skills increased their rate of growth in Acquiring and Using Knowledge and Skills by the time they exited.</p> <p>57.3% of children were functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exited.</p> <p>55.4% of children who entered the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exited.</p> <p>78.4% of children were functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exited.</p>
<p>2009 (2009-2010)</p>	<p>62.8% of children who enter the program below age expectations in Social-Emotional Skills increase their rate of growth in Social-Emotional Skills by the time they exit.</p> <p>83.6% of children are functioning within age expectations in Social-Emotional Skills by the time they exit.</p> <p>71.3% of children who enter the program below age expectations in Acquiring and Using Knowledge and Skills increase their rate of growth in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>57.3% of children are functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>55.4% of children who enter the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exit.</p> <p>78.4% of children are functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exit.</p>

FFY	Measurable and Rigorous Target
<p>2010 (2010-2011)</p>	<p>63.8% of children who enter the program below age expectations in Social-Emotional Skills increase their rate of growth in Social-Emotional Skills by the time they exit.</p> <p>84.6% of children are functioning within age expectations in Social-Emotional Skills by the time they exit.</p> <p>72.3% of children who enter the program below age expectations in Acquiring and Using Knowledge and Skills increase their rate of growth in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>58.3% of children are functioning within age expectations in Acquiring and Using Knowledge and Skills by the time they exit.</p> <p>56.4% of children who enter the program below age expectations in Taking Appropriate Action to Meet Needs increase their rate of growth in Taking Appropriate Action to Meet Needs by the time they exit.</p> <p>79.4% of children are functioning within age expectations in Taking Appropriate Action to Meet Needs by the time they exit.</p>

Improvement Activities/Timelines/Resources:

In the next reporting period, MSDE will continue training, technical assistance, and quality assurance activities to ensure that the State’s Birth to 3 Child Outcomes system will produce valid and reliable data.

Improvement Activities	Timelines	Resources
<p>MSDE and ECO Center staff will provide follow-up statewide team training on the use of the COSF, on functional assessment and performance, and on statewide assessment practices to facilitate best practices on evaluation and assessment.</p> <p>Accomplished Task: MSDE provided a Child Outcome training session for LITP Directors at the September 2008 Special Education Leadership Conference. The focus of this training was the correction of FFY 2008 PLOD completion errors and data entry errors.</p>	<p>2007-2010</p>	<p>MSDE ECO Center LITPs</p>

Improvement Activities	Timelines	Resources
<p>MSDE will develop improvement activities with stakeholders, including strategies for ongoing data validation and professional development</p> <p>Accomplished Task: Because of the wide range of evaluation tools utilized statewide, MSDE created an Assessment Task Force, comprised of national, State, and local experts in July 2009. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored the strategy of Maryland using one or two assessment tools that could be cross walked to the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions to be implemented on July 1, 2010.</p>	<p>2007-2011</p>	<p>MSDE LITPs SICC</p>
<p>MSDE will provide online course instruction on the Birth - 3 Outcomes System to participants in State's Part C Early Intervention Leadership Academy, and will post materials related to the Birth - 3 Outcomes System on the Early Childhood Gateway</p> <p>Accomplished Task: A four week course on Child Outcomes was provided to the on-line Early Intervention Leadership Academy from October 23, 2007 to November 19, 2007. This course was also provided to a different cohort of course participants in the fall of 2008 and 2009.</p>	<p>2007-2011</p>	<p>MSDE JHU/CTE</p>

Improvement Activities	Timelines	Resources
<p>MSDE will work with ECO and other external consultants to review and incorporate current information, technical assistance, and research related to the effectiveness of early intervention and the reporting of child outcomes data.</p> <p>Revision: In July 2009, MSDE created an Assessment Task Force, comprised of national, State, and local experts. The Task Force was charged with examining various assessment tools as well as whether MITP will change the methodology by which child outcome scores are determined. For example, the Task Force has explored the strategy of Maryland using one or two assessment tools that could be cross walked to the Child Outcome Summary Form (COSF) to obtain child outcome scores for the three OSEP child outcomes. Information gleaned from the Task Force will lead to statewide policy decisions to be implemented on July 1, 2010.</p>	<p>2007-2011</p>	<p>MSDE ECO Center Other external consultants</p>
<p>MSDE will provide technical assistance to LITPs to support ongoing local training of providers and families in the purpose and procedures for the State's Birth - 3 Child Outcomes system.</p> <p>Accomplished Task: IFSP Regional Training was provided in November 2007, with Follow-up Training in April, 2008. This training was provided by Barbara Hanft, a national expert on early intervention. Information on developing functional Child Outcomes was provided.</p> <p>Revision: Updated or revised training on child outcome data collection methodology will occur in May, 2010.</p>	<p>2007-2011</p>	<p>MSDE LITPs</p>

Improvement Activities	Timelines	Resources
<p>MSDE will implement the validation study to compare the database results with the COSF results, including record reviews and focus groups/ interviews with families and providers.</p> <p>Accomplished Task: With assistance from the John's Hopkins Center for Technology in Education, MSDE presented a crosstab analysis of the FFY 2007 child outcome data in September 2009. Differences between COSF and PLOD data were examined. Local Directors were also given the opportunity to ask questions about statewide or local data and data collection practices.</p>	2008-2010	MSDE JHU/CTE LITPs
<p>MSDE and LITPs will review reports from the Part C database to identify and resolve issues related to the accuracy and reliability of the present levels of development data.</p> <p>Accomplished Task: In April 2008, MSDE provided LITPs with an updated copy of their Child Outcome data. LITPs were asked to validate the accuracy of the data by comparing the Child Outcome report with individual child records as well as with information in the Part C database. This activity will be repeated for FFY 2009.</p>	2007-2011	MSDE LITPs
<p>MSDE will analyze progress data using variables in assessment tools, child demographics, and developmental profiles to determine patterns in practice and results.</p>	2008-2011	MSDE JHU/CTE External Consultants
<p>MSDE will support implementation of statewide and local improvement strategies focusing on recommended assessment tools, professional development, EI practice, and setting targets for progress data.</p>	2008-2011	MSDE JHU/CTE External Consultants LITPs

Improvement Activities	Timelines	Resources
<p>Based on results of the validation study, recommendations of the Assessment Task Force and analysis of progress results in 2008-2009, MSDE will decide on the appropriate methodology that yields the most accurate and reliable child outcome progress data, revise/establish implementation procedures, and provide training and technical assistance to LITPs in order to sustain valid results.</p>	<p>2010-2011</p>	<p>MSDE JHU/CTE External Consultants LITPs SICC</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

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

Overview of Issue/Description of System or Process:

To meet its federal reporting requirements regarding the percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

MSDE contracted with Avatar, Inc. for the “Comprehensive Design and Implementation of a System to Collect, Validate, Aggregate, Analyze and Report Family Outcome Data.” The basic provisions of the contract included: revising survey items, customizing the measurement instrument, mailing the survey to **every** family receiving infants and toddlers services, monitoring the collection of the surveys, completing data processing and verification of the data to maintain data integrity, conducting data analysis to address federal and State reporting requirements, generating an online report, and providing training to assist MSDE to interpret the data, set goals and move forward with program improvement planning.

MSDE selected the family survey for families of children with disabilities ages birth to age three developed by the National Center for Special Education Accountability Monitoring (NCSEAM). NCSEAM developed this set of survey instruments to measure family perceptions of benefit and involvement in the early intervention and special education process. Data obtained by NCSEAM during a National Item Validation Study with a nationally representative sample of families indicated a high reliability and validity of the survey instruments. Additionally, the NCSEAM family survey utilizes the Rasch data analysis technique which allows for a more targeted understanding of family benefit and directly links to planning of program improvement activities.

The NCSEAM Part C Family Survey includes three demographic items and 47 rating scale items divided into two groups, Family-Centered Services and Impact of Early Intervention Services on Your Family. The demographics include the child’s ethnicity, the child’s age at the time the survey was completed, and the child’s age at the time he or she was referred for services. Maryland followed NCSEAM’s Item Shopping Guidelines and reviewed the content of the items on the recommended, reduced-item survey as well as the content of the items included in the pilot study.

The initial steps of revising and customizing the survey were accomplished through broad stakeholder input which included families of children with disabilities, the State Interagency Coordinating Council, and program staff and administrators. Based on this input it was decided that one item from the pilot study item bank should be added to the Family-Centered Services scale (for 26 items in total); this item concerned whether someone from the early intervention program visited the family home to give ideas on how to help the child there. It was also determined that two items from the bank should be added to the Impact on Family scale; these involved figuring out solutions to problems as they come up, and feeling able to handle the challenges of parenting a child with special needs. Finally, one of the Impact on Family items (EI services should improve my family’s quality of life) was dropped, for 22 items in total on this scale. In addition, three items in the Family-Centered Services scale were modified slightly, to spell out an acronym (IFSP), or to add Maryland specific examples of the services being referred to (i.e., Family Support Network/Preschool Partners, Parents’ Place of Maryland).

All of these customizations were implemented in order to tailor the survey as closely as possible to Maryland’s specific needs. Since the new methodology employed in analyzing and presenting the data can take missing data into account, dropping or adding items did not compromise the meaningfulness or the comparability of the measures.

In addition to the survey, the letter accompanying the survey was customized and written in family-friendly language. Included in the letter were local family support contacts if families had questions or concerns about the survey. A Spanish version of the survey was also made available through the local family support services contact. Included in this report is a copy of the Maryland Part C Family Survey

and the cover letter. **Please note that sampling was not utilized and this survey was sent to families of all active, eligible children.**

The NCSEAM Part C Family Survey included scales that were *calibrated* using the same measurement theory and data analysis techniques as have been employed in high stakes graduation, admissions, and professional certification examinations for decades. Calibrated items are like marks on a ruler that stay in the same place no matter who is measured, no matter who is doing the measuring, and no matter when or where the measurement is made. Data analyses result in calibrated scales when the survey items consistently fall in the same order and spacing on the ruler, and what is being measured can be shown to add up in a way that can be usefully and meaningfully represented by numbers. The data from the Part C family surveys have been analyzed to produce a measure for each family on each of the NCSEAM scales that was administered. The procedure used to derive the individual measures takes advantage of the consistent ordering of survey items across different samples of families. Table 1 (below) shows the items of the Impact of Early Intervention on Your Family scale in order of their overall agreeability to families. Items with low calibrations, at the bottom of the page, are the items that families consistently agree with most.

Table 1: Impact of Early Intervention Services on Your Family Scale

Over the past year, Early Intervention services have helped me and/or my family:

Calibrations	Item Texts
677	participate in typical activities for children and families in the community.
656	know about services in the community.
639	know where to go for help and support to meet my family's needs.
624	keep up friendships for my child and family.
608	know where to go for help and support to meet my child's needs.
583	be more effective in managing my child's behavior.
576	make changes in our family routines that will benefit my child with special needs.
576	do activities that are good for my child even in times of stress.
569	improve my family's quality of life.
564	feel that I can get the services and supports that my child and family need.
563	get services that my child and family need.
562	feel that my family will be accepted and welcomed in the community.
559	feel more confident in my skills as a parent.
559	feel that my child will be accepted and welcomed in the community.
556	communicate more effectively with people who work with my child and my family.
552	understand how the early intervention system works.
545	understand the roles and responsibilities of the people who work with my child.
540	figure out solutions to problems as they come up.
539	feel that I can handle the challenges of parenting a child with special needs.
539	know about my child's and family's rights concerning early intervention services.
534	be able to evaluate how much progress my child is making.
516	understand my child's special needs.
498	feel that my efforts are helping my child.
497	do things with and for my child that are good for my child's development.

Baseline Data for FFY 2005 (2005-2006):

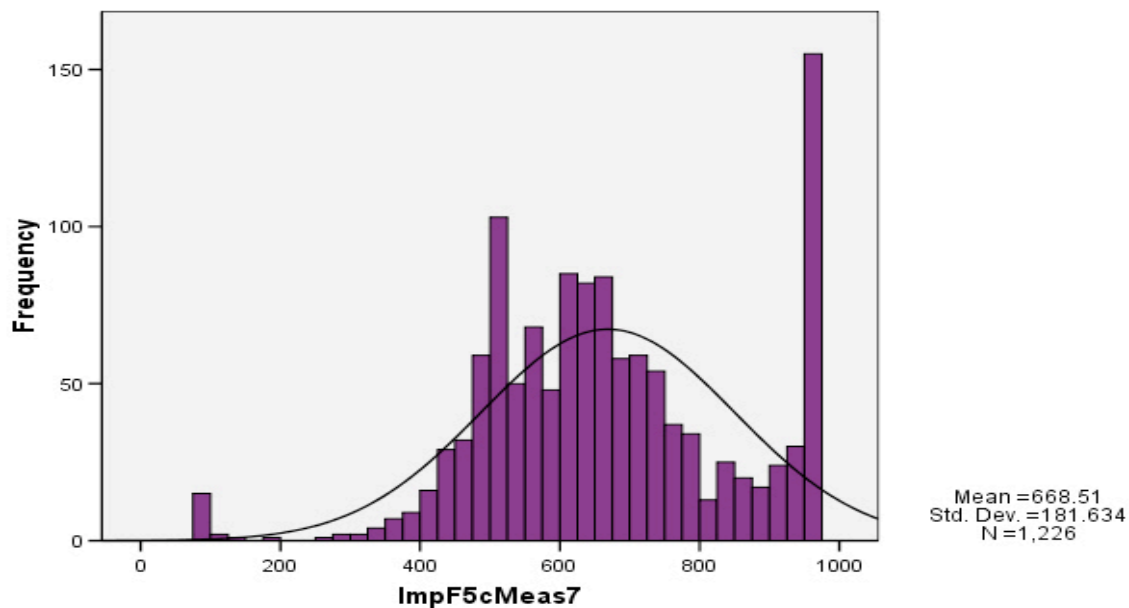
On June 23, 2006, 6,508 surveys were mailed to **all** families with active eligible children as of 3/31/06. Of the 6,508 surveys sent out, 1,275 were returned, for an overall 19.6% response rate and a 2.5% margin of error (95% confidence level). Of the 1,275 surveys returned for measurement scaling and

statistical analysis, 1,226 provided measurable data on the survey’s Impact on Family scale, needed for reporting the SPP/APR indicators 4a, 4b, and 4c, resulting in an effective response rate of 18.8% (the 2.5% margin of error remains constant). Individual survey items’ overall agreement percentages are then associated with a 2.5% margin of error, at a 95% confidence level. The data meet or exceed the NCSEAM 2005 National Item Validation Study’s standards for the internal consistency, completeness, and overall quality expected from this survey.

The percents reported to OSEP for SPP/APR indicators 4a, 4b, and 4c are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In these analyses, the standards applied were the standards recommended by a nationally representative stakeholder group convened by NCSEAM. This group identified items that most closely represented the content of each of the indicators and recommended the level of agreement that should be required on these items. For indicators 4a, 4b, and 4c, the recommended standards were operationalized as measures of 539, 556, and 516, respectively, since these are the calibrations of the items most closely related to the indicators. The percent reported to OSEP for each indicator is the percent of families with measures on the Impact of Early Intervention Services on Your Family scale that are at or above these levels.

The figure below illustrates the distribution of measures on the Impact on Families scale for all families whose data were submitted for this analysis.

Maryland 2006 Part C Impact on Family Measures



The overall average of all the individual family measures is 669. In the figure above, if vertical lines are drawn at 539, 556, and 516 on the x-axis this illustrates that the percentages of responding Maryland Part C families with measures at or above these levels are 74%, 72%, and 82%, respectively, see below for detailed statistical summary. Given the size of the population of families receiving early intervention services, and the number of families from whom completed surveys were received, there is a 95% likelihood that the true value of these percentages is as much as 2.5% less or more than the

values given, depending on the standard error of the mean for each indicator (reported in the statistical summary below).

**Statistical Summary
STATE OF MARYLAND**

PART C Early Intervention Family Survey Report For Data Collected in 2006

SPP/APR Indicator #4a: Percent of families participating in Part C who report that early intervention services have helped the family:
A. Know their rights.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale:

“Over the past year, Early Intervention services have helped me and/or my family: know about my child’s and family’s rights concerning Early Intervention services.”

Percent at or above indicator 4A standard (539): 74% (SE of the mean = 1.2%)

SPP/APR Indicator #4b: Percent of families participating in Part C who report that early intervention services have helped the family:
B. Effectively communicate their children’s needs.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale:

“Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family.”

Percent at or above indicator 4B standard (556): 72% (SE of the mean = 1.3%)

SPP/APR Indicator #4c: Percent of families participating in Part C who report that early intervention services have helped the family:
C. Help their children develop and learn.

Standard: A .95 likelihood of a response of “agree,” “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s Impact of EI Services on Your Family scale:

“Over the past year, Early Intervention services have helped me and/or my family: understand my child’s special needs.”

Percent at or above indicator 4C standard (516): 82% (SE of the mean = 1.1%)

Number of Valid Responses: 1,226 Mean Measure: 669
 Measurement reliability: 0.90 Measurement SD: 182

Averages of 8 U.S. states' 1,750 families participating in the 2005 NCSEAM Pilot Study:

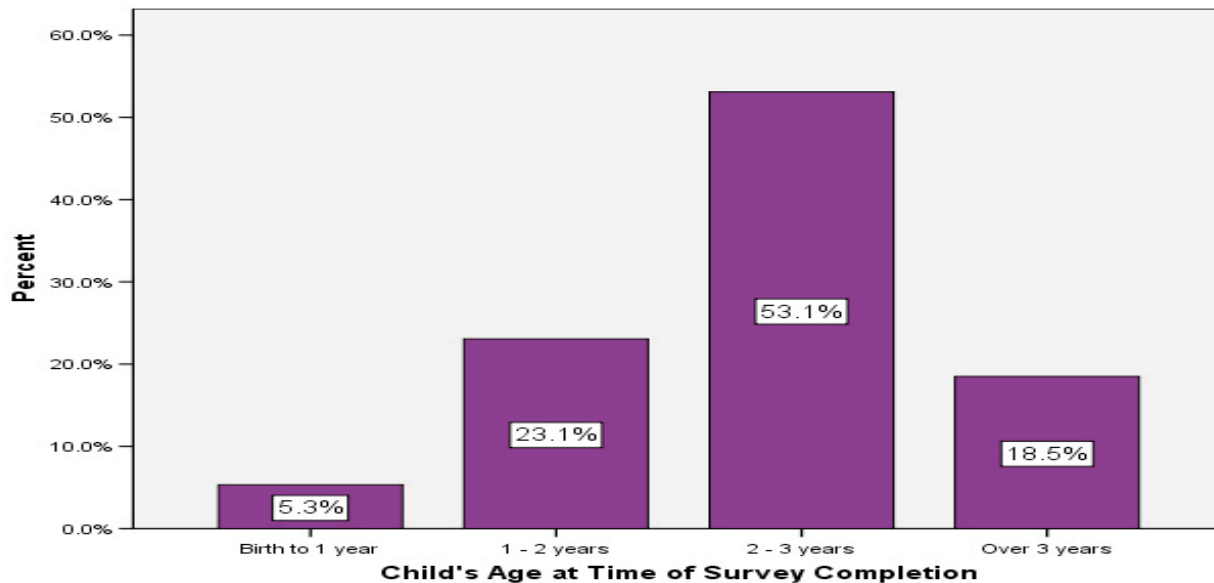
Indicator	A	B	C	SE of Mean	Mean Measure	SD
Value	74%	70%	84%	0.9% - 1.1%	644	158

Discussion of Baseline Data:

Maryland's baseline data on the family survey are very comparable to those described in NCSEAM's pilot study, with the mean measure being slightly higher for Maryland's results, 669 compared to 644 in the national pilot study. All jurisdictions in Maryland were represented with regard to survey responses.

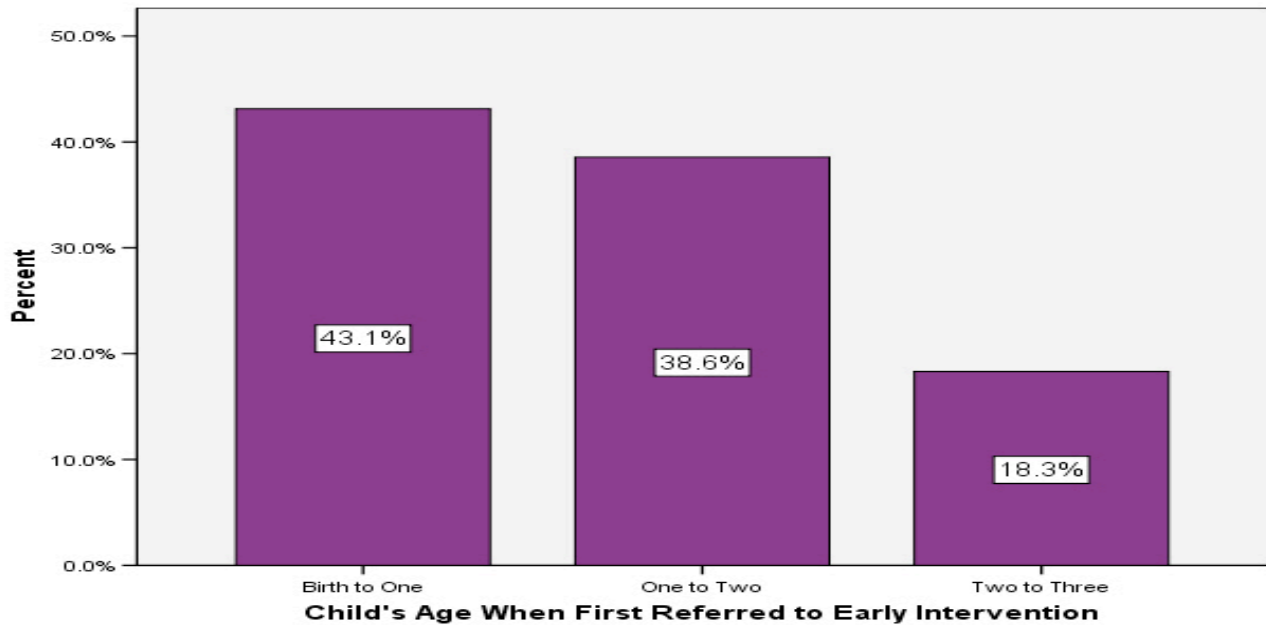
The following graphs illustrate additional information regarding Maryland's survey results.

Graph 1



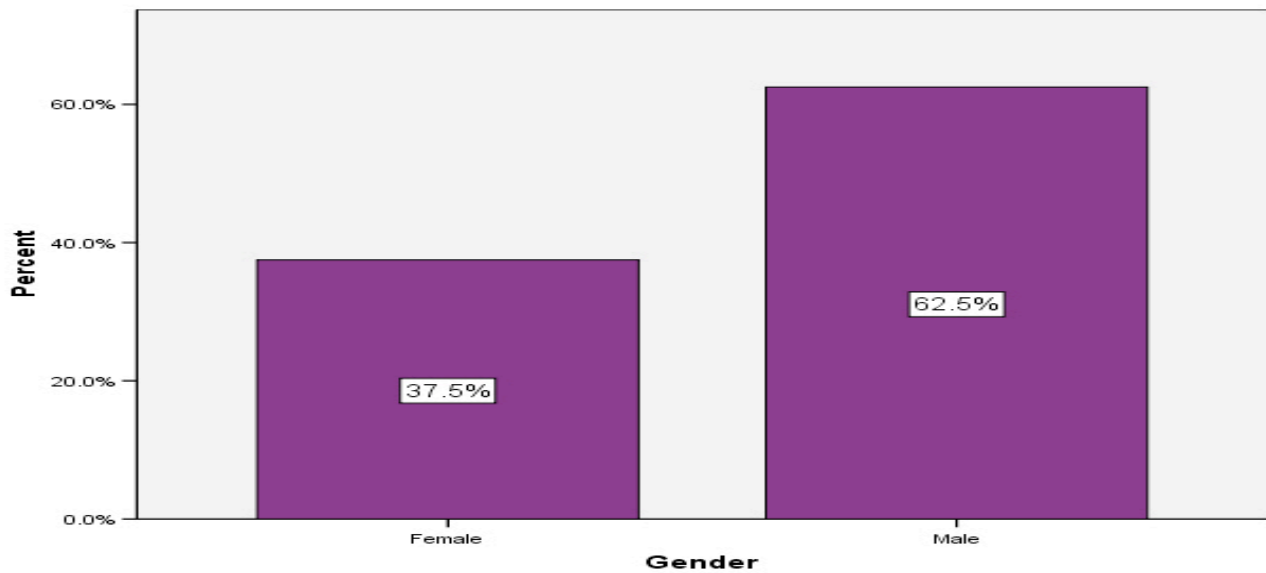
In Graph 1, over half of the families who responded to the survey had children who were two to three years old at the time they completed the survey. In Graph 2 below, approximately 82% of the families who responded to the survey had children who were referred to early intervention between birth and two years of age.

Graph 2



In Graph 3 below, the number of families who responded to the survey who had male children was overwhelmingly higher than the number of families who responded who had female children.

Graph 3



Overall the baseline results, using this new survey tool for describing family benefit, indicate that the majority of families who responded to the survey did benefit from being a part of Maryland's early intervention system. These results provide an opportunity to look at specific areas of strength and weakness and how they impact family benefit in order to target overall improvement activities.

Understanding the data and engaging local stakeholders in understanding and analyzing local results is of critical importance in developing appropriate measurable and rigorous targets. Initially, Maryland is keeping the targets at the baseline level for years 2006 and 2007 in order to focus improvement activities to assist families in understanding the purpose and use of the survey results and to assist all stakeholders in understanding and analyzing the data for targeted program improvement. In order to set targets for years 2008 – 2010 MSDE used the target calculator developed by NCSEAM to determine the minimum increase in percent that would represent a statistically significant change in the positive direction. Improvement activities over the next several years will include engaging broad stakeholder input in order to review and revise the measurable and rigorous targets.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>74% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>72% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>82% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>
<p>2006 (2006-2007)</p>	<p>74% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>72% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>82% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>
<p>2007 (2007-2008)</p>	<p>74% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>72% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>82% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>
<p>2008 (2008-2009)</p>	<p>75% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>73% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>83% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>

<p>2009 (2009-2010)</p>	<p>76% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>74% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>84% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>
<p>2010 (2010-2011)</p>	<p>78% of families participating in Part C report that early intervention services helped the family know their rights.</p> <p>76% of families participating in part C report that early intervention services helped the family effectively communicate their children's needs</p> <p>86% of families participating in part C report that early intervention services helped the family help their children develop and learn</p>

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
<p>MSDE will work closely with the contracted vendor to analyze the baseline data and develop a plan for informing educating stakeholders about the results.</p>	<p>2007</p>	<p>MSDE Avatar, Inc.</p>
<p>MSDE will hold statewide stakeholders meetings, which will include families, family support coordinators, administrators, service coordinators and SICC members, to review and discuss baseline results and ways to use the results to plan program improvement activities.</p> <p>Revised Activity: In FFY 2008 – FFY 2010, MSDE will continue the improvement activities done in FFY 2007 and described previously in Local Improvement Planning and in Collaboration with Parent-To-Parent Networks in order to meet the proposed targets for this indicator. Local improvement plans, with increased rigor, will be required as part of the annual application process. In order to improve response rates and representativeness of responses, MSDE will collaborate with local stakeholders to further analyze the two methods of survey distribution used in FFY 2007 and to decide on methods of</p>	<p>2007</p>	<p>MSDE Avatar, Inc. LITPs Stakeholders</p>

<p>survey distribution for FFY 2008.</p> <p>Revised Activity: For FFY 2009 – FFY 2010, Maryland will continue to refine methods of survey distribution to specifically improve response rates and will strongly consider, with stakeholder input, requiring the hand delivery of all surveys. Further investigation will be completed with stakeholders to understand and rectify the issues with the on-line survey option in order to move forward with this option in Maryland.</p>	<p>2009 - 2010</p>	
<p>MSDE will develop a framework for local improvement planning linked to the local application that will include:</p> <ul style="list-style-type: none"> •Improvement in the understanding of the purpose and use of the survey results; •Improvement in response rates particularly with regard to those families who are culturally diverse; and •Engagement of local stakeholders to understand and analyze local baseline results and begin to consider targeted local improvement activities. 	<p>2007-2011</p>	<p>MSDE LITPs</p>
<p>MSDE will engage stakeholders in understanding and analyzing year 2 and year 3 data in order to review and revise measurable and rigorous targets and improvement activities, timelines and resources.</p>	<p>2008-2010</p>	<p>MSDE LITPs SICC</p>
<p>MSDE will implement targeted state level and local level activities to achieve real and meaningful improvement based on analysis of State and local data.</p>	<p>2008-2011</p>	<p>MSDE LITPs</p>
<p>MSDE will collaborate with parent-to-parent networks in the State through joint training and technical assistance efforts targeted at families and family support providers. Specific training efforts will include meeting the needs of the culturally diverse, outreach strategies and effective parent training.</p> <p>Continued Activity: In FFY 2008 – FFY 2010, MSDE is planning continued collaboration with parent-to-parent networks through the provision of statewide training on the Parent Modules – “Positive Solutions for Families” developed by the center on Social and Emotional Foundations for</p>	<p>2007-2011</p>	<p>MSDE Parent-to-Parent Networks</p>

<p>Early Learning (CSEFEL).</p> <p>Revised Activity: For FFY 2009 – 2010, MSDE will continue the training-of-trainers model using the Positive Solutions for Families – Parent Modules developed by the Center on Social and Emotional Foundations for Early Learning (CSEFEL) and expand to include other parent training networks throughout the state, specifically Parents’ Place of Maryland and Family Navigators. MSDE will attempt to identify jurisdictions that have provided the Positive Solutions for Families – Parent Modules and compare family outcome data with jurisdictions who have not provided this type of parent training.</p>		
<p>In FFY 2008 – FFY 2010, professional development opportunities will be created in order to facilitate the sharing of best practices by local jurisdictions with regard to increases in survey response rates, representativeness of responses, and significant percentage increases across indicators.</p> <p>Revised: For FFY 2009 – FFY 2010 child and family outcome data will be linked, analyzed and shared with local programs as appropriate, in order to implement targeted state level and local level activities to achieve real and meaningful improvement in child and family outcomes.</p>	<p>2008-2010</p>	<p>MSDE Staff LITPs</p>
<p>Maryland begins implementation of the Extended IFSP Option on February 1, 2010. In FFY 2009 MSDE will consult with national experts regarding the family/parent survey in order to revise the current family survey to include additional questions for families who have children over the age of three.</p>	<p>2009</p>	<p>MSDE National expert(s)</p>
<p>In FFY 2009 MSDE will revise the MITP Individualized Family Service Plan (IFSP). The revised IFSP will incorporate family-friendly language throughout the document as well as include data fields necessary for implementation of the Extended IFSP Option.</p>	<p>2009</p>	<p>MSDE/CTE LITPs</p>

<p>To enhance the understanding of parents, LITPs, and the Office of Administrative Hearings, MITP adopted the Part B parent complaint procedures and in January, 2010 distributed a Part C and Part B revised Parent Rights Document. A more parent-friendly version of this document will be developed in the spring of 2010.</p>	<p>2009</p>	<p>MSDE LITPs</p>
<p>In FFY 2009 MSDE will develop and disseminate a Parent Information Series to include the following components: A Family Guide to Early Intervention Services in Maryland <i>Ages Birth through Two</i>, A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead To Success – A Family Guide to Understanding the Transition Process & Planning for Young Children (Birth through Five, and A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3 – Families Have a Choice.</p>	<p>2009 -2010</p>	<p>MSDE LITPs</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

MSDE includes the identification of eligible infants and toddlers as early as possible as part of targeted priorities to be addressed by all local Infants and Toddlers Programs (LITPs). All LITPs are required to develop local Public Awareness Plans annually as part of their local application for funding and to report on public awareness activities at least annually. All LITPs are also required to align their public awareness plan with their Improvement Plan in order to address the State's targeted priorities, which include the identification of all eligible children birth to one and birth to three.

Annually local Public Awareness Plans must include the following activities to identify all eligible children:

- Increase awareness and participation of all primary referral sources, including procedures for accessing the single point of entry and information about referral timelines;

- Target hospitals, HMOs, pediatricians, and other physicians and medical practitioners to ensure that they are informed about the local early intervention system and procedures for referral to the single point of entry.
- Increase parent awareness and participation in the local early intervention system.
- Coordinate with public awareness activities of other early childhood programs (e.g. Head Start, child care, preschool programs) and provide for communication with local public agencies, private providers, parent and advocacy groups, and other organizations; and
- Increase awareness and participation of minority and underserved communities (e.g. low-income, rural, and ESL families) in the local early intervention system.

MSDE reports annually to LITPs on the percentage of children birth to one and birth to three being served in each local jurisdiction by comparing the number of children served with the birth rate in each local jurisdiction. As a preliminary benchmark, MSDE indicated each LITP should be serving 1% of children who are birth to one in the local jurisdiction and 2% of children who are birth to three. LITPs who do not meet the benchmark are required to develop improvement strategies and activities or provide data that indicates that all eligible children are being served.

MSDE also conducts statewide public awareness activities and supports local public awareness efforts by:

- Providing Public Service Announcements (PSAs) targeted to physicians and families.
- Providing program publications and brochures in multiple languages on the web-site for download or in hard copy. Brochures are distributed to LITPs for distribution as part of local public awareness activities.
- Providing ongoing outreach efforts to primary referral sources.

Baseline Data for FFY 2004 (2004-2005):

Based on 2004 data provided by OSEP, Maryland was serving 1.22% of children birth to one.

- A. Of the 27 states classified by OSEP as having a broad eligibility definition, Maryland ranked 11th.**
- B. Based on the 2004 data provided by OSEP for all states, Maryland ranked 0.32% above the national baseline.**

**Eligible children birth to one as a percentage of all children birth to one in the State
Trend data**

Based on point in time (snapshot) data and Maryland Vital Statistics data

	12/1/03	10/29/04*
# births	73462	75601
# served	763	926
%	1.04%	1.22%

* 2003 Number of births

Discussion of Baseline Data:

Trend data indicates that the number of children birth to one served in Maryland increases annually. In 2004, MSDE changed the child count date from 12/1 to the last Friday in October (for 2004, 10/29). The number served increased despite the shorter time frame.

MSDE tracks the percentage of children served by each LITP annually using Maryland Vital Statistics data. LITPs are required to analyze their referral data to identify underserved populations and target those populations in local Public Awareness Plans.

Statewide referral data for the period 7/1/04 – 6/30/05 for children who were referred between the ages of birth to one was analyzed.

Percent of referrals of children age birth to one by referral source

Children referred 7/1/04-6/30/05

Referral source	Percent of total birth to one referrals
Parent	38.96%
Hospital	27.93%
Local Health Dept.	8.73%
Local Dept. Soc. Services	7.61%
Physician	6.51%
Other Private Professional	3.03%
Other Public Agency	1.94%
Local Educ. Agency	1.49%
Foster Parent	1.36%
Other	0.78%
Private Provider	0.73%
Other Family Member	0.71%
Audiologist	0.18%
Child Care Provider	0.03%

Total Number of Referrals	3842
Percent of Total Birth to Three Referrals	35%

The majority of referrals of children birth to one come from parents and hospitals. Local Health Departments, Departments of Social Services, and Physicians are the next greatest source of referrals for children birth to one. Greater than one-third of the total number of referrals for the referral period were children between the ages of birth and one.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.33% of the infants and toddlers of the same age in the general population. (Based on all jurisdictions serving at least 1% of the total birth to one population.)
2006 (2006-2007)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.
2007 (2007-2008)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.
2008 (2008-2009)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.
2009 (2009-2010)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.
2010 (2010-2011)	The percent of infants and toddlers birth to one with IFSPs will be equal to or greater than 1.50% of the infants and toddlers of the same age in the general population.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will develop a predefined report that links referral source to age at referral so that age at referral data can be analyzed on a regular basis.	2005-2006	MSDE Staff DataLab staff CTE Staff
MSDE will continue to monitor the local implementation of child find requirements through the data system and technical assistance will be provided as needed. Corrective actions will be used when necessary.	2005-2011	MSDE Staff LITPs B/C Data System
MSDE will continue to analyze data on the numbers of children served by LITPs and use that analysis as part of decision making regarding monitoring of LITPs.	2005-2011	MSDE Staff LITPs
MSDE will continue to require LITPs to develop and implement annual data-driven Public	2005-2011	MSDE Staff LITPs

Awareness Plans that are aligned with local Improvement Plans and that target the identification of all eligible children birth to one and birth to three. LITPs are required to report semi-annually on their progress toward achieving the goals on their Improvement Plans.		
MSDE and the Department of Health and Mental Hygiene will implement a mechanism to exchange data from the Part C and Universal Newborn Hearing Screening (UNHS) databases to ensure that infants diagnosed with hearing loss as a result of newborn hearing screening are referred for early intervention as soon as possible.	2006	MSDE Staff DHMH Staff
MSDE will review public awareness publications to ensure inclusion of underserved groups identified in IDEA 2004.	2005-2006	MSDE Staff
MSDE will require LITPs and local Departments of Social Services to jointly develop and implement local policies and procedures to ensure that infants and toddlers who are victims of child abuse and neglect or drug involvement and are suspected of having a developmental delay or disability are referred to local Infants and Toddlers Programs in accordance with CAPTA and IDEA 2004.	February 2006	MSDE Staff Dept. Human Resources LITPs LDSSs
MSDE will disseminate the Physician's Guide to Early Intervention to physicians and other medical personnel statewide. Activity Status: The guide was redesigned and edited in collaboration with members of the SICC. The guide will be completed and distributed in FFY 2008.	2005-2011	MSDE staff
MSDE will require LITPs to analyze data on age at referral and reason for referrals from hospitals and physicians to determine if referrals might have been made earlier and to identify which referral sources are not referring children as early as possible. LITPs will target those referral sources as part of local Improvement and Public Awareness Plans	2005-2011	MSDE Staff LITPs
MSDE will review research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and revise State targets based on the research and	2005-2010	MSDE Staff SICC Outreach Committee

<p>recommended practices.</p> <p>Activity Status: In FFY 2007, the list of examples of high probability conditions for automatic ITP eligibility was reviewed as part of the review/modification process for the <i>MITP Physician's Guide</i>. The revised examples of high probability conditions will be shared with local programs in FFY 2008. Additionally, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.</p> <p>Revised Activity: In November 2009, MSDE requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (not all-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease, Periventricular Leukomalacia and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.</p> <p>An additional review of the high probability list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical System, Department of Neonatology, and MSDE held in November, 2009.</p>		
<p>The Outreach Subcommittee of the State Interagency Coordinating Council will target activities based on research and best practices and assist MSDE in implementing recommended child</p>	<p>2005-2007</p>	<p>MSDE Staff SICC Outreach Committee</p>

<p>find activities. Possible activities include:</p> <ul style="list-style-type: none"> • Conducting outreach to faith-based organizations. • Exploring how Healthy Start nurses are aligning activities with LITPs. • Expanding DSS involvement with an emphasis on underserved populations identified in IDEA 2004, including children who are victims of abuse and neglect. • Identifying and targeting homeless shelters statewide for public awareness activities. • Ensuring that health care workers and parents have access to the Growth and Developmental Milestones brochure to assist them in identifying children who should be referred to the LITP. • Ensuring local audiologists are referring children with hearing loss. 		
<p>In FFY 2007 - FFY 2010, LITPs will be required to develop improvement plans as part of the local application if they do not meet the State target for the percentage of the birth-one population served and to report on the status of the Improvement Plan in semiannual and final program reports.</p> <p>Activity Status/Revision: This activity was done in FFY 2007.</p> <p>In FFY 2008 – FFY2010, more rigorous improvement plan strategies will be required for specific jurisdictions who continue to fall below the state target for the percentage of the birth – one population served.</p>	<p>2007-2010</p>	<p>MSDE Staff LITPs</p>
<p>Beginning in FFY 2006 – FFY 2010, MSDE will collaborate with the State Department of Health and Mental Hygiene on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families, and LITPs.</p> <p>Activity Status: During FFY 2007, four physician practices in the Baltimore metropolitan area trained their staff to administer developmental</p>	<p>2006-2010</p>	<p>MSDE Staff DHMH LITPs ABCD Screening Committee</p>

<p>screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state.</p> <p>Revised Activity: In FFY 2009-2010, LITP directors are encouraged to participate in the developmental screening trainings when they are held in their local jurisdictions. The ITP referral and physician feedback form continues to be distributed statewide.</p>		
In FFY 2008 – FFY 2010, MSDE will do focused monitoring on LITPs who are not making adequate progress on this indicator with input from local programs who are making progress and/or who achieved the State target.	2008-2010	MSDE Staff LITPs
In FFY 2008 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services.	2008-2010	MSDE Staff LITPs
In FFY 2008 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.	2008-2010	MSDE Staff LITPs
In FFY 2009, in collaboration with local Departments of Social Services, local LITPs will outreach to low income pregnant mothers by attending and supporting WIC sponsored baby showers.	2009 - 2010	MSDE LITPs
In FFY 2009 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to one.	2009-2010	MSDE Staff LITPs

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

See overview for Indicator #5.

Baseline Data for FFY 2004 (2004-2005):

Based on 2004 data provided by OSEP, Maryland was serving 2.78% of children birth to three.

- A. Of the 27 states classified by OSEP as having a broad eligibility definition, Maryland ranked 13th.**
- B. Based on the 2004 data provided by OSEP for all states, Maryland ranked 0.54% above the national baseline.**

Eligible children birth to three as a percentage of all children birth to three in the State

Trend data

Based on point in time (snapshot) data

	12/1/03	10/29/04
# births*	222035	225878
# served	5774	6276
%	2.6%	2.78%

* 2000 - 2003 Number of births

Discussion of Baseline Data:

Trend data indicates that the number of children birth to three served in Maryland increases annually. In 2004, MSDE changed the child count date from 12/1 to the last Friday in October (for 2004, 10/29). The number served increased despite the shorter time frame.

MSDE tracks the percentage of children served by each LITP annually using Maryland Vital Statistics data. LITPs are required to analyze their referral data to identify underserved populations and target those populations in local Public Awareness Plans.

Statewide referral data for the period 7/1/04 – 6/30/05 for children who were referred between the ages of one and two and two and three was analyzed. (Refer to Indicator # 5 for Birth to One referral data):

Percent of referrals of children age one to two by referral source

Children referred 7/1/04-6/30/05

Referral Source	Percent of total Age 1-2 referrals
Parent	77%
Physician	7%
Local Dept. Social Services	3.45%
Local Health Dept.	2.66%
Hospital	1.89%
Other Family Member	1.84%
Other Public Agency	1.35%
Local Educ. Agency	1.24%
Other Private Professional	1.00%
Foster Parent	0.93%
Other	0.58%
Private Provider	0.33%
Child Care Provider	0.16%
Audiologist	0.05%
Total Number of One to Two Referrals	4287
Percent of Total Birth to Three Referrals	39%

Percent of referrals of children age two to three by referral source*Children referred 7/1/04-6/30/05*

Referral Source	Percent of total Age 2-3 referrals
Parent	78.39%
Physician	6.00%
Local Dept. Social Services	4.04%
Local Health Dept.	2.11%
Other Family Member	1.89%
Other Public Agency	1.79%
Other Private Professional	1.40%
Local Education Agency	1.23%
Hospital	1.02%
Foster Parent	0.77%
Other	0.60%
Child Care Provider	0.42%
Private Provider	0.21%
Audiologist	0.14%

Total Number of Two to Three Referrals	2850
Percent of Total Birth to Three Referrals	26%

For children who are referred between the ages of one and two and two and three, parents are the primary referral source. Physicians, local Departments of Social Services, and local Health Departments are the next greatest sources of referrals. The greatest percentage of total referrals were children referred between the ages of one and two. Children between the ages of two and three were the smallest percentage of total referrals.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population. (Based on all jurisdictions serving at least 2% of the total birth to three population.)
2006 (2006-2007)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.
2007 (2007-2008)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.
2008 (2008-2009)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.
2009 (2009-2010)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.
2010 (2010-2011)	The percent of infants and toddlers birth to 3 with IFSPs will be equal to or greater than 2.88% of the infants and toddlers of the same age in the general population.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will develop a predefined report that links referral source to age at referral so that age at referral data can be analyzed on a regular basis.	2005-2006	MSDE Staff DataLab staff CTE Staff
MSDE will monitor local implementation of child find requirements through the data system and provide technical assistance as needed. Corrective actions will be used when necessary.	2005-2011	MSDE Staff LITPs
MSDE will analyze data on the numbers of children served by LITPs and use that analysis as part of decision making regarding monitoring of LITPs	2005-2011	MSDE Staff LITPs
MSDE will continue to require LITPs to develop and implement annual data-driven Public	2005-2011	MSDE Staff LITPs

Awareness Plans that are aligned with local Improvement Plans and that target the identification of all eligible children birth to one and birth to three. LITPs are required to report semi-annually on their progress toward achieving the goals on Improvement Plans.		
MSDE and the Department of Health and Mental Hygiene will implement a mechanism to exchange data from the Part C and Universal Newborn Hearing Screening (UNHS) databases to ensure that infants diagnosed with hearing loss as a result of newborn hearing screening are referred for early intervention as soon as possible.	2005-2007	MSDE Staff DHMH Staff
MSDE will review public awareness publications to ensure inclusion of underserved groups identified in IDEA 2004	12/2005	MSDE Staff
MSDE will require LITPs and local Departments of Social Services to jointly develop and implement local policies and procedures to ensure that infants and toddlers who are victims of child abuse and neglect or drug involvement and are suspected of having a developmental delay or disability are referred to local Infants and Toddlers Programs in accordance with CAPTA and IDEA 2004.	February 2006	MSDE Staff Dept. Human Resources Staff LITPs LDSSs
MSDE will disseminate the Physician's Guide to Early Intervention to physicians and other medical personnel statewide. Activity Status: The guide was redesigned and edited in collaboration with members of the SICC. The guide will be completed and distributed online and in print in FFY 2008.	2005-2011	MSDE
MSDE will require LITPs to analyze data on age at referral and reason for referrals from hospitals and physicians to determine if referrals might have been made earlier and to identify which referral sources are not referring children as early as possible. LITPs will target those referral sources as part of local Improvement and Public Awareness Plans.	2005- 2011	MSDE Staff LITPs
MSDE will review research on the demographic factors that influence child identification in the early intervention system and the recommended practices for states to improve child find outcomes and set State targets based on the research and	2005-2010	MSDE Staff SICC Outreach subcommittee

<p>recommended practices.</p> <p>Activity Status: In FFY 2007, the list of examples of high probability conditions for automatic ITP eligibility was reviewed as part of the review/modification process for the <i>MITP Physician's Guide</i>. Additionally, the SICC, at the request of DHMH, considered new research on the link between low levels of lead exposure and development and discussed lowering the lead level for eligibility under the high probability condition criteria. An ad hoc committee of the SICC is developing a response to DHMH.</p> <p>Revised Activity: In November 2009, MSDE requested staff from the University of Maryland Medical System, Department of Neonatology to review the list (non-inclusive) of diagnosed physical or mental conditions with a high probability of developmental delay on the Maryland IFSP. As a result of the review, MSDE added the following conditions to the list: Chronic Lung Disease and Surgical Necrotizing Enterocolitis. Minor editorial changes were also made.</p> <p>An additional review of the high probability list is being done by staff from DHMH, the Department of Genetics, regarding a condition currently on the high probability list – Prematurity with birth weight of less than 1200 grams. Increasing the birth weight to 1,500 grams is being considered. A research summary on this topic was discussed at a meeting of staff from the University of Maryland Medical System, Department of Neonatology, and MSDE held in November, 2009.</p>		
<p>The Outreach Subcommittee of the State Interagency Coordinating Council will target activities based on research and best practices and assist MSDE in implementing recommended child find activities. Possible activities include:</p> <ul style="list-style-type: none"> • Conducting outreach to faith-based organizations. 	<p>2005-2007</p>	<p>MSDE Staff SICC Outreach subcommittee</p>

<ul style="list-style-type: none"> • Exploring how Healthy Start nurses are aligning activities with LITPs. • Expanding DSS involvement with an emphasis on underserved populations identified in IDEA 2004. • Identifying and targeting homeless shelters statewide for public awareness activities. • Ensuring that health care workers and parents have access to the Growth and Developmental Milestones brochure to assist them in identifying children who should be referred to the LITP. • Ensuring that local audiologists are referring children with hearing loss. 		
<p>In FFY 2007 - FFY 2010, LITPs will be required to develop improvement plans as part of the local application if they do not meet the State target for the percentage of the birth-three population served and to report on the status of the Improvement Plan in semiannual and final program reports.</p>	<p>2007-2010</p>	<p>MSDE Staff LITPs</p>
<p>Beginning in FFY 2006, MSDE will collaborate with DHMH on initiatives, such as the ABCD Screening Academy and Autism Screening Pilot Project, to standardize developmental screening by pediatric primary health care providers and improve communication, referral, and feedback between physicians, families and LITPs.</p> <p>Activity Status: During FFY 2007, four physician practices in the Baltimore metropolitan area trained their staff to administer developmental screening tools; an ITP referral and physician feedback form was collaboratively developed and plans were developed to expand the developmental screening training and the use of the referral/feedback form to the entire state.</p> <p>Revised Activity: In FFY 2009-2010, LITP directors are encouraged to participate in the developmental screening trainings when they are held in their local jurisdictions. The ITP referral and physician feedback form continues to be distributed statewide.</p>	<p>2006-2010</p>	<p>MSDE Staff DHMH</p>
<p>In FFY 2009 – FFY 2010, MSDE will do focused monitoring on LITPs who are not making adequate progress on this indicator</p>	<p>2009-2010</p>	<p>MSDE Staff LITPs</p>

with input from local programs who are making progress and/or who achieved the State target.		
In FFY 2008 – FFY 2010, MSDE will assist LITPs who will be impacted by military Base Realignment and Closure (BRAC) prepare for an increase in the number of children who will require early intervention services.	2008-2010	MSDE Staff
In FFY 2008 – FFY 2010, MSDE will more closely analyze current statewide and local public awareness activities and revise existing strategies or develop new strategies.	2008-2010	MSDE Staff
In FFY 2009, in collaboration with local Departments of Social Services, local LITPs will outreach to low income pregnant mothers by attending and supporting WIC sponsored baby showers.	2009 - 2010	MSDE LITPs
In FFY 2009 – FFY 2010, MSDE will provide training on best practices related to evaluation and assessment of children birth to one.	2009-2010	MSDE Staff LITPs

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

In 2003, MSDE implemented a new data system which allowed electronic collection of 45-day timeline data for all eligible children for the first time. Based on the results of the data, MSDE emphasized the 45-day timeline requirement as part of the State's targeted priorities and gathered and reported 45-day timeline data for each local Infants and Toddlers Program (LITP) as part of monitoring. LITPs were then required to address the 45-day timeline requirement as part of local Improvement Plans. As a result, MSDE has seen steady improvement in compliance with the timeline requirement.

In 2004, MSDE modified the data system to allow for gathering and reporting data on the reasons the timeline was missed for individual children. By 12/30/04, MSDE was able to report the percentage of children for whom the 45-day timeline was met or whether there was a documented family-related reason or a systemic reason for missed timelines. When family-related reasons were taken into account, compliance with the requirement improved significantly.

Baseline Data for FFY 2004 (2004-2005):

Maryland's baseline data for 2004 – 2005: Evaluation and assessment and an initial IFSP meeting was conducted within the 45-day timeline or there was a documented family-related reason for the missed timeline for 85% of children.

Discussion of Baseline Data:

Number and percentage of children for whom evaluation and assessment and an initial IFSP meeting were conducted within the 45-day timeline.

Based on referral date range

Referral date range	1/1/03-6/30/03	7/1/03-12/31/03	1/1/04-6/30/04	Baseline Data* 6/30/05 N=3229
Percentage within timeline	61%	62%	67%	2744 85%

* Percentage includes the number within timelines or late due to a family-related reason.

Analysis of baseline data

Referral date range	Baseline Data 6/30/05 N = 3229
Number and percent within timeline or late due to a family-related reason	2744 85%
Number and percent within the timeline	2211 68%
Number and percent of late timelines due to family related reasons	533 17%
Number and percent of late timelines due to systemic reasons	485 15%

Data was gathered for all children referred during the reporting period in all LITPs. The data was aggregated to provide statewide data and disaggregated to provide information about the performance of individual LITPs.

The Baseline data period was the first time in which data about the reasons for missed timelines was available for reporting. The data system includes a standard choice list for family-related reasons. LITPs also have the option of entering other reasons for the missed timeline in a text box. When family-related reasons were taken into account, compliance with the timeline requirement improved considerably over the previous reporting period.

An analysis of the data on missed timelines indicates that limited system capacity is the primary systemic reason for missed timelines in at least three (3) LITPs. LITPs with limited system capacity report difficulty in finding and/ or hiring speech/language pathologists.

Refer to Indicator 9, General Supervision, for monitoring data in this area.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children..
2006 (2006-2007)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children.
2007 (2007-2008)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children.
2008 (2008-2009)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children.
2009 (2009-2010)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children.
2010 (2010-2011)	Evaluation and assessment and the initial IFSP meeting are conducted within 45 days of the date of referral for 100% of eligible children.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will continue to require LITPs to address the 45-day timeline requirement as part of annual Improvement Plans submitted with their local application for funding. LITPs will also continue to be required to report semi-annually on their progress toward achieving the goals on their Improvement Plan.	2005-2011	MSDE Staff LITPs

<p>Activity Revision: In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.</p> <p>Revised Activity: In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.</p> <p>Revised Activity: In FFY 2008 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.</p>		
<p>MSDE will continue to monitor the implementation of the 45-day timeline requirement by LITPs through the data system and provide semi-annual local data profiles. Technical assistance will continue to be provided to LITPs who are not meeting the requirements.</p>	2005-2011	MSDE Staff Data system
<p>MSDE will require Corrective Actions Plans (CAPs) as part of enforcement actions when an LITP has not corrected non-compliance within one year through an Improvement Plan. CAPs require the LITP to analyze and report data to MSDE at least quarterly and modify activities if the data analysis does not indicate improvement. MSDE will monitor local data via the data system and other sources such as complaints to validate improvement.</p>	2005-2011	MSDE Staff LITPs
<p>MSDE will analyze data on missed timelines to distinguish family-related reasons from systemic reasons. Family-related reasons will be reviewed to ensure there is not a systemic cause for the family-related delay</p>	2005-2011	MSDE Staff
<p>MSDE will provide technical assistance to LITPs to assist in analyzing service delivery models as a possible systemic barrier to meeting timelines.</p>	2005-2011	MSDE Staff LITPs On-line Early Childhood tutorial
<p>MSDE and LITPs will identify and address local capacity issues related to missed timelines. Refer to activities outline in Indicator #1 which address capacity-building and recruitment/ retention.</p>	2005-2007	MSDE Staff LITPs
<p>In FFY 2009 – FFY 2010, MSDE will provide</p>	2009-2010	MSDE

<p>training on best practices related to evaluation and assessment of children birth to three. In the summer and fall of 2009, an Assessment Task Force consisting of national, State and local experts developed a resource list of developmental assessment tools including uses, e.g. eligibility determination, early intervention program development and federal accountability; psychometrics including validity and reliability; and other test characteristics. The results of this task force were presented to early intervention and preschool special education leadership staff at the Maryland Special Education/Early Intervention Leadership Conference. The task force will reconvene in the spring of 2010.</p>		<p>NECTAC LITPs</p>
<p>New Resources: For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing so that evaluations and assessments and initial IFSP meeting are completed within timelines.</p>	<p>2008</p>	<p>MSDE LITPs</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

The transition timeline was identified in the previous APR as a systemic issue. As a result, MSDE Part C and Part B staff jointly reviewed the data including the challenges and barriers identified by local programs and determined that State policies and procedures needed to be revised to eliminate the requirement that the transition planning meeting be an IEP meeting and to clarify the Part C and Part B responsibilities throughout the transition process, consistent with federal requirements.

MSDE Part C and Part B staff jointly revised State policies and procedures and disseminated them to local school systems (LSSs) and local Infants and Toddlers Programs (LITPs) in March 2004. A joint meeting of State Part C and B staff and LSSs and LITPs was conducted prior to the

implementation date to present and discuss the revised policies and procedures. Revised local policies and procedures were due to MSDE by September 2004, and new State policies and procedures went into effect October 25, 2004.

MSDE revised the IFSP to align with the new policies and procedures and worked with data system developers to align the data system with the new IFSP.

In March 2005, following the implementation of the revised transition policies and procedures, MSDE contacted LITPs whose transition data was not showing improvement to ensure that the revised policies and procedures as well as revised data entry procedures were clearly understood. Based on information gathered from selected LITPs, MSDE determined that not all LITPs were entering Transition Planning Meeting dates into the data system as instructed. MSDE immediately re-issued the instructions for completing the IFSP and entering the Transition Planning Meeting into the data system to all LITP directors and data entry staff, and provided additional instructions to selected LITPs through face-to-face technical assistance. In addition MSDE reviewed transition timeline data and procedures with LITP Directors at the Annual Local Director's Meeting on April 5, 2005.

In the previous APR, Maryland reported that IFSPs included transition steps to be taken to support the transition of the child and family from Part C. All LITPs are required to include transition steps on the IFSP when the child turns two years of age.

Because the revised State policies and procedures were not implemented until October 25, 2004, the data on the percentage of transition planning meetings that were completed within the timelines reported to OSEP in the last APR did not accurately reflect the impact of the revised policies and procedures. In the letter of response to the APR, OSEP required Maryland to report current data on the Transition Planning Meeting timeline requirement.

Baseline Data for FFY 2004 (2004-2005):

Maryland's baseline data for 2004-2005:

- A. All IFSPs reviewed as part of monitoring activities conducted in 2000 - 2004 contained transition steps and services.**
- B. Between 1/1/05 and 6/30/05, LSSs were notified of 95% (1574) of children who transitioned during the time period**
- C. Between 1/1/05 and 6/30/05, a transition planning meeting was held within the timelines or there was a family-related reason for the missed timeline for 69% of children who transitioned.**

**Number/ percentage of children with timely transition planning meetings
Trend data**

	12/1/02-12/1/03 N=3237	12/1/03-12/1/04* N=3283	1/1/05 – 6/30/05* N= 1663
Number and percent of meetings within timeline	789 24%	1562 48%	1144 69%

* Percentage includes the number within timelines or late due to a family-related reason.

Analysis of the data

	Baseline Data 1/1/05 – 6/30/05 N=1663	Preliminary data 7/1/05 – 10/30/05 N=1178
Number and percent of meetings within timeline or late due to family-related reasons.	1144 69%	956 81%
a) Number and percent of meetings within the timeline	a) 822 49%	a) 805 68%
b) Number and percent of meetings not within timelines due to family-related reasons	b) 322 19%	b) 151 13%
Meeting held prior to the child's third birthday but not within timeline.	430 26%	142 12%
No meeting date documented in the data system.	89 5%	80 7%

Discussion of Baseline Data:

A. LITPs are required to develop transition outcomes which include the steps necessary to assist the child and family in transition from Part C to Part B and other community programs. Data gathered between 2000 – 2004 from the review of early intervention records and interviews with families and service providers as part of on-site monitoring activities has confirmed that transition outcomes are included on the IFSP and do contain the steps and services necessary to assist the child and family in transition from Part C.

B. Child level data that documents that LSSs have been informed that the child is exiting Part C and is potentially eligible for Part B has not been previously reported to OSEP. All LITPs have policies and procedures which require them to notify the LSS of the children who are exiting Part C and are potentially eligible for Part B. Because Part C does not determine which child are or are not “potentially” eligible for Part B, LSSs are to be notified of all children exiting Part C. LSS representatives attend all transition planning meetings. Between 1/1/05 and 6/30/05, LSSs were notified of 95% (1574) of children who transitioned during the time period. Because there is no documentation of a transition planning meeting being held for 5% (89) of children

who transitioned during the time period, it is not known if the LSSs were notified of those children.

C. Data was gathered for all children who transitioned during the reporting period in all LITPs. The data was aggregated to provide statewide data and disaggregated to provide information about the performance of individual LITPs. Baseline data indicated that a transition planning meeting was held within the timelines or with a family-related reason for the missed timeline for 69% of children who turned three between 1/1/05 and 6/30/05. An additional 26% of transition planning meetings were held prior to the child's third birthday but not within the timeline. No meeting was documented in the data system for 5% (89) of children. Preliminary data for the period 6/30/05 – 10/30/05 indicates continued improvement. A meeting was held within the timelines or there was a family-related reason for the missed timeline for 81% of children.

LITPs are required to enter the reasons for missed timelines into the data system. MSDE is able to review those reasons to analyze the family-related and systemic reasons for missed timelines. Preliminary analysis of the systemic reasons for missed timelines indicates that timely data entry and Part B staff capacity primarily account for noncompliance in this area. LITPs reported that meetings were postponed until Part B staff was available to attend, often resulting in the meeting being held outside the timeline.

Further analysis indicates that not conducting transition planning meetings within timelines was occurring in selected local programs, rather than statewide. Data was tracked monthly during the year following the implementation of the revised statewide policies and procedures. Refer to Indicator #9, General Supervision, for monitoring data in this area.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.
2006 (2006-2007)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.
2007 (2007-2008)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.
2008 (2008-2009)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.
2009 (2009-2010)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.
2010 (2010-2011)	100% of children exiting Part C receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA: and C. Transition planning meeting within the timeline.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE conducted joint training for LITPs and LSSs on transition requirements at the annual Leadership Conference	October 2005	MSDE Staff LITP Directors LSS Preschool Coordinators CTE Staff Barbara Hanft
MSDE will immediately clarify statewide transition policies and procedures with LITPs to: <ul style="list-style-type: none"> • Emphasize Part C's responsibility to make every effort to schedule the meeting at a time that is mutually agreeable to the family and local school system representatives, but to hold the meeting within the timelines regardless of Part B's availability to participate. • Emphasize with local school systems Part B's responsibility to participate in the transition planning meetings. • Review and clarify procedures to ensure a smooth transition when a child is referred to Part C shortly before the child's third birthday. 	December 2005- January 2006	MSDE Staff LITP Directors LSS Preschool Coordinators
MSDE will continue to require LITPs to address the transition requirements as part of annual Improvement Plans submitted with their local application for funding. LITPs will also continue to be required to report semi-annually on their progress toward achieving the goals on their Improvement Plan.	2005-2011	MSDE Staff LITP Directors
MSDE will continue to monitor the implementation of the transition requirements by LITPs through the data system and provide semi-annual local data profiles. Technical assistance will continue to be provided to LITPs who are not meeting the requirements. When appropriate, MSDE Parts C and B will conduct joint monitoring of LITPs and LSSs to address compliance.	2005-2011	MSDE Part s C and B Staff B/C Data System
MSDE will require Corrective Actions Plans (CAPs) as part of enforcement actions when an LITP has not corrected non- compliance within one year through an Improvement Plan. CAPs require the LITP to analyze and report data to	2005-2006	MSDE Staff LITPs

<p>MSDE at least quarterly and modify activities if the data analysis does not indicate improvement. MSDE will monitor local data via the data system and other sources such as complaints to validate improvement.</p> <p>Activity Revision: In FFY 2007-FFY2010, MSDE will require Corrective Action Plans (CAP) as part of enforcement actions when an LITP does not attain substantial compliance. A LITP that does not meet the State target of 100%, but has attained substantial compliance, will be required to implement an improvement plan.</p> <p>Revised Activity: In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific CAP strategies.</p> <p>Revised Activity: In FFY 2009 to FFY 2010, MSDE will require more rigorous/specific Improvement Plan strategies.</p>	<p>2007-2010</p> <p>2009-2010</p> <p>2009-2010</p>	
<p>MSDE will identify the LITPs who are not entering data in a timely manner and require improvement plans address timely data entry. MSDE will consider whether timelines should be set for the timely data entry.</p>	2005-2011	MSDE Staff B/C data system
<p>MSDE will analyze data on missed timelines to distinguish family-related reasons from systemic reasons. Family-related reasons will be reviewed to ensure there is not a systemic cause for the family-related delay.</p>	2005-2011	MSDE Staff
<p>MSDE and LITPs will identify and address local capacity issues related to missed timelines. Refer to activities outline in Indicator #1 which address capacity-building, recruitment/ retention, and professional development.</p>	2005-2007	MSDE Staff LITP Directors
<p>MSDE will review the proposed mechanisms for collecting data on eligibility for Part B and IEP in effect by third birthday to ensure all data that is needed by Part C and Part B is included.</p>	2005-2006	MSDE Parts C and B Staff CTE Staff DataLab Staff
<p>MSDE will implement the Early Childhood Transition module of the web-based tutorial.</p>	2005-2006	MSDE Staff CTE Staff
<p>MSDE will conduct regional meetings for LITPs, LSS Preschool Coordinators, and Family Support Services staff to:</p> <ul style="list-style-type: none"> • Emphasize the joint Part C and B 	2005-2006	MSDE Staff LITP Staff LSS Preschool Coordinators Family Support Services

<p>responsibilities for smooth transition;</p> <ul style="list-style-type: none"> • Address professional development based on the tutorial; • Share best practices/ what is working; • Share current data and identify continuing challenges and barriers. 		Staff
<p>MSDE will update the transition handbook, “Stepping Ahead to Success”, disseminate it and post it on the website.</p>	2005-2006	MSDE Staff
<p>In FFY 2007-FFY 2010, MSDE will implement Regional IFSP trainings with a particular focus on the creation of child and family focused IFSP outcomes, including transition outcomes.</p> <p>Activity Status: IFSP Regional Training took place in November 2007 with the Follow-up Regional Training in April 2008 – This training was provided by Barbara Hanft, a national expert on early intervention. Part of this training included the discussion of functional outcomes provided by conference participants.</p>	2007-2010	MSDE Staff LITPs
<p>In FFY 2007-FFY 2010, MSDE will implement a unique identifier so that children can be more easily followed when transitioning from Part C to Part B or other community resources.</p> <p>Activity Status: The unique identifier was implemented in FFY 2007. MSDE will continue to implement a unique identifier so that children can be more easily followed when transitioning from Part C to Part B or other community resources.</p> <p>Activity Revision: In FFY 2009, MSDE will continue to implement a unique identifier (State Assigned Student Identifier or SASID) for all children who receive early intervention services in Maryland once their first, middle, and last name, and date of birth are verified. MSDE will continue to provide technical assistance/training to LITPs regarding the unique identifier.</p>	2007-2010 2009	MSDE Staff CTE
<p>In FFY 2007 - FFY 2010, MSDE will monitor local Infants and Toddlers Programs and local school systems jointly to ensure that compliance with Part C requirements for timely transition</p>	2007-2010	MSDE Staff LITPs

<p>planning and Part B requirements for timely IEP development and implementation result in smooth transition from Part C to Part B preschool special education.</p> <p>In FFY 2007 MSDE engaged in on-site monitoring to determine the presence of transition steps and services. This activity will also be completed in FFY 2008.</p>		
In FFY 2008 – FFY 2009, MSDE will modify State transition policies and procedures and require local lead agencies and local education agencies to modify policies and procedures accordingly.	2008-2009	MSDE Staff
In FFY 2008 - FFY2010, MSDE will make changes to the MITP data system that assist LITPs by creating new data columns in the preexisting transition report, including revised denominators to exclude children who were referred late for a timely transition planning meeting. These columns will simplify the work that needs to be done to the preexisting report by LITPs to get meaningful data.	2008-2010	MSDE Staff LITPs
In FFY 2009, MSDE will engage in on-site monitoring to determine the presence and quality of transition steps and services in the IFSPs of transitioning children. Emphasis will be placed on the functionality of these outcomes.	2009	MSDE Staff LITPs
In FFY 2009, MSDE will modify State transition policies and procedures and require local lead agencies and local education agencies to modify policies and procedures accordingly.	2009	MSDE Staff
In FFY 2009 – October 30, 2010, Maryland will implement an Extended IFSP Option for families according to 20 U.S.C. 1434 Section 635(c). This expansion of IFSP services will give families more service delivery options and continued service coordination and family support at age 3.	2009- October 30, 2010	MSDE Staff LITPs

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

Development of Maryland's monitoring system: In 1999 – 2000, the Maryland Infants and Toddlers Program developed a new monitoring system to be compatible with OSEP's Continuous Improvement Monitoring Program and MSDE's Part B system, Monitoring for Continuous Improvement and Results (MCIR). Part C's data-driven MCIR process is fully implemented, and includes:

- Initial comprehensive monitoring of each Local Infants and Toddlers Program (LITP), which includes public and private providers and is responsible for carrying out the Part C requirements in the local jurisdiction:
 - Local self-assessment;
 - On-site data collection and validation through interviews with families, service providers, administrators and interagency partners, and review of records;
 - Issuance of a written monitoring report by MSDE/ MITP; and
 - Local improvement plan development;
- On-going collection and analysis of data/ data profiles;
- Targeted Priorities tied to funding;

- Review of complaints and findings; and
- Multi-level focused monitoring based on selected State and local performance indicators (e.g. Desk audit, periodic monitoring and TA, active monitoring and TA).

Shift to continuous monitoring: In 2000, MSDE/MITP developed and implemented a system for continuous monitoring, including monitoring instruments and procedures, focused on compliance and designed to form a baseline profile for each Local Infants and Toddlers Program (LITP). The instruments and procedures have been revised and refined over several years to address increased demands for accountability. The instruments and procedures include:

- A self-assessment document which includes indicators based on federal and State regulations and requirements;
- On-site activities including record reviews and interviews with families, service coordinators, service providers, administrators and interagency partners conducted by an interagency team, including, if possible, a parent from MSDE office or SICC and other SICC members;
- Opportunity for LITPs to highlight best practices;
- Review of data available from MSDE database and tracking system based on specific indicators;
- Revision of the local Early Intervention Plan and funding application submitted by LITPs to be more data-driven and related to identified program improvement issues;
- Review of LITP's local policies and procedures with revisions required;
- Review of Semi-Annual and Annual Program Reports submitted by LITPs;
- Written reports based on on-site activities, data analysis, and required revisions to local applications.
- Semi-annual local data profiles based on a variety of sources of data which are used to identify the level of State intervention and/ or technical assistance required for local programs.
- Follow-up monitoring and/ or technical assistance, as needed.

Initially, MSDE conducted comprehensive on-site monitoring of all 24 LITPs using the newly developed process. SICC interagency partners and parents were invited to participate on on-site monitoring teams and participated whenever possible. Local ICC members, interagency staff, families, and providers were interviewed as part of on-site monitoring activities

Completion of data system and shift to monitoring through semi-annual local data profiles:

With the completion of a new web-based data system which provides ready access to local data, MSDE/MITP shifted to a process which involves generating local data profiles on a semi-annual basis for all LITPs. MSDE uses the data profiles to identify LITPs for additional monitoring activities including on-site activities, as needed. Since the web-based system houses real-time data, MSDE can monitor the performance of each LITP with regard to MSDE's targeted priorities and other areas of compliance on an as-needed basis. MSDE gathers data not available through the data system through a variety of other mechanisms such as record review, complaint and hearing findings, surveys, interviews, and other on-site activities, as needed. MSDE then determines and implements technical assistance, focused monitoring, and enforcement activities accordingly.

MSDE selects all LITPs for semi-annual data collection and profiling, which includes trend data from the data system, complaints and hearings, program reports, and other sources. MSDE analyzes the data profiles every 6 months or more often, if needed, to identify LITPs which are not in compliance or making acceptable progress in one or more areas.

MSDE identifies LITPs for:

- Desk Audit (for those making acceptable progress);
- Periodic Monitoring, TA and Follow-up (for those not making acceptable progress in one area or slow progress in more than one area); or
- Active Monitoring, TA and Follow-up for those not making acceptable progress in more than one area.

In all cases, regardless of the monitoring category, MSDE periodically verifies data through record reviews and other mechanisms for all LITPs. At any point in time, MSDE may conduct interviews, surveys and other on-site activities as needed.

Data reported in the local data profiles and in the SPP represent all children receiving services in all LITPs. MSDE gathers data from each individual LITP on each specific State priority to identify statewide systemic issues. Because the data is entered into the data system in the same format by each LITP, MSDE can aggregate the data to provide a statewide picture. The data can also be aggregated by region, size of LITP, or other variable if necessary to increase understanding of the results. MSDE uses the data system to drill down into data, including child-level data, to further explore and understand the data being reported, to identify systemic issues within an individual LITP, and to identify statewide priorities. Data from other sources is also incorporated in the analysis.

Improvement Planning: MSDE provides State and local monitoring data, including trend data, to LITPs and requires that the information be used to support local improvement plans. MSDE uses the data in the development and tracking of statewide improvement activities as described in the APR and shares data with the SICC to assist the SICC in identifying annual priorities.

Interventions and Enforcement: Although supervision, monitoring, and technical assistance are MSDE's primary strategies for ensuring improvement, MSDE identifies and imposes enforcement actions when necessary.

Corrective Action Plans: MSDE requires an LITP develop a Corrective Action Plan when strategies and activities implemented as part of the local Improvement Plan do not result in compliance with requirements within one year or when compliance is achieved but not sustained. Corrective Action Plans require frequent review analysis of data by the LITP and quarterly submission of data and analysis to MSDE. MSDE ensures that technical assistance is available to assist LITPs in developing Corrective Action Plans to address compliance issues.

A list of rewards, interventions, and sanctions was submitted with MSDE Improvement Plan.

To date, MSDE has implemented the following interventions:

- MSDE recognition of specific local programs for strengths and best practices during meetings with peers;
- MSDE letters to LITP directors and local lead agency heads;
- Requirement that LITPs submit a signed assurance that continuous services will be available to all eligible children and families;
- Involvement of the Assistant State Superintendent for more significant interagency programmatic issues;
- Requirement that LITPs target funding to correct areas of non-compliance and submit monthly data reports to track progress.

MSDE staff are designated to follow up with LITPs to ensure that interventions and enforcement activities result in improved outcomes, including compliance. MSDE also employs a Technical Assistance Specialist whose role is to provide technical assistance to LITPs identified through monitoring activities as in need of assistance. The MSDE TA Specialist reviews program reports for local requests for TA, follows up as appropriate, and coordinates findings with the Professional Development Specialist to identify statewide and regional training needs and ensure they are incorporated into MSDE’s CSPD Plan.

Baseline Data for FFY 2004 (2004-2005):

Percent of Noncompliance Corrected within One Year of Identification

Total Number of Findings of Noncompliance	Total Number of Findings Corrected by 6/30/05	Percent of Findings Corrected
34	21	62%

Findings and Corrections by Monitoring Priorities

Priority indicator	Number of findings	Number of corrections	Percent corrected
Early intervention services in the home or programs for typically developing children or had a justification based on the needs of the child.	2	2	100%
45-day Timeline	14	8	57%
Transition:			
a) Timely transition planning meeting	15	8	
b) IFSP transition outcomes	1	1	
Total:	16	9	56%
All families are afforded the opportunity to participate in a family-directed assessment	2	2	100%

Discussion of Baseline Data:

Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.

All priority indicators (#2,5,6,7, and 8) were previously identified as the State's targeted priorities. Interim 12/30/04 data on progress toward compliance with priority indicators was reported in the 2003 APR. Data reported in the SPP is based on correction between 12/30/04 and 6/30/05. A finding of noncompliance is identified when an LITP does not meet the requirement identified in the targeted priority. Each "finding" represents 1 LITP found not in compliance in a given targeted priority. All 24 LITPs have Improvement Plans which address each priority area. LITPs not in compliance or unable to sustain compliance are required to develop and implement a Corrective Action Plan.

Indicator 2. Early intervention services are provided in the home or program for typically developing children: MSDE interprets the natural environments requirements to mean services for a child are provided in the home or other community program for typically developing children or there is a justification based on the needs of the child which describes why the child's outcomes cannot be achieved satisfactorily for the child in a natural environment. MSDE monitors both the setting in which services are provided and the justification when services are not provided in natural environments. The data reported is based on the number of LITPs who are providing services to children primarily in natural environments or have a justification based

on the needs of the child and documented on the IFSP when a service will not be provided in natural environments.

As of 12/30/04:

- 2 LITPs were identified as not providing services primarily in natural environments or documenting a justification based on the needs of the child on the IFSP when services were not provided in natural environments.
- 22 LITPs were providing services primarily in natural environments or documenting a justification on the IFSP when services were not provided in natural environments.

As of 6/30/05:

- The 2 LITPs previously not in compliance were corrected.

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

As of 12/30/04:

- 14 LITPs were identified as not in compliance with this requirement.
- 10 LITPs were in compliance with this requirement.

By 12/30/04, MSDE was able to gather data on the number of children for whom the timeline was met and the number who had a late meeting due to family-related reasons. The data was aggregated by LITP taking into consideration both timelines met and timelines missed due to family-related reasons.

- 8 of the 14 LITPs not in compliance were corrected.
- Of the 6 not corrected by 6/30/05:
 - 3 LITPs were determined to be working toward improvement with minimum MSDE intervention and achieved compliance between 7/1/05 and 9/30/05.
 - 3 LITPs did not achieve compliance and were required to develop a Corrective Action Plan, were identified for focused monitoring, and are provided on-going technical assistance.

Data was reviewed on the reasons LITPs were not in compliance with the requirement. The primary reason reported for noncompliance was the inability of systems to quickly expand capacity to serve increasing numbers of children.

Indicator 8: Percent of children exiting Part C who received a timely transition planning meeting.

As of 12/30/04:

- 15 LITPs were identified as not in compliance with the requirement.
- 9 LITPs were in compliance with the requirement.

By 6/30/05:

- 8 of the 15 LITPs not in compliance were corrected.

- Of the 7 not corrected:
 - 2 LITPs were determined to be working toward improvement with minimum MSDE intervention and achieved compliance by 9/30/05.
 - 4 LITPs did not achieve compliance and were required to develop a Corrective Action Plan, were identified for focused monitoring and are provided on-going technical assistance. Two (2) of the four (4) achieved compliance by 10/30/05. A third LITP is demonstrating continued improvement.
 - 1 LITP did not report any children who transitioned between 12/30/04 and 6/30/05.

A review of data indicated the primary reason for noncompliance with the timeline requirement was the unavailability of Part B staff to attend the transition planning meeting. A review of data also indicates that some LITPs are not entering data in a timely manner which impacts MSDE's ability to gather accurate statewide data. Refer to Indicator #8 for additional information and activities to address the issue.

Ensuring that transition outcomes were included in the IFSP by the child's second birthday, in accordance with MSDE policies.

In 2003-2004, MSDE identified, through a complaint, one (1) LITP which did not include transition outcome (steps to assist the child and family in a smooth transition from Part C to Part B) in accordance with MSDE policies. MSDE also identified additional transition-related issues through the same complaint, but only one finding was linked to Part C. The remaining findings were linked to Part B and addressed by the local school system.

To address the Part C complaint, the LITP was required to ensure that transition outcomes were included in the IFSP for all children in accordance with MSDE policies. The corrective action was completed within the timelines.

Family-directed Assessment

In 2003- 2004, MSDE identified 2 LITPs, which were not documenting that families were afforded the opportunity to participate in family-directed assessment. Both LITPs were required to address the requirement in the local Improvement Plan. By 6/30/05, both LITPs had corrected the noncompliance in this area.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.
2006 (2006-2007)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.
2007 (2007-2008)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.
2008 (2008-2009)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.
2009 (2009-2010)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.
2010 (2010-2011)	Maryland's general supervision system (including monitoring, complaints, hearings, etc.) will identify and correct 100% of noncompliance as soon as possible but in no case later than one year from identification.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will require LITPs not achieving compliance within one year in any of the State's targeted priorities to develop a Corrective Action Plan which includes specific activities and strategies in greater detail than those included in the LITP Improvement Plan, interim benchmarks for moving toward compliance, and, at a minimum, quarterly reporting to MSDE regarding progress toward compliance.	2005-2011	MSDE Staff B/C Data System LITPs
MSDE will employ two additional staff who will assist in monitoring Part C and Part B preschool programs: <ul style="list-style-type: none"> • Monitor local data • Monitor local Corrective Action Plans • Assist with the provision of technical 	2005-2006	MSDE Staff B/C Data System

assistance to LITPs/ LSSs based on monitoring.		
MSDE will identify the LITPs which are not entering data into the data system in a timely manner and require them to address the issue in local improvement plans. MSDE will consider whether to set timelines for the timely entry of data.	2005-2006	MSDE Staff B/C Data System LITPs
MSDE will conduct periodic record reviews to validate data system data.	2005-2011	MSDE Staff B/C Data System
MSDE will use data from the data system to evaluate the effectiveness of its SPP activities and revise activities as needed for all indicators.	2005-2011	MSDE Staff B/C Data System
In FFY 2007 - 2010, MSDE will refine its cycle of identification to ensure that data obtained through an online database is used effectively in identification of noncompliance and in documenting progress and correction. Activity Update: MSDE revised its cycle of identification to align the identification of noncompliance with the release of Statewide data and Local Profiles. In FFY 2008, this cycle of identification was also aligned with local reporting requirements (Semi-Annual and Annual Reports).	2007-2010	MSDE Staff LITPs B/C Data System
In FFY 2007 - FFY 2010, MSDE will identify and provide multiple sources of direct technical assistance to local staff, such as LITPs with successful practices, individual consultants with expertise in targeted areas, and national TA Centers to assist LITPs to maintain or achieve full compliance and meet State targets. Opportunities for technical assistance will include regional and on-site meetings, conference calls, and online discussions planned through an Electronic Learning Community, which is a component of MSDE's Early Childhood Gateway (mdecgateway.org), developed and supported in collaboration with the Johns Hopkins University/Center for Technology in Education (JHU/CTE).	2007-2010	MSDE Staff LITPs MSRRC NECTAC CTE
In FFY 2007 - FFY 2010, MSDE will require a LITP to complete improvement plans when the State target is not met or when justifications for not providing service in natural environments are not based on the needs of the child. LITPs will		

<p>report their progress in semiannual and final program reports.</p> <p>Revised Activity: In FFY 2009 – FFY 2010 MSDE will require more rigorous improvement plan strategies particularly with regard to writing justifications based on the needs of the child when services are not provided in the natural environment.</p>		
<p>In FFY 2007 – FFY 2010 MSDE will encourage and assist LITPs to build inclusive opportunities in communities through capacity-building activities such as training on how to identify and organize community resources and how to foster interagency collaboration.</p> <p>Revised Activity: In FFY 2009, to improve individualized decision-making regarding the provision of services to children in natural environments, specific statewide training on fostering interagency collaboration will be conducted.</p>		
<p>In FFY 2007 - FFY 2009, MSDE, Mid-South Technical Assistance Center staff and LITP staff from a large urban jurisdiction will develop and implement strategies to improve the percentage of services provided in natural environments considering challenges encountered in an urban environment.</p> <p>Revised Activity: In FFY 2009 - FFY 2010, direct technical assistance will be provided to the LITP of a large urban jurisdiction and participating private agencies on providing services in a natural environment and writing justifications based on the needs of the child when services are not provided in a natural environment. This technical assistance will also be provided to at least two other LITPs who have had challenges with justifications based on the needs of the child.</p>		
<p>In FFY 2008 – 2010, MSDE will explore strategies internally and with local jurisdictions to expedite the assignment of surrogate parents, which has been cited as one reason for delayed 45-day</p>	<p>2008-2010</p>	<p>MSDE Staff LITPs</p>

timeline compliance.		
In FFY 2009 – FFY 2010, MSDE staff will provide training to LITPs regarding the use of “child unavailable” as a valid justification for not providing services in natural environments when services are provided in non-natural environments due to unsafe neighborhoods.	2009-2010	MSDE Staff LITPs
In FFY 2009, MSDE will develop and disseminate a Parent Information Series to include the following components: A Family Guide to Early Intervention Services in Maryland <i>Ages Birth through Two</i>, A Family-Friendly Resource to Understanding Your Parental Rights, Stepping Ahead To Success – A Family Guide to Understanding the Transition Process & Planning for Young Children (Birth through Five, and A Family Guide to Next Steps – When Your Child in Early Intervention Turns 3 – Families Have a Choice.	2009	MSDE Staff
New Resources: For FFY 2008, MSDE received an additional 4.5 million dollars in State funds for LITPs; this reflects a 78.8% increase in State funds. Funds were allocated to local programs based on child count. This allowed LITPs to hire additional staff or contract for additional staff. Stakeholders are currently advocating to the State government that the total State allocation of \$10,389,104 should not be reduced in State FY 2011. For the grant period of July 1, 2009 to October 30, 2011, LITPs have been allocated \$7,505,513 in ARRA I and II funds which are being utilized by many programs to hire additional staff or maintain current levels of staffing.	2008	MSDE

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement:

Percent = $(1.1(b) + 1.1(c))$ divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

In April 2003, the Complaint Investigation Branch within MSDE's Division of Special Education/ Early Intervention Services assumed responsibility for the investigation of Part C complaints with the assistance and support of Part C staff.

Special Education/ Early Intervention Complaint Resolution Procedures for Parts B and C complaints have been widely disseminated may be found on the MSDE web site. Once the regulations implementing IDEA 2004 are finalized, MSDE will review and revise these procedures to ensure they are consistent with federal requirements.

Pursuant to the MSDE procedures, the complaint must be in writing and signed and meet the criteria identified in 34 CFR in order to constitute an IDEA complaint filed with the Department for investigation. In completing IDEA complaint investigations, MSDE utilizes a collaborative approach, consulting with appropriate Department staff and the Office of the Attorney General, as necessary, to ensure consistency in the interpretation of federal and State regulation and policies.

The MSDE has procedures to ensure that alleged violations of IDEA and State special education/ early intervention law are investigated in a thorough manner to identify noncompliance. Complaints are resolved within 60 days of the date that the written complaint is received unless exceptional circumstances exist with respect to a particular complaint. The need for an extension of the timeline is documented in the complaint file and a written explanation is provided in the Letter of Findings.

The MSDE procedures address the correction of noncompliance identified through complaint investigations. Pursuant to those procedures, all noncompliance identified through the investigation must be remediated and corrected, regardless of whether the original complaint contained an allegation that the particular requirement was not met. The Letter of Findings explicitly states the timeframe in which the corrective actions must be taken to redress the violations for the individual child/ family as well as any systemic corrective action. The timeline for remediating the denial of appropriate services to the individual child/ family is generally 30-60 days, depending on the circumstances and nature of the violation determined.

The Letter of Findings states that technical assistance is available to the parties regarding implementation of the required actions and identifies the name of the MSDE staff person responsible for following up to ensure that required actions are satisfactorily completed in a timely manner. The Letter of Findings states that the public agency is required to provide documentation to MSDE to demonstrate satisfactory completion of the corrective actions. MSDE Part C has designated staff responsible for ensuring completion of the required actions. Responsible staff conduct on-site visits with public agencies and provides technical assistance to public agency staff and complainants to ensure timely and effective implementation of complaint decisions. As part of this process, the individual reviews data concerning violations identified through complaint investigations and due process hearings with public agency staff to determine if there is pattern that suggests systemic noncompliance.

Systemic findings of noncompliance determined through complaint investigations are incorporated into the Part C monitoring process. The number of complaints and the results of the investigations in terms of number of findings was incorporated into the local data profile beginning with 6/30/05 data. The complaint findings are taken into consideration when decisions are made about the level of monitoring of an LITP and degree of MSDE involvement/ technical assistance with the LITP. For example, to ensure correction of the non-compliance, one LITP was required to submit revised local policies and procedures and provide training to staff on the policies and procedures, under the supervision of MSDE staff. MSDE provided follow-up with providers and families to ensure correction had occurred.

Baseline Data for FFY 2004 (2004-2005):

Maryland's baseline data for 2004 – 2005: 100% of all complaint investigations were completed within the required timelines.

Discussion of Baseline Data:

Eight signed written Part C complaints were received during the baseline period, 7/1/04 – 6/30/05. Seven complaints were investigated with reports with findings issued within 60 days. One complainant (#05-103) also filed a due process hearing request. The issues were subsequently resolved through mediation and the request for a due process hearing was withdrawn. MSDE completed its investigation of the complaint that had been held in abeyance and issued the letter of findings within 60 days of notification of the mediation settlement.

No complaints were withdrawn or dismissed. No complaints are pending.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of all complaint investigations are completed within the required timelines.
2006 (2006-2007)	100% of all complaint investigations are completed within the required timelines.
2007 (2007-2008)	100% of all complaint investigations are completed within the required timelines.
2008 (2008-2009)	100% of all complaint investigations are completed within the required timelines.
2009 (2009-2010)	100% of all complaint investigations are completed within the required timelines.
2010 (2010-2011)	100% of all complaint investigations are completed within the required timelines.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will review and revise its written complaint resolution procedures to ensure consistency with federal regulations.	Within six (6) months from the date that the federal regulations are finalized.	MSDE Staff
MSDE will recruit and retain qualified personnel needed to ensure complaint investigations are conducted within proper timelines. This includes ensuring that staff is	2005-2011	MSDE Staff

<p>properly trained and knowledgeable of the requirements of IDEA 2004 and State special education/early intervention law. MSDE will explore training opportunities and written materials that may be offered by OSEP, CADRE, and the Mid-South Regional Resource Center.</p>		
<p>MSDE will continue to incorporate findings from complaints, mediations, and due process hearings into the monitoring process via the local data profiles and technical assistance.</p>	<p>2005-2011</p>	<p>MSDE staff</p>
<p>MITP amended Code of Maryland Regulations (COMAR) 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.</p>	<p>2009</p>	<p>MSDE Staff</p>
<p>MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the</p>	<p>2009</p>	<p>MSDE Staff</p>

<p>State Office of Administrative Hearings.</p>		
<p>MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.</p>	<p>2009</p>	<p>MSDE Staff LITPs</p>
<p>In January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010.</p>	<p>2009</p>	<p>MSDE Staff</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement:

Percent = $(3.2(a) + 3.2(b))$ divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

Under State law, the Maryland Office of Administrative Hearings (OAH) is responsible to adjudicate all Part C requests for due process hearings. The Maryland Infants and Toddlers Program developed State policies and procedures for impartial child complaint resolution under Part C of IDEA, rather than adopt Part B due process policies and procedures

Under the State's policies and procedures for impartial resolution of Part C individual child complaints (requests for due process hearings) in COMAR 13A.13.01.11B, parents file a written request for a due process hearing with the Maryland State Department of Education, which forwards the request to OAH. OAH is required to conduct due process hearings at a time and place that is reasonably convenient to parents and to mail the written decision to the parties not later than 30 days after the receipt of the parent's complaint.

MSDE works closely with OAH to ensure that Part C policies and procedures are followed when Part C requests for due process hearings are received. Part C issues and information are included in periodic training sessions for administrative law judges (ALJ) and regularly scheduled meetings with OAH administrative staff. OAH documents the federal and State laws and regulations that govern the impartial resolution of individual child complaints, hearing dates, and the reasons for extended timelines in each complaint file and in the written decision issued by the ALJ.

MSDE maintains and reports all data related to the impartial resolution of individual child complaints and integrates issues identified in written decisions into ongoing monitoring of local Infants and Toddlers Programs.

Baseline Data for FFY 2004 (2004-2005):

In FFY 04, MSDE received two Part C requests for due process hearings: One was fully adjudicated and one was settled in mediation. The fully adjudicated hearing was resolved within 45 days, the extended timeline agreed to by both parties.

Discussion of Baseline Data:

MSDE reviewed the written decision issued for the one Part C due process request that was fully adjudicated in FFY04. In the request for a due process hearing, the parent indicated that she was only available to participate in a hearing on Fridays. The OAH file and written decision clearly document that the hearing was scheduled within the 30-day timeline, but that OAH had to cancel all IDEA-related hearings because of inclement weather, and that the hearing was rescheduled for the first available date that the parent was available. The written decision was issued two days before the date agreed on by both parties.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.
2008 (2008-2009)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.
2009 (2009-2010)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests are fully adjudicated within the timeline.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will continue to work with the Office of Administrative Hearings to ensure that Part C policies, procedures, and timelines are followed when parents file a request for due process under Part C of IDEA.	2005-2011	MSDE Staff OAH Staff
MITP amended Code of Maryland Regulations (COMAR) 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.	2009	MSDE Staff
MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.	2009	MSDE Staff
MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.	2009	MSDE Staff LITPs
In January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights. This	2009	MSDE Staff

document was distributed to local jurisdictions in January 2010.		
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Not applicable. Maryland's Part C Program does not use Part B due process procedures.

Baseline Data for FFY 2004 (2004-2005):

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	

<p>2008 (2008-2009)</p>	
<p>2009 (2009-2010)</p>	
<p>2010 (2010-2011)</p>	

Improvement Activities/Timelines/Resources:

<p>MITP amended Code of Maryland Regulations (COMAR) 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.</p>	<p>2009</p>	<p>MSDE Staff</p>
<p>MITP adopted Part B mediation and due process procedures in order to provide consistent information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.</p>	<p>2009</p>	<p>MSDE Staff</p>
<p>MSDE conducted regional trainings to local ITPs on the amended procedures in</p>	<p>2009</p>	<p>MSDE Staff LITPs</p>

January 2010.		
In January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010.	2009	MSDE Staff

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

State policies and procedures for mediation as a means of resolving early intervention disputes are established in COMAR 13A.13.01.13. The Office of Administrative Hearings uses trained mediators to conduct mediation sessions with parents and representatives of local Infants and Toddlers Programs. Parents may request mediation when filing a request for a due process hearing or as an informal means of resolving a dispute outside the formal complaint process.

Part C issues and information are included in periodic training sessions for administrative law judges and regularly scheduled meetings with OAH administrative staff. MSDE maintains the files of Part C mediation sessions conducted by OAH.

Baseline Data for FFY 2004 (2004-2005):

In FFY 04, one mediation session was held and resulted in a mediation agreement,

Discussion of Baseline Data:

The Part C mediation session that was conducted in FFY 04 was requested at the time that the parent submitted a written request for a due process hearing. The mediation agreement included a statement by the parent withdrawing the request for a hearing.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	No targets are required because baseline data does not include a minimum of ten mediation requests.
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

MITP amended Code of Maryland Regulations (COMAR) 13A.13.01.00 in July, 2009 for the purpose of adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425.	2009	MSDE Staff
MITP adopted Part B mediation and due process procedures in order to provide consistent	2009	MSDE Staff

<p>information and practice for families with children with disabilities, birth through 5 years of age. A second reason was to facilitate coordination within the MSDE Division of Special Education and Early Intervention Services and between the Division and the State Office of Administrative Hearings.</p>		
<p>MSDE conducted regional trainings to local ITPs on the amended procedures in January 2010.</p>	<p>2009</p>	<p>MSDE Staff LITPs</p>
<p>In January 2010, the Part B Parent Rights Document in order to incorporate the Part C parental rights. This document was distributed to local jurisdictions in January 2010.</p>	<p>2009</p>	<p>MSDE Staff</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: Refer to the Overview prior to Indicator #1.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. **Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and**
- b. **Accurate (describe mechanisms for ensuring accuracy).**

Overview of Issue/Description of System or Process:

618 data is collected through the B/C data system. Each LITP enters individualized child data, including referral information and data from the IFSP, into the centralized web-based data system. MSDE can collect referral and IFSP data from the data system at any point in time and can aggregate the data in a variety of ways to generate reports. The data system, when fully operational, will allow tracking and reporting of children throughout their participation in Part C early intervention and Part B special education programs. The system is also being linked to other SEA data systems, reporting the results of State assessments. The data system is available 24 hours a day and is backed-up nightly and replicated in two other locations.

MSDE uses a number of mechanisms to ensure the Part C data is reliable. The data system was built with a mechanism to “catch” data entry errors in order to improve the accuracy of data entry. MSDE runs data reports in multiple formats to ensure consistency of the data in each report. Audit reports have been added to the report menu to enable MSDE and LITPs to verify the presence and accuracy of required data in the system. Audit reports are run periodically and technical assistance is provided to LITPs when the audit reports indicate data is missing or in error. MSDE also includes the requirement that data entry be timely and accurate as part of its monitoring of LITPs.

MSDE provided the OSEP Federal Data Tables and Instructions to the data system developers during the design phase of the data system to ensure data is consistent with OSEP instructions. MSDE also periodically compares early intervention records with the data in the data system to ensure the information matches.

In designing the reporting mechanism of the data system, MSDE requested that the aggregate reports needed by the State and LITPs for monitoring and reporting purposes be programmed as Predefined Reports. MSDE generates reports for individual LITP semi-annual data profiles which are issued to LITPs as part of monitoring. Each data profile includes data for a 6 month period and is aligned with the State's targeted priorities.

The MSDE Data Specialist monitors local data entry practices and provides technical assistance to LITPs when data problems arise. Through periodic use of the audit reports, the Data Specialist ensures that the data in the data system are error-free and complete. The audit reports are also run prior to the gathering of data for the 618 federal data tables. LITPs are informed if their data requires correction before the final data run.

MSDE uses 618 data and other local data from the data system as the starting point for monitoring all local programs. Because the data system is live and contains data on all children being served in the State, MSDE can monitor all LITPs on a periodic basis through the data system.

Data on dispute resolution is maintained in a data base by MSDE's Complaints Division. Follow-up and completion of corrective actions which results from complaints findings are documented in the data base.

Baseline Data for FFY 2004 (2004-2005):

For 2004-2005, 100% of MSDE's State reported data were timely and accurate.

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of State reported data (618, SPP and APR) are timely and accurate.
2006 (2006-2007)	100% of State reported data (618, SPP and APR) are timely and accurate.
2007 (2007-2008)	100% of State reported data (618, SPP and APR) are timely and accurate.
2008 (2008-2009)	100% of State reported data (618, SPP and APR) are timely and accurate.
2009 (2009-2010)	100% of State reported data (618, SPP and APR) are timely and accurate.
2010 (2010-2011)	100% of State reported data (618, SPP and APR) are timely and accurate.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
MSDE will continue to monitor the entry of data by LITPs on a periodic basis to ensure accuracy and completeness of data entry.	2005-2011	MSDE Staff LITP data entry staff
MSDE will continue to communicate with LITP data entry staff when data entry errors are identified and provide technical assistance as needed.	2005-2011	MSDE Staff LITP data entry staff

<p>MSDE will continue to include accurate and timely data entry in its monitoring of LITPs and will require corrective action when appropriate.</p>	<p>2005-2011</p>	<p>MSDE Staff LITPs</p>
<p>MSDE will continue to work with the data system developers, as needed, to ensure the availability of reporting formats necessary for federal reporting as well as monitoring of local programs.</p>	<p>2005-2011</p>	<p>MSDE Staff CTE Staff DataLab Staff</p>
<p>MSDE will continue to compare data from the data system with individual child records to verify the accuracy and completeness of the data in the data system.</p>	<p>2005-2011</p>	<p>MSDE Staff LITPs</p>
<p>MSDE will continue to complete State reported data including 618, SPP, and APR data in a timely manner.</p>	<p>2005-2011</p>	<p>MSDE Staff B/C Data System</p>
<p>To improve data accuracy, MSDE has contracted with the Johns Hopkins Center for Technology to:</p> <ul style="list-style-type: none"> • Structure MD IFSP online data tracking system applications so that providers can utilize the web application; • Modify existing data system architecture to allow for tracking of children birth to kindergarten age; • Modify Part C reports to include children participating in the Extended IFSP Option; • Redesign the Part C database application so 		<p>MSDE Staff CTE</p>

<p>that the IFSP and reporting layers are both in ASP.NET (most recent version);</p> <ul style="list-style-type: none"> • Migrate Part C data from the MS SQL 2000 database to the MS SQL 2005 database; • Preserve the legacy Part C data in the new application environment; and • Redesign and modify the hard copy and on-line version of the Maryland IFSP in order to collect data for the Extended IFSP Option, verify child name and date of birth and quantify progress on child and family outcomes on the IFSP. The revised IFSP paper copy will be used by local programs starting on 2/1/2010. The web-based version of the IFSP will be available for local programs on 3/31/2010. 		
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