



Infant & Toddler Connection of Virginia

Virginia Interagency Coordinating Council

Annual Performance Report
To the Office of Special Education Programs

March 2004

Cluster Area: Comprehensive Pubic Awareness and Child Find System.....	1
STATE GOAL:.....	1
PERFORMANCE INDICATOR:.....	1
The percentage of eligible infants and toddlers with disabilities in Virginia that are receiving Part C services compares to State and National data for the percentage of infants and toddlers with developmental delays.	1
BASELINE DATA:.....	1
TARGETS for January 1, 2003- December 31, 2003.....	1
TREND DATA:.....	2
Family Survey Data – Beginning Services.....	2
MIMS Data	2
EXPLANATION OF PROGRESS OR SLIPPAGE	5
PROJECTED TARGETS	5
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	5
PROJECTED TIMELINES AND RESOURCES.....	5
PERFORMANCE INDICATOR.....	6
The percentage of eligible infants with disabilities in Virginia under the age of one that are receiving Part C services is comparable with State and National data.....	6
BASELINE DATA:.....	6
TARGETS for January 1, 2003- December 31, 2003.....	6
TREND DATA:.....	6
MIMS Data	6
ITOTS Data.....	6
EXPLANATION OF PROGRESS OR SLIPPAGE	7
PROJECTED TARGETS	7
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	8
PROJECTED TIMELINES AND RESOURCES.....	8
Cluster Area: Early Intervention Services in Natural Environments.....	9
STATE GOAL:.....	9
PERFORMANCE INDICATOR.....	9
CE I. All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.....	9
BASELINE DATA:.....	9
TARGETS for January 1, 2003- December 31, 2003.....	9
TREND DATA:.....	9
ITOTS	9
ITOTS data – Service Coordinator listed.....	10
Family Survey Data – Beginning Services.....	10
Family Survey Data – Following Services.....	10
MIMS Data	10
Chart Review Data.....	11
EXPLANATION OF PROGRESS OR SLIPPAGE	11
Target 1: Increased percentage of IFSPs completed in 45 days as documented through individual child data.....	11
Target 2: Increased family satisfaction with service coordination as measured by the Family Survey and MIMS.....	12
Other:	12
PROJECTED TARGETS	12
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	12
Target 1: All councils will be in compliance with the 45-day timeline requirement.	12
Target 2: Response percentages to family survey questions listed in the Trend Data section will be at least maintained.....	13
Target 3: At least 2 other sources of data will be developed and used to better document that families begin receiving their early intervention services in a timely manner following IFSP development.....	13
PROJECTED TIMELINES AND RESOURCES.....	13
PERFORMANCE INDICATOR.....	13
CE.II. The evaluation and assessment of child and family needs leads to identification of all child needs, and the family needs related to enhancing the development of the child.....	13

BASELINE DATA:	13
TARGETS for January 1, 2003- December 31, 2003	14
TREND DATA:	14
MIMS Data	14
Family Survey Data - Beginning Services	15
Chart Review Data	15
EXPLANATION OF PROGRESS OR SLIPPAGE	15
Target 1: Increased percentage of localities meeting each of the MIMS indicators listed in “Baseline Data” ..	15
Target 2: Maintained or increased percentage of families agreeing with the Family Survey statement listed in “Baseline Data” ..	16
PROJECTED TARGETS	16
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:	16
Target 1: All local councils will demonstrate compliance with the requirement that the evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development ..	16
Target 2: Response percentages to family survey questions listed in the Trend Data section will be at least maintained ..	16
Target 3: Percentage of MIMS sites responding “always” to the MIMS indicators listed in the Trend Data section will increase ..	17
PROJECTED TIMELINES AND RESOURCES	17
PERFORMANCE INDICATOR	17
CE III. IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided ..	17
BASELINE DATA:	17
TARGETS for January 1, 2003- December 31, 2003	17
TREND DATA:	17
Family Survey Data – Beginning Services ..	17
Family Survey Data – Following Services ..	18
MIMS Data ..	18
Chart Review Data ..	18
EXPLANATION OF PROGRESS OR SLIPPAGE	19
Target 1: A continued increase in the percentage of positive responses to Family Survey questions listed in the baseline section ..	19
Other: ..	19
PROJECTED TARGETS	19
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:	19
Target 1: Continue to improve the link between supports and services listed on the IFSP and the identified interests, priorities, needs, and strengths of the child and family ..	19
Target 2: At least 1 other source of data will be developed and used to better document that the services identified on IFSPs are provided ..	20
Target 3: Response percentages to family survey questions listed in the Trend Data section will be at least maintained ..	20
PROJECTED TIMELINES AND RESOURCES	20
PERFORMANCE INDICATOR	20
CE IV. Children are receiving services primarily in natural environments. For children who are not, they have IFSPs that justify why services are not provided in natural environments ..	20
BASELINE DATA:	20
TARGETS for January 1, 2003- December 31, 2003	21
TREND DATA:	21
Family Survey data – Beginning Services ..	21
Family Survey Data – Following Services ..	22
Family Survey Data – Following Services ..	22
MIMS Data ..	22
Chart Review Data ..	23
EXPLANATION OF PROGRESS OR SLIPPAGE	23

Target 1: Continued increase in percentage of services provided in natural environments as documented through individual child data and family survey results	23
PROJECTED TARGETS	23
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:	23
Target 1: Continue to increase the percentage of services provided in natural environments.....	23
Target 2: Continue to increase the percentage of respondents who indicate that their child’s services were provided as a part of their regular activities	24
PROJECTED TIMELINES AND RESOURCES.....	24
PERFORMANCE INDICATOR.....	25
CE.V. A significant percentage of children participating in the Part C program demonstrate improved and sustained functional abilities (cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.).....	25
BASELINE DATA:	25
TARGETS for January 1, 2003- December 31, 2003	25
TREND DATA:.....	25
ITOTS data:	25
Family Survey data	25
EXPLANATION OF PROGRESS OR SLIPPAGE	25
PROJECTED TARGETS	26
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:	26
Target 1: Develop a mechanism(s) to document children’s improved and sustained functional abilities in all areas of development.	26
PROJECTED TIMELINES AND RESOURCES.....	26
Cluster Area: Family Centered Services.....	27
STATE GOAL:.....	27
PERFORMANCE INDICATOR.....	27
Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.....	27
BASELINE DATA:	27
TARGETS for January 1, 2003- December 31, 2003	27
TREND DATA:.....	27
Family Survey Data – Beginning Services.....	27
Family Survey Data – Following Services.....	28
MIMS Data	28
Chart Review Data	28
EXPLANATION OF PROGRESS OR SLIPPAGE	29
Target 1: Increased percentage of families agreeing with the Family Survey statements listed in Baseline Section.....	29
Target 2: Continued increase in the percentage of families reporting that their early intervention experience has made them feel more confident in finding ways to meet their child’s needs	29
PROJECTED TARGETS	29
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	29
Target 1: Response percentages to family survey questions listed in the “Trends” Section will be at least maintained.....	29
PROJECTED TIMELINES AND RESOURCES.....	30
Cluster Area: General Supervision	31
STATE GOAL:.....	31
PERFORMANCE INDICATORS.....	31
GS 1. General supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.) used by the Lead Agency identify and correct IDEA noncompliance in a timely manner.....	31
BASELINE DATA:	31
TARGETS for January 1, 2003 - December 31, 2003	32
TREND DATA:.....	33
MIMS	33
Family Surveys	35
EXPLANATION PROGRESS OR SLIPPAGE	37

MIMS.....	37
Technical Assistance.....	38
Contract for Continuous Participation.....	38
Dispute Resolution.....	38
PROJECTED TARGETS For January 1, 2004 – December 31, 2004.....	39
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:.....	39
PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004.....	39
PERFORMANCE INDICATOR.....	39
GS II. Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.....	39
BASELINE DATA:.....	39
TARGETS for January 1, 2003 - December 31, 2003.....	39
TREND DATA:.....	40
EXPLANATION OF PROGRESS OR SLIPPAGE.....	41
PROJECTED TARGETS For January 1, 2004 – December 31, 2004.....	44
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:.....	44
PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004.....	44
PERFORMANCE INDICATOR.....	44
GS III. Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.....	44
BASELINE DATA.....	44
TREND DATA.....	44
EXPLANATION OF PROGRESS OR SLIPPAGE.....	45
PROJECTED TARGETS For January 1, 2004 – December 31, 2004.....	45
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:.....	46
PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004.....	46
PERFORMANCE INDICATOR.....	46
GS IV. There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.....	46
BASELINE DATA.....	46
TREND DATA.....	46
EXPLANATION OF PROGRESS OR SLIPPAGE.....	48
Part C Knowledge.....	48
PROJECTED TARGETS For January 1, 2004 – December 31, 2004.....	49
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:.....	49
PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004.....	49
PERFORMANCE INDICATOR.....	49
GS V: Virginia has procedures and practices to ensure collection and reporting of accurate and timely data.....	49
BASELINE DATA.....	49
TREND DATA.....	50
EXPLANATION OF PROGRESS/SLIPPAGE.....	52
PROJECTED TARGETS For January 1, 2004 – December 31, 2004.....	52
PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004.....	52
Cluster Area: Early Childhood Transition.....	54
STATE GOAL:.....	54
PERFORMANCE INDICATOR.....	54
All children eligible for Part B receive the special education and related services they need by their third birthday.....	54
BASELINE DATA:.....	54
TARGETS for January 1, 2003- December 31, 2003.....	54
TREND DATA:.....	54
Family Survey Data – Following Services.....	54
MIMS Data.....	55
Chart Review Data.....	55

ITOTS Data.....	56
EXPLANATION OF PROGRESS OR SLIPPAGE	56
PROJECTED TARGETS	57
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	57
PROJECTED TIMELINES AND RESOURCES.....	57
PERFORMANCE INDICATOR.....	57
All children who are not eligible for services under Part B receive other appropriate services by their third birthday.	57
BASELINE DATA:.....	57
TARGETS for January 1, 2003- December 31, 2003.....	57
TREND DATA:.....	57
MIMS Data	57
EXPLANATION OF PROGRESS OR SLIPPAGE	58
PROJECTED TARGETS	58
FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS	58
PROJECTED TIMELINES AND RESOURCES.....	58

**Infant & Toddler Connection of Virginia
2004 Annual Performance Report
Cluster Area: Comprehensive Public Awareness and Child Find System**

STATE GOAL:

Virginia's implementation of a comprehensive, coordinated child find system results in the identification of all eligible infants and toddlers.

PERFORMANCE INDICATOR:

The percentage of eligible infants and toddlers with disabilities in Virginia that are receiving Part C services compares to State and National data for the percentage of infants and toddlers with developmental delays.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process):

- Virginia Part C Policies and Procedures ensure that there is a comprehensive, ongoing, statewide, interagency effort so that all eligible children are identified and evaluated by the Part C system. Localities have also developed local policies and procedures to address this requirement. MIMS 2000 data indicated that 100% of sites implement procedures to ensure referrals for evaluation/assessment or to other resources, as appropriate.
- Since 1996, the number of referrals from all primary referral sources has increased.
- Despite Virginia's efforts to identify all eligible children and overall increases in the percentage of eligible children being served, the percentage of eligible children identified and referred in Virginia is not yet comparable to national demographic data. The percentage of eligible children being served in Virginia's Part C system (and two year olds served through Part B) has increased from .8% in 1995 to 1.71% in 2000. The national average for percentage of birth – three year olds served is 2.13%.
- A 1989 study completed by a consultant estimated that 7,200 infants and toddlers in Virginia would be eligible for Part C services. In 1995 5,850 children were served in Virginia's Part C system (annualized count).
- In 2001, Virginia launched a new statewide public awareness campaign designed through a contract with a public relations firm. The campaign includes radio spots, media kits, posters and collateral materials, media lists, and packets of materials with tactics for reaching traditionally-underserved populations.
- Other state efforts to increase the number of eligible children served in the Part C system include implementation of the Caring for Infants and Toddlers with Disabilities (CFIT) training for physicians and nurses, which include information about how to refer children to Virginia's Part C system. A website was also created to provide physicians and nurses with general information about Virginia's Part C system, as well as referral procedure information (www.earlyintervention-va.com).

TARGETS for January 1, 2003- December 31, 2003

- No targets specific to this indicator were identified for this time period.

TREND DATA:

Family Survey Data – Beginning Services

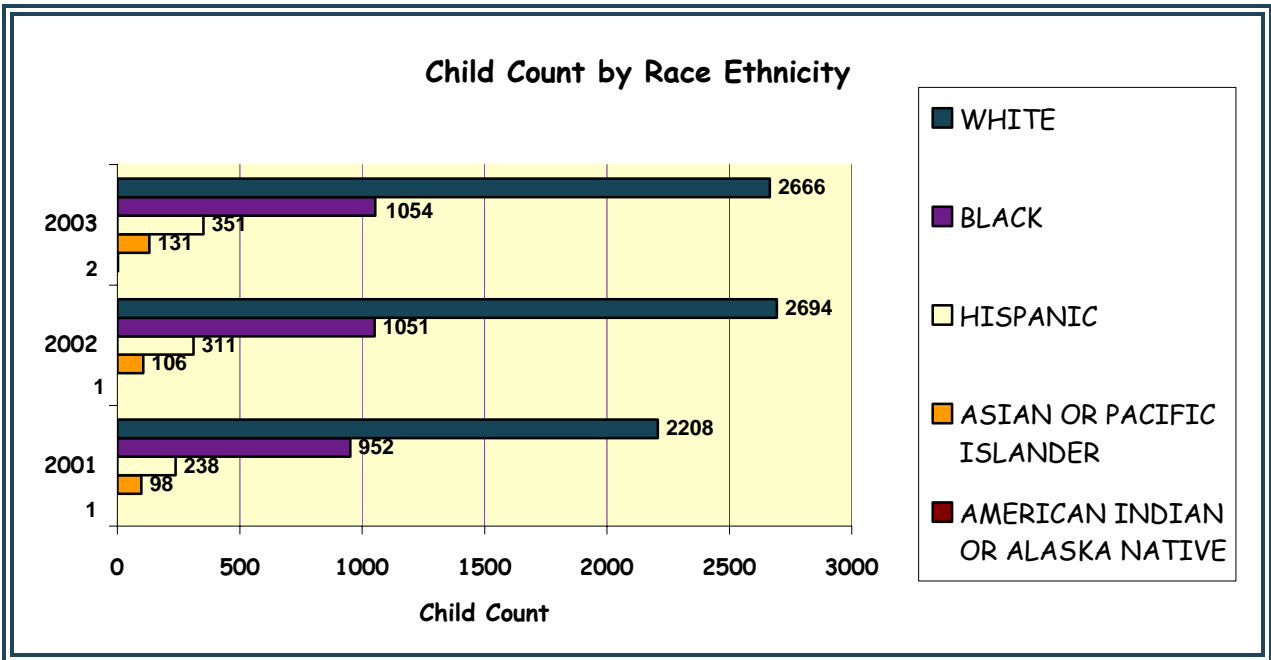
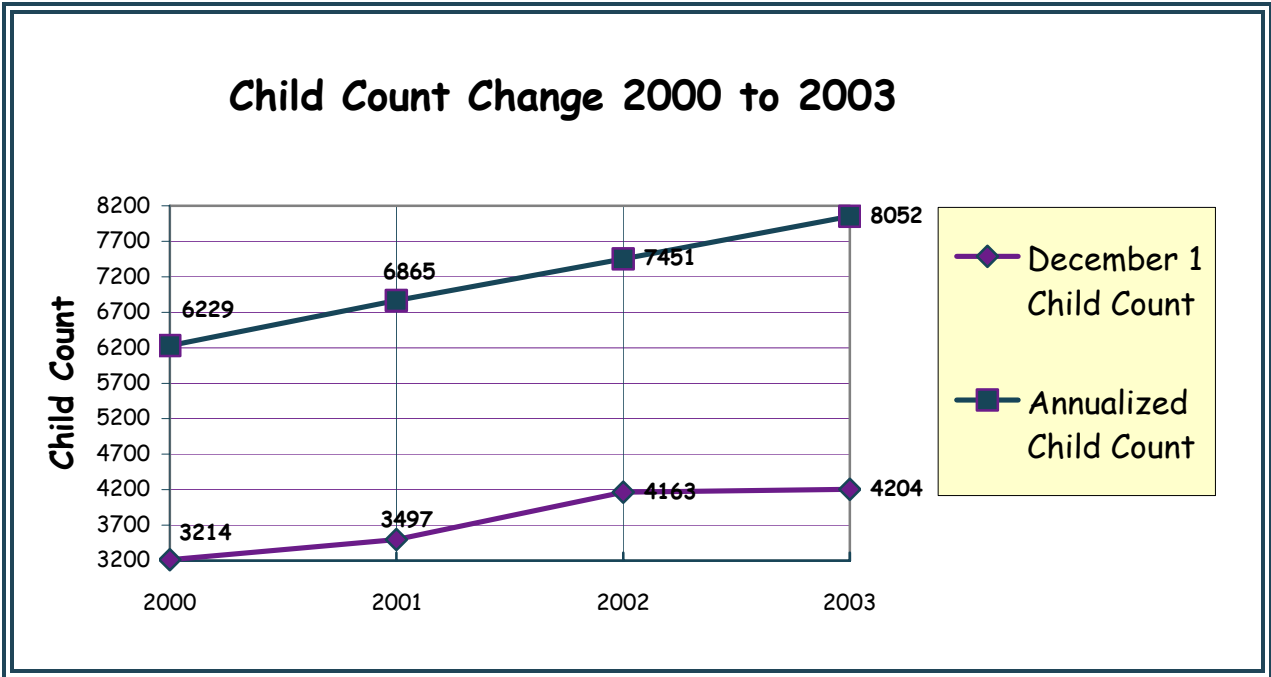
Responses to the question “How did your family find out about early intervention”

	2001	2002	2003
Doctor/nurse	50%	50%	58%
Hospital	16%	13%	12%
Friends/relatives	10%	12%	9%
Poster/brochure/radio/TV/Newspaper/Internet	1%	1%	2%
School/preschool/day care	3%	2%	3%
Social worker	4%	4%	2%
Other	16%	18%	14%

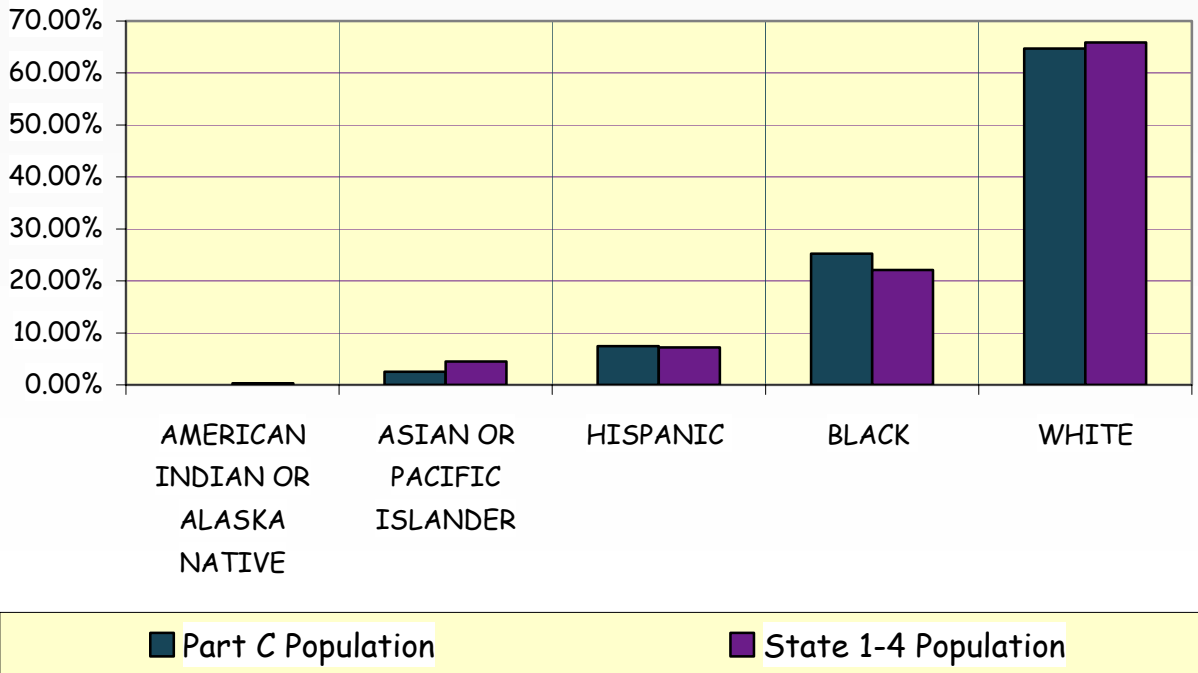
MIMS Data

	MIMS 2000 Sites	MIMS 2001 –2003 Sites
Various methods for public awareness are being used by the local early intervention system, which include but are not limited to television, radio, newspaper releases, as well as pamphlets and posters displayed in doctors’ offices and other appropriate locations	88% - yes	83% - wide variety 17% - some variety
The local early intervention system disseminates public awareness materials to a locally determined list of agencies and places of business, based upon the demographics of the locality	65% - yes	92% - many places 8% - some places
Local public awareness materials should be available in the native language of any ethnic group that makes up more than 5% of the population in the area to be served.	Narrative responses - Many were providing even when population made up less than 5%	83% always true 8% often true
PA materials meet the needs of the community’s families, including those from multicultural populations and under-represented groups	Narrative responses - Most felt they were meeting this indicator	92% - yes
The local early intervention system establishes annual child find goals based on past child find data	41% - yes	58% - yes
The local early intervention system conducted at least one public awareness event or activity focused on child find during the past 12 months	100% - yes	92% - yes
The local early intervention system disseminates information to primary referral sources according to the schedule in their local plan	53% - yes	8% always true 67% often true 8% sometimes 8% never

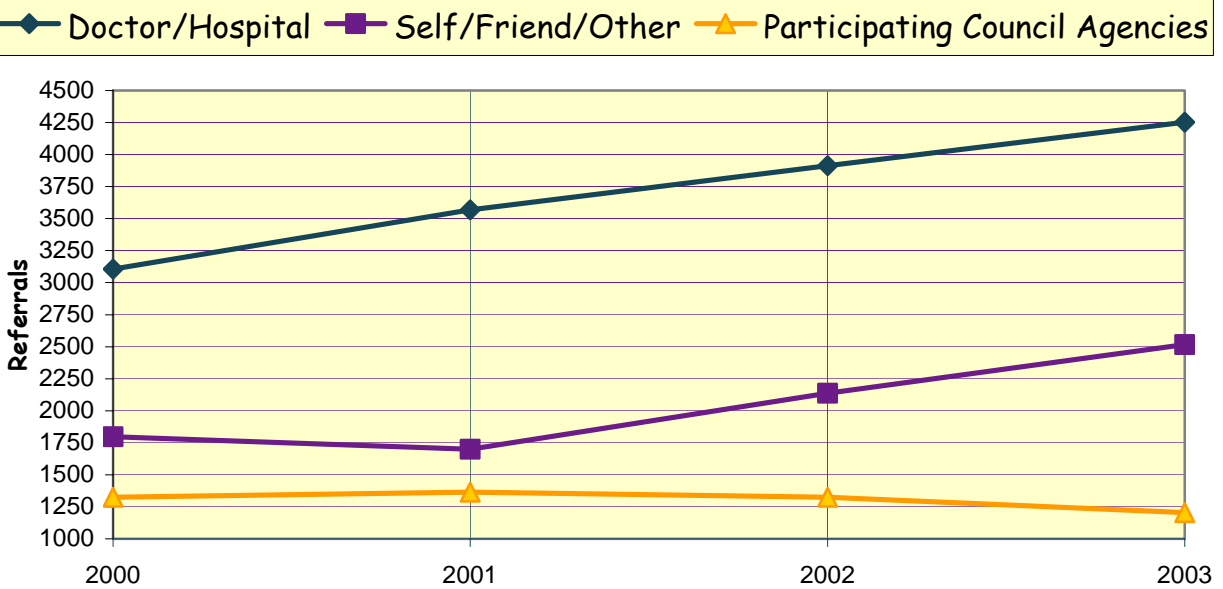
Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).



Comparison State 1-4 Population to Part C Population by Ethnicity



Trends in Referral Sources 2000 - 2003



EXPLANATION OF PROGRESS OR SLIPPAGE

Data indicates the following progress related to child find in Virginia:

- From 2000 to 2003, the annualized child count increased 29.28%. The December 1st count increased by 30.8%.
- Based on a comparison of 2002 ethnic demographic data from the Virginia Department of Health and Part C child count data, Virginia's Part C system is consistently serving a representative proportion of the five major ethnic groups.
- There continue to be increases in referrals from physicians and other health care providers and from families of infants with suspected delays or disabilities.
- Data from the Virginia Department of Health shows that from 1999-2001 there were a total of 9,366 live births in which risk factors were identified that would make those children potentially eligible for Part C services. There were 8,052 children served by Virginia's Part C system in 2003. Because children are eligible for Part B services through the public schools at age 2 in Virginia, some of those identified as potentially eligible at birth may now be receiving Part B rather than Part C services. In 2003, Virginia began a cost study for the Part C system. Data from this study, which will be available in the spring of 2004, will include updated prevalence data (at a state and local level).
- In 2002, the percent of Virginia's population served through the Part C system on December 1st was 1.4%. For the annualized count, it was 2.5%. Based on the December 1, 2002 child count, the national average for percentage of population served was 2.24. Again, it should be noted that some of Virginia's two-year-olds with disabilities are served through the Part B system and not reflected in the December 1st count (and, therefore, not in the percentage of population served).

In 2003, Virginia's efforts to increase the number of eligible children identified and served under Part C included the following:

- The statewide public awareness campaign begun in 2002 was continued in 2003. The campaign includes media kits, posters and collateral materials, media lists and packets of materials with tactics for reaching traditionally under-served populations.
- Continued implementation of the Caring for Infants and Toddlers with Disabilities (CFIT) training for physicians and nurses, which includes information about how to refer children to Virginia's Part C system. The website created to provide physicians and nurses with general information about Virginia's Part C system, as well as referral procedure information, (www.earlyintervention-va.com), continues to be available and updated as needed.
- Public awareness materials were provided by the State to localities in English, Spanish and Farsi, with planned translations to Korean and Vietnamese in 2004.

PROJECTED TARGETS

1. Based on new prevalence data that will be available from the cost study in Spring 2004, Virginia will develop specific targets and activities related to child find and public awareness. This new data will be used to allocate resources and target technical assistance, public awareness and child find efforts to address any identified weaknesses – in certain areas of the state, with any certain populations, etc.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

See Projected Target above

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2005

Resources: Staff time, cost study prevalence data, cost study consultant

PERFORMANCE INDICATOR

The percentage of eligible infants with disabilities in Virginia under the age of one that are receiving Part C services is comparable with State and National data.

BASELINE DATA:

In addition to the baseline data provided in the previous child find performance indicator, this information related to identifying eligible infants under one year of age was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process):

- Information from OSEP's 21st Annual Report to Congress showed that 413 infants birth to one were served in Virginia in 1995-96, 422 in 1996-97, and 474 in 1997-98. This reflects not only an increase in numbers but also an increase in the percentage of infants birth to one served (with percentage based on a comparison of the number served to the total state population of infants birth to three). Based on state and national data from 2000, the percentage of children served in Part C in Virginia who are under the age of one is .59%. The national average is .96.
- In 1995, a survey sent to 3500 families (with 1029 being returned) indicated that 70% of responding families stated they received Part C services before their child's first birthday.
- The Universal Newborn Hearing Screening program was fully implemented in Virginia in July 2000. Training for implementation of the newborn hearing screening program included training on referral to the Part C system.

TARGETS for January 1, 2003- December 31, 2003

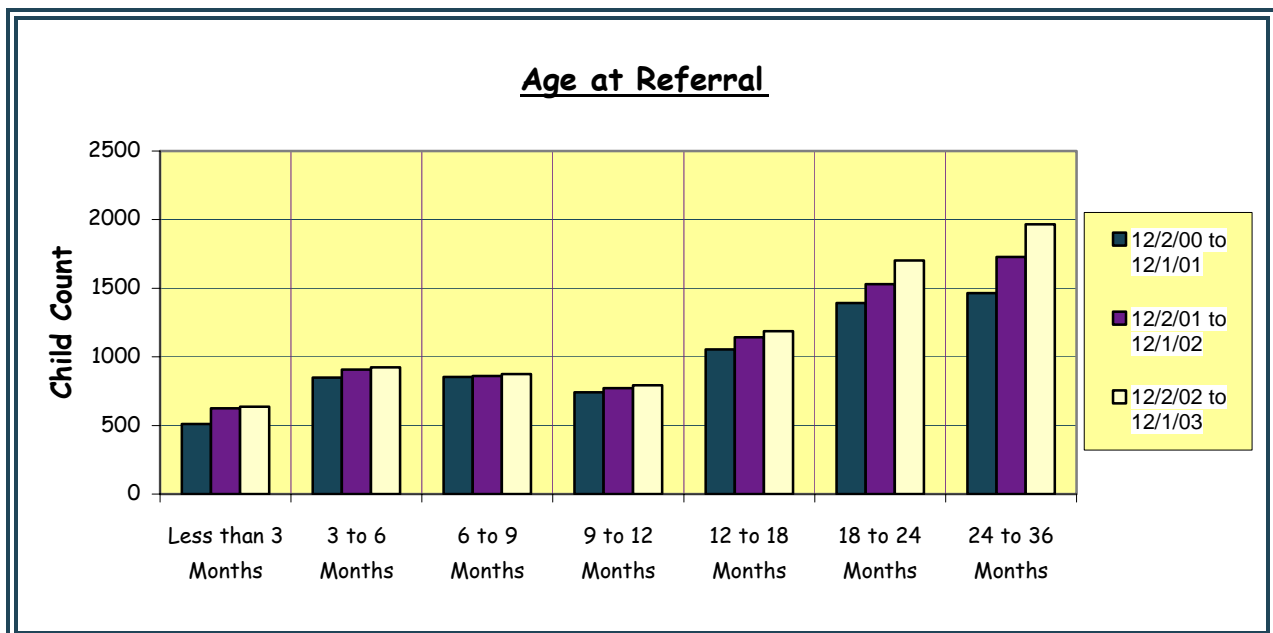
- No targets specific to this indicator were identified for this time period.

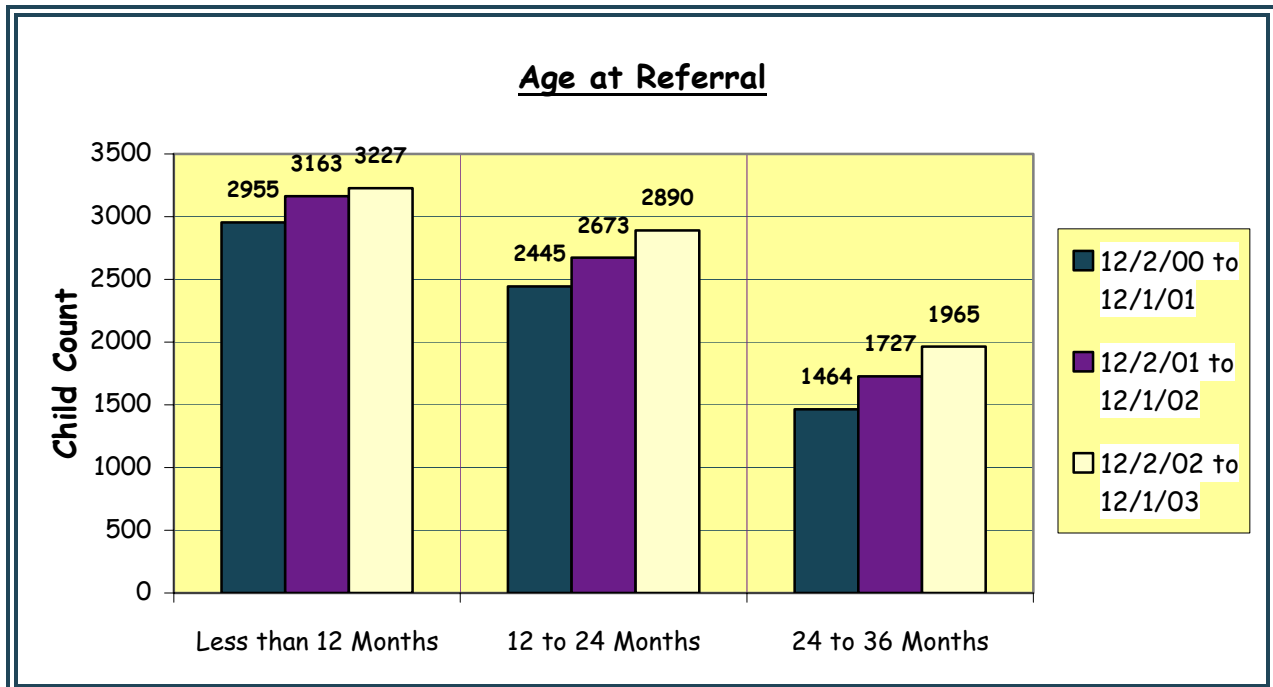
TREND DATA:

MIMS Data

Please see the MIMS data provided in the previous child find performance indicator.

ITOTS Data





EXPLANATION OF PROGRESS OR SLIPPAGE

Data indicates the following progress related to birth to one year olds in Virginia's Part C system:

- The number of infants who were under one year of age when referred to Virginia's Part C system continues to increase each year (with a 9% increase from 2000 – 2003).
- As a percentage of the total number of children served, those who were referred when under one year of age have decreased slightly from 43% in 2000 to 40% in 2003. However, more children are still referred while they are under 12 months of age, than in the 12-24 month or 24-36 month age range.
- The number of infants under one who are referred in any given year is very close to the number of live births identified by the Virginia Department of Health as being potentially eligible (3,166 in 2000 and 3,155 in 2001).
- Virginia appears to be serving an increasing percentage of the birth to one population. Using Census 2000 data for the number of children under 1 year of age living in Virginia, the Virginia Part C system was serving 3.1% of the birth to one population in 2000. Virginia Department of Health data indicates the number of live births has increased .6% from 2000 to 2003. If that same percentage increase is applied to the Census 2000 data to get an estimate for the number of children under one year of age living in Virginia in 2003, the Part C system is now serving approximately 3.5% of that population.

Virginia's efforts to increase the number of eligible infants under one year of age who are identified and served under Part C are described in the previous child find performance indicator.

PROJECTED TARGETS

1. Based on new prevalence data that will be available from the cost study in Spring 2004, Virginia will develop specific targets and activities related to child find and public awareness. This new data will be used to allocate resources and target technical assistance, public awareness and child find efforts to address any identified weaknesses – in certain areas of the state, with any certain populations, etc.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

See Projected Target above.

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2005

Resources: Staff time, cost study prevalence data, cost study consultant

**Infant & Toddler Connection of Virginia
2004 Annual Performance Report
Cluster Area: Early Intervention Services in Natural Environments**

STATE GOAL:

Early intervention services provided in natural environments are meeting the unique needs of eligible infants and toddlers and their families.

PERFORMANCE INDICATOR

CE I. All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments

BASELINE DATA:

This information was gathered as part of Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process)

Data in 2000 from the Individual Child Data Forms and from MIMS indicated that there may be systemic non-compliance with the 45-day timeline for completion of the initial IFSP.

Of MIMS 2000 sites, only 50% reported that families are satisfied with the frequency and intensity of service coordination and are aware this is negotiated through the IFSP process (though some sites indicated a need for more data); only 19% reported that the percentage of families who say their services are coordinated has increased (though most sites indicated a need for more data).

Virginia policies and procedures require that all children have a service coordinator, but the Individual Child Data from 2000 reflects that only 96% of eligible children are receiving service coordination. It is possible that this is erroneous information resulting from the person completing the form forgetting to include the service coordinator’s name.

100% of MIMS 2000 sites reported that service coordination was available for eligible children and families in accordance with the current IFSP.

95% of respondents to Family Survey 2000 said their family got the early intervention services they needed and that they were able to contact their service coordinator when they needed to.

- Virginia’s 2000 self-assessment indicated a wide variety of service coordination models in use across the state and the need to more specifically identify these models and develop consistent service coordination guidelines
- For baseline data related to location of early intervention services, please see performance indicator CE.IV.

TARGETS for January 1, 2003- December 31, 2003

1. Increased percentage of IFSPs completed in 45 days as documented through individual child data
2. Increased family satisfaction with service coordination as measured by the Family Survey and MIMS

TREND DATA:

ITOTS

data indicates that while the statewide average number of days from referral to IFSP meeting has remained under 45 days, in 2000, there were a number of councils whose average exceeded 45 days.

	2000	2001	2002	June – Oct 2003	Nov-Dec 2003
Number of councils whose average exceeds 45 days	22/40	23/40	22/40	7/40	2/40

ITOTS data – Service Coordinator listed

	2001	2002	2003
% of children with service coordination entered as a service	91%	94%	97%

Family Survey Data – Beginning Services

	2001	2002	2003
% of families who responded that they knew who their service coordinator was	96%	96%	96%
% of families who responded they knew how to call or find their service coordinator when they need to	96%	96%	95%
% of families who said their service coordinator understood their child's and family's needs	93%	95%	95%
% of families who said their service coordinator asked them about resources in their community that they use	86%	85%	88%
% of families who said their service coordinator offered to give them more information about other resources in their community	82 %	80%	86%
% of families who said they felt comfortable sharing as much as they wanted to about their child and family with their service coordinator	93%	93%	95%

Family Survey Data – Following Services

	2001	2002	2003
% of families who said they were able to contact their service coordinator when they needed to	93%	93%	95%
% of families who said their service coordinator helped them understand the IFSP process	93%	93%	95%
% of families who said they were satisfied with the way their service coordination was provided	93%	93%	95%
% of families who said they felt comfortable talking with their service coordinator about questions, concerns and services for their child and family.	92%	95%	95%
% of families who said their child's IFSP was reviewed along the way	92%	93%	93%
% of families who said someone was available to help their family know what to do to get services for their child after leaving early intervention	88%	90%	90%

MIMS Data

	MIMS 2000 Sites	MIMS 2001 Sites
Local policies and procedures, consistent with Virginia Policies and Procedures (including those related to responsibilities of service coordinators), have been developed and are available in writing	94% - yes	100% - yes
At referral, each child and family are assigned a temporary service coordinator	94% - yes	92% - yes
IFSPs contain the name of the single service coordinator who will be responsible for the implementation of the IFSP and coordination with other agencies and persons	100% - yes	83% always true 17% often true

	MIMS 2000 Sites	MIMS 2001 Sites
Service coordination is available for all eligible children and families in accordance with their current IFSP	100% - yes	100% - yes
Eligible children and families receive the services they have consented to on their IFSPs	94% - yes	Not asked
Eligible infants and toddlers and their families begin receiving their early intervention services in a timely manner following IFSP development	Not asked	33% always true 67% often true
All early intervention services are provided in natural environments unless appropriate justifications are included in the child's IFSP	47% - yes	75% always true 58% often true 8% sometimes true

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Chart Review Data

	MIMS 2000 Sites	MIMS 2001 Sites
% of charts in which IFSP includes name of service coordinator	94%	95%
% of charts in which IFSP indicates all services to be provided in natural environments or appropriate justification provided	83%	92%

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews.

- Number of Service Coordinators Trained through Kaleidoscope Training in Virginia (each service coordinator attends once)

2001	2002	2003
24	83	40

EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: Increased percentage of IFSPs completed in 45 days as documented through individual child data.

Cited as an area of systemic non-compliance during Virginia's participation in the Continuous Improvement Monitoring Process self-assessment, Virginia has made significant progress in achieving compliance with the 45-day timeline. The statewide average number of days from referral to development of the initial IFSP for children referred to the Part C system in 2003 was 38.6 days. By November – December 2003, only 2 of 40 local councils had averages that exceeded the 45-day requirement.

This progress can be attributed to the following efforts:

- State technical assistance consultants discussed the status of the 45-day timeline at each regional meeting of local council coordinators during 2003 (for a total of approximately 50 meetings).
- Technical assistance consultants addressed the 45-day timeline with individual councils based on review of local data from the Infant & Toddler On-Line Tracking System (ITOTS), data gathered through the MIMS process, and/or based on local request. In addition to addressing the 45-day timeline directly, when appropriate, technical assistance consultants worked with individual councils on a wide variety of systems

issues that also impact the timeline (e.g. intake procedures, evaluation and assessment procedures, follow-up with families, sufficient staffing, etc.)

- Beginning May 1, 2003, localities began using uniform categories to identify within ITOTS the mitigating circumstances when the 45-day timeline was not met. The more specific data available as a result of using uniform categories has allowed Virginia to better target technical assistance and other necessary resources to remedy any identified barriers to compliance with the 45-day timeline.

Target 2: Increased family satisfaction with service coordination as measured by the Family Survey and MIMS.

Family satisfaction with service coordination, as measured by the Family Survey, has remained high over time. For those survey questions related to service coordination activities, the percentage of positive responses has increased over the three-year period reviewed.

Implementation of the Kaleidoscope training for service coordinators has helped to maintain and/or increase family satisfaction with all aspects of service coordination and has helped to ensure that service coordinators carry out the responsibilities/activities specified in Virginia's Part C Policies and Procedures.

Other:

All Families have Service Coordinator – Although the data from various sources seems to give a mixed picture about whether each family has a service coordinator, anecdotal information from State Review Team members, families and council coordinators indicates that all families do, in fact, have service coordinators (an assertion supported by the MIMS and Family Survey data). Efforts made in 2003 to address this issue have included the following:

- Changes have been made in the ITOTS system to help eliminate the possibility of computer entry errors skewing the percentage of families receiving service coordination. Since ITOTS data is currently entered only once (as the child enters the system), some children whose data were entered prior to the ITOTS “fix” are still in the system. Therefore, ITOTS data reflect an increasing number of families receiving service coordination, but the percentage is not yet at 100.
- Localities began implementing an at least quarterly records review process using a checklist provided by the Virginia Part C Office. This checklist prompts the locality to check each IFSP to ensure that the service coordinator is listed.

Timely Services – There is no trend data available regarding the timely initiation of early intervention services after the IFSP is developed (since such an indicator was just added for the most recent round of MIMS sites) . Data from the MIMS 2001 sites indicate that 33% of sites always initiate services in a timely manner, while the remaining 67% do so “often.” Because MIMS defines “often” as 60 – 99% of the time it is difficult to interpret exactly what the MIMS data means for children and families. There is no other current source of data to assist in further understanding the MIMS data.

Natural Environments – Please see performance indicator CE.IV for a discussion of progress related to provision of early intervention services in natural environments.

PROJECTED TARGETS

1. All councils will be in compliance with the 45 day timeline requirement by March 31, 2004
2. Response percentages to family survey questions listed in the Trend Data section will be at least maintained.
3. At least 2 other sources of data will be developed and used to better document that families begin receiving their early intervention services in a timely manner following IFSP development.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

Target 1: All councils will be in compliance with the 45-day timeline requirement.

- Continue to provide individualized technical assistance to those councils who are not in compliance with the 45-day timeline

- Provide statewide technical assistance through regional meetings (and possibly through a written technical assistance document) on the intake and evaluation process, which is a projected priority topic for technical assistance in 2004. Information and support on this topic is expected, among other outcomes, to assist councils in maintaining or achieving compliance with the 45-day timeline.

Target 2: Response percentages to family survey questions listed in the Trend Data section will be at least maintained.

- Continue Kaleidoscope Service Coordination Training/Expand Service Coordination Training to include Level II for those service coordinators who have completed the initial training
- Apply for grant to evaluate effectiveness of service coordination models in Virginia
- Develop and implement orientation training module for all EI providers (including service coordinators), which will help ensure consistent understanding of Virginia's Part C early intervention system and its philosophy of family-centered services in natural environments

Target 3: At least 2 other sources of data will be developed and used to better document that families begin receiving their early intervention services in a timely manner following IFSP development.

- Determine whether there are existing mechanisms (e.g. chart review, family interviews during on-site MIMS visits, family survey) through which this data can be gathered.
- Determine whether already-planned enhancements to the ITOTS data system will assist in gathering this data.
- Implement the mechanisms determined most appropriate to gather data on timely service delivery.

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2004

Resources: Staff time, Old Dominion University Data Consultant, Integrated Training Collaborative

PERFORMANCE INDICATOR

CE.II. The evaluation and assessment of child and family needs leads to identification of all child needs, and the family needs related to enhancing the development of the child.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- MIMS data from 2000 indicated the following with regard to evaluation and assessment and identification of child and family needs:
 - 88% of sites reported that the evaluation of each child includes an evaluation of the child's level of functioning in cognitive, physical, communication, social or emotional, and adaptive development.
 - 94% of sites reported that the evaluation and assessment includes an assessment of the unique strengths and needs of the child in each of the developmental areas listed above.
 - 75% of sites reported that a family-directed assessment identifies the supports and services necessary to enhance the family's capacity to meet the child's developmental needs
 - 63% of sites reported that, if the parent agrees, the IFSP contains family outcomes to address the needs of the family as identified on the family's self-directed assessment
 - 75% of sites reported that families are given satisfactory opportunities to identify family resources, priorities and concerns
- Family Survey 2000 results further indicate that 96% of respondents said the goals/outcomes written in the IFSP are things that they want for their child and family (this had increased from 84.6% in 1996)

TARGETS for January 1, 2003- December 31, 2003

1. Increased percentage of localities meeting each of the MIMS indicators listed in “Baseline Data”
2. Maintained or increased percentage of families agreeing with the Family Survey statements listed in “Baseline Data”

TREND DATA:

MIMS Data

	MIMS 2000 Sites	MIMS 2001 Sites
The evaluation and assessment team includes persons from at least two disciplines and members of the child’s family, to the extent the family chooses to participate	94% - yes	92% always true 8% often true
Evaluations and assessments are completed by personnel who are qualified to conduct evaluations and interpret results	Not asked	75% always true 25% often true
Every child’s evaluation and assessment includes a review of pertinent records (less than 6 months old) from the primary care physician and other sources that relate to the child’s current health status, physical development (including vision and hearing), and medical. In MIMS 2001, this indicator also includes the following language: Other records pertinent to evaluation and assessment, such as birth records, newborn screening results and early medical history, are also reviewed by the team (with parent consent) even if those records are more than 6 months old. If a parent chooses not to consent to a review of records, this is documented in the child’s record.	53% - yes	33% always true 42% often true 8% (1 site) never
The evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development	88% - yes	50% always true 42% often true
The evaluation and assessment includes an assessment of the unique strengths and needs of the child in each of the developmental areas listed above	94% - yes	67% always true 33% often true
A family-directed assessment is based on information provided by the family through a personal interview and incorporates the family’s description of its resources, priorities and concerns as related to enhancing the child’s development	82% - yes	75% always true 25% often true
A family-directed assessment identifies the supports and services necessary to enhance the family’s capacity to meet the child’s developmental needs	75% - yes	67% always true 33% often true
Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so	94% - yes	83% always true 17% never true
Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory	100% - yes	75% always true 25% often true
No single procedure is used as the sole criterion for determining a child’s eligibility under Part C	100% - yes	83% always true 8% often true 8% (1 site) never

	MIMS 2000 Sites	MIMS 2001 Sites
The evaluation and assessment of every child must be based, in part, on informed clinical opinion	100% - yes	83% always true 8% often true 8% (1 site) never
IFSPs contain a statement of the child's present levels of physical development (including vision, hearing and health status), cognitive development, communication development, social or emotional development and adaptive development, based upon professionally acceptable criteria	76% - yes	92% always true 8% often true
IFSPs contain, with the concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child	88% - yes	67% always true 33% often true

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Family Survey Data - Beginning Services

	2001	2002	2003
% of respondents that said the evaluation really showed the things that their child can and cannot do	85%	86%	88%
% of respondents that said their concerns about their child and family were respected	95 %	97 %	97 %
% of respondents that said the goals/outcomes written in the IFSP are things that they want for their child and family	95%	97%	97%

Chart Review Data

	MIMS 2000 Sites	MIMS 2001 Sites
% of charts in which child was evaluated in all areas of development	82%	87%
% of charts in which present levels of functioning are documented in the IFSP	70%	66%
% of charts in which family's resources, priorities and concerns are documented on the IFSP	81%	95%

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews.

EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: Increased percentage of localities meeting each of the MIMS indicators listed in "Baseline Data"

Because the method for responding to most MIMS indicators was changed from yes/no in 2000 to a scaled response (always, often, sometimes, rarely, never – based on percentages) in 2001, it is not possible to make an accurate determination about progress or slippage on this target. Further complicating the interpretation of the data trends related to evaluation and assessment indicators is the discrepancy between MIMS data and chart review data.

Anecdotal information from the MIMS consultants, technical assistance consultants, and local councils indicated that vision and hearing were the areas of development most often omitted from the evaluation and assessment (and, therefore, documentation on the IFSP). In response to this observation, *Policy Clarification and Technical*

Assistance on the Implementation of Requirements for Vision and Hearing Components of the Part C Evaluation and Assessment was developed by the Virginia Part C Office and disseminated to local councils and participating agencies/service providers in October 2003. Follow-up technical assistance was provided at regional meetings of local council coordinators and to individual councils, as requested. Because of its recent dissemination, data is not yet available to measure the impact of this effort.

Evaluation and assessment is also discussed in *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*, which was developed by the Virginia Part C Office and disseminated in September 2003. Again, because of its recent dissemination, data is not yet available to measure the impact of this effort.

Target 2: Maintained or increased percentage of families agreeing with the Family Survey statement listed in “Baseline Data”

Virginia has maintained the high percentage of families agreeing that the goals/outcomes written in the IFSP are things they want for their child and family. There have also been increases in the percentages of families agreeing that the evaluation and assessment really show what their child can do and that families’ concerns about their child and family are respected. In order to maintain these high percentages of positive family survey responses, Virginia has continued to incorporate concepts related to family-centered evaluation and assessment in all technical assistance efforts (including written technical assistance documents).

PROJECTED TARGETS

1. All local councils will demonstrate compliance with the requirement that the evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development.
2. Response percentages to family survey questions listed in the Trend Data section will be at least maintained.
3. Percentage of MIMS sites responding “always” to the MIMS indicators listed in the Trend Data section will increase.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

Target 1: All local councils will demonstrate compliance with the requirement that the evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development.

- Develop and submit to OSEP, no later than August 1, 2004, a plan of improvement detailing activities and timelines to accomplish this target.
- Activities already planned that will address this target include the following:
 - Provide statewide technical assistance through regional meetings (and possibly through a written technical assistance document) on the intake and evaluation process, which is a projected priority topic for technical assistance in 2004.
 - Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Virginia’s Part C early intervention system and its requirements
 - Support localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target.

Target 2: Response percentages to family survey questions listed in the Trend Data section will be at least maintained.

- Provide statewide technical assistance through regional meetings (and possibly through a written technical assistance document) on the intake and evaluation process, which is a projected priority topic for technical assistance in 2004.
- Continue to provide technical assistance to local councils, as needed.

Target 3: Percentage of MIMS sites responding “always” to the MIMS indicators listed in the Trend Data section will increase

- Provide statewide technical assistance through regional meetings (and possibly through a written technical assistance document) on the intake and evaluation process, which is a projected priority topic for technical assistance in 2004.
- Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Virginia’s Part C early intervention system and its requirements
- Provide support to localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target.
- Continue to provide technical assistance to local councils, as needed.

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2004

Resources: Staff time, Integrated Training Collaborative

PERFORMANCE INDICATOR

CE III. IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.

BASELINE DATA:

This information was gathered as part of Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process)

- Results from Family Survey 2000 indicated the following perceptions of families regarding their early intervention services:
 - 96% said the goals/outcomes written on the IFSP are things they want for their child and family
 - 90% said they helped decide where their child will receive early intervention services
 - 89% said the services provided to their child and family helped them to reach the outcomes/goals they had set
 - 95% said their early intervention experience made them feel more confident in finding ways to meet their child’s needs

TARGETS for January 1, 2003- December 31, 2003

- A continued increase in the percentage of positive responses to Family Survey questions listed in the baseline section.

TREND DATA:

Family Survey Data – Beginning Services

	2001	2002	2003
% of respondents who said that the goals/outcomes written on the IFSP are the things they want for their child and family	95%	97%	97%
% of respondents who said that the things they said during the IFSP meeting helped get the needed services for their child and family	93%	93%	97%
% of respondents who said they discussed the early intervention services that would meet the goals/outcomes on their IFSP	92%	93%	95%
% of respondents who said that they helped decide which early intervention	90%	92%	93%

services would be listed on their IFSP			
--	--	--	--

Family Survey Data – Following Services

	2001	2002	2003
% of respondents who said they got the early intervention services they needed	92%	92%	93%
% of respondents who said the services provided to their child and family helped reach the outcomes/goals they had set	90%	92%	92%
% of respondents who said their child's IFSP was reviewed along the way	92%	93%	93%

MIMS Data

	MIMS 2000 Sites	MIMS 2001 Sites
If the parent agrees, IFSPs contain family outcomes to address the needs of the family as identified on the family's self-directed assessment	65% - yes	42% always true 50% often true 8% sometimes
IFSPs contain a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including (i) the frequency, intensity, and method of delivering services; (ii) the natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in natural environments; (iii) the location of services; and (iv) the payment arrangements, if any.	76% - yes	58% always true 42% often true
Eligible children and families receive the services they have consented to on their IFSPs	94% - yes	42% always true 50% often true
Periodic reviews of IFSPs are conducted every 6 months, or more frequently if conditions warrant, or if parents request such reviews	82% - yes	58% always true 42% often true
Service and supports identified on IFSPs are based on child and family needs and not on funding or existing resources	Not asked	75% always true 17% often true 8% sometimes

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Chart Review Data

	MIMS 2000 Sites	MIMS 2001 Sites
% of charts in which IFSP identifies needed early intervention supports and services	97%	97%
% of charts in which IFSP includes outcomes related to the family's resources, priorities and concerns	51%	67%

% of charts in which IFSP includes outcomes related to the child's and family's daily routines and activities	58%	70%
---	-----	-----

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews

EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: A continued increase in the percentage of positive responses to Family Survey questions listed in the baseline section

The percentage of positive responses to all family survey questions listed in the “Trend Data” has been increased and all are very high. In order to maintain these high percentages of positive family survey responses, Virginia has continued to incorporate concepts related to family-centered services and supports in all technical assistance efforts (including written technical assistance documents). Other specific efforts related to progress on this indicator include the following:

- Six 2-day regional trainings on natural environments were provided (Paril – June 2003) through the National Significance Natural Environments Theory to Practice Grant. This training included an emphasis on providing services within typical routines and in other ways that meet individual child and family needs.
- The Virginia Part C Office developed and disseminated in September 2003 *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*, which has a strong emphasis on linking supports and services to identified child and family needs, interests, routines, and desired activity settings.
- The Annual Virginia Early Intervention Conference included sessions related to family-centered supports and services.

Other:

All services listed on IFSPs are provided – It is difficult to determine, based on available data, whether all families receive all services identified on their IFSPs. Although, the MIMs data seems to indicate that this may be an area needing improvement, there is no data available to indicate exactly how many families may not receive all services listed on their IFSPs or to delineate why some services were not provided. The family survey data shows a strong feeling among families that they received the services they needed.

PROJECTED TARGETS

1. Continue to improve the link between supports and services listed on the IFSP and the identified interests, priorities, needs, and strengths of the child and family.
2. At least 1 other source of data will be developed and used to better document that the services identified on IFSPs are provided.
3. Response percentages to family survey questions listed in the Trend Data section will be at least maintained.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

Target 1: Continue to improve the link between supports and services listed on the IFSP and the identified interests, priorities, needs, and strengths of the child and family.

- Conduct evaluation/needs assessment with local councils and participating agencies/providers in order to plan and implement effective, continued training and support for implementation of individualized supports and services in the context of daily routines, activities and settings
- Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Part C requirements and Virginia's Part C philosophy
- Provide support to localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target
- Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services (e.g. writing

functional outcomes based on everyday routines, activities and places that also meet insurance reimbursement requirements)

Target 2: At least 1 other source of data will be developed and used to better document that the services identified on IFSPs are provided.

- Determine whether there are existing mechanisms (e.g. chart review, family interviews during on-site MIMS visits) through which this data can be gathered.
- Determine whether already-planned enhancements to the ITOTS data system will assist in gathering this data.
- Implement the mechanism(s) determined most appropriate to gather supporting data on whether services listed on the IFSP are actually provided

Target 3: Response percentages to family survey questions listed in the Trend Data section will be at least maintained.

- Conduct evaluation/needs assessment with local councils and participating agencies/providers in order to plan and implement effective, continued training and support for implementation of individualized supports and services in the context of daily routines, activities and settings
- Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2004

Resources: Staff time, Old Dominion University Data Consultant, Integrated Training Collaborative, Stakeholder input

PERFORMANCE INDICATOR

CE IV. Children are receiving services primarily in natural environments. For children who are not, they have IFSPs that justify why services are not provided in natural environments.

BASELINE DATA:

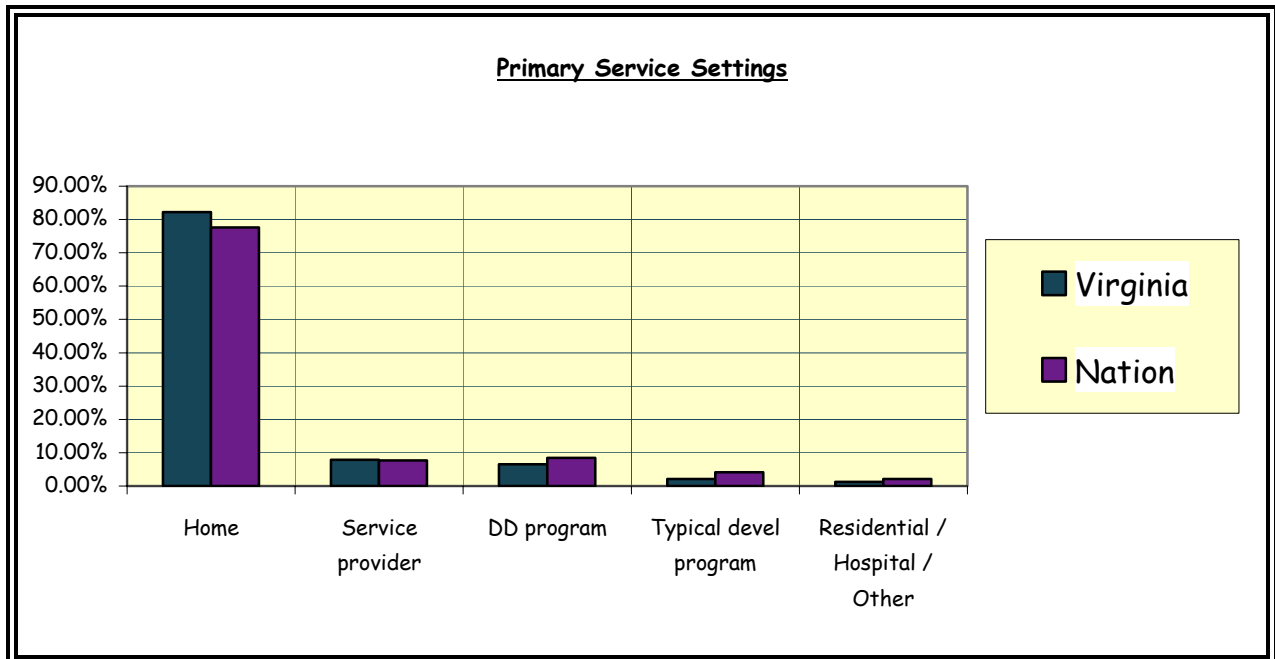
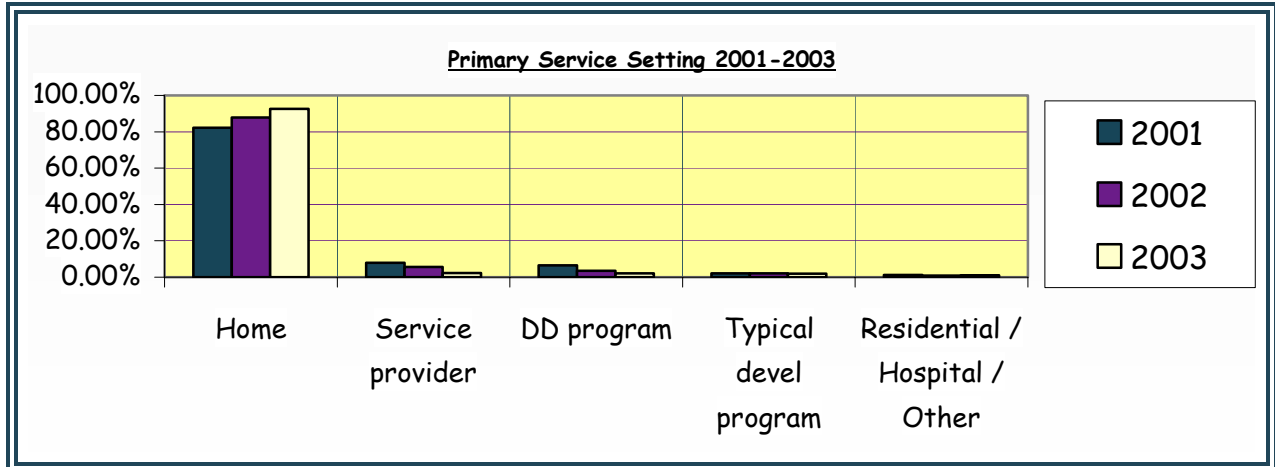
This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- MIMS 2000 data indicated the following with regard to services in natural environments:
 - 44% of sites reported that IFSP strategies include consultation in natural environments to support any early intervention services, including therapies
 - 50% of sites reported that all early intervention services are provided in natural environments unless appropriate justifications are included in the IFSP
- 1999 individual child data indicates that approximately 65% of the primary service locations for children were in natural environments. This data reflects the environment in which the majority of the given service is provided (not a listing or count for all of the service locations for a given service).
- Family Survey results from families leaving early intervention in 2000 indicated that services were provided in the following locations: home (59%); infant program center (22%); day care center (8%); school building (3%); hospital or therapy center (10%); and other community location (0%)

TARGETS for January 1, 2003- December 31, 2003

- Continued increase in percentage of services provided in natural environments as documented through individual child data and family survey results

TREND DATA:



Family Survey data – Beginning Services

	2001	2002	2003
% of respondents who said they helped decide where their child would receive early intervention services	93%	95%	97%
% of respondents who said what their child and family did on a regular basis was considered in developing their IFSP	93%	93%	97%

Family Survey Data – Following Services

	2001	2002	2003
% of respondents who said the services provided to them met the needs of their home and/or work lifestyle	93%	95%	95%
% of respondents who said their child's services were provided as a part of their regular activities	86%	90%	90%

Family Survey Data – Following Services

Responses to the following question: Where did your child and family get early intervention services?

	2001	2002	2003
Home	73%	74%	67%
Day care center/baby sitter	15%	9%	7%
Infant Program center	29%	17%	5%
School building	3%	2%	1%
Hospital or therapy center	9%	9%	5%
Other community location (e.g. church, community center, library, parks and recreation place, etc.)	2%	1%	1%
Other	4%	3%	3%

MIMS Data

	MIMS 2000 Sites	MIMS 2001 Sites
IFSPs contain a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including (i) the frequency, intensity, and method of delivering services; (ii) the natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in natural environments; (iii) the location of services; and (iv) the payment arrangements, if any.	76 % - yes	58% always true 42% often true
Consideration and use of child's and family's typical activities, routines, and natural environments in service delivery (as identified on the IFSP) increase	Not asked	67% always true 33% often true
IFSP strategies include consultation in natural environments to support any early intervention services, including therapies	Not asked	75% always true 25% often true
All early intervention services are provided in natural environments unless appropriate justifications are included in the child's IFSP	Not asked	75% always true 25% often true

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Chart Review Data

	MIMS 2000 Sites	MIMS 2001 Sites
% of charts in which IFSP indicates all services to be provided in natural environments or appropriate justification provided	83%	92%
% of charts in which IFSP includes outcomes related to the family's resources, priorities and concerns	51%	67%
% of charts in which IFSP includes outcomes related to the child's and family's daily routines and activities	58%	70%

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews

EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: Continued increase in percentage of services provided in natural environments as documented through individual child data and family survey results

Data indicates that not only are an increasing number of services provided in natural environments but also that services (including location) take into account the family's normal routines and activities. These increases reflect Virginia's intensive efforts to provide training and technical assistance related to provision of services in natural environments. Those efforts have included the following:

- Six 2-day regional trainings on natural environments were provided (April – June 2003) through the National Significance Natural Environments Theory to Practice Grant. This training included an emphasis on providing services within typical routines and in other ways that meet individual child and family needs.
- The Virginia Part C Office developed and disseminated in September 2003 *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*, which has a strong emphasis on linking supports and services to identified child and family needs, interests, routines, and desired activity settings.
- The Annual Virginia Early Intervention Conference included sessions related to family-centered supports and services
- Localities began implementing an at least quarterly records review process using a checklist provided by the Virginia Part C Office. This checklist prompts the locality to check each IFSP to ensure that the supports and services are provided in the natural environment or that appropriate justification is provided. This checklist also monitors the kinds of outcomes written on the IFSP (e.g. are they based on everyday routines, etc.)

PROJECTED TARGETS

1. Continue to increase the percentage of services provided in natural environments.
2. Continue to increase the percentage of respondents who indicate that their child's services were provided as a part of their regular activities.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

Target 1: Continue to increase the percentage of services provided in natural environments

- Conduct evaluation/needs assessment with local councils and participating agencies/providers in order to plan and implement effective, continued training and support for implementation of individualized supports and services in the context of daily routines, activities and settings
- Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Part C requirements and Virginia's Part C philosophy
- Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services

- Provide support to localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target

Target 2: Continue to increase the percentage of respondents who indicate that their child's services were provided as a part of their regular activities

- Conduct evaluation/needs assessment with local councils and participating agencies/providers in order to plan and implement effective, continued training and support for implementation of individualized supports and services in the context of daily routines, activities and settings
- Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Part C requirements and Virginia's Part C philosophy
- Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services
- Provide support to localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2004

Resources: Staff time, Integrated Training Collaborative, Stakeholder input

PERFORMANCE INDICATOR

CE.V. A significant percentage of children participating in the Part C program demonstrate improved and sustained functional abilities (cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- Virginia does not have a mechanism in place to specifically measure statewide the extent to which children demonstrate improved and sustained functional abilities
- Results from the Family Survey 2000 indicate the following with regard to impact of services:
 - 89% of respondents said the services provided to their child and family helped them to reach the outcomes/goals they had set.
 - 95% of respondents said their early intervention experience made them feel more confident in finding ways to meet their child's needs.

TARGETS for January 1, 2003- December 31, 2003

No targets specific to this indicator were identified for this time period.

TREND DATA:

ITOTS data:

	2001	2002	2003
Percentage of children who completed their IFSP prior to age 3.	8.0%	16.0%	18.7%

Family Survey data

	2001	2002	2003
% of respondents who said that their child is better off because of getting early intervention services	95%	95%	95%
% of respondents who said that they feel good about the progress their child made	92%	93%	93%
% of respondents who said the services provided to their child and family helped reach the outcomes/goals they had set	90%	92%	92%
% of respondents who said their child continued to need services after early intervention	54%	55%	39%

EXPLANATION OF PROGRESS OR SLIPPAGE

While Virginia does not have a mechanism in place to gather data on children's developmental improvement, the available family survey data and ITOTS data provide a strong indication that children and families are positively impacted by early intervention supports and services. Training and targeted technical assistance based on current research on effective practices for early intervention seem to be having a positive effect as evidenced by an increased number of children completing early intervention services prior to age 3 and a decreased percentage of children needing services after early intervention.

PROJECTED TARGETS

1. Develop a mechanism(s) to document children's improved and sustained functional abilities in all areas of development.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

Target 1: Develop a mechanism(s) to document children's improved and sustained functional abilities in all areas of development.

- Determine whether there are existing mechanisms (e.g. chart review) through which this data can be gathered.
- Determine whether already-planned enhancements to the ITOTS data system will assist in gathering this data.
- Determine how the selected mechanism will be incorporated into monitoring, supervision and improvement planning at the local and state levels.

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2004

Resources: Staff time, Old Dominion University Data Consultant, Stakeholder input

**Infant & Toddler Connection of Virginia
2004 Annual Performance Report
Cluster Area: Family Centered Services**

STATE GOAL:

Family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families.

PERFORMANCE INDICATOR

Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- MIMS data from 2000 indicated that 69% of sites reported they help families to use informal supports and community resources to achieve IFSP goals
- Family Survey 2000 results indicated the following:
 - 95% of respondents said their early intervention experience made them feel more confident in finding ways to meet their child's needs
 - 89% of respondents said the services provided to their child and family helped them reach the outcomes/goals they had set.
 - 95% of respondents said their family got the early intervention services they needed.
 - 78% of respondents said that the people who worked with their family helped them learn more about informal and community resources;
 - 96% said the goals and outcomes written in the IFSP are things that the family wants for their child and family.

TARGETS for January 1, 2003- December 31, 2003

- Increased percentage of families agreeing with the Family Survey statements listed in Baseline Section.
- Continued increase in the percentage of families reporting that their early intervention experience has made them feel more confident in finding ways to their meet child's needs

TREND DATA:

Family Survey Data – Beginning Services

	2001	2002	2003
% of respondents who said that their concerns about their child and family were respected	95%	97%	97%
% of respondents who said that the goals and outcomes written in the IFSP are things that they want for their child and family.	95%	97%	97%
% of respondents who said they discussed the early intervention services that would meet the goals/outcomes on their IFSP	92%	93%	95%
% of respondents who said they helped decide which early interventoin services would be listed on their IFSP	90%	92%	93%
% of respondents who said they helped decide where their child will receive early intervention services	93%	95%	97%

	2001	2002	2003
% of respondents who said that what their child and family does on a regular basis was considered in developing their IFSP	93%	93%	97%
% of respondents who said that the things they said during the IFSP meeting helped get needed services for their child and family	93%	93%	97%
% of respondents who said their service coordinator offered to give them more information about other resources in their community.	82%	81%	86%

Family Survey Data – Following Services

	2001	2002	2003
% of respondents who said their early intervention experience made them feel more confident in finding ways to meet their child's needs	92%	92%	92%
% of respondents who said the services provided to their child and family helped them reach the outcomes/goals they had set.	92%	92%	92%
% of respondents who said their family got the early intervention services they needed.	92%	93%	93%
% of respondents who said that early intervention services helped them learn more about their child	90%	92%	90%
% of respondents who said they were treated with respect	95%	97%	97%
% of respondents who said that services provided to them met the needs of their home and/or work lifestyle	92%	95%	95%
% of respondents who said that the people who worked with their family helped them learn more about informal and community resources	82%	83%	85%
% of respondents who said their child is better off because of getting early intervention services	95%	95%	95%
% of respondents who said that their child's services were provided as part of their regular activities	86%	90%	90%

MIMS Data

	MIMS 2000 Sites	MIMS 2001-2003 Sites
Local interagency agreements, memoranda of understanding, and contracts include provisions that address family-centered care	Not asked	83% always true 17% often true

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Chart Review Data

	MIMS 2000 Sites	MIMS 2001-2003 Sites
% of charts in which IFSP includes outcomes related to the family's resources, priorities and concerns	51%	67%
% of charts in which IFSP includes outcomes related to the child's and family's daily routines and activities	58%	70%

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews

EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: Increased percentage of families agreeing with the Family Survey statements listed in Baseline Section

Extensive training and technical assistance provided appear to be leading to increased levels of family satisfaction with family supports, resources, services and resulting outcomes for their child and family. Specific training and technical assistance efforts in 2003 have included the following:

- Six 2-day regional trainings on natural environments were provided (April – June 2003) through the National Significance Natural Environments Theory to Practice Grant. This training included an emphasis on providing services within typical routines, addressing activities prioritized by the family, using a primary service provider model, and using coaching with families.
- **The Virginia Part C Office developed and disseminated in September 2003 *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*, which has a strong emphasis on linking supports and services to identified child and family needs, interests, routines, and desired activity settings.**
- The Annual Virginia Early Intervention Conference included sessions related to family-centered supports and services
- Localities began implementing an at least quarterly records review process using a checklist provided by the Virginia Part C Office. This checklist prompts the locality to monitor, among other things, whether the IFSP includes a statement of family, resources, priorities and concerns; whether there are outcomes related to the family's resources, priorities and concerns; and whether there are outcomes related to daily routines and activities.

Target 2: Continued increase in the percentage of families reporting that their early intervention experience has made them feel more confident in finding ways to meet their child's needs

Continued emphasis on family-centered practice and provision of ongoing as well as new training and technical assistance have resulted in a very high percentage of Virginia families continuing to report that their early intervention experience has made them feel more confident in finding ways to meet their child's needs. Please see Target 1 (above) for examples of specific training and technical assistance efforts.

PROJECTED TARGETS

1. Response percentages to family survey questions listed in the "Trends" Section will be at least maintained.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

Target 1: Response percentages to family survey questions listed in the "Trends" Section will be at least maintained.

- Conduct evaluation/needs assessment with local councils and participating agencies/providers in order to plan and implement effective, continued training and support for implementation of individualized supports and services in the context of daily routines, activities and settings
- Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services
- Support localities to continue to use the quarterly record review process begun in 2003 to monitor their compliance with this target
- Implement an orientation training module for all Part C providers, which will help ensure consistent understanding of Part C requirements and Virginia's Part C philosophy
- Continue Kaleidoscope Service Coordination Training/Expand Service Coordination Training to include Level I and Level II

- Continue to infuse concepts of family-centered supports and services into all training and technical assistance developed and implemented (e.g. Annual Virginia Early Intervention Conference, Materials developed through the Autism Initiative, etc.)
- Continue to support the Family Involvement Project, which employs a State Part C Family Representative to serve on state-level Part C planning groups, support families who are participating on local councils, and assist with Part C family advocacy efforts.

PROJECTED TIMELINES AND RESOURCES

Timelines: The above activities will be completed by March 31, 2005

Resources: Staff time, Integrated Training Collaborative, Family Involvement Project, Stakeholder input

**Infant & Toddler Connection of Virginia
2004 Annual Performance Report
Cluster Area: General Supervision**

STATE GOAL:

Virginia will maintain effective general supervision for compliance and data collection to ensure implementation of Part C of IDEA so that children with disabilities and their families have an opportunity to receive early intervention services in the natural environment.

PERFORMANCE INDICATORS

GS 1. General supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.) used by the Lead Agency identify and correct IDEA noncompliance in a timely manner.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- Since 1992, elements of the statewide system of accountability and monitoring for compliance with IDEA have included:
 - state level policies and procedures that ensure compliance with IDEA;
 - local policies and procedures that identify how localities implement state policies and procedures;
 - contractual arrangements for disseminating funds and ensuring accountability;
 - state level review of local policies and procedures, local interagency agreements, analysis of local child data, and review of local expenditures and use of funds;
 - a statewide technical assistance system designed to be responsive to local needs for ensuring improvement, accountability and compliance;
 - individual state agency procedures for monitoring local counterparts; and
 - a state level process for the nine state agencies participating in Part C to address issues and substantive local non-compliance.
- The Monitoring and Measurement Improvement System (MIMS), a statewide system of local monitoring designed to consistently monitor for compliance and facilitate continuous improvement, was implemented in Virginia beginning in 1999
 - The MIMS process is designed to clarify and facilitate the identification of non-compliance, implementation of continuous improvement, and subsequent implementation of consequences for persistent non-compliance when necessary. The Local Contract for Continuing Participation in Part C also identifies state and local responsibilities for identifying and addressing issues of substantial recurring non-compliance.
 - MIMS ensures that localities are monitored with sufficient frequency to ensure that non-compliance is identified and corrected in a timely and effective manner. Since Virginia's monitoring system is designed to incorporate modifications to improve procedures and instruments over time, frequency in monitoring localities can be increased or decreased as appropriate.
 - The MIMS process includes a self-assessment completed by the locality and a state review team process that includes a desk review, on-site record reviews, interviews with providers and families and an on-site visit to develop a Plan of Improvement.
 - The MIMS indicators and process are reviewed at least annually to ensure that they continue to meet state and local needs and reflect current IDEA, Part C regulations and state policies and procedures.

- A statewide Family Survey is disseminated to families on an ongoing basis in all 40 localities in Virginia. The Family Survey is integrated with the overall state monitoring system and is automated to provide immediate access to data for the State and localities.
- The following elements of Virginia's statewide monitoring system help to ensure timely correction of identified deficiencies:
 - Annual review of state level policies and procedures to ensure compliance with IDEA and to incorporate findings from OCR, OSEP, administrative complaints, and multiple other sources;
 - Annual review of the system with the Virginia Interagency Coordinating Council (VICC) and Early Intervention Interagency Management Team (EIIMT) to review progress on annual work plans and to develop priorities and work plans to address areas needing improvement;
 - State level review of local policies and procedures, local interagency agreements, analysis of local child data, and review of local expenditures and use of funds;
 - The use of contractual agreements to disseminate funds and ensure accountability and compliance with scope of work and deliverables;
 - A system of technical assistance to assist localities in addressing areas of need and improving local services;
 - Development of a technical assistance plan to address local deficiencies identified at the state level and to bring localities into compliance, with follow-up and status reports provided to the EIIMT;
 - The use of individual state agency procedures for monitoring local counterparts; and
 - A state level process for the nine state agencies participating in Part C to address issues and substantive local non-compliance.
- Virginia Part C Policies and Procedures specify that the lead agency, with the assistance of the VICC and other State agencies involved in Part C, enforces obligations of agencies, institutions, and organizations used by Virginia to carry out Part C. Every effort is made to ensure compliance through technical assistance and improvement plans. In the event that a contractor or a local council demonstrates a persistent unwillingness to address areas requiring improvement, funds can be withheld until the required improvements are addressed. Under these circumstances the Lead Agency is responsible for ensuring that services are made available to eligible children and their families. Overall, Virginia has not used enforcement actions since the resolution of identified deficiencies has always occurred through technical assistance.
- In certain circumstances, the Early Intervention Interagency Management Team (EIIMT) has made local site visits to address specific deficiencies, developed a technical assistance plan for the locality, and provided oversight and follow-up. Follow-up has been inconsistent with these sites.
- Two full-time staff members are responsible for assisting localities with completion of their self-assessment process and follow-up with plans of improvement for MIMS. One of these staff members is also responsible for handling any dispute resolution requests that come to the Part C office. Efforts to further delineate and clarify the role of Technical Assistance Consultant vs. the role of the two monitoring staff members continue.

TARGETS for January 1, 2003 - December 31, 2003

1. By December 31, 2003, all localities will have initiated their initial MIMS Self-Assessment.
2. Virginia will evaluate the effectiveness of MIMS through participation in a General Supervision Enhancement Grant.
3. The Lead Agency will respond and complete all necessary processes for dispute resolution requests in a timely manner.

TREND DATA:

MIMS

- In 1999, Virginia initiated a local monitoring mechanism using six (6) localities to pilot the instrument. Localities were chosen to reflect urban vs. rural, single provider vs. multi-providers as well as large vs. small early intervention systems.
- The Part C office extended an invitation to localities to participate in the 2000-2001 MIMS self-assessment. Nineteen (19) localities responded.
- In July 2001, the remaining 15 localities received the MIMS self-assessment training. Three sites withdrew from this round due to systemic issues such as change in fiscal agents, which required a rebuilding of the local early intervention system and Council Coordinator turnover.
- From October through December 2003, the original pilot sites and the three localities who withdrew from the 2001 MIMS round, received training on the MIMS self-assessment process, analysis and use of data to respond to the MIMS indicators, indicators and tools to assist in collecting data.
- The following represents the number of localities participating in the MIMS Self-Assessment process over time:

	1999	2000*	2001*	2003
No. Councils Participating in MIMS	6 pilots	19	12	9 (6 pilots + 3)

* Throughout this report, data will be reported on 17 of the 19 sites that participated in the 2000 cycle. 2/19 sites are not included in the data due to technical difficulties in entering data into the database. One site from 2001 has not submitted their data for analysis.

Plans of Improvement

- Historically, localities have provided the Part C office with an annual Progress Report to reflect accomplishments, challenges, and strategies to address these challenges as well as new activities to be addressed in the upcoming year. With the advent of MIMS, Virginia has strived to use the Plan of Improvement as one mechanism to assist localities in addressing targets outlined in the Progress Report.
- In recent Contracts for Continued Participation, the local Plans of Improvement have been incorporated as part of the deliverables to be completed by localities.. Minimal follow-up was provided to localities that participated in the 2000 cycle of MIMS. During the 2001 cycle of MIMS, as part of the final completion of the Plan of Improvement and summary report submitted to localities following the SRT on-site visit, a follow-up plan is agreed upon.

Evaluation of MIMS

- Following completion of the pilot sites self-assessment and the 2000 cycle, Old Dominion University (ODU) conducted a focus group with participants from each of the participating sites. The focus group was designed to obtain information about strengths and areas needing improvement with the MIMS self-assessment process. General feedback from the pilots sites included:
 - Participation in the process forced group to examine policies and practice
 - Increased awareness of compliance issues
 - Stimulated in-depth analysis of best practice
 - Time commitment and work load intense due to compressed schedule
 - Technical support tools not in place
 - Some indicators not well defined
 - Self-study approach empowered local review team and council
 - Quality improvements that resulted are difficult to measure.
 - Global and specific comments about recommended changes to the indicators and their rating system.
- General feedback from the focus group held for the participants in the 2000 MIMS cycle included:
 - Self-assessment process helped localities to identify major issues to address; confirm issues already identified by locality.
 - Need to identify what data needs to be collected prior to the self-assessment process; keeping the request for data collection to what is necessary
 - Felt SRT visit was disconnected; not all members of the state review team skilled at the various tasks that needed to be accomplished

- Felt the SRT did not consider information from the local self-assessment, only information collected the day of the visit.
- Wanted Technical Assistance during the visit to assist with problem solving
- State Review Team reports not helpful
- During 2003, an evaluator from the Partnership for People with Disabilities conducted interviews with those Councils Coordinators participating in the 2001 cycle of MIMS as well as Technical Assistance and MIMS Consultant staff of the Part C office as part of Virginia's participation in the General Supervision Enhancement Grant. General feedback from this report included:
 - Localities expressed positive comments about the idea/concept of MIMS
 - Partnership between Part C and Councils strengthened
 - Some localities found using ITOTS data helpful although other localities are not using ITOTS to assist with program development and planning.
 - Logic Model used during the SRT process needs refining and localities need to gain a better understanding of the process prior to the SRT visit.
 - Better follow-up on plans of improvement needed.
 - Clearer delineation of the role of Technical Assistance and MIMS Consultants during the various phases of MIMS.
- The following information provides a look at types of issues localities identified as needing improvement on their local plans of improvement. Not all issues were identified as non-compliant but also include issues that localities felt continuous improvement was needed:

Issues Identified Requiring POI 2000	Issues Identified Requiring POI 2001
<ul style="list-style-type: none"> ● Use of Procedural Safeguards 	<ul style="list-style-type: none"> ● Documentation issues related to IFSP development, Procedural Safeguards, Client Contact Notes, etc
<ul style="list-style-type: none"> ● Transition planning including 90-transition conference 	<ul style="list-style-type: none"> ● Increasing return rate of the Family Survey
<ul style="list-style-type: none"> ● Writing outcomes 	<ul style="list-style-type: none"> ● Writing outcomes within the context of daily routines and activities
<ul style="list-style-type: none"> ● 45-day timeline and justifications 	<ul style="list-style-type: none"> ● Family Involvement
<ul style="list-style-type: none"> ● Service Provision in Natural Environments 	

MIMS Indicators

- Rating scales used to respond to the MIMS indicators have changed as a result of feedback from localities. During the 2001 cycle, several different rating scales were used compared to the yes/no responses from the 2000 cycle. Each indicator was examined to determine the appropriate rating scale. The rating scales included 1) yes/no responses, 2) Always True (100%), Often True (60-99%), Somewhat True (30-59%), Rarely True (1-29%) and Never (0%); 3) Many Agencies & Places of Business (10 or more), Some Agencies & Places of Business (4 – 9), Few Agencies & Places of Business (1 –3) No Agencies & Places of Business (0); and 4) Wide Variety (4 or more different methods), Some Variety (2-3 different methods) No Variety (0-1 method). This change allowed for localities to better quantify their responses with data.
- The following information provides a look at changes to the number of MIMS indicators as a result of feedback from the follow-up focus groups. It is important to note that while localities are not responding to deleted indicators, the Part C office is collecting the data to be shared with localities:

Policies and Procedures

- The following information was obtained through the MIMS Self-Assessment Process

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
Local Policies and Procedures, consistent with Virginia Policies and Procedures, have been developed and are available in writing	17/17 (100%) councils responded yes	12/12 (100%) localities responded yes

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Family Surveys

- o The following is a summary of local compliance with quarterly submission requirements for the Family Survey:

	No. of LICCs submitting information all 4 quarters	No. of LICCs submitting information 3/4 quarters	No. of LICCs submitting information 2/4 quarters	No. of LICCs submitting information all 1/4 quarters	No. of LICCs not submitting any surveys
2000*				18/40	22/40
2001	9/40	12/40	9/40	9/40	1/40
2002	4/40	9/40	9/40	10/40	8/40
2003**	5/40	11/40	6/40	5/40	13/40

* Distribution of the Family Survey began in Fall 2000; therefore, only data from one reporting period was available.

** Distribution of the “new” Family Survey began in Fall, 2003. Localities began entering this information into the secure website designed for the family surveys. Due to upgrades in Microsoft software, and the Family Survey Access Database not being compatible with many of the new software programs, many localities experienced technical difficulties with entering and reporting data in 2003. This was particularly true for Virginia’s largest locality. Reporting capabilities for the “new” Family Surveys were not available in 2003.

The following information was obtained through the MIMS Self-Assessment Process

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
The local early interventions system disseminates Family Surveys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvement efforts	17/17 (100%) councils responded yes	7/12 (58%) localites responded Always True 3/12 (25%) localities responded Often True 2/12 (17%) localites responded Sometimes True

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Technical Assistance

- Historically, Virginia has used technical assistance, written guidance tools (e.g. technical assistance documents, policy pages, resource linkages, etc.), and training to address identified needs and concerns identified by localities. In 2003, the Part C office reviewed all written Policy Pages and Technical Assistance Documents to determine current relevance and need for revision. This effort resulted in archiving and revising many documents. All 40 localities were provided with a notebook containing the current documents organized by topics. Each notebook has a Table of Contents that is revised to reflect additions of new guidance documents developed by the Part C office. When Technical Assistance documents or policy pages are disseminated to the localites, an updated Table of Contents is provided.

- The following provides information on number and content of Technical Assistance documents disseminated to localities:

Number of Technical Assistance Documents Disseminated to Localities			
2000	2001	2002	2003
1	3	8	5
Document Titles			
Family-Centered Early Intervention Within the Context of Daily Activities and Routines for Children and Their Families: Development of the IFSP	Natural Environments & IFSP: Q&A <i>Federal requirements for transition referral</i> <i>Clarification of Federal requirements for screening and identification.</i>	Guidance materials on: Virginia's Part C ICDF IFSP Guidance Part C Evaluation and Assessment: Q&A Procedural Safeguard: Commonly Asked Questions and their Answers Implementation of Procedural Safeguards As a Child and Family enter, Participate In and Exit ITCV Strengthening Partnerships: A Guide to Family Safeguards in the ITCV Part C EI system Notice of Child and Family Safeguards in the ITCV EI System Part C Ability to Pay Practices	Guidance on Contents of Local Interagency Agreements and Contracts Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places Policy Clarification and TA on the Implementation of Requirements for Vision and Hearing Components of the Part C Evaluation and Assessment Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places: Executive Summary Early Childhood Transition From Part C Early Intervention to Part B Special Education and Other Services For Young Children with Disabilities

Local Contract for Continued Participation

- Annually, the Part C office disseminates to the 40 LICCs a contract for continued participation outlining deliverables the LICC and fiscal agent must do in order to receive their federal allocation. Signature on the contract indicates that localities agree to comply with the deliverables. Historically, Virginia has used Technical Assistance (rather than sanctions) to address issues of non-compliance.
- The following are 4 deliverables outlined in the local contract:

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
Local interagency agreements, consistent with Virginia Policies and Procedures, have been developed and are available in writing.	17/17 (100%) councils responded yes	10/12 (83%) localities responded Always True 2/12 (17%) localities responded Often True

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
Local contracts, as well as local interagency agreements and/or local memoranda of understanding, are used by local fiscal agents/intermediaries on behalf of the local EI system to ensure that all local participating agencies/providers agree to provide EI services in accordance with Part C	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Dispute Resolution

- During 2003, Virginia received its first request for Due Process. This request was withdrawn and the family re-filed the request for dispute resolution as an Administrative Complaint. See GS II for more information.
- The following represents the formal requests for dispute resolution that Virginia has received:

	Ninber of Administrative Complaints*	Number of requests for Mediation	Number of requests for Due Process*
2002	3 (all withdrawn)	1	
2003	3 (2 withdrawn)		1 (withdrawn)

* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

EXPLANATION PROGRESS OR SLIPPAGE

MIMS

- The Part C office has continuously made efforts to assist localities to use available data resources to make data-driven decisions. Various tools have been developed and training on Virginia's Infant Toddler Online Tracking System (ITOTS) has increased localities use of data to enhance child and family outcomes and develop data based Plans of Improvement. The involvement of the MIMS Consultants during the local self-assessment process has increased. Two (2) MIMS Consultants were hired in October 2000 and were not available to assist localities during the 1999 and 2000 self-assessment cycles. During the 2001 self-assessment cycle, the MIMS Consultants were available to assist localities during all aspects of the local self-assessment process. Localities varied in using the MIMS Consultants ranging from phone consultations to face-to-face contact. During the 2003, the MIMS Consultants will be working closely with localities particularly in the analysis and use of various data sources to provide data driven responses to the MIMS indicators. To address issues identified by localities about the composition and experience of SRT members, changes were made for the SRT conducted for the MIMS 2001 sites. As a result of these changes, the SRT composition has become stable allowing for more focused training and guidance to team members and localities. The SRT uses providers from localities outside the region they work in to assist in phone interviews with other providers and service coordinators. The Family Involvement Project at ARC Virginia interviews family members. The MIMS and Technical Assistance

Consultants conduct desk and record reviews. This has allowed for a greater shared understanding of data collected and its analysis.

- Follow-up with MIMS Plans of Improvement is an area needing improvement. For localities participating in the 2001 cycle, follow-up schedules on Plans of Improvement have been arranged with localities.
- Changes in the rating scale used to respond to MIMS indicators provides localities with opportunities to use their data to obtain more meaningful information. Even though ranges within the responses may be large, localities are able to breakdown their data in order to determine level of compliance.
- Training on data collection, data analysis/interpretation and use of data was provided at all MIMS Self-Assessment Trainings provided in 2003, at regional meetings throughout 2003 and at the Early Intervention Conference held in November 2003. Training included reviewing, understanding and using ITOTS (Infant and Toddler On-Line Tracking System) data to answer MIMS indicators and use of data for program planning and development.
- During the 2001 MIMS cycle, the "Logic Model" was introduced as a mechanism to assist localities to develop data-driven Plans of Improvements that enhance child and family outcomes. Information from the local self-assessment and SRT Desk Review, record reviews and interviews are sorted into Virginia's Logic Model categories (Local Systems Structures, Personnel, Implementation and Child and Family Outcomes). During the actual SRT on-site visit, the Logic Model (Grid Analysis) is provided to the local Council. The MIMS Consultants guide the council through a review and analysis of the information to develop summary statements. From the summary statements, systemic issues are identified and an outline for a Plan of Improvement is developed
- Virginia has implemented an automated Family Survey to assist localities in entering data. Since the survey is now web based, localities are able to input information received from family surveys at any time. Localities report difficulty getting family surveys returned from families. Many localities rely on families to return surveys via US Postal service. Some localities have been able to hire staff to either follow-up with return of the surveys or conduct phone or face-to-face interviews with families. Due to limited resources, not all localities are able to do this. A family portal feature is being developed as one mechanism to increase return rate of family surveys. Families with computer access will be able to enter their information into a secure site.
- The Part C office has consistently relied on feedback from the focus groups and the GSEG evaluation to enhance the MIMS Self-Assessment Process. Since its inception, MIMS has undergone significant changes that have encouraged localities to make data-based decisions to enhance child and family outcomes. Virginia feels that the MIMS process is continually improving.

Technical Assistance

- Since 2000, Virginia has generated 17 Technical Assistance documents to assist localities in understanding federal regulations and requirements. Technical Assistance documents are reviewed at Regional Meetings with Council Coordinators. Localities implement appropriate changes to achieve compliance with these regulations and requirements. Technical Assistance documents and Policy Pages will continue to be generated as appropriate.

Contract for Continuous Participation

- Virginia is currently looking at Infrastructure model alternatives that will address a variety of issues including the issue of local contract authority.
- With the reduction of MIMS indicators in the 2003 cycle, the MIMS Consultants will be gathering the data on those indicators that were deleted. Several deliverables outlined in the Contract for Continuous Participation were eliminated. Discussion about various mechanisms that can be used to monitor compliance with the contract deliverables is underway.

Dispute Resolution

- Virginia has consistently resolved all disputes within designated timelines. Refer to GS II for more information.
- Development of the statewide Procedural Safeguard forms, 2 Technical Assistance Documents, training and a record review checklist has significantly increased appropriate use of Procedural Safeguards. In MIMS 2000, 9/19 localities identified this as an area needing improvement. This decreased to 3/12 localities in 2001. One issue identified in the Administrative Complaint filed in 2003 was the family was not provided their rights and given informed consent. Presence of documentation showing the family signature assisted in identifying this issue as unfounded.

PROJECTED TARGETS For January 1, 2004 – December 31, 2004

1. Review final report from GSEG evaluation of the MIMS process. Identify targets to be addressed and plan for implementation. Include reviewing and revising the MIMS indicator rating scale as appropriate.
2. Develop a Plan of Improvement to ensure that adequate follow-up by the Part C office yields resolution of noncompliance issues in one year by August 1, 2004.
3. Develop a Plan of Improvement to address increased submission of Family Surveys by localities by August 1, 2004.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

1. Reconvene CIMP committee (to be re-named at later date). Revise and restructure the function and organization of this group to include assisting and advising the Lead Agency in changes in the MIMS process, statewide improvement planning and statewide continuous quality improvement.
2. Develop internal database to track compliance with contract deliverables and local issues of noncompliance.
3. Identify localities that have consistently not submitted Family Surveys. Provide Technical Assistance to assist in determining appropriate strategies to increase Family Survey returns.

PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004

1. The Part C office will be addressing the above targets throughout 2004 with anticipated completion by December 31, 2004.
2. Resources will include, but not limited to: NECTEC, Partnership for People with Disabilities, Old Dominion University, GSEG, Staff Time and OSEP.

PERFORMANCE INDICATOR

GS II. Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- See Baseline data for GS I.
- Virginia has consistently met timelines for resolving complaints. All complaint investigations have been initiated within 10 days and decisions were provided to all parties within 60 days.
- The state strongly emphasizes resolving complaints informally and in a timely manner. The Family Representatives and Technical Assistance Consultants are instrumental in this process. As of 2000, there had been 4 administrative complaints in Virginia and no requests for mediation or due process hearing.
- As of 2000, all 4 Part C administrative complaints had been investigated within required timelines and corrective action plans were developed in accordance with the timelines specified in the findings report.
- As of 2000, each locality involved in an administrative complaint had provided a status report to the state on the implementation of the corrective action plan.

TARGETS for January 1, 2003 - December 31, 2003

1. Virginia will identify issues of noncompliance or areas needing improvement as outlined in local Plans of Improvement and develop a plan (to include Technical Assistance, tools, etc.) to address the issues.
2. Annually, Virginia will review requests for dispute resolution with issues of non compliance or areas needing assistance from the MIMS process and determine and provide strategies and adequate follow-up to ensure compliance in one year.

TREND DATA:

- See information presented in the Trend Data Section of GSI.
- Issues identified in the formal requests for dispute resolution have been:

Issues	No. of Requests for Dispute Resolution and Findings
Lack of funding for provision of EI services	1 (Complaint withdrawn)
Services not provided in the Natural Environments	3 (Complaints withdrawn)
Lack of service providers	2 (Complaints withdrawn)
IFSP not developed within 45-day timeline	1 (Complaint withdrawn)
Delayed transition from home health into EI services and consequences resulting from this delay	1 (Complaint withdrawn)
Insurance billed for evaluation	1 (Complaint founded)
Failure to inform family of rights and obtain informed consent; therefore, billing for EI services provided within specified period of time should not have occurred.	1 (Complaint unfounded)
Frequency of service provision	1 (Mediated increased frequency of services for specified period of time)

- As a result of the Administrative Complaint investigated in 2003, the lead agency made modifications to the record review checklist that is used during the MIMS process and localities use during quarterly review. The most significant modification was inclusion of utilization review information.
- The following information is provided from the MIMS self-assessment process:

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
The local EI system submits all required data to the lead agency according to a predetermined schedule.	15/17 (88%) councils responded yes	10/12 (83%) localities responded Always True 2/12 (17%) localities responded Often True
The local EI system disseminates Family Surveys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvements efforts.	15/17 (88%) localities responded yes	7/12 (58%) localities responded Always True 3/12 (25%) localities responded Often True 3/12 (17%) localities responded Sometimes True
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

EXPLANATION PROGRESS OR SLIPPAGE

- Virginia has consistently met timelines for resolving complaints. Administrative complaint investigations are initiated within 10 days and decisions are provided to all parties within 60 days.
- Solutions Consulting Group, LLC was commissioned by Old Dominion University, through a contract with the Lead Agency, to conduct a study of Virginia’s early intervention system. The purpose and design of the cost study is to understand the total cost of Virginia’s Part C Early Intervention System. Subsequently, the information will be used to estimate the cost of full implementation and includes answering the question of “how many children should be served given Virginia’s definition of eligibility”. This second activity will include a demographic analysis using variables consistent with Virginia’s eligibility definition.
- Virginia identifies systemic issues of non-compliance and areas needing improvement through varied activities/tasks in the MIMS self-assessment and SRT process and determines mechanisms to assist localities in remediation. Based on information collected through MIMS 2000 and 2001, the following efforts were made to assist in remediation:

Issues of Non-Compliance and Areas Needing Improvement 2000-2003	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
Service Provision in Natural Environment	<ul style="list-style-type: none"> • Developed <u>Natural Environments & IFSP: Q&A</u> Technical Assistance Document • Developed <u>Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places</u> Technical Assistance Document • Phase I and Phase II training from the National Significance Grant • Technical Assistance at Regional Meetings • Local Council training • Presentation and open discussion with national consultant • Development of Chart outlining Federal language, state language and OSEP policy pages 	<ul style="list-style-type: none"> • Localities have begun to institute at least quarterly record reviews and are able to monitor this as appropriate. • Administrators have begun to understand that Natural Environments is not a “negotiable” issue; particularly as financial resources dwindle. • Localities are requesting additional training on enhancing their development of outcomes. Through MIMS SRT record reviews, reviewers have seen an increase in how outcomes are written over time. Outcomes are more functional, contextualized, measurable as well as relating to the family’s priorities, concerns and resources. • See Indicator CE IV
90-day transition planning	<ul style="list-style-type: none"> • Developed <i>Federal requirements for transition referral</i> Policy Page • Collaboratively developed <u>Early Childhood Transition From Part C Early Intervention to Part B Special Education and Other Services</u> with Part B • Collaborative presentation with Part B on transition issues during the 2003 EI conference • Training at regional meetings 	<ul style="list-style-type: none"> • Localities have begun to institute at least quarterly record reviews and are able to monitor this as appropriate. • See Indicator CT I

Issues of Non-Compliance and Areas Needing Improvement 2000-2003	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
Documentation of appropriate justification why IFSP's developed beyond 45-day timeline	<ul style="list-style-type: none"> • Local/Regional Direct Services Committee of the VICC developed a listing of explanations to be included into ITOTS system • In 2003, information added to ITOTS data collection capability and reporting functions made available for localities • Provided Technical Assistance at Regional Meetings on explanations and use of ITOTS • Provided training at 2003 EI Conference on use of ITOTS for data management 	<ul style="list-style-type: none"> • Lead agency and localities have been using the ITOTS reporting functions to assist in determining compliance • Localities have begun to institute at least quarterly record reviews and are able to monitor this as appropriate. • See indicator CE I
Use of procedural safeguards	<ul style="list-style-type: none"> • Developed statewide procedural safeguard forms • Developed <u>Procedural Safeguard: Commonly Asked Questions and their Answers</u> Technical Assistance Document • Developed <u>Implementation of Procedural Safeguards As a Child and Family enter, Participate In and Exit ITCV</u> Technical Assistance Document • Developed chart review checklist identifying the various points during a family's involvement in EI that Procedural Safeguard forms should be used. • Technical Assistance at regional meetings • Training to all providers across state and to specific localities upon request • Developed 'homemade' video of a Service Coordinator and family from entry through transition and how Procedural Safeguard forms and rights documents are to be used. 	<ul style="list-style-type: none"> • Use of statewide forms; ITCV maintaining record of requests for additional forms. • Localities have begun to institute at least quarterly record reviews and are able to monitor appropriate use of the forms through this mechanism. • Record Reviews through MIMS and SRT process shows greater compliance with appropriate use of Procedural Safeguard forms.

Issues of Non-Compliance and Areas Needing Improvement 2000-2003	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
<p>Developing outcomes in everyday routines, activities and places</p>	<ul style="list-style-type: none"> • <u>Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places</u> • Phase I and Phase II training from the National Significance Grant • Training at Regional Meetings • Local Council training • Development of sample IFSP outcomes • Developed Record Review Checklist 	<ul style="list-style-type: none"> • Localities have begun to look at their system from the point of referral (including revision of intake forms that will capture the family’s daily routines, activities, etc.) through service delivery and moving toward a primary service provider model to assure provision of services to meet the functional outcomes identified by the family. • Localities have begun to institute at least quarterly record reviews and are able to monitor the above as appropriate. • Increased requests from localities to provide training to providers • Additional training to be based on needs assessment conducted following Phase II in Spring 2004. • Localities requesting “sample” outcomes based on everyday routines, activities and places that meet the spirit of the law as well as insurance reimbursement requirements. • See Indicator CE III • Development of a family and provider information sheet by one locality which is used by providers with all families within that locality. This information sheet has been adapted by other councils to meet their unique needs.
<p>Increasing return rate for Family Survey</p>	<ul style="list-style-type: none"> • Reduced the number of questions on family survey • Development of “family portal” to web-based Family Survey • Develop Plan of Improvement to be submitted to OSEP by August 1, 2004 	<ul style="list-style-type: none"> • The “new” Family Survey was not implemented until Fall, 2003. The family portal and reporting capabilities will not be available until Spring 2004. • Letter sent by Part C Coordinator to all localities asking for development of a plan that will increase return rate for family surveys.

PROJECTED TARGETS For January 1, 2004 – December 31, 2004

1. Develop Plan of Improvement related to increasing family return rate of family surveys to OSEP by August 1, 2004.
2. Develop a Plan of Improvement to ensure that adequate follow-up by the Part C office yields resolution of noncompliance issues in one year by August 1, 2004.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

1. See GS I for Future Activities

PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004

1. The Part C office will be addressing the above targets throughout 2004 with anticipated completion by December 31, 2004.
2. Resources will include, but not limited to: NECTEC, Partnership for People with Disabilities, Old Dominion University, GSEG, Staff Time and OSEP.

PERFORMANCE INDICATOR

GS III. Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.

BASELINE DATA

This information was gathered as part of Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process)

- Virginia has consistently met timelines for resolving complaints. All complaint investigations have been initiated within 10 days and decisions were provided to all parties within 60 days.
- The state strongly emphasizes resolving complaints informally and in a timely manner. The Family Representatives and Technical Assistance Consultants are instrumental in this process. As of 2000, there had been 4 administrative complaints in Virginia and no requests for mediation or due process hearing.
- As of 2000, all 4 Part C administrative complaints had been investigated within required timelines and corrective action plans were developed in accordance with the timelines specified in the findings report.
- As of 2000, each locality involved in an administrative complaint had provided a status report to the state on the implementation of the corrective action plan.
- One full-time staff member is available to assist in follow-up with sites involved in administrative complaints to ensure the timely implementation of corrective action plans.
- See Table 2 for updated information on administrative complaints, mediation and due process hearings in Virginia.

TREND DATA

- Please refer to Trend Data in GS I
- Please refer to Trend Data in GS II
- The following information was obtained through the MIMS Self-Assessment Process:

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
If a dispute between two agencies is unable to be resolved within 90 days, a written request to resolve the dispute is made to the lead agency	17/17 (100%) councils responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

- The following information was obtained through Family Survey Information:

Family Survey I Question	2001 N = 750	2002 N = 767	2003 N = 531
I know my legal rights and protections under the EI law (like what to do if I don't agree with a decision made about my child's EI services)	5.4/6.0 (90%)	5.5/6.0 (92%)	5.6/6.0 (93%)
I was given a copy of <u>Commonwealth of Virginia Notice of Child and Family Rights in the Virginia Babies Can't Wait! Early Intervention System</u> and <u>Strengthening Partnerships: A Guide to Family Rights in the Virginia Early Intervention System</u>	95% Yes	94% Yes	96% Yes

- The following information represents Virginia's compliance with dispute resolution timelines:

Type of Dispute Resolution Request	2002		2003	
	Date Received	Date Resolved*	Date Received	Date Resolved*
AC05	3/19/02	3/29/02 (withdrawn)		
AC06	3/20/02	4/01/02 (withdrawn)		
AC07	3/20/02	4/01/02 (withdrawn)		
AC08			1/27/03	2/4/03 (withdrawn)
AC09			2/7/03	2/14/03 (withdrawn)
AC10			5/13/03	7/10/03
M01			7/29/03	8/6/03
DP01			5/13/03	5/24/03 (withdrawn and refiled as an Administrative Complaint)

* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

EXPLANATION OF PROGRESS OR SLIPPAGE

- Virginia has consistently responded to dispute resolution requests within the required timelines and will continue to do so through monitoring timelines, use of the Dispute Resolution Logbook and documentation disseminated to parties involved in the dispute.
- A Dispute Resolution Handbook is being developed to assist localities and family members in understanding the processes, roles and responsibilities of all parties and timelines for each option of dispute resolution.
- Virginia has revised its family survey. In the new survey, pictures of the rights document and its companion document cover sheets are included to assist family members in their understanding of the document titles and whether they received the documents.

PROJECTED TARGETS For January 1, 2004 – December 31, 2004

- Develop, disseminate and train families and localities on information in the Dispute Resolution Handbook.
- Continue to meet timelines on requests for dispute resolution.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

1. Develop training module (in collaboration with the Family Involvement Project) to be used with localities and families to introduce Dispute Resolution
2. Work with ODU to determine if content of Administrative Complaints, Mediation and Due Process can be integrated into ITOTS or MIMS.

PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004

1. The Part C office will be addressing the above targets throughout 2004 with anticipated completion by December 31, 2004.
2. Resources will include, but not limited to: National Consultants, Staff Time and OSEP.

PERFORMANCE INDICATOR

GS IV. There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

BASELINE DATA

This information was gathered as part of Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process)

- Ongoing training is provided by the Part C technical assistance consultants, and other state and regional training events have focused on financing for Part C services; IFSPs; natural environments; service coordination competencies; cultural sensitivity and competence; and physician involvement.
- Virginia Part C Policies and Procedures require that Part C providers complete a self-assessment (Indicators of Recommended Practice) of training needs and participate in at least 2 training events each year to address the area(s) of self-determined need. MIMS 2000 data indicated that 75% of MIMS sites were meeting the requirement for collecting the self-assessment of provider training needs and using this information to develop local training plans. In 2000, 88% of MIMS sites reported that all personnel working with eligible children and families participated in at least 4 training events during the previous 2 years.
- In 1999, the Early Intervention Assistant was added to Virginia’s Part C personnel standards to provide the opportunity for a paraprofessional to be employed and to attain the knowledge, skills and abilities to meet the competencies to be recognized as an Early Intervention Assistant.
- Information from the state self-assessment completed in 2000 indicated a need for increased coordination and consistency of training available and for better integration of cultural diversity concepts into all training.
- In 2000, the lead agency contracted with Partnership for People with Disabilities at Virginia Commonwealth University to develop competencies for service coordinators and to develop and implement a training curriculum based on those competencies to support consistently well-trained early intervention providers.

TREND DATA

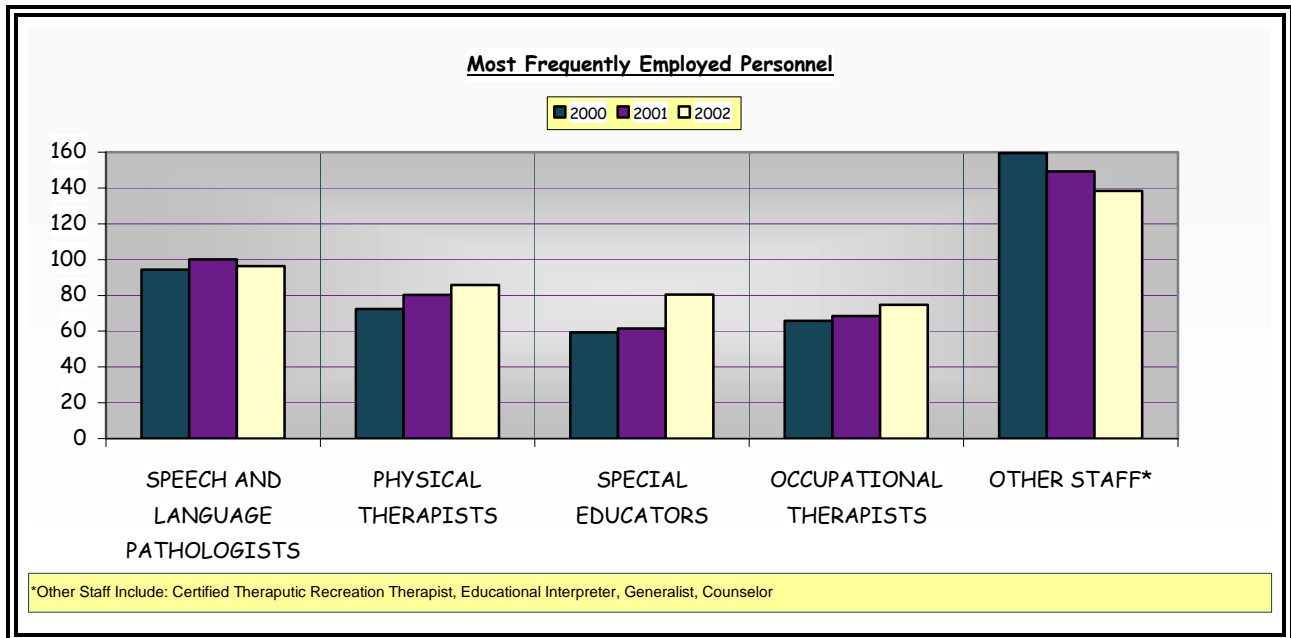
- The following information was obtained through the MIMS Self-Assessment process:

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
All personnel working with eligible infants and toddlers and their families meet the state standards for qualified personnel	11/17 (65%) councils responded yes	8/12 (67%) localities responded Always True 3/12 (25%) localities responded Often True

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True
There are enough qualified personnel in the local Part C system to conduct evaluations and assessments for all eligible children and families.		7/12 (58%) localities responded yes 5/12 (42%) localities responded No
There are enough service coordinators and service providers within the local Part C system to meet the needs of all eligible children and their families.		7/12 (58%) localities responded yes 5/12 (42%) localities responded no
There is increased local coordination of efforts for child find, evaluation and service provision		5/12 (42%) localities responded Increased by 25% or more 2/12 (17%) localities responded by 10-24% 3/12 (25%) localities responded Increased by 1-9%.

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

- Record reviews conducted during the SRT process for the MIMS 2000 cycle revealed that 65/69 (94%) had identified a permanent Service Coordinator for families receiving early intervention services. During the MIMS 2001 cycle, 71/75 (95%) records had documentation to indicate that a permanent Service Coordinator was assigned to families receiving early intervention services.



- In 2002, 83 Service Coordinators attended the Kaleidoscope Level I training. In 2003, approximately 40 Service Coordinators were trained through this module.
- A new Council Coordinator Orientation module was designed for Council Coordinators employed in their positions for less than 6 months. The first training provided included 13 Council Coordinators who had been in their position less than one year.
- In November 2002, the First Early Intervention Conference (Creating Connections: Celebrating Early Intervention in Virginia) was held. Approximately 250 participants attended. The conference offered 35-40 presenters. In November 2003, Creating Connections: Celebrate the Journey was held. Approximately 340 registrants, speakers and guests participated. The conference included 35 concurrent sessions, two keynote presentations, a council coordinators round table discussion session and parent, provider and council coordinator socials.

EXPLANATION PROGRESS OR SLIPPAGE

1. Virginia’s efforts to revise the Indicators of Recommended Practice have been ongoing. The Integrated Training Collaborative developed “The Necessary Knowledge and Skills Chart” and presented this to and received approval from the Virginia Interagency Coordinating Council in December 2002. This chart represents basic core skills that **all** Part C providers must have as well as those skills specific to the role of Service Coordinator and Early Intervention Assistant. Training modules are currently being developed and will also be available through web-based training. All trainings/conferences have an evaluation component analyzed by a Virginia Commonwealth University evaluator documenting evidence of practice.

Core Skills Needed to be a Part C Service Provider	Service Coordinator	Early Intervention Assistant
<p>Part C Knowledge <u>Mechanism for Training:</u> Orientation Module:</p>	<p>Part C Knowledge <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level II</p>	<p>Part C Knowledge <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level I</p>
<p>Knowledge of Family Centered Practices <u>Mechanism for Training:</u> Orientation Model</p>	<p>Knowledge of Family Centered Practices <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level I</p>	<p>Knowledge of Family Centered Practices <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level I</p>
<p>Effective Communication/Collaboration Skills <u>Mechanism for Training:</u> Orientation Module</p> <p><u>Mechanism:</u> Documentation of appropriate Part C training related to discipline or Part C system and submitted to LICC Coordinator 1x/calendar year</p>	<p>Effective Communication/Collaboration Skills <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level II</p>	<p>Effective Communication/Collaboration Skills <u>Mechanism for Training:</u> Orientation Module Additional training to include: Kaleidoscope Level I</p>
<p>Cultural Competence <u>Mechanism for training:</u> Orientation Module</p>	<p>Cultural Competence Mechanism for training: Orientation Module</p>	<p>Cultural Competence Mechanism for training: Orientation Module Additional training to include: Kaleidoscope Level I</p>

Core Skills Needed to be a Part C Service Provider	Service Coordinator	Early Intervention Assistant
Knowledge of Financial/Ability to Pay Requirements Mechanism for Training: Orientation Module	Knowledge of Financial/Ability to Pay Requirements Mechanism for Training: Orientation Module	Knowledge of Financial/Ability to Pay Requirements Mechanism for Training: Orientation Module
		Knowledge of Child Development Mechanism for Training: Child Development Module
		Knowledge of Disabilities Mechanism for Training: Disabilities Module

2. The Kaleidoscope I curriculum was revised during 2003. Two, three-day trainings occurred during 2003. Forty Service Coordinators attended these trainings.

PROJECTED TARGETS For January 1, 2004 – December 31, 2004

1. Complete all modules and competency tests needed to successfully implement the Knowledge and Skills Chart.
2. Modify module information for web-based application.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:

1. Develop and implement Child Development Module, Disabilities Module, Orientation Module and Kaleidoscope II.

PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004

1. The Part C office will be addressing the above targets throughout 2004 with anticipated completion by June 30, 2004.
2. Resources will include, but not limited to: Partnership for People with Disabilities, Old Dominion University, Staff Time and OSEP.

PERFORMANCE INDICATOR

GS V: Virginia has procedures and practices to ensure collection and reporting of accurate and timely data.

BASELINE DATA

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- Within the Contract for Continued Participation, information regarding the types of data and due dates that will be collected by the lead agency is outlined. This includes submission dates for the Family Survey, Expenditure Reports, Personnel Data, and MIMS self-assessment information.
- Historically, Virginia has collected data from the initial IFSP through the Individual Child Data Form (ICDF). Analysis of the following data elements were conducted by Research Division Rehabilitation Research and Training (RRTC) at Virginia Commonwealth University: Date of Birth, Date of Referral, County of Residence, Race, Gender, Date of IFSP, Referral Source, Eligibility Determination, At-Risk factors, Services identified at the initial IFSP meeting, name of Service Coordinator.
- From this information, RRTC generated 28 annual reports. When possible, statewide information as well as local information was provided. Examples of annual reports include: Active Children per Council by Age Children in specific Settings by Age, in Council Children receiving Services per Council by Month Services received by Setting Time from Referral to IFSP per Council Transition destinations
- In 2001, the responsibility for data analysis of information obtained through the ICDF was shifted to the Social Science Research Center at Old Dominion University with plans to establish a web-based data collection system. In May 2002 the Infant and Toddler On-Line Tracking System (ITOTS) was launched. Initially, the annual reporting information identified above was made available through the ITOTS system.

TREND DATA

- The following are 4 deliverables outlined in the Contract for Continued Participation:

MIMS Indicator	2000 MIMS	MIMS 2001 –2003 Sites
Local Policies and Procedures, consistent with Virginia Policies and Procedures, have been developed and are available in writing	17/17 (100%) councils responded yes	12/12 (100%) localities responded yes
The local EI system submits all requested data to the lead agency according to a predetermined schedule.	15/17 (88%) councils responded yes	10/12 (83%) localities responded Always True 2/12 (17%) localities responded Often True
The local EI system disseminates Family Sureys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvement efforts.	15/17 (88%) councils responded yes	7/12 (58%) localities responded Always True 3/12 (25%) localities responded Often True 2/12 (17%) localities responded Sometimes True
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency.	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	17/17 (100%) localities responded yes	11/12 (92%) localities responded Always True 1/12 (8%) localities responded Often True

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

- Since the conversion of the ICDF information to a web-based system, localities and the lead agency are able to review “real time” data, vs. annual data. Reporting functions have been expanded to include Custom Case Reports and Custom General Reports. Sample reports include: Custom Case Reports

and Custom General Reports:

- In 2003, the Virginia Department of Health, under its mandate that all infants receive a hearing screening after birth and referral to appropriate entities, worked in partnership with the lead agency to develop a Health Department linkage pilot using their data system (VISITS: Virginia Infant Screening and Infant Tracking System), with ITOTS for local early intervention systems to receive electronic referrals from VISITS to ITOTS.

ITOTS ID	Unique Child Code	City	DOB	Referred On
19264	HN7A	510 - Alexandria	28-JUN-01	10-OCT-03
19314	BI6A	093 - Isle of Wight	25-FEB-03	15-OCT-03
19345	PW9A	510 - Alexandria	22-JAN-01	15-OCT-03
19441	AA7A	510 - Alexandria	01-MAR-02	20-OCT-03
19633	JN5A	550 - Chesapeake	16-APR-02	27-OCT-03
2736	BR6A	510 - Alexandria	19-APR-01	27-OCT-03
18904	MR7A	550 - Chesapeake	25-MAY-03	03-NOV-03
19878	HR8A	710 - Norfolk	17-JUN-03	03-NOV-03
19880	BT6A	740 - Portsmouth	02-AUG-03	03-NOV-03
19896	BR6A	510 - Alexandria	17-JUN-03	03-NOV-03
19911	BC7A	510 - Alexandria	28-JUL-01	04-NOV-03
18848	GR9A	001 - Accomack	04-SEP-03	05-NOV-03
19965	CN7A	510 - Alexandria	02-MAR-01	05-NOV-03
20009	RB9A	510 - Alexandria	31-AUG-01	06-NOV-03
18848	GR9A	001 - Accomack	04-SEP-03	11-NOV-03

- In Spring 2003, the lead agency initiated a collaborative effort with the Department of Medical Assistance Services (DMAS) to identify common data elements that would result in matches of Part C Medicaid eligible children for purposes of tracking encounter and utilization data for therapy and related medical services
- Virginia's discussions with the Department of Health and DMAS about the development of an interagency data system allows for a comprehensive system for continuously tracking individual children. The data system could include system-wide inputs and processes, child and family outcomes, indicators for early identification of infants and toddlers, and indicators and shared sources

EXPLANATION OF PROGRESS/SLIPPAGE

- Virginia has continued to improve the reporting capabilities of the ITOTS system to meet local and state needs. Training on data collection, data analysis/interpretation and use of data was provided at all MIMS Self-Assessment Trainings provided in 2003, at regional meetings throughout 2003 and at the Early Intervention Conference held in November 2003. Training included reviewing, understanding and using ITOTS (Infant and Toddler On-Line Tracking System) data to answer MIMS indicators and use of data for program planning and development.
- Virginia continues to have interagency discussions regarding shared data and reporting among to promote a comprehensive system for continuously tracking individual children. Such a data system could include system-wide inputs and processes, child and family outcomes, indicators for early identification of infants and toddlers, and indicators and shared sources

PROJECTED TARGETS For January 1, 2004 – December 31, 2004

1. Complete integration of MIMS into the ITOTS system
2. Assist Old Dominion University with the evaluation the pilot sites involved in VISITS
3. Maintain ITOTS system
4. Assist the Virginia Department of Health with the implementation and training of VISITS statewide
5. Continue discussions with DMAS about implementation of a integrated database.

PROJECTED TIMELINES AND RESOURCES For January 1, 2004 – December 31, 2004

1. The Part C office will be addressing the above targets throughout 2004 with anticipated completion by December 31, 2004.

2. Resources will include, but not limited to: Old Dominion University, Department of Health, DMAS, Department of Education and Staff Time.

**Infant & Toddler Connection of Virginia
2004 Annual Performance Report
Cluster Area: Early Childhood Transition**

STATE GOAL:

All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

PERFORMANCE INDICATOR

All children eligible for Part B receive the special education and related services they need by their third birthday.

BASELINE DATA:

This information was gathered as part of Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process)

- Virginia has developed and disseminated local, regional and statewide training and technical assistance as well as written technical assistance documents on transition
- The statewide IFSP form introduced in 2000 includes a transition planning page designed to ensure appropriate transition planning throughout the child's and family's involvement in the Part C system
- While public input in 2000 indicated that transition planning begins well ahead of the anticipated transition date, results from MIMS 2000 indicated that only 69% of MIMS sites convened a conference between the early intervention system, the family and the LEA at least 90 days prior to the child's eligibility
- Family survey 2000 results indicated the following:
 - 86% of respondents said their child continues to get services that were planned after leaving early intervention.
 - 72% of respondents said their move from early intervention to preschool services was easy for them.
- Virginia has no mechanism in place to measure statewide whether all children eligible under Part B receive special education and related services by their third birthday.

TARGETS for January 1, 2003- December 31, 2003

- No targets specific to this indicator were identified for this time period.

TREND DATA:

Family Survey Data – Following Services

	2001	2002	2003
% of respondents who said someone talked to their family about the different places where their child could get services after early intervention	88%	90%	88%
% of respondents who said someone was available to help their family know what to do (like filling out paperwork and going to meetings) to get services for their child after leaving early intervention.	88%	90%	90%
% of respondents who said their child continues to get services that were planned after leaving early intervention.	90%	90%	86%
% of respondents who said that the move from early intervention to preschool services was easy for them	88%	88%	86%

MIMS Data

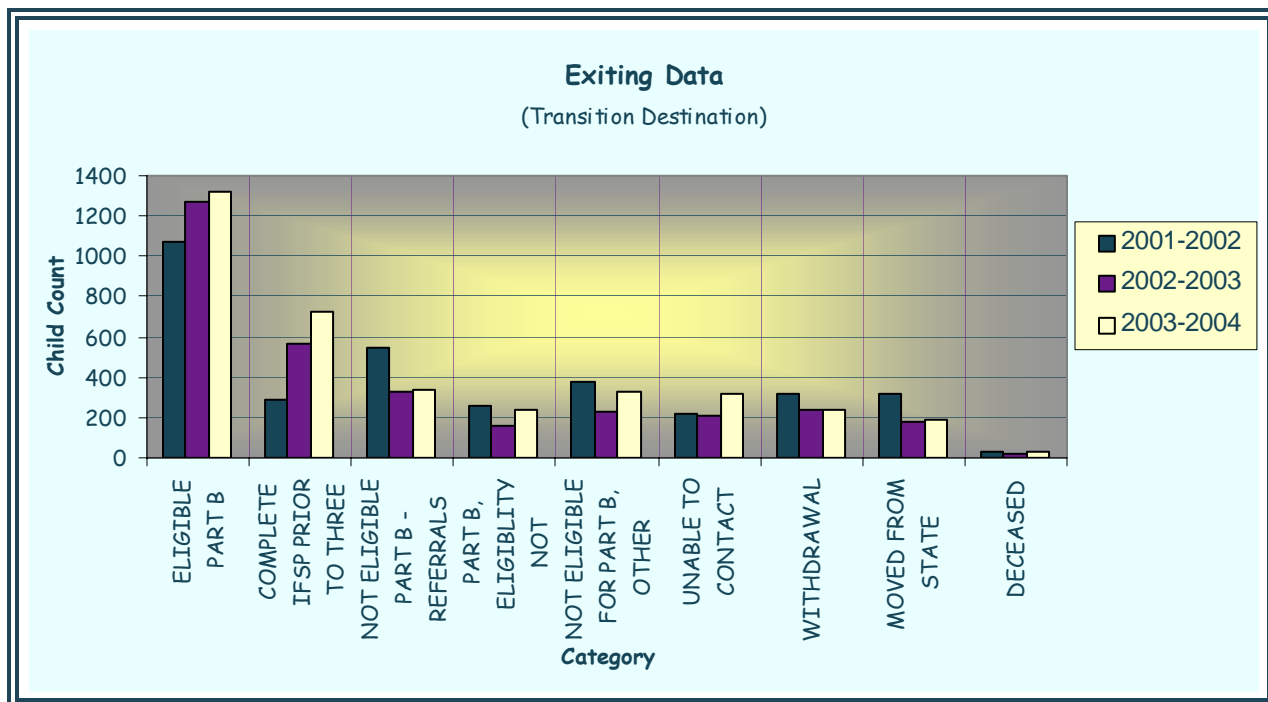
	MIMS 2000 Sites	MIMS 2001-2003 Sites
<p>The IFSP includes the steps to be taken, including timelines, to support the transition of the child, in accordance with Part C to –</p> <ul style="list-style-type: none"> • Preschool services under Part B of the Act, to the extent those services are appropriate; or • Other services that may be available, if appropriate. <p>The steps required include (1) discussions with, and training of, parents regarding future placements and other matters related to the child’s transition; (2) procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and (3) with parental consent, the transmission of information about the child to the local educational agency to ensure continuity of services, including evaluation and assessment information required under Part C and copies of IFSPs that have been developed and implemented.</p>	76% - yes	50% always true 25% often true 17% sometimes
IFSPs include a transition discussion throughout the child’s and family’s participation in the early intervention system	82% - yes	58% always true 33% often true 8% sometimes
With the parent’s permission, a conference is convened between the early intervention system, the family, and the LEA at least 90 days prior to the child’s eligibility	71% - yes	25% always true 33% often true 17% sometimes 25% never
Part B personnel are involved in transition planning for each child exiting Part C who is eligible for Part B	Not asked	75% always true 17% often true 8% rarely true
Transition activities include assistance to families in planning site visits to prospective programs and securing funding resources, if needed, for the child to participate in the desired program after age three	Not asked	58% always true 25% often true 17% sometimes
Trained individuals, including parents, provide transition planning	Not asked	67% always true 33% often true

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

Chart Review Data

	MIMS 2000 Sites	MIMS 2001-2003 Sites
% of charts in which IFSP includes transition planning	73%	83%
% of charts in which child’s record indicates that the 90-day transition planning conference has taken place	38%	18%

Note: the State Review Team as part of the MIMS on-site visit conducted Chart reviews



EXPLANATION OF PROGRESS OR SLIPPAGE

While the family survey results related to transition are very positive, MIMS and Chart Review data indicate that transition in general is an area needing improvement in Virginia. Data also indicate that there may be systemic non-compliance with the 90-day transition conference requirement. Anecdotal information gathered by the State Review Teams during on-site MIMS visits indicates that many localities believed a large group meeting of Part C staff, Part B staff and all families transitioning to Part B in that locality would suffice as the 90-day conference. This information suggests that non-compliance with the 90-day conference requirement may be largely due to misinterpretation of what is required. In order to begin addressing this and other transition planning issues, Virginia made the following efforts in 2003:

- The Annual Virginia Early Intervention Conference (November 2003) included a session on transition, which was jointly presented by state Part C and Part B staff
- An extensive technical assistance document, *Early Childhood Transition from Part C Early Intervention to Part B Special Education and Other Services for Young Children with Disabilities*, was jointly developed by Part C and Part B staff and disseminated to the field in November 2003.
- Any MIMS site not providing a 90-day conference for families transitioning to Part B, on a consistent basis, is expected to address this issue in their local plan of improvement.
- Localities began implementing an at least quarterly records review process using a checklist provided by the Virginia Part C Office. This checklist prompts the locality to check each IFSP to ensure that transition planning activities are included and each chart to be sure the 90-day conference has taken place when appropriate.
- Technical assistance was provided on a local and regional basis, as needed.

Virginia has no mechanism in place to specifically measure statewide whether all children eligible under Part B actually receive special education and related services by their third birthday.

PROJECTED TARGETS

1. All local councils will demonstrate compliance with the 90-day transition conference requirement.
2. A mechanism will be developed and implemented to determine whether children transitioning to Part B actually begin receiving special education and related services by their third birthday.
3. An increased percentage of local councils will respond “always true” for the MIMS indicators listed in the Trend Data section above.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

1. A Plan of Improvement, with specific activities and timelines, will be developed to address all projected targets related to transition and will be submitted to OSEP no later than August 1, 2004.
2. One activity already planned for 2004 is that state Part B staff will be doing training with all LEAs about Part B requirements associated with children transitioning from Part C to Part B.

PROJECTED TIMELINES AND RESOURCES

Timelines: Timelines will be identified within the Plan of Improvement

Resources: Part C Staff time, Integrated Training Collaborative, Part B staff time

PERFORMANCE INDICATOR

All children who are not eligible for services under Part B receive other appropriate services by their third birthday.

BASELINE DATA:

In addition to the baseline data provided in the previous transition performance indicator, this information was gathered as part of Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process)

- Results from MIMS 2000 indicated that, for children not eligible for services under Part B, 56% of MIMS sites convened a transition conference among the service coordinator, the family, and providers of other appropriate services that the child may receive.
- MIMS data and public input in 2000 indicated a lack of local resources for children exiting Part C and not eligible for Part B. It should be noted, however, that the number of children who transition out of Part C into schools/day care/Head Start has increased significantly.
- Virginia has no mechanism in place to measure statewide whether all children who are not eligible for services under Part B receive other appropriate services by their third birthday.

TARGETS for January 1, 2003- December 31, 2003

- No targets specific to this indicator were identified for this time period.

TREND DATA:

In addition to the trend data provided for the previous transition performance indicator, the following data is related to transitioning children who are not eligible for Part B services.

MIMS Data

	MIMS 2000 Sites	MIMS 2001–2003 Sites
In the case of a child who may not be eligible for Part B preschool, with the approval of the family, the early intervention system makes reasonable efforts to convene a conference among the service coordinator, the family, and providers of other appropriate services that the child may receive.	59% - yes	25% always true 33% often true 17% sometimes 8% rarely

	MIMS 2000 Sites	MIMS 2001– 2003 Sites
		8% never
The local system has available and uses an increased number of community-based options for children exiting Part C and not eligible for Part B	Not asked	8% had an increase of 25% or more 17% had an increase of 10-24% 42% had an increase of 1-9%

Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29% of the time); or never (0% of the time).

EXPLANATION OF PROGRESS OR SLIPPAGE

While the family survey results related to transition are very positive, MIMS and Chart Review data indicate that transition in general is an area needing improvement in Virginia. In order to begin addressing transition planning issues, Virginia made the following efforts in 2003:

- The Annual Virginia Early Intervention Conference (November 2003) included a session on transition, which was jointly presented by state Part C and Part B staff
- An extensive technical assistance document, *Early Childhood Transition from Part C Early Intervention to Part B Special Education and Other Services for Young Children with Disabilities*, was jointly developed by Part C and Part B staff and disseminated to the field in November 2003. This document also includes information for transition of children from Part C to other (non-Part B) services.
- Localities began implementing an at least quarterly records review process using a checklist provided by the Virginia Part C Office. This checklist prompts the locality to check each IFSP to ensure that transition planning activities are included
- Technical assistance was provided on a local and regional basis, as needed.

Virginia has no mechanism in place to specifically measure statewide whether all children who are not eligible under Part B actually receive other appropriate services by their third birthday.

PROJECTED TARGETS

1. A mechanism will be developed and implemented to determine whether children who are not eligible for services under Part B actually begin receiving other appropriate services by their third birthday.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

1. A Plan of Improvement, with specific activities and timelines, will be developed to address all projected targets related to transition and will be submitted to OSEP no later than August 1, 2004.

PROJECTED TIMELINES AND RESOURCES

Timelines: Timelines will be identified within the Plan of Improvement

Resources: Part C Staff time, Integrated Training Collaborative, Part B staff time