

# Virginia Babies Can't Wait!

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

1999 Annual Report  
July 1, 1998 – September 30, 1999

**baby's first smile**

**baby's first words**

**baby's first steps**

**from the moment** of a child's birth, parents, 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

**Virginia Babies Can't Wait!**

## What is Virginia Babies Can't Wait!?

Virginia 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 Virginia Babies Can't Wait!

## The VICC's Beliefs

- ! 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 Virginia Babies Can't Wait! is provided by forty local interagency coordinating councils (LICCs). LICCs enable families and early intervention service providers to establish relationships which increase the efficiency and effectiveness of early intervention service delivery. LICC members include parents, service providers, and local representatives of participating public agencies.

LICCs identify and coordinate existing early intervention services and resources, develop strategies to address gaps in the service delivery system, and strengthen the service capacity of the system through supporting public/private partnerships and 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 Virginia 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 operate based on local resources and needs. This arrangement 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 Virginia 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 Virginia 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 Virginia 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 diversity of personnel, maximizing all sources of revenue (including Medicaid and private insurance), and increasing interagency collaboration. During the 1999 Session of the Virginia General Assembly, this legislative subcommittee sponsored the following: a resolution requiring a report on efforts to enhance and expand training on accessing the Early Periodic Screening and Diagnosis and Treatment (EPSDT) program and expansion of contracts between Medicaid HMOs and Part C providers; a bill that provided an enrollment exception in Medallion II (Mandatory Medicaid HMO program) for Part C eligible children; and a bill that provided an exception for Part C providers from home health care licensure requirements.
- ! The *VICC Family Support and Advocacy Committee* enhances parent/provider partnerships within the system. Activities of the committee included revising the *Welcome Book* and renaming it the *Guide for Families in the Early Intervention System*. On a monthly basis, the committee published *Family Matters*, a monthly newsletter by and for parents on the Virginia Babies Can't Wait! web site. For the benefit of committee members and other interested family members, the committee sponsored several guest speakers for its meetings. The committee also co-sponsored the *Families Are Special Too* conference in March 1999, including the establishment of a conference fund to support families attending conferences.
- ! 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 guidance from the committee, the contractor completed a thorough evaluation of all public awareness activities throughout the state and developed a marketing plan with recommendations for a statewide public awareness campaign.
- ! The *VICC Local/Regional Direct Services Committee* addresses issues related to the provision of direct services. The committee was reactivated to develop a standardized IFSP form and revise the IFSP and Natural Environments technical assistance documents. Public input was sought through open forums in each of the six regions and recommendations were developed for piloting the draft standardized form, training providers, and developing the technical assistance guidance document.
- ! The *VICC Personnel Training and Development Committee* develops mechanisms to ensure that Part C personnel standards are met by all providers of early intervention services in Virginia. The committee also reviews tuition assistance expenditures, training needs, and works with the Cultural Diversity Advisory Committee to address issues related to cultural diversity. In early 1999 the U. S. Department of Education approved the qualifications and the scope of responsibility for the Early Intervention Assistant (EIA) occupational category. This committee is reviewing procedures for the approval process for the Early Intervention Assistant category. These activities include creating the review panel and establishing the process required for early intervention providers to meet the standard.

- ! The *VICC Administrative Committee* evaluates administrative issues pertaining to system implementation and provides guidance to the participating State agencies regarding resolution. In 1999 the committee assisted in developing specific components to include in a scope of work for the evaluation of Virginia Babies Can't Wait! early intervention system scheduled for initiation in 2000.
- ! *The Cultural Diversity Advisory Committee* ensures that cultural competence is infused in all components of Virginia's early intervention system and proposes implementation strategies for increasing the number of culturally diverse early intervention providers. In 1999 the committee collected and reviewed data pertaining to ethnicity and training of currently employed early intervention personnel to assist in identifying priorities for cultural diversity training, reviewed existing cultural diversity training curricula, conducted visits to localities statewide to identify successful strategies as well as barriers for serving children and families from diverse cultures, and collaborated with various committees of the VICC and other agency initiatives. The task force also works with the Personnel Training and Development Committee to address issues relative to cultural diversity in the areas of pre-service and in-service training for existing early intervention personnel.
- ! *The Special Workgroup on Ability-to-Pay* evaluates the impact that fees have on families' participation in Virginia Babies Can't Wait! early intervention system. The workgroup developed a number of tools including a family survey, family focus groups, and provider surveys to gather data on the impact of fees on families accessing early intervention services. Assistance was provided to the VICC workgroup by DMHMRSAS Office of Research and Evaluation, Old Dominion University, staff from DMHMRSAS Office of Reimbursement and several researchers at Virginia Commonwealth University/Virginia Institute for Developmental Disabilities (VCU/VIDD) in developing the tools and in analyzing the data. The Lead Agency in conjunction with the participating state agencies initiated a number of actions toward identifying feasible strategies for an equitable ability to pay system and for resolving issues around fees and access to care.
- ! *The Monitoring Improvement Measurement System (MIMS) Task Force* evaluates outcomes related to meeting federal monitoring requirements and supports the continuous improvement of the early intervention system. The task force developed and piloted indicators for a self-study process and with the on-site state review team modified materials and provided feedback to implement a monitoring and improvement system statewide. With the guidance of the task force, the monitoring and improvement measurement system will be implemented in all localities over the next two years.

## Summary of Funding

With approval of the participating State agencies, the lead agency managed the following funds on behalf of Virginia Babies Can't Wait! for 10/1/98-9/30/99 implementation:

Federal IDEA Part C (FFY96)	\$6,814,652
Virginia State General Funds	\$125,000
<b>Total</b>	<b>\$6,939,652</b>

Budgeted expenditures for 10/1/98-9/30/99 implementation were:

Local Allocation/Direct Services	\$6,305,813
Systems Components	\$438,883
Administration	\$194,956
<b>Total</b>	<b>\$6,939,652</b>

## Children and Families Served...

2,574 children and families were receiving services in Virginia's Virginia Babies Can't Wait! system as of December 1, 1998 — an increase of 8.11% over the prior December 1st count. A total of 5,023 children and families were served between 12/2/97 and 12/1/98.

## And the Localities That Served Them (12/2/97-12/1/98)

Alexandria	121	Dickenson	20	Middle Peninsula-Northern Neck	99	Rappahannock	173
Alleghany-Highlands	45	Eastern Shore	53	Mount Rogers	49	Rappahannock-Rapidan	83
Arlington	139	Fairfax-Falls Church	625	New River Valley	106	Region Ten (Blue Ridge)	86
Central Virginia	145	Goochland-Powhatan	26	Norfolk	197	Richmond	161
Chesapeake	153	Hampton-Newport News	319	Northwestern (Shenandoah Valley)	157	Roanoke	200
Chesterfield	155	Hanover	52	Piedmont Region	80	Rockbridge Area	44
Colonial	92	Harrisonburg-Rockingham	81	Planning District 1	95	Southside	34
Crossroads	54	Henrico Area	182	PD19 (Crater District)	155	Valley	67
Cumberland Mountain	63	Highlands	32	Portsmouth	97	Virginia Beach	296
Danville-Pittsylvania	66	Loudoun	94	Prince William	181	Western Tidewater	146

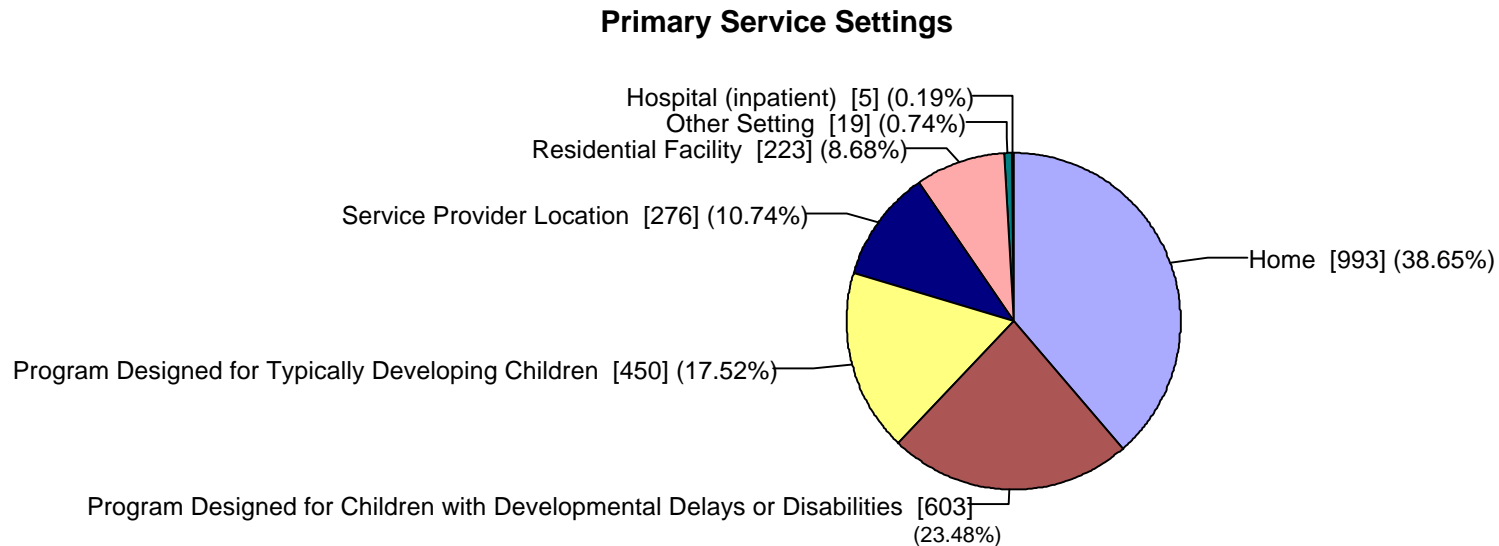
## Available Services

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 following specified IFSP services as of December 1, 1998:

Assistive technology services/devices . . . . .	135	Psychological services . . . . .	23
Audiology . . . . .	171	Respite care . . . . .	322
Family training, counseling and home visits . . . . .	274	Social work services . . . . .	99
Health services . . . . .	39	Special instruction . . . . .	2223
Medical services (for diagnostic and evaluation purposes only) . . . . .	91	Speech-language pathology . . . . .	2313
Nursing services . . . . .	67	Transportation . . . . .	324
Nutrition services . . . . .	70	Vision services . . . . .	103
Occupational therapy . . . . .	1331	Other services . . . . .	145
Physical therapy . . . . .	2307		

## Primary Service Settings

Virginia 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, 1998, the primary service setting for the 2,574 children and families receiving services was home; programs designed for children with developmental disabilities, programs designed for typically developing children, service provider locations, residential facilities, hospital (inpatient), and other settings were also used.



Program settings are defined as follows:

**Program Designed for Children with Developmental Delays or Disabilities:** Refers to an organized program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental day care programs.

**Program Designed for Typically Developing Children:** Services are provided in a facility regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.

**Home:** Services are provided in the principal residence of the child's family or care givers.

**Hospital (inpatient):** Hospital refers to a residential medical facility. The child must be receiving services on an inpatient basis.

**Residential Facility:** Residential program refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides in order to receive early intervention services.

**Service Provider Location:** Provider location services are provided at a center, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.

**Other Setting:** Any service setting not included in the settings or programs listed above.

## Local Interagency Coordinating Councils

### Progress

- ! Increased the number of children being served, who are newborn to 12 months old
- ! Initiated collaborative activities regarding services delivered by Early Head Start and facilitated smooth transitions to Head Start
- ! Expanded local provider networks with an emphasis on development of marketing materials and activities for on-going training about Part C eligibility and system requirements
- ! Increased public awareness with physicians by providing in-services at local pediatrician offices and presentations at childbirth classes on early intervention and infant development
- ! Initiated regular meetings of private providers to address Part C policies and procedures and reimbursement issues
- ! Provided in-service training for private providers to be Part C service coordinators
- ! Continued increase in *Parent-to-Parent* activities in collaboration with local interagency coordinating councils with financial support for local parent coordinator positions
- ! Increased public agency involvement in local council activities
- ! Increased use of innovative strategies for distance learning such as teleconferencing using local community colleges for downlink sites
- ! Increased use of video recording of service delivery activities to facilitate collaboration and ensure service delivery in natural environments
- ! Increased the development of culturally sensitive public awareness materials to serve Hispanic and other minority populations

### Challenges

- ! Increase the number of early intervention personnel, especially pediatric occupational therapists and special instructors.
- ! Identify strategies for developing alternative funding sources and resources to meet on-going training needs at the local council level, while using local council funds to support child find and direct services.
- ! Enhance the provision of early intervention services in the context of natural environments (family routines) through continued training and technical assistance, increase coordination with third party reimbursement sources, and development of strategies that ensure sufficient available providers.
- ! Enhance coordination with local fiscal officers and reimbursement staff to support families and providers in ensuring that families have access to early intervention services in the context of natural environments.

## State Accomplishments 7/1/98-9/30/99

- ! Collaborated with Virginia Department of Health, Virginia Department of Education, and Virginia Department for the Deaf and Hard of Hearing to implement Virginia's Universal Newborn Hearing Screening legislative mandate
- ! Collaborated with Head Start and Virginia Department of Education to develop a state level interagency agreement
- ! Provided technical assistance to local councils regarding provision of appropriate services to young children with autism and pervasive developmental disorders
- ! Added the category for the Early Intervention Assistant, a qualified provider of paraprofessional status, with specific competencies and scope of responsibilities to Virginia Part C Personnel Standards
- ! Implemented a local self-study process, which included implementation of a family satisfaction survey and data base, for Virginia's monitoring and improvement system.
- ! Initiated further local accountability by requiring annual written progress report on performance standards in local contracts
- ! Developed a web site for Virginia Babies Can't Wait! and enhanced technology capabilities for local councils through allocation of funds to support local and statewide networking and information dissemination
- ! Completed evaluation of existing public awareness efforts and developed a marketing plan for implementing a statewide public awareness campaign for Virginia
- ! Trained 165 physicians to enhance awareness of Virginia Babies Can't Wait! among medical professionals
- ! Provided ongoing technical assistance to local providers and private insurers/HMOs regarding implementation of the early intervention mandated benefits
- ! Continued to enhance access to Virginia's central directory of early intervention services, through ongoing contacts between United Way and local councils regarding developing a computerized data base of resources for localities to access
- ! Initiated a local continuous improvement (LCI) pilot to measure the effectiveness and efficiency of a community resource-based service delivery model that recognizes and utilizes natural environments and informal community resources, promotes family-centered practices, and utilizes professionals as consultants whenever feasible.
- ! Revised Virginia policies and procedures to meet federal IDEA re-authorization requirements and revised the individual child data form to meet these new requirements
- ! Drafted statewide IFSP, a revision of the Family Rights Booklet, and standard consent and prior notice forms.

## Future Goals and Challenges

- ! Support families and providers to ensure that all services are provided within the context of natural environments
- ! Implement Virginia's continuous improvement and monitoring system for all localities and initiate the development of a state level evaluation process
- ! Develop and implement a statewide system of early intervention cultural diversity training that is based upon existing curricula and infuses cultural competency in all aspects of early intervention, i.e. direct services administrative management, and policy development) work to establish pre-service (Early Childhood Special Education) training programs in Virginia's historically black colleges and universities
- ! Develop consistent procedures for determining reasonable family fees across all public and private early intervention providers to ensure access to care
- ! Implement a statewide public awareness marketing plan for increasing earlier identification and service delivery for young children with disabilities
- ! Develop and implement standardization of forms and procedures pertaining to the collection of interagency data, the documentation of the centralized early intervention record, the compilation of financial and community resource information for families; and, the identification of appropriate evaluation and assessment tools to determine eligibility
- ! Extend and increase funding appropriated through the Virginia Department of Social Services to train welfare recipients in the Temporary Assistance to Needy Families (TANF) program as paraprofessionals to provide early intervention services
- ! Support local councils in ensuring compliance and accountability through the provision of technical assistance
- ! Increase collaboration among all early childhood constituencies and strengthen public and private partnerships to ensure the use of both formal and informal resources for local early intervention systems
- ! Identify all potential financial resources to support and increase service capacity for Virginia Babies Can't Wait! early intervention system
- ! Conduct an evaluation of the effectiveness and efficiency of Virginia Babies Can't Wait! early intervention system infrastructure and service system.
- ! Enhance communication between the participating State agencies and LICCs

*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 Virginia 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 Virginia 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 Virginia 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 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 or with a suspected 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 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. In 1999 the occupational category of Early Intervention Assistant (EIA) was approved by the U.S. Department of Education and added to the Personnel Standards. The Early Intervention Assistant is 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 Virginia 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 Virginia 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 has been reviewed this year and revisions will be completed by late 1999.

**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 Virginia Babies Can't Wait! early intervention services within the context of natural environments. Several activities have occurred or are in process to facilitate system change. These include a seminar on Natural Environments sponsored by Virginia Babies Can't Wait!, the development of a standardized IFSP form that incorporates the philosophy of natural environments, and the initiation of the Local Continuous Improvement Pilot study which will serve as a field test for implementation of early intervention within the context of natural environments.

## Membership, Virginia Interagency Coordinating Council

### Chair

Cherie Rei Takemoto  
*Parent*

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

### Legislator

Delegate Mary T. Christian  
*Virginia House of Delegates*

Gloria Robinson-Simpson  
*Norfolk Public Schools*

### Parent Representatives

John Frederick, Jr.  
Kathy Maggio  
Rosemary Singleton  
Betty Vincent Williams

State Agency Representatives  
Pat Abrams  
*Department of Education*

Leslie Anderson  
*Department of Social Services*

### Personnel Preparation

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

Anita Cordill  
*Department of Medical Assistance Services*

Willie Bragg, Ph.D.  
*Virginia Union University*

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

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

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

Anne Stewart, Ph.D.  
*James Madison University*

Elizabeth Hutton Ph. D., RN  
*Department of Health*

### Providers

Gerald Desrosiers  
*Middle Peninsula/Northern Neck CSB*

Pam Johnson  
*Department for Rights of Virginians with Disabilities*

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

Glen Slonneger  
*Department for the Visually Handicapped*

Brenda Laws  
*Parent Infant Program on the Shore*

Yolanda Tennyson  
*State Corporation Commission, Bureau of Insurance*

Barbara Mease  
*The Children's Center*

**Virginia Babies Can't Wait! Staff**

***Manager MR Children and Family Services***  
**Shirley Ricks**

***Part C Coordinator***  
**Anne Lucas**

***Office Services Specialist***  
**Nicole Rada**

***Technical Assistance Consultants***  
**Richard Corbett**  
**Beverly Crouse**  
**Mary Ann Discenza**  
**David Mills**  
**Terri Nelligan Strange-Boston**  
**Beth Tolley**

**1998-99 Annual Performance Report**  
**Compiled by Virginia Babies Can't Wait! Staff**

**Funding provided under Part C of the Individuals with Disabilities Education Act,  
through the United States Department of Education**

**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.dmhmrzas.state.va.us/vababiescantwait](http://www.dmhmrzas.state.va.us/vababiescantwait)**