

babies can't wait!

Virginia's Early Intervention System
for Infants and Toddlers with Disabilities and Their Families

1998 Annual Report

July 1, 1997 – September 30, 1998

baby's first smile

baby's first words

baby's first steps

from the moment of a child's birth, parents and family members, friends and neighbors, can't wait for each of these developmental milestones to occur

for many babies, those first words and steps come without any special assistance

some babies, though, need extra help

early intervention provides that help during an especially important period of a child's life—from birth to age three—when babies are acquiring the skills that enable them to communicate, move about, learn and play

a baby's development is

too special, too exciting

and simply **too important**

to be placed on hold

babies can't wait!

What is Babies Can't Wait!?

Babies Can't Wait! is Virginia's statewide, comprehensive, coordinated, interagency system of early intervention services for infants and toddlers with disabilities and their families. The system is family-centered and strives to promote the greatest personal outcomes for Virginia's youngest citizens with disabilities. Children from birth to age three who have developmental delays, atypical development, or a diagnosed physical or mental condition that has a high probability of resulting in delay are eligible to participate in the system. The system is comprised of the Virginia Interagency Coordinating Council, local interagency coordinating councils, and State agencies—all working together to ensure the implementation of Part C of the Individuals with Disabilities Education Act (IDEA).

The Virginia Interagency Coordinating Council

The Virginia Interagency Coordinating Council (VICC) is a governor-appointed council consisting of parents, legislators, early intervention service providers [including local interagency coordinating council representatives], and State agency representatives. The VICC's role is to provide advice and assistance to the agencies and individuals that implement Babies Can't Wait!

The VICC Philosophy

- Infants and toddlers with disabilities and their families have unique needs. Having these needs met is a fundamental human right and the responsibility of all families and our society.
- Infant, toddler and family needs should be identified early and families should have access to services as soon as needed.
- The needs of infants, toddlers and their families can be so complex that they cannot be met effectively by a single agency, provider, or discipline.
- In order for service delivery to be comprehensive and coordinated, agencies and service providers need the skills and support necessary to work as a team to pool information and resources.
- The availability of appropriate early intervention services should be consistent throughout the Commonwealth of Virginia.
- Service delivery personnel must be sensitive to the cultural diversity among families and responsive to their varying levels of ability to participate with and to advocate for their children.
- In order to provide for the needs of infants and toddlers and their families, the Commonwealth must actively recruit and train adequate numbers of personnel, maintain high professional standards and provide continuing education for practicing interventionists.
- Families have the right to define their membership, the right to privacy and confidentiality, and the right to respect for themselves and their values.
- Families have the right to professional honesty and information so that they can best determine their needs and choose among service options.

Local Interagency Coordinating Councils

The local structure for Babies Can't Wait! is provided by forty (40) local interagency coordinating councils (LICCs). LICCs enable early intervention service providers to establish working relationships that increase the efficiency and effectiveness of early intervention services. LICC members include parents, service providers, and local representatives of participating State agencies.

LICCs identify and coordinate existing early intervention services and resources, develop strategies to address gaps in the service delivery system, and support service coalitions. The LICCs also develop and implement local policies and procedures in accordance with State and federal statutes and regulations pertaining to Part C.

The broad parameters for Babies Can't Wait! have been established at the state level to ensure implementation of federal Part C regulations. Within the context of these parameters, localities determine exactly how their local early intervention systems will look based on local resources and needs. This contributes to the variety found among local systems and encourages creativity when addressing issues that affect local system implementation.

State Agencies

Through the Early Intervention Agencies Committee (EIAC), nine (9) State agencies participate in the implementation of Babies Can't Wait! (with one agency serving as lead). To facilitate the work of the EIAC, whose members include governor-appointed agency directors and commissioners, the Early Intervention Interagency Management Team (EIIMT) was formed in 1993 and is comprised of individuals who represent the participating State agencies on behalf of the agency directors and commissioners. The EIIMT is responsible for interagency planning and decision making and addresses issues associated with the day-to-day implementation of Babies Can't Wait!.

Participating State Agencies

- Department of Mental Health, Mental Retardation and Substance Abuse Services (Lead Agency)
- Department of Education
- Department of Health
- Department of Social Services
- Department for the Visually Handicapped
- Department for the Deaf and Hard-of-Hearing
- Department of Medical Assistance Services
- Department for the Rights of Virginians with Disabilities
- State Corporation Commission, Bureau of Insurance

Committees and Workgroups

Many of the tasks of and challenges for Babies Can't Wait! are addressed by various VICC, EIIMT, legislative, and special committees.

- The *Joint Legislative Subcommittee Studying Early Intervention for Infants and Toddlers with Disabilities in Virginia* provides legislative oversight to ensure system implementation and efficacy as well as to support statewide initiatives such as expanding the personnel pool, maximizing all sources of revenue (including Medicaid and private insurance), and increasing interagency collaboration. During the 1998 Session of the Virginia General Assembly, this legislative subcommittee recommended the development of several reports, including an evaluation of the level of collaboration between Medicaid and Part C.
- The *VICC Family Support and Advocacy Committee* enhances parent/provider partnerships within the system. This committee has spent considerable time planning "Parent Voices", a workshop to be held in the Fall of 1998. This workshop, designed to increase parent participation in the system, will provide opportunities for family members to learn more about Part C of IDEA and how they can affect policy and fiscal decisions.
- The *VICC Public Awareness Committee* increases the visibility of the system through a variety of family-centered activities, state and local awareness efforts, and the statewide public awareness campaign. With its guidance a request for proposals has been completed to identify a contractor who will evaluate current public awareness efforts and subsequently help to shape Virginia's public awareness campaign for the 21st century.
- The *VICC Local/Regional Direct Services* addresses issues related to the provision of direct services.
- The *VICC Personnel Training and Development Committee* develops mechanisms to ensure that Part C highest standards are met by all providers of early intervention services in Virginia. In early 1998 the committee finalized the process for approval of qualifications for the Early

Intervention Assistant (EIA) occupational category. Following approval by the U.S. Department of Education, this committee will proceed with the implementation of the EIA standard, thus enabling a variety of providers who possess the knowledge, skills, and abilities to work with infants and toddlers with disabilities to work in early intervention.

- The *VICC Administrative Committee* evaluates administrative issues pertaining to system implementation and provides guidance to the participating State agencies regarding resolution.
- The *Special Workgroup on Ability-to-Pay* evaluates the impact that fees have on families' participation in Babies Can't Wait!
- The *EIIMT Managed Care Workgroup* follows developments in managed care, including expansion of Medicaid HMOs in Virginia.

Summary of Funding

With approval of the participating State agencies, the lead agency managed the following funds on behalf of Babies Can't Wait! for 10/1/97-9/30/98 implementation:

Federal IDEA Part C (FFY96)	\$6,930,714
Virginia State General Funds	\$125,000
Total	\$7,055,714

Budgeted expenditures for 10/1/97-9/30/98 implementation were:

Local Allocation/Direct Services	\$6,421,875
Systems Components	\$419,068
Administration	\$214,771
Total	\$7,055,714

Children and Families Served...

2,381 children and families were receiving services in Virginia's Babies Can't Wait! system as of December 1, 1997 — an increase of 8.52% over the prior December 1st count. A total of 4,626 children and families were served between 12/2/96 and 12/1/97.

And the Localities That Served Them (12/2/96-12/1/97)

Alexandria	93	Dickenson	35	Middle Peninsula-Northern Neck	106	Rappahannock	145
Allegheny-Highlands	55	Eastern Shore	48	Mount Rogers	60	Rappahannock-Rapidan	80
Arlington	108	Fairfax-Falls Church	558	New River Valley	77	Region Ten (Blue Ridge)	80
Central Virginia	115	Goochland-Powhatan	24	Norfolk	174	Richmond	153
Chesapeake	151	Hampton-Newport News	333	Northwestern (Shenandoah Valley)	152	Roanoke	161
Chesterfield	151	Hanover	42	Piedmont Region	75	Rockbridge Area	48
Colonial	88	Harrisonburg-Rockingham	65	Planning District 1	75	Southside	38
Crossroads	58	Henrico Area	136	PD19 (Crater District)	152	Valley	67
Cumberland Mountain	59	Highlands	36	Portsmouth	119	Virginia Beach	294
Danville-Pittsylvania	68	Loudoun	74	Prince William	162	Western Tidewater	111

Available Services

Eligible families actively contribute to the development of their Individualized Family Service Plans (IFSPs). IFSPs reflect each family's resources, priorities, and concerns related to the development of their child; identify desired outcomes; and specify the service(s) needed in order to meet the developmental needs of the child and the needs of the family in enhancing the child's development. Based on data from initial IFSPs, the following number of children were receiving the specified IFSP services as of December 1, 1997:

Assistive technology services/devices.....	62	Psychological services.....	10
Audiology.....	91	Respite care.....	159
Family training, counseling and home visits.....	156	Social work services.....	55
Health services.....	25	Special instruction.....	1027
Medical services (for diagnostic and evaluation purposes only)	50	Speech-language pathology.....	1003
Nursing services.....	36	Transportation.....	134
Nutrition services.....	40	Vision services.....	51
Occupational therapy.....	728	Other services.....	63
Physical therapy.....	1223		

Primary Service Settings

Babies Can't Wait! is committed to providing early intervention services to all eligible infants and toddlers with disabilities and their families within the context of natural environments (settings that are natural or normal for the child's age peers who have no disability). This commitment has been further strengthened as a result of the 1997 Amendments to Part C of IDEA, notably the addition of Component 17 – Natural Environments; reported service settings are expected to reflect a renewed commitment in future years. On December 1, 1997, the primary service setting for the 2,381 children and families receiving services were:

Home (49.18%)	Outpatient Service Facility (24.48%)		
1171	450	702	58
	EI Classroom/Center (18.90%)		Other (2.44%)

*Other includes family child care, hospital (inpatient), nursery school/child care center, residential facility, or other settings.

Accomplishments 7/1/97-9/30/98

- Adopted Babies Can't Wait! as the new name for Virginia's Part C Early Intervention System
- Completed initial revision of Virginia's Part C policies and procedures in accordance with 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA), including development of competencies for the Early Intervention Assistant
- Implemented statewide physician training to enhance awareness of Babies Can't Wait! among medical professionals
- Developed local self-study process for monitoring and evaluation
- Piloted a two-phased family satisfaction survey
- Streamlined the process by which localities apply for and receive Part C funding while simultaneously enhancing local accountability through the implementation of a local contract with delineated performance standards
- Implemented legislation (HB2716) which ensures that early intervention services provided to eligible families insured by the State Employees Health Benefits Plan are covered by their insurance providers; many insurers are using the IFSP as the certifying document for benefits and determination of *medical necessity*
- Conducted meetings with HMOs and private insurers to provide information about Babies Can't Wait! and legislative initiatives
- Provided training to hearing officers and mediators
- Enhanced access to First Steps, the Virginia central directory of early intervention services, by linking with the United Way Information and Referral System

- Developed competencies for personnel and a model of service delivery that focuses on consultation, community-based resources, and a functional approach to intervention with emphasis on the daily routines of children and families

Future Goals and Challenges

- Supporting families and providers in ensuring that all services are provided within the context of natural environments
- Strengthening Virginia's development and implementation of a monitoring and evaluation system
- Identifying strategies for infusing cultural competence throughout Babies Can't Wait!
- Promoting local continuous improvement (LCI) efforts to increase the use of community-based resource models of service delivery that recognize and utilize natural and informal resources within communities; promote consumer-driven early intervention practices; and encourage collaboration, family empowerment and choice
- Implementing the Early Intervention Assistant (EIA) standard
- Increasing collaboration among all early childhood constituencies
- Identifying adequate financial resources to maintain and strengthen Babies Can't Wait!
- Enhancing communication between the participating State agencies and LICCs
- Enhancing coordination with primary care and HMO providers

Part C of IDEA Components Part C of IDEA Components Part C of IDEA Components

The collaborative efforts of the State agencies participating in Part C of IDEA, the VICC, and the LICCs have resulted in continued refinement of Virginia's Babies Can't Wait! System. Listed below are the seventeen components of Part C and associated highlights.

Component 1 – State Definition of Developmental Delay

The Joint Legislative Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities continues to endorse the provision of services to infants and toddlers with disabilities as well as those at risk for disabilities. The definition of eligibility for

Part C includes infants and toddlers with disabilities, with a provision for ongoing review of the feasibility of providing services to children at risk. Localities are encouraged to identify and serve children at risk for disabilities within available resources and to link at-risk infants and toddlers who are ineligible for Part C with alternate resources and supports.

Component 2 – Central Directory

Via contract with the United Way Information and Referral Service, the lead agency ensures public access to early intervention information and resources. By contacting "First Steps" at 1-800-234-1448, individuals can find out how to access early intervention services within their communities, receive information about training and technical assistance opportunities, and learn more about local, state and national resources.

Component 3 – System for Serving All Eligible Children

Virginia strives to ensure that the Babies Can't Wait! System is accessible and available to all eligible infants and toddlers with disabilities and their families.

Component 4 – Public Awareness

Virginia's public awareness system focuses on the early identification of children who are eligible to receive services under Part C of IDEA. Virginia continues to explore and implement strategies for enhancing the public's awareness of Babies Can't Wait!, especially among those from traditionally underserved groups, including minority, low-income, and rural families. An enhanced statewide public awareness campaign is currently being developed as a contracted activity by the lead agency. LICCs also contribute to public awareness by developing materials tailored to their localities.

Component 5 – Comprehensive Child Find System

The lead agency and the Department of Education share responsibility for locating and identifying all infants and toddlers potentially eligible under Part C or Part B. LICCs follow policies and procedures to determine for each locality the most effective and efficient means of meeting this responsibility, including roles and responsibilities of individual agencies and programs. The Virginia Department of Health, in joint effort with the lead

agency, is enhancing its identification and follow-up system for children who are at-risk or who have disabilities. The Department for the Deaf and Hard-of-Hearing provides information to the public regarding identification of children with hearing impairments and will make or assist in making referrals to Part C services when identified children are infants or toddlers.

Component 6 – Evaluation, Assessment and Non-Discriminatory Procedures

Virginia's policies and procedures assure that a multidisciplinary evaluation and assessment of the functioning of each infant or toddler with a disability is performed, including family-directed identification of the needs the family may have with regard to assisting in the child's development. The participants in each family's evaluation and assessment are selected based on the unique needs of the child and family.

Component 7 – Individualized Family Service Plan (IFSP)

IFSPs are developed jointly by the family and appropriately-qualified early intervention service personnel. Each IFSP is based on the multidisciplinary evaluation and assessment of the child and the concerns, priorities, and resources identified by the child's family. Furthermore, the IFSP identifies outcomes desired by the family relating to the child's development, strategies for attaining those outcomes, and the services needed to enhance the development of the child and the family's capacity to meet the child's special needs.

Component 8 – Comprehensive System of Personnel Development

The Comprehensive System of Personnel Development (CSPD) is an overall professional development plan which subscribes to a parent/ provider collaborative model for training. The CSPD focuses on appropriate training for providers of early intervention services, updating of personnel standards and competencies, addressing strategies to recruit and retain personnel, and enhancing the diversity of qualified providers of early intervention services throughout Virginia.

Component 9 – Personnel Standards

Virginia's policies and procedures for Personnel Standards address the State-approved or recognized certification, licensure, registration, or other comparable requirements for providers of entitled early intervention services. The standards identify the disciplines listed in the federal regulations of IDEA Part C, as well as other disciplines specific to Virginia, which would be involved in the provision of services. Newly developed and soon to be added to the Personnel Standards is the occupational category of Early Intervention Assistant (EIA), a qualified provider of paraprofessional status, with specific competencies to demonstrate the knowledge, skills, and abilities for delivery of early intervention services.

Component 10 – Procedural Safeguards

Virginia has developed and implemented policies and procedures to ensure that all families participating in the Babies Can't Wait! System are advised of their rights within the system. The lead agency has provided training to mediators and hearing officers to ensure their knowledge of Part C of IDEA policies and procedures should requests for mediation or due process hearings arise.

Component 11 – Supervision and Monitoring of Programs

Efforts to enhance Virginia's supervision, monitoring and evaluation of programs are underway. A self-study process has been developed to afford localities the opportunity to assess local compliance with State policies and procedures and federal regulations pertaining to Part C of IDEA. Following self-study, a team comprised of State agency representatives (including lead agency personnel), providers, and families conduct on-site reviews of local findings and evaluate local compliance.

Component 12 – Lead Agency Procedures for Resolving Complaints

Procedures have been implemented for receiving and resolving complaints in compliance with regulatory requirements of Part C.

Component 13 – Policies and Procedures Related to Financial Matters

Policies and procedures related to fees and payment for services support efforts to maximize all existing public and private resources, including Medicaid and private insurance, prior to the use of IDEA Part C funds. Legislation to ensure that many private insurers assist in the costs of providing early intervention services was introduced in and passed by the 1998 Virginia General Assembly.

Component 14 – Interagency Agreements; Resolution of Individual Disputes

In 1993 an interagency agreement was signed by the State agencies that participate in the implementation of the Babies Can't Wait! System. This agreement, revised in 1996, addresses the joint responsibilities of the agencies regarding system implementation (including child find, evaluation and assessment, IFSP development and implementation, transition, and service coordination). The interagency agreement will again be revised in 1999 to ensure its timeliness.

Component 15 – Policy on Contracting or Otherwise Arranging for Services

Policies for contracting or otherwise arranging for services in compliance with Part C requirements are in effect and coincide with current State practices. These policies provide the mechanisms and basic requirements that must be met by any individual or organization receiving IDEA Part C funds that seeks to contract for goods or services.

Component 16 – Data Collection

Federally-required data collection is conducted by the lead agency via contract. Strategies to support and facilitate local collection and reporting of data (e.g., via web-based utilities) are being explored.

Component 17 – Natural Environments

This component has been added as a result of the 1997 Amendments to IDEA. While revising its Part C policies and procedures, Virginia has developed language to further strengthen and support the provision of Babies Can't Wait! early intervention services within the context of natural environments.

Membership, Virginia Interagency Coordinating Council

Chair

Cherie Rei Takemoto, Parent

Legislator

Delegate Mary T. Christian, Virginia House of Delegates

Parent Representatives

John Frederick, Jr.

Kathy Maggio

Rosemary Singleton

Betty Vincent Williams

Personnel Preparation

James Blackman, M.D., Kluge Children's Rehabilitation Center

Willie Bragg, Ph.D., Virginia Union University

Helen Bessant Byrd, Ph.D., Norfolk State University

Anne Stewart, Ph.D., James Madison University

Providers

Gerald Desrosiers, Middle Peninsula/Northern Neck CSB

Kathryn Kerkering, M.D., Medical College of Virginia

Brenda Laws, Parent Infant Program on the Shore

Barbara Mease, The Children's Center

James Patton, Ph.D., College of William and Mary

Gloria Robinson-Simpson, Norfolk Public Schools

State Agency Representatives

Pat Abrams, Department of Education

Leslie Anderson, Department of Social Services

Anita Cordill, Department of Medical Assistance Services

Janet Hill, Department of Mental Health, Mental Retardation and Substance Abuse Services

Leslie Hutcheson, Department for the Deaf and Hard-of-Hearing

Elizabeth Hutton, Department of Health

Pam Johnson, Department for Rights of Virginians with Disabilities

Glen Slonneger, Department for the Visually Handicapped

Yolanda Tennyson, State Corporation Commission, Bureau of Insurance

Babies Can't Wait! Staff

Manager of MR Children and Family Services

Shirley Ricks

Coordinator

Anne Lucas

Office Services Specialist

Nicole Rada

Technical Assistance Consultants

Richard Corbett

Beverly Crouse

Mary Ann Discenza

David Mills

Wenda Singer

Terri Nelligan Strange-Boston

Beth Tolley

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Web Layout by David Mills

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Additional copies of this report may be requested by contacting:

Virginia Department of Mental Health, Mental Retardation and

Substance Abuse Services

Early Intervention Office, 9th Floor

1220 Bank Street

P.O. Box 1797

Richmond, Virginia 23218-1797

www.dmhmsas.state.va.us/vababiescantwait