

# PUBLIC MEETING COMMENTS

## STATEWIDE SUMMARY

### **Question #1: Are there any barriers to the process of referring infants and toddlers to the Early Intervention (EI) system or in obtaining evaluations?**

#### Areas of Strength:

- The Part C system is easy to access (16P, 1U)
- Referral and evaluation process went smoothly (8P, 4X, 1A)
- Effective strategies to increase physician and health referrals are being implemented (4A, 3X, 1S, 1O)  
- including statewide physician training
- Good referrals from hospital, NICU (1A, 3X, 3P, 1O)
- Evaluations are completed in timely manner (5P, 2X)
- Number of referrals are increasing and are more appropriate (4X, 1A)
- Physician referrals are increasing (1O, 2X, 1A)
- The system is responsive to parent requests for evaluation (P)
- Good referral coordination between schools and EI (2A, 1S)
- Good referrals through the military (2P, 1X)
- Child count is increasing (2X, 1A)
- Have implemented variety of effective PA strategies at local level (2S, 1X)
- Evaluation was family-centered (2P)
- Word-of-mouth, informal public awareness effective (1A, 1S)
- Excited about new statewide public awareness campaign (2A)
- Physician training is well done (2A)
- Evaluation was family-centered (2P)
- There has been an increase in parent referrals (X)
- Children are being referred at a younger age (A)
- Families feel supported during referral and evaluation process (P)
- Effective system in place for receiving and processing referrals(S)
- New newborn hearing screening law has had positive impact on referrals (X)
- New mandated insurance coverage for EI has increased referrals (A)
- Central directory manager willing to visit local programs to share information (A)

#### Areas of Concern:

- Difficulty with physicians referring (16P, 5E, 10A, 9X, 3S, 2O) - wait and see attitude; insurance issues; don't know where to refer; want proof it works; misconceptions about what it is
- Insurance issues are a barrier to referral and evaluation (4A, 1S, 4E) - reimbursement affects timing of referral; authorization process causes delays; inadequate reimbursement, especially when evaluation is done in natural environment
- Shortage of qualified evaluators (3A, 3S, 1E, 2X)
- EI system is not well-known in the community; lack of name recognition (2A, 6P, 1U)
- Language barriers create difficulties for families seeking services (1P, 1O, 1A, 2X, 1S) - not enough materials in native languages; lack of evaluations in native languages
- There are delays in completing evaluations (2A, 1P, 1X) - staff shortages, time it takes, time needed to get physician orders
- Fees for services affect families' willingness to seek or agree to evaluation (1A, 2P)
- Cost of evaluations/staffing are challenge due to number of children (2A, 1P)
- Other cultural issues (mistrust of services)/Residency status are barriers to referral and evaluation (2X, 1O)
- Physician training ineffective (2X, 1S) - did not improve referral rate; poorly attended
- An existing evaluation was not accepted by the Part C system (3P)
- Too much paperwork associated with referral and evaluation (2A, 1X)
- There are limited resources for child find and public awareness (2A)
- There was difficulty/delay in scheduling an initial appointment (2P)
- Children referred for specific services rather than for evaluation (1O, 1A)

- Other team members' needs and preferences take precedence over family's in scheduling of evaluations (2P)
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- There are misconceptions that Part C system is for low-income families (2P)
- Children can slip through the cracks when served by more than one hospital (P)
- Difficulty with referrals from public schools, re: 2-year-olds (A)
- Not doing a good job with early identification of autism (E)
- Not using all available providers of evaluation (E)
- Social-emotional component of evaluation was not completed (P)
- Statewide central directory needs to be improved (X) - families given more information than they need or want
- Lack of diversity in staff who does outreach (X)
- Changes in personnel at hospitals result in delays in referral (S)
- Evaluations required by new IFSP form have delayed information back to physicians (S)
- Communities, doctors, insurance companies do not understand the role and purpose of EI (E)
- Referral process can be cumbersome when provider receives referral directly, then has to refer family through central point of entry (E)

Suggestions for Improvement:

- Need more public awareness (1A, 6P, 1O, 2X, 1U) - at state level
- Need aggressive PR campaign with health care field (2P, 1U, 2E)
- Need public awareness materials translated into more languages (1A, 1P, 2X, 1S)
- Need to expand referral base by targeting more community providers and locations (1S, 1U, 2P)
- State should do more training of pediatricians (1S, 1E, 1X)
- Need training for referral sources (1O, 1E) - about not referring for specific service; evaluations are free
- Need more active child find, screening initiatives (2P)
- Providing feedback to referral sources is best way to nurture more referrals (1X, 1E)
- Look at models from other states that do not charge fees (O)
- Implement statewide fee system that is not a barrier to evaluation and services (O)
- Include information to parents about other specialists, during evaluation (P)
- Local Part C staff needs to work one on one with physicians to provide more information about the local system (A)
- Need TA on how to maximize all funding sources for evaluation (A)
- Explore possibility of more cross-referencing between web site and Central Directory, United Way, etc. (A)

**Question #2: Do all infants and toddlers with disabilities and their families receive all the services they need? Where do children receive their services? (community settings, day care, homes, libraries).**

Areas of Strength:

- Services are provided in natural environments (31P, 3U, 3E, 4X, 3A, 1S, 1O)
- Families are receiving all needed services (24P, 2E, 2S, 1U, 2X)
- Use of natural environments is increasing (3P, 1A, 1S, 2X)
- Services are flexible and effective (4P, 1E)
- New mandated insurance coverage for EI services has had positive impact (3A, 1P, 1E)
- Service coordination is great (3P, 1X)
- Parent-to-Parent group was very helpful (2P)
- Families moving to Virginia from other states are very pleased with services here (1A, 1E)
- Most interventionists are well trained (A)
- Ability to pay solutions are close (A)
- Families are getting services faster (A)
- There are plenty of service providers (E)

- Creative funding strategies are being used to maximize resources and assure services (E)
- Sliding fee scale has helped families access some services (X)
- A variety of community settings are being used for natural environments (X)
- George Mason study showed services are available (A)
- Public-private partnerships are strong (S)

#### Areas of Concern:

- Fees affect service decisions (9A, 4S, 5E, 7P, 1O, 6X, 1U)
- Insurance reimbursement affects service decisions (8A, 6X, 7E, 7P, 1O, 1U, 2S)
- Natural environments requirements, consultative model limit family choice (3A, 4E, 9X, 6P, 3S)
- There are some personnel shortages (5A, 5P, 2E, 1O, 3X, 3S) - hard to meet highest standards; PT; rural areas; SLP; ECSE
- Service coordination is not as effective as it should be (8A, 2E, 5X, 2P) - quality is adversely affected by insurance red tape, paperwork, case load size, dual roles, training, lack of funding
- Services in natural environments are too costly/funding is a barrier (2O, 5X, 3E, 4A, 1U, 1P)
- Natural environments, consultative model are less effective (5P, 2A, 1X, 2E)
- There is insufficient state funding for services as numbers served have increase (4A, 1O, 2X, 1E, 1P)
- Some families do not receive all needed services (4P, 1E)
- Services did not begin in a timely manner (5P)
- Services were not provided in natural environments (2P, 1E, 2S)
- There are not enough translators available (2E, 2X, 1S)
- Financial aspect of receiving services is stressful and intimidating for families (4P, 1X)
- Vision services are difficult to find (3A, 1P)
- Difficult to find respite care (1A, 1O, 1U, 1P)
- Services other than therapy are not provided consistently (1S, 3X) - including family support services
- Services in home are hard on some families (1P, 1A, 2S)
- Assistive technology services are hard to find (1P, 2X)
- Not enough transportation options (1A, 2S, 1X)
- Some families are not aware of all available services (2P, 1E)
- There are some infants served in institutions (1A, 1E)
- Part C service coordinators and hospital discharge planners lack knowledge about Medicaid waiver (1A, 1E)
- Needed more family-guided kinds of services (1P, 1X)
- Lack of information to families about related services (1P, 1X)
- There are still questions about jurisdiction/responsibility for foster children (A)
- Therapy services are not consistently available (P)
- Transition between localities is problematic, programs and philosophies differ (A)
- Public-private partnerships still challenging (A)
- Reimbursement rates are flat or falling and we are losing programs like Medicaid Waiver (E)
- Need to use greater variety of community settings as natural environments (X)
- Need more emphasis on social-emotional skills and services to address them (P)
- Service providers are not maximizing funding sources (P) - insurance has not been billed and neither has she
- Insurance company telling families they will not cover services once child is 2 because those services could be provided free of charge under Part B (E)
- Some localities are not open to adding new providers to their system (E)
- Lack of resources for training adversely affects quality of services (A)
- Schools receive higher Medicaid reimbursement for services than Part C does (A)
- There is a lack of funding for hearing aids (E)

#### Suggestions for Improvement:

- Need more TA to localities on natural environments, consultative model (4A, 2E, 3X, 1S)
- Parents need more information about natural environments, consultative model (2X, 1P, 1A, 1E)
- Need to educate insurers about importance of services in natural environments, preferable at the state level (2A, 1O)
- Need consistent/equitable fee system across the state (1E, 2A) - also across states

- Need stronger interagency agreement re: vision services, payment for such (1A, 1P)
- Need more training on cultural diversity (1E, 1X)
- Parents need more information and support around rights (1P, 1X)
- Part C office and DMAS need to collaborate to provide training to localities on Medicaid waiver (E)
- Families should be allowed to choose their provider (P)
- Supply referral list for families with price information about various therapy providers (P)
- Need to maximize therapists' time by using consultative model more (X)
- Need more federal funding to support increased child count and service needs (X)
- Need local analyses of amount of time service coordinators spend with families (A)
- Need to collect more data about need for translators and translated materials (E)
- Need more emphasis on child's rehabilitation services (E)
- Need better access to higher education training programs for EI personnel from rural areas (A)
- Committee of state representatives should go on home visits to better understand issues (S)
- Legislators need to understand natural environments issues; need to complete in-depth study of numbers of children, numbers of providers available, transportation, etc. to take to legislators (A)
- There could be more sharing of ideas among LICCs (X)

**Question #3: How are families included and supported in the process of development of the IFSP/in making decisions about their child's services? What family support services are available in your community?**

Areas of Strength:

- Families are included in all aspects of IFSP process (12P, 2E, 2U, 1X, 1A, 1S)
- Families are primary decision makers in IFSP process (13P, 2X, 2A, 2E)
- Variety of family support services are available and accessible (10P, 3A, 3X, 1U, 1O, 1S)
- Families get good support and needed services, are listened to (3A, 3X, 2E, 10P, 1S)
- Service coordinators provide great support and information (16P, 1X)
- New IFSP form is a plus (2A, 2X, 2S) - increases consistency
- Availability of family support services is increasing (1A, 1P, 2X, 1E)
- Good family-centered IFSPs are being written (1A, 2P, 1X)
- Parent support groups are helpful (3P)
- Natural environments make meetings and services comfortable and efficient (2P)
- Parents are receiving their written information about rights (2P)
- Most important thing EI does for children and families is link parents together for support (1S, 1P)
- IFSP is helpful to families (2P)
- Support over time helps parents feel more confident as decision-makers and advocates for their child and family (1P, 1E)
- Natural environments requirement has gotten providers into the community and has increased knowledge of community supports available (A)
- Felt supported and able to change IFSP (P)
- IFSP process is flexible and meets family needs (P)
- Good family support during transition (A)
- Providers assist families in activities to do with their child (P)
- LICC is way for families to be involved (A)
- IFSP training helped providers understand role of parents (S)

Areas of Concern:

- New standard IFSP form makes things worse (9A, 4P, 2S, 1O, 3E, 10X) - IFSP meeting driven by IFSP document rather than family needs; more time-consuming; more costly; overwhelming for families; tension between medical model and developmental model; legal document instead of family document; payor-driven; does not meet local needs
- Natural environments requirement, consultative model limit family choice and may adversely affect quality of services (3A, 4E, 4S, 9X, 6P)
- There are very few family support services available in the community (5A, 11P, 4S, 3U, 1X, 2E)
- Service coordination is not as effective as it should be (8A, 2E, 5X, 2P) - quality is adversely affected by insurance red tape, paperwork, case load size, dual roles, training, lack of funding

- Not enough state funds for comprehensive family support system (5A, 2P, 1O, 2X) - have had to scale back family support services in order to fund direct services to children
- Services in natural environments isolate families (3A, 2P, 2E, 1O)
- The professionals, not the family, are the primary decision makers (2P, 2S, 2A, 1X)
- Parents need more support, education in the IFSP process (3X, 2E, 1S, 1P)
- Multiple use of rights document unnecessary (3A, 1P, 2S)
- Families not aware of/lack understanding of their rights under Part C (1A, 3P, 1X, 1U)
- Most parents are unable to find a support group (1A, 1E, 1P)
- There are significant gaps in information and training provided to and by service coordinators (2A, 1P)
- Some families are not aware of family support services available in their community (3P)
- Insufficient availability of parent-to-parent support (1X, 2P)
- Families need more support in working with insurance companies (2P)
- Need more support for families to be part of the community (1X, 1P)
- Difficult to find respite care (1A, 1O)
- Family did not receive an IFSP (P)
- Lack of forms and materials in native languages (S)
- Private providers not at IFSP meeting due to cost (A)
- Insurance reimbursement limits family choice (S)
- Hard to establish and maintain community partnerships (A)

Suggestions for Improvement:

- Need to enhance and expand parent-to-parent network statewide (1O, 2P, 1X, 2A)
- Need additional training and TA on new IFSP form (2A, 3X) - to help teams focus less on document and more on how to incorporate it into families' lives; make sure used correctly
- Use of pre-IFSP meeting, written materials, questionnaires to help parents prepare for IFSP meetings (3P, 2X)
- Would be nice to have parent mentors and/or advocates to attend initial IFSP meeting with new families (1P, 1X, 1A)
- Need more funding to allow service coordinators to serve solely in that role so they can be more effective sources of support for families (1X, 1A, 1E)
- Parents need better communication and education about their rights (1P, 1A)
- Local EI systems need to find new ways to encourage parent participation on ICCs and subcommittees (E)
- Parents need more education/information about their child's specific disability (P)
- Require only those localities who are determined, through MIMS, to be developing poor IFSPs, to use new state form (A)
- Write IFSP in family-friendly way, using new form, and attach other reports to meet payer needs (X)
- Develop and implement strategies to streamline IFSP paperwork and signature requirements (S)
- Need more education for families about available family supports (X)

**Question #4: By the child's third birthday, does transition planning result in the timely provision of needed supports and services to a child and a child's family?**

Areas of Strength:

- Effective collaborative transition strategies are being implemented (9X, 8A, 5P, 4S, 2E 1U)
- Transition process results in child receiving new services by age 3 (3A, 1S, 2E, 4U, 4X, 6P, 1O)
- Parents are well supported through the transition process (2A, 3S, 3X, 5P, 1O)
- Transition planning begins well ahead of anticipated transition date (2P, 1S, 1A)
- Good collaborative relationships between EI, Part B, and Head Start (3X, 1P)
- Parents in Virginia have the option for services in traditional Part C system or through the schools at age 2 (1A, 1S)
- Some school systems now more willing to provide related services in NE (1S, 1A)
- There are a variety of options available other than Part B (X)
- Service coordinators play a positive role in transition (A)
- New IFSP form will help with transition planning (S)
- Parents are involved in supporting each other through transition (E)

- Agencies are responsive to each other's needs for information (A)
- Children are staying longer (past 2 years) in the Part C system than they used to (E)
- Part B has seen increase in referrals of 3 year olds (A)
- Transition process is evaluated annually by all involved (A)
- Part B teachers do a great job of supporting families in transition (S)
- State has undertaken several initiatives related to transition (A)
- Transition has improved over the past few years (X)

Areas of Concern:

- Schools do not meet timelines (3A, 1P, 6X, 3E, 1S)
- Transition is confusing, not smooth for families (3A, 3P, 2X, 1O, 1E, 1U)
- Transition process does not result in children beginning new services on time (3A, 2P, 4X)
- Fees and/or insurance issues are affecting the age at which families transition their children to Part B (1A, 1E, 6X)
- Families are not aware of/lack understanding of rights under Part B (4A, 1P, 1X)
- Few options available for children not going to Part B (1A, 1P, 1X, 1E, 1S)
- Children and families lose services after transition to Part B (1A, 3E) - service coordination, therapies deemed unnecessary for educational purposes
- The transition process takes too long (1S, 1E, 1X)
- Part C providers now being expected by LEAs to provide more evaluation and paperwork to schools in transition process (2E, 1A)
- Difficult to meet timelines for transition when child is close to age 3 at time of entry to Part C system (2A)
- Large service coordinator case loads negatively impact support available to families during transition (1E, 1P)
- Fear involved with transition, for families (2P)
- There is a gap in services for children who turn 3 mid-year (1S, 1O)
- Part B does not offer individualized options for children entering the system (1O, 1P)
- Private therapists are not included in transition planning (1E, 1U)
- No accountability in terms of LEA timelines (1A, 1E)
- Schools have increased percent delay required for Part B eligibility, increasing the number of children leaving Part C who are not eligible for Part B (A)
- LEAs have varying interpretations of regulations and eligibility criteria (E)
- LEAs require their own evaluation of children despite existing evaluation information from Part C (A)
- Part B eligibility process is hard for families (X)

Suggestions for Improvement:

- Need more parent education in transition (4A, 4X, 1E, 1P) - about Part B, rights, differences from Part C; advocacy training
- Need more consistent interpretation of SpEd eligibility across state (2A, 1X, 1E)
- Need more TA on effective transition practices, share success stories (1X, 1O)
- Need more involvement of private therapists in transition planning when they are primary Part C service providers (1U, 1E)
- Service coordinators should begin transition planning with families upon entry into Part C and it should be continually explained and emphasized throughout child's enrollment in Part C (A)
- Need to develop and implement more streamlined transition process (E)
- Need TA on summer services and who is responsible (X)
- State should look into changes in eligibility criteria for Part B (A)
- Part C and B personnel should work together to educate support families (A)
- Need more training for Part B personnel on Part C transition requirements (X)
- Need better follow-up to survey satisfaction of families who have transitioned out (A)
- Service coordinators need more training on Part B so they can support families better (X)
- It is important for service coordinators to be objective about differences between Parts C and B (A)
- LEA should accept EI evaluation to get child started in Part B instead of re-doing all evaluations (O)

**Question #5: How is the state involved in assuring that appropriate services are provided to infants and toddlers with disabilities?**

Areas of Strength:

- TA support from the state Part C office is wonderful (6A, 6X, 1P, 1E)
- New IFSP and procedural safeguards documents and TA are attempts to assure appropriate services (2A, 1X, 2E) - by promoting uniformity, better protecting children
- MIMS is a good process (3A, 1X) - focus on improvement; facilitates making immediate improvements
- State sets appropriate standards for EI services and evaluations (3P)
- Good state-level interagency agreement with Head Start (1O, 1X)
- State Department for the Visually Handicapped has provided support directly to our family (2P)
- Good training opportunities provided by State (1X, 1E)
- Family satisfaction surveys are used to help State get this information (1S, 1P)
- In the system as a whole, people work well together to support the system (1X, 2E)
- System of local councils which allows local flexibility (O)
- There is a state-level interagency management team in addition to VICC (A)
- New mandated insurance coverage for EI services has had positive impact (P)
- Public-private partnerships have been strengthened through state efforts (E)
- State provides options for parents to be involved (P)
- State provides funding, structure, and state-level interagency agreements (U)
- State has prioritized certain areas, such as natural environments, to help assure consistency across localities (P)
- State agency representatives take information from VICC and EIIMT meetings back to decision makers (P)
- Significant progress has been made recently toward goal of creating a less burdensome fee system for services (P)
- VICC and its committee work hard to support and improve the Part C system (A)
- State has undertaken a number of initiatives related to transition (A)

Areas of Concern:

- Insufficient state funding/inefficient budgeting fail to meet local needs and support Part C system (4E, 6P, 5A, 1S, 3X, 1O)
- There is a lack of true interagency participation (5A, 4X, 1P, 1E, 1S, 2O) - funding, communication, passing down information through each agency; better at local than state level; conflicting interests of state agencies
- Too much paperwork (3A, 2P, 5S, 1X)
- Families are not aware of State's role in the system (1A, 6P, 2X)
- There is a lack of support for the Part C system from the highest levels of state government (2A, 3X, 1S, 1P, 1O)
- Need more state control/authority over locals across agencies (4A, 1X) - level of accountability inconsistent across agencies; Medicaid not maintaining effort
- System of local councils leads to inconsistencies across LICCs (3P, 1O, 1A)
- Formula by which funds are allocated to localities does not meet local needs (2X, 1E, 1A)
- It is hard to figure out who actually has oversight of the Part C system at state and local levels due to interagency nature of the system (1A, 1E, 1U)
- There are no consequences for non-compliance (3A)
- Too much is dictated from the State (1A, 1E, 1P)
- DMAS managed care issues have adversely affected the interagency system at the state and local levels (2A)
- Not a positive relationship between LICCs and State office (2A)
- Used to get more written policy clarification and more TA documents (1A, 1X)
- State not completely assuring services because of fee issues (1X, 1P)
- Too many surveys, requests from the State for local information (2A)
- State staff have conflicting roles - TA vs. monitoring vs. advocate (2A)
- State should not be promoting use of consultative model of service provision (1P, 1S)
- State agencies are often slow to take action on issues of concern (1A, 1P)

- Changes in system have made it harder to provide services than before (E)
- Local systems are struggling with fiscal issues (E)
- State does not always recognize different issues faced by smaller, more rural localities (X)
- There is a lack of financial accountability (X)
- State creates problems for families with requirements like sliding fee scales (P)
- Parents feel lack of ability to impact changes at the state level (P)
- Need more monitoring (E)
- Policies, procedures, and ideas from the State change too frequently (E)
- Family rights booklet is unfriendly (X)
- Personnel standards do not take into account EI experience, only degree (A)
- Local confusion about who to go to (at state level) with difficult questions (A)
- Medicaid, state general fund, and Part C dollars not working together as a team (E)
- State is spending more money on aggressive statewide PA when localities are struggling to fund services for children already identified (1A, 1X)
- Lots of room for choice, as providers and as team, has been lost as system has evolved (1X, 1A)
- Large population of military families in some parts of state and their insurance does not cover EI services - federal issue (1X, 1A)
- Localities who turn in unused funds are still getting re-allocations of Part C money (P)

Suggestions for Improvement:

- Eliminate fee system and provide needed services at no cost to families (1U, 2O, 1E, 2P)
- Need stronger state and local interagency agreements, interagency support structure (4A, 1E, 1X)
- Need to look at use of consistent and equitable fee scale statewide (1X, 1E, 1O, 2A)
- Need to find more room for flexibility (1X, 2A, 1E, 1P)
- Need more routine written communication, answers to policy questions, TA packets (3A)
- Need more notice, careful planning about data collection needs, especially when multiple agencies involved (3A) - use sampling, existing data sources
- Need to organize from local level to make aggressive campaign for better state government support of Part C (1X, 1S, 1A)
- State should respond faster to concerns from LICCs (1A, 1X)
- Need to re-evaluate funding formula (2X)
- Families need to band together to address the fee issue (A)
- State should advocate for federal support of Part C services for military dependents in the same way as is done for Part B (A)
- Need to look into ways to deal with insurance limits (E)
- Need to evaluate whether fees are financially worthwhile when balanced against time and cost of billing and collection (S)
- Interagency may not be the best solution in all localities (A)
- Need more supports to enable providers to collaborate effectively (O)
- Allow more flexibility in use of new IFSP form (X)
- Let localities use new IFSP form, then consider changes based upon their input (X)
- More funding would mean more initiatives and support from state (A)
- Need more intimate TA (A)
- Need more state TA staff (X)
- Could do more creative and supportive things for children, families and providers with more funding (E)
- Continue outreach to private providers (X)
- Need state-supported clinics with EI services for families who are denied assistance by HMOs (P)
- Simplify the state/regional/local structure of the system (X)
- Give parents more information about how to proceed up through the system with questions or concerns (X)
- Need to continue solidifying system so that is not dependent upon the presence of and relationships between individual people (X)
- Need someone at the state level to advocate for LICCs (A)
- State staff need to specialize and focus on one topic area each (A)
- Need more training on how to negotiate with insurance companies (X)

- Lead Agency should be DOE, but keep family-centered approach (S)

**Question #6: What other comments, questions, or concerns would you like to share with the state?**

Areas of Strength:

- EI has been very helpful to our child and family (12P)
- There are excellent staff to provide services (5P)
- We have made great improvements in our system over the years and there is a process in place to continue improvement (2A, 1E)
- Local program has great reputation in the community (1A, 1P)
- Personal commitment to solve problems is a strength (A)
- Overall, the EI system is well run, organized and they do a great job of communicating with families (P)
- I was very impressed by this meeting and the opportunity it gave parents to voice concerns (P)
- This meeting was well attended by parents (A)

Areas of Concern:

- Local programs generate income but revenues may not come back to EI (2A)
- Some parents afraid to come to this kind of meeting when service providers are also present; fear impact on services (X)

Suggestions for Improvement:

None

Role Codings:

**P** = Parent/Family member

**E** = Early Intervention Provider

**S** = Service Coordinator

**A** = Administrator

**O** = Other

**X** = Multiple roles

**U** = Unknown (from written comments)

\*\* Numbers in parentheses refer to number of times comment was made, if more than once