

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

## **Federal Part C Self Assessment Report**

**December 20, 2000**



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# Executive Summary

## Virginia Federal Part C Self Assessment Report

### **SUMMARY OF THE PROCESS**

In April 2000, Virginia was notified of its selection for federal monitoring of its Part C early intervention and Part B special education programs by the United States Department of Education, Office of Special Education Programs (OSEP). As a first step, the selected state is required to establish a steering committee with broad statewide representation to oversee the necessary self-assessment. In Virginia, one steering committee with representation from both Part C and Part B programs was established. In addition, two workgroups (one for Part C and one for Part B) were appointed in order to more directly facilitate the self-assessment for each program. The full steering committee will work together to begin joint improvement planning beginning in January 2001.

Virginia's Part C OSEP Monitoring Workgroup is comprised of Virginia Interagency Coordinating Council (VICC) members and other stakeholders who represent a variety of constituent groups and who are diverse in their geography, ethnicity, and gender. In order to accomplish the statewide self-assessment, the full workgroup met 4 times between May and November 2000. The workgroup also decided to form 3 subcommittees to accomplish the specific tasks of the self-assessment. These subcommittees met outside of workgroup meetings and were responsible for gathering, sorting, compiling and interpreting data related to each of the OSEP indicators on the self-assessment.

In order to help validate the other data used in completing the self-assessment process, the Part C Office sponsored eleven Public Input Meetings across the Commonwealth in August and September 2000. Those who wished to provide input but were unable to attend one of the public input meetings were invited to submit written comments. Between the public input meetings and written responses, 216 stakeholders in Virginia's Part C system provided input.

At the final workgroup meeting in November, the group reviewed all indicators and data analysis and reached consensus on each indicator conclusion.

### **VIRGINIA'S PART C SYSTEM:**

Consistent with the spirit and intent of Part C, Virginia has a strong and unique interagency infrastructure that requires participating agencies to work together in planning and implementing the Part C system at both the state and local levels. In 1992 the Virginia General Assembly passed legislation to establish this infrastructure and to amend the *Code of Virginia* to include the Virginia Interagency Coordinating Council (VICC), 40 local interagency coordinating councils, and establishment of an Early Intervention Agencies Committee (EIAC) composed of nine state agency commissioners and directors. In order to assist in accomplishing its responsibility of jointly ensuring the implementation of a comprehensive system for early intervention services, the EIAC established in 1993 an Early Intervention Interagency Management Team (EIIMT) comprised of one representative from each of the participating state agencies.

While the broad parameters of Virginia's early intervention system are established at the state level to ensure implementation of federal Part H regulations, the 40 local interagency coordinating councils (LICCs) determine exactly how their Part C service delivery systems are designed based upon local resources and needs. LICC members include parents, service providers, and local representatives of the participating state agencies. The local councils each receive a proportionate share of federal Part C funds and state general fund dollars annually to assist with planning and implementing their local systems for early intervention.

## **FINDINGS**

The self-assessment includes a total of 109 indicators in five cluster areas: General Supervision, Early Intervention Services in Natural Environments, Family-Centered Services, Comprehensive Child Find and Public Awareness, and Early Childhood Transition. The Part C Workgroup recommended that indicators related to finance be analyzed in order to provide a comprehensive perspective on Virginia's early intervention system. These indicators and a summary of the funding are included as an appendix to this report. Through extensive review of a variety of data sources it was determined that 49 indicators reflect areas of strength in the system, 41 indicators reflect areas needing improvement, and 17 indicators were determined to reflect both areas of strength and areas needing improvement. For those indicators in which insufficient data was available, the workgroup rated them as areas needing improvement. There was 1 area of systemic non-compliance identified within the self-assessment. One indicator, related to due process hearings, could not be rated since Virginia has had no hearings to date.

### **AREAS OF STRENGTH:**

The results of the self-assessment process highlighted that Virginia has many strengths within its Part C system and that the Commonwealth has made significant changes and improvements since beginning participation in Part C.

- **A strong interagency infrastructure for collaborative planning and implementation of the Part C system is in place at the state and local levels.**
- **The statewide Monitoring and Improvement Measurement System (MIMS) system, which is designed to ensure continuous improvement related to both compliance and quality of the early intervention system, has been implemented. Preliminary results indicate that the MIMS process will be an effective mechanism for continuous improvement of the early intervention system in Virginia.**
- **A joint legislative subcommittee studying early intervention has worked from 1990 to 2000 to facilitate systems improvement through examination of various aspects of the system and introduction of legislation such as the insurance mandate for Part C therapy services.**
- **A high quality, interagency system for technical assistance and training is in place and efforts are designed to be responsive to local and family needs and informed by state and national trends and best practices.**

- Families are active participants in all aspects of the Part C system, through paid and volunteer positions, participation on all state committees and in all state training, and participation in monitoring and improvement activities and family surveys. Stipends are provided to families to cover expenses associated with their involvement on various committees and in trainings.
- Virginia has initiated a number of efforts to address the provision of appropriate early intervention services in natural environments, including the following: development of a position paper, competencies, and training to emphasize family-centered service delivery in natural environments; pilot projects in two localities based on this new approach; and development and implementation of strategies, such as tuition assistance and the addition of new professional and paraprofessional personnel categories, to ensure that adequate numbers of qualified personnel are available to provide early intervention services.
- There has been a significant increase since 1995 in the number of infants and toddlers and their families who are identified and evaluated for services in the Part C system and in the number of referrals from all primary referral sources, especially from physicians.

#### **AREAS NEEDING IMPROVEMENT:**

While progress has been made in all areas of the Part C system, there are some aspects of the system that still need to be strengthened. General areas of the system needing improvement and proposed improvement strategies for each are described as follow:

- **Additional funding sources need to be explored for early intervention services and a mechanism is needed to document that all potential resources are identified and fully accessed for the provision of Part C services.**

##### Proposed Improvement Strategies:

- Identify and utilize additional mechanisms (such as the payor of last resort checklist) to help document meeting the MIMS compliance indicators related to financial assurances.
- Continue, through technical assistance, interagency collaboration and training to expand the variety of funding sources identified and utilized.

- **The percentage of children served in Virginia's Part C system is less than the percentage served nationally.**

##### Proposed Improvement Strategy:

- Fully implement, beginning in January 2001, the coordinated statewide public awareness campaign currently being developed under a state contract with a public relations firm.

- **Complete data is not currently collected for a number of aspects of the system, including interagency financing, service coordination, evaluation/assessment, and transition.**

##### Proposed Improvement Strategy:

- Modify MIMS indicators to ensure that data collected from localities more closely aligns with OSEP monitoring indicators while continuing efforts to implement an interagency data system that collects financing and service utilization data.

- **Some localities are not yet fully meeting the federal natural environments requirements, most often due to funding issues and/or personnel shortages.**

Proposed Improvement Strategy:

- Continue, through technical assistance, interagency collaboration and training to expand the variety of funding sources identified and utilized and the kinds of creative, effective service delivery models used in order to maximize reimbursement and personnel time available to support the provision of early intervention services in natural environments.
- **Cultural competence in all aspects of the Part C system, including public awareness and child find, evaluation and assessment, service provision, and personnel training needs to strengthened.**

Proposed Improvement Strategy:

- Continue, with the guidance of the Cultural Diversity Advisory Committee, to develop and implement new strategies to increase the number of culturally diverse providers and to infuse diversity and cultural sensitivity into all aspects of the Part C system.
- **Many aspects of the transition process, including transition planning, support for families, training for providers, timeliness of response from school divisions, and options for children not eligible for Part B at age three are not yet consistent and effective in all areas of the state.**

Proposed Improvement Strategy:

- Develop and implement coordinated, collaborative, statewide training and technical assistance on transition, including, but not limited to, transition planning, transition requirements, parent rights under Part B, and expanding options for children not eligible under Part B at age three.

## **AREA OF SYSTEMIC NON-COMPLIANCE:**

One aspect of Virginia's Part C system was determined, through the self-assessment process, to be an area of systemic non-compliance. It is described here along with a proposed strategy to correct the identified compliance issues.

- **The number of localities that do not meet the 45-day timeline for IFSP development has increased. This conclusion is based on data from the Individual Child Data Forms, and there are concerns about the reliability of this information (e.g. it appears there are differing local interpretations about when the 45-day timeline starts and ends). In addition, the data forms do not allow for documentation of reasons for delay in IFSP development.**

Proposed Improvement Strategy:

- Provide additional, ongoing technical assistance on completion of the Individual Child Data Form to ensure accuracy of information about meeting the 45-day timeline for IFSP development, and consider modifying the form to allow documentation of the reason for delay when the 45-day timeline is not met. Provide statewide, regional, or local training and technical assistance as needed to address issues leading to IFSP delays.

Virginia is proud of the accomplishments made over the past 10 years and described in this report. Perhaps most importantly vital groundwork has been established: there is a solid interagency infrastructure in place; there is a strong history of families and providers working together in Virginia's Part C system; and there is tremendous dedication and commitment from all who are involved in the system. Such factors give reasons to be confident about the success of improvement efforts already underway and new strategies identified through this self-assessment process.

# Virginia Federal Part C Self Assessment Report

## **PART I - SUMMARY OF THE PROCESS**

In April 2000, Virginia was notified of its selection for federal monitoring of its Part C early intervention and Part B special education programs by the United States Department of Education, Office of Special Education Programs (OSEP). As a first step in the federal Continuous Improvement Monitoring Process, the selected state is required to establish a steering committee with broad statewide representation to oversee the necessary self-assessment. In Virginia, one steering committee with representation from both Part C and Part B programs was established. In addition, two workgroups (one for Part C and one for Part B) were appointed in order to more directly facilitate the self-assessment for each program. The full steering committee, which includes the Part C and Part B workgroups, will begin joint improvement planning once the self-assessment is completed.

Virginia's Part C OSEP Monitoring Workgroup (hereafter referred to simply as "the workgroup") was formed in April 2000. The Virginia Interagency Coordinating Council (VICC) voted to have the VICC and VICC Steering Committee serve as the workgroup, with additional members identified as needed. A grid was developed using a list of OSEP recommendations for composition and adding names of VICC members and other stakeholders who fell into each category of representation. Particular attention was paid to diversity of geography, ethnicity, and gender of proposed representatives. Final membership of the Part C workgroup includes parents, advocates, public service providers, private service providers, local administrators, child care providers, higher education representatives, physicians, data analysts, state Part C monitoring personnel, state agency representatives, and Virginia Interagency Coordinating Council representatives. A complete workgroup membership list is provided in Appendix A. Staff support to the workgroup was provided by Virginia's Part C Office, and facilitation and assistance at workgroup meetings was provided by NECTAS, the Mid-South Regional Resource Center and a national Part C consultant.

In order to accomplish the statewide self-assessment, the full workgroup met four times, for the purposes described below:

- May 18 - 19, 2000
  - ✓ To understand the OSEP Continuous Improvement Process
  - ✓ To understand the role of the Part C Monitoring Workgroup
  - ✓ To understand the self-assessment criteria
  - ✓ To identify current data sources to inform us about the status of the system
  - ✓ To begin identifying strengths and weaknesses in our system
  - ✓ To organize into subcommittees to accomplish the work
  
- August 8, 2000
  - ✓ To understand the information OSEP has provided to states on the self-assessment process and product
  - ✓ To receive and react to the work of subcommittees on indicators, data sources, data analysis
  - ✓ To review the public forum questions suggested by OSEP and determine additions as appropriate

- October 2 - 3, 2000
  - ✓ To review the format of the complete self-assessment report
  - ✓ To amend the work of the subcommittees to include the results of the public input meetings and the written comments of workgroup members
  - ✓ To review the tasks and timelines leading toward the completion of the Self-Assessment Report and its submission to OSEP (timeline is included in Appendix B)
  
- November 7 - 9, 2000
  - ✓ To review state-level monitoring (MIMS) data, annual local progress report summaries, family survey results, and workgroup feedback as applicable for each indicator.
  - ✓ To achieve group consensus on recommendations for the final conclusion on each indicator.
  - ✓ To identify potential improvement strategies for each component.

At the May meeting, the Part C workgroup recommended adding finance indicators with the General Supervision cluster area in order to provide a comprehensive assessment of Virginia's early intervention system. These Finance indicators and a summary of the findings is included in Appendix H. Workgroup members formed three subcommittees in order to accomplish the necessary work. The subcommittees were based upon the OSEP monitoring cluster areas, as follows:

1. Public Awareness and Child Find/Transition
2. Early Intervention Services in Natural Environments/Family-Centered Services
3. General Supervision/Finance

Workgroup members volunteered to serve on the subcommittee of their choice, and subcommittee membership was then reviewed to ensure appropriate representation and expertise. Each subcommittee included parent representation and was staffed by state Part C personnel. Membership lists for each subcommittee are provided in Appendix C. To assist the subcommittees in their work, several documents were developed, including "Correlation of OSEP Cluster Areas and Possible Data Sources," "Correlation of Monitoring and Improvement Measurement System (MIMS) Indicators with OSEP Cluster Areas," timelines, and indicator analysis sheets (see Appendices D, E, B, and G, respectively). The subcommittees met 6 - 7 times each, in addition to workgroup meetings, and were responsible for taking the following steps with regard to their cluster areas:

- Review all indicators to establish common understanding and add new indicators as appropriate [May - July]
- Gather and sort identified data sources [July - August] -- This step was accomplished by developing a matrix of all potential data sources relevant to each indicator and contracting with three individuals to sort through these data sources to identify information for use by each subcommittee. Data sources reviewed included meeting minutes, legislative subcommittee presentations and bills, training records, technical assistance materials, budgets, monthly mailings, local progress reports, state annual reports, and findings from studies and surveys.
- Compile and interpret data to draw conclusion and write justification for each indicator [August - September] -- To more efficiently compile the large volume of data sorted, each subcommittee identified 2 - 3 members to serve as a data subgroup. These subgroups spent several days each preparing data for review and interpretation by the subcommittee during analysis of indicators. This preparation included; development of tables, graphs, and lists, and revise indicator conclusions based upon public input and workgroup feedback [October]
- Review and revise indicator conclusions based upon public input and workgroup feedback [October]

In order to help validate the other data used in completing the self-assessment process, OSEP suggests that each state seek public input about the state's Part C system. The Part C Office sponsored eleven Public Input Meetings across the Commonwealth in August and September 2000. Information about these meetings was widely disseminated through direct mail and electronic means, and materials were available in English and Spanish. An interpreter was available at each meeting. Those who wished to provide input but were unable to attend one of the public input meetings were invited to submit written comments. Stakeholders were asked to respond to these six questions:

1. Are there any barriers to the process of referring infants and toddlers to the Early Intervention (EI) system, or in obtaining evaluations?
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)?
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?
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?
5. How is the state involved in assuring that appropriate services are provided to infants and toddlers with disabilities?
6. What other comments, questions, or concerns would you like to share with the state?

Between the public meetings and written responses, 216 stakeholders in Virginia's Part C system provided input on the above questions. A statewide summary of public input responses is included as Appendix F of this report.

Part II of this document summarizes the findings of Virginia's self-assessment process, including the identified areas of strength, areas needing improvement, and areas of systemic non-compliance for the Part C system. It should be noted that when there was a lack of data concerning a particular indicator, the Part C Workgroup interpreted that indicator as an area needing improvement, if only to correct the lack of data. The Part B Workgroup in Virginia elected to handle such indicators by noting "no response due to insufficient data." While this difference in interpretation leads to some differences in the two reports, each report is clear about where there is a lack of data and, therefore, improvement planning is not affected. For more specific data and discussion on each indicator, the reader is referred to Appendix G. Potential improvement strategies were also identified through the workgroup, subcommittee and public input processes discussed above, and the strategies with the highest priority for implementation are described, by component, in Part II of this report.

## **PART II - FINDINGS**

The findings from Virginia's Part C self-assessment are organized by cluster area. For each cluster area, an overall summary is provided. Each component within the cluster is then addressed through a listing of areas of strength, areas needing improvement, areas of systemic non-compliance (if applicable), and improvement strategies.

### **A. GENERAL SUPERVISION**

*"The state is involved in assuring services by requiring that insurance companies pay for early intervention services and by setting standards for appropriate services and evaluation"*  
(Parent, written public input, September 2000)

#### **CLUSTER SUMMARY**

Consistent with the spirit and intent of Part C, Virginia has a strong and unique interagency infrastructure that requires participating agencies to work together in planning and implementing the Part C system at both the state and local levels. In 1992 the Virginia General Assembly passed legislation to establish this infrastructure and to amend the *Code of Virginia* to include the Virginia Interagency Coordinating Council (VICC), 40 local interagency coordinating councils, and establishment of an Early Intervention Agencies Committee (EIAC) composed of nine state agency commissioners and directors. In order to assist in accomplishing its responsibility of jointly ensuring the implementation of a comprehensive system for early intervention services, the EIAC established in 1993 an Early Intervention Interagency Management Team (EIIMT) comprised of one representative from each of the participating state agencies.

While the broad parameters of Virginia's early intervention system are established at the state level to ensure implementation of federal Part H regulations, the 40 local interagency coordinating councils (LICCs) determine exactly how their Part C service delivery systems are designed based upon local resources and needs. LICC members include parents, service providers, and local representatives of the participating state agencies. The local councils each receive a proportionate share of federal Part C funds and state general fund dollars annually to assist with planning and implementing their local systems for early intervention.

In accordance with Virginia's priority to continually increase family participation at all levels of the Part C system, a Part C Family Representative was hired at the state level in 1994 and was added as a member of the EIIMT and EIAC. Five regional family representatives were subsequently added to ensure that family participation and networking occurs at the local level. The lead agency serves as a facilitator to the interagency process and is represented on the EIIMT and the EIAC. From 1990 to 2000, a joint legislative subcommittee studying early intervention services has annually examined various aspects of the programmatic and fiscal impact of Part C and has introduced legislation to facilitate system improvements (e.g. budget amendments, mandatory insurance coverage for early intervention therapy services, further study of specific issues such as personnel shortages, etc.). This joint subcommittee was discontinued by the 2000 General Assembly.

Since 1992 Virginia has had in place a system of accountability and monitoring for compliance with IDEA. One aspect of this system involves required written documentation, including state and local level policies and procedures; state and local level interagency agreements; annual local contracts; annual local plans, reports and data collection; and fiscal accountability procedures. In addition, numerous procedures are in place at the state level to support compliance with IDEA, and these include the following: use of technical assistance to bring localities into compliance; distribution of policy clarifications; individual state agency monitoring procedures; incorporation of administrative hearing findings in the monitoring process; annual state level review and planning by the Virginia Interagency Coordinating Council and Early Intervention Management Team of priorities, progress and areas needing improvement; and a state level interagency process available to address local compliance issues.

In 1997 Virginia began development of a more coordinated and comprehensive statewide monitoring system. The statewide Monitoring and Measurement Improvement System (MIMS), has since been piloted and revised. It includes a local self-assessment process examining 120 indicators. By 2000, 22 of 40 localities had completed the self-assessment process, which is designed to ensure continuous improvement related to both compliance and quality of the early intervention system. By 2001 all localities will have been monitored using the revised MIMS process. Thereafter, all localities will be monitored on-site on a three-year cycle. (Please note that all MIMS 2000 data cited within this report reflects only the self-assessment step of the process since on-site, external review could not be completed in time to verify self-report findings for use in this report.)

Virginia has in place a number of mechanisms to ensure that all sources of revenue are used to meet the non-supplanting and payor of last resort requirements. These include, among other things, enforcing requirements that all local councils make arrangements to ensure Medicaid reimbursement is maximized; requiring that all councils have interagency agreements that define financial responsibility and obligations for each participating agency; implementing a state mandate requiring private insurers to cover early intervention therapy services; requiring all councils to expand their local networks to ensure the inclusion of Medicaid and private insurance providers; and arranging for the state Management Team to come on-site to assist councils having fiscal difficulties to analyze their financial base and to access all available resources.

Virginia has consistently prioritized the provision of training and technical assistance statewide, particularly in the last several years when the state budget for training was expanded. Examples of activities are numerous and include the availability of regional technical assistance brokers; statewide training on natural environments, IFSPs, financing, procedural safeguards, etc.; the availability of a tuition assistance program; training for physicians; cultural sensitivity training; and training for hearing officers and mediators. Evaluations from training opportunities have been consistently positive.

Virginia has reorganized its technical assistance system to match locality specific needs. Public input indicated that technical assistance from the state is effective and necessary. Public input also indicated that the lead agency is responsive to requests for technical assistance, that the quality of that assistance is high and that the state is committed to improvement. In addition, comments also reflected that good training opportunities are available from the state.

## COMPONENT GS. 1:

***Early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities are ensured because the state's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated and decision-making is based on the collection, analysis, and utilization of data from all available sources.***

There are 18 indicators in this component. It was determined that 15 indicators reflect areas of strength in the system and 2 indicators reflect areas needing improvement. There were no areas of systemic noncompliance identified within this component. One indicator cannot be rated because there have been no due process hearings or mediations in Virginia to date.

### ***Areas of Strength***

- Since 1992 Virginia has had in place a system of accountability and monitoring for compliance with IDEA which includes state and local level policies and procedures; state and local level interagency agreements; annual local contracts; annual local plans, reports and data collection; fiscal accountability procedures; use of technical assistance to bring localities into compliance with follow-up information provided to the state Management Team; distribution of policy clarifications; individual state agency monitoring procedures; incorporation of findings from the Office of Civil Rights, the Office of Special Education Programs and administrative hearings in the monitoring process; annual state level review and planning by the Virginia Interagency Coordinating Council and the Early Intervention Management Team of priorities, progress and areas needing improvement; and a state level interagency process available to address local compliance issues.
- Data from MIMS 2000 indicates that localities have in place required local policies and procedures, local contracts, and local interagency agreements and that these are used by local fiscal agents/intermediaries on behalf of the local early intervention system to ensure that all participating local agencies/providers agree to provide early intervention services in accordance with Part C. In addition, results show that localities are meeting lead agency requirements and timelines for submission of child and personnel data.
- The statewide monitoring system, MIMS, was piloted in six localities in 1999 and has undergone significant revisions. MIMS includes a local self-assessment process examining 120 indicators along with review of data from a variety of sources including a family survey. By 2000, 22 of 40 localities had completed the MIMS process, which is designed to ensure continuous improvement related to both compliance and quality of the early intervention system. By 2001, all localities will have been monitored using the revised MIMS process. Thereafter, all localities will be monitored on a three-year cycle.
- The state has allocated full funding for the MIMS system including the creation of two state level positions to assist in implementing the system.
- When needed, the Early Intervention Interagency Management Team has made local site visits to a number of localities to address identified deficiencies, develop technical assistance plans and provide oversight and follow-up.

- While Virginia's Part C system permits and encourages local flexibility, in instances where inconsistencies in compliance are identified through monitoring, the state responds systemically. For example, in response to monitoring findings, statewide IFSP and procedural safeguard forms were developed, their use required by all localities and statewide training of their use provided. In addition, statewide family fee procedures and materials have been developed and reviewed by the Office of the Attorney General. The Office of the Attorney General recommended that changes to the draft policies and procedures for fees and ability to pay comply with changes in the Part C regulations that will be finalized following review of public comment on the proposed 2000 Part C regulations.
- Public input indicates that, while some concern was expressed about the new statewide IFSP form, others find the new form is helpful to families and that family-centered IFSPs are being written. According to some commenters, this new form has led to a greater consistency in meeting the IFSP requirements.
- In response to identification of barriers associated with accessing financial resources, the state has implemented a state mandate for private insurance coverage for early intervention therapy services; established an exemption process for families enrolled in Medicaid managed care who have difficulty accessing services; and participated in state interagency planning for accessing Title IVE funds for service coordination.
- Virginia has had only four administrative complaints since 1994 and no requests for due process hearings or mediation. All complaints were resolved in a timely manner. The state has used findings from the complaint investigations and other information sources such as issues identified through child count data, fiscal data, requests for technical assistance, family survey data, minutes from local council meetings and monitoring conclusions to make system improvements.
- In 2000, after several years of experience in conducting family surveys, the state has initiated a new statewide family survey process that all localities are using. Families are surveyed when they enter the system and after they exit the system. The system is automated so results will be available continuously.
- Virginia has always prioritized the role of families in Part C. For example, in 1995, Virginia initiated the Family Networking Project to ensure family involvement in the system. The project has grown and now funds one full-time state family representative and five part-time regional family representatives. The project, among other things, identifies family mentors, establishes parent-to-parent networks and conducts trainings. Families participate in all state level workgroups and committees, and a parent, the state family representative, is an active member of the state Early Intervention Agencies Committee (state agency heads) and a co-chair of the Early Intervention Interagency Management Team. Information from the 1999 and 2000 Local Council Progress Reports indicates that family involvement in local system activities has increased.

- State and local policies and procedures require that all parents are given copies of their rights consistent with federal requirements. Part C prior notice and consent requirements are also included in these policies. All families are also provided a companion document that describes their rights under Part C in family friendly terms. The Rights document is available in Spanish and prior notice and consent forms are currently being translated. Local councils are required to translate these materials in various languages and modes of communication based upon community needs. In addition to the statewide training on procedural safeguards, Local Council Progress Reports in 1999 and 2000 indicate that local training activities on procedural safeguards have been conducted. Virginia also has developed the Virginia's Early Intervention System: A Family Guide, which provides information on the system and on other resources. The VICC is planning to have this recently revised document translated in Spanish. Other information is provided to families through the Family Matters Newsletter and other newsletters distributed through the Family Networking Project.
- Results from Family Survey 2000 indicate that a high percentage of families said that they knew about their legal rights and protections under Part C and their service coordinator helped them understand the IFSP process.
- All Virginia training events sponsored by the state, including those provided under contract, ensure that professionals partner with families in conducting the training. The state encourages strong parent participation and attendance at these training events as well.
- Virginia has consistently prioritized the provision of training and technical assistance statewide particularly in the last several years when the state budget for training was expanded. Examples of activities are numerous and include the availability of regional technical assistance brokers; statewide training on natural environments, IFSPs, financing, procedural safeguards, etc.; the availability of a tuition assistance program; training for physicians; cultural sensitivity training; and training for hearing officers and mediators. Evaluations from training opportunities have been consistently positive.
- Training is also a local priority with local funds available for training opportunities. MIMS indicator data reflect that local training opportunities are provided and that local service providers are using the Indicators of Recommended Practice self-study to identify and address training needs.
- Virginia has reorganized its technical assistance system to match locality specific needs. Public input indicated that technical assistance from the state is effective and necessary. Public input also indicated that the lead agency is responsive to requests for technical assistance, that the quality of that assistance is high and that the state is committed to improvement. In addition, comments reflected that good training opportunities are available from the state.

### ***Areas Needing Improvement***

- Public input generally supported MIMS, indicating it has and will strengthen accountability and monitoring for compliance. However, some public comment indicated that the state does not enforce penalties for persistent noncompliance. Comments suggested there is a lack of understanding about consequences for noncompliance.

- While the MIMS process requires localities to correct identified deficiencies in a timely manner, and the state has in place procedures for enforcement, the state has not consistently followed-up or, in some cases has not consistently documented, the correction of identified deficiencies. The two new state level positions in monitoring will ensure the timely resolution and correction of identified deficiencies. Local plans of improvement for identified deficiencies will be attached to the local contract for continuing participation in Part C.
- Following the four administrative complaints, all four localities responded with corrective action plans. Three of the four provided status reports to the state on the implementation of the plans. The fourth has not yet submitted a status report and the state is following-up. There is a need to document the provision of technical assistance and timelier state follow-up to corrective action plans.
- Although public input supports lead agency activity in training, suggestions were made for improvement including more parent education and the need for increased assistance to address local issues. In some instances, the perception exists that the state does not generate sufficient guidance and oversight for the field.

### ***Proposed Improvement Strategies***

- Develop and implement mechanisms to measure the impact of guidance, training and monitoring efforts and incorporate the results of those mechanisms into improvement planning.
- Modify MIMS indicators to ensure that data collected from localities more closely aligns with OSEP monitoring indicators.

### **COMPONENT GS. 2:**

***Appropriate and timely services are ensured through interagency coordination and assignment of fiscal responsibility.***

There are 6 indicators in this component. It was determined that 2 indicators reflect areas of strength in the system, and 4 indicators were determined to reflect areas needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strength***

- The *Code of Virginia* assigns to the state agencies involved in the provision of or payment for early intervention services, shared responsibility for the development and implementation of the Part C system. Also codified are the 40 local interagency councils that coordinate Part C at the local level.

- Virginia has in place a number of mechanisms to ensure that all sources of revenue are used to meet the non-supplanting and payor of last resort requirements. These include, among other things: enforcing requirements that all local councils make arrangements to ensure Medicaid reimbursement is maximized; requiring that all councils have interagency agreements that define financial responsibility and obligations for each participating agency; implementing a state mandate requiring private insurers to cover early intervention therapy services; requiring all councils to expand their local networks to ensure the inclusion of Medicaid and private insurance providers; arranging for the state Management Team to come on-site to assist councils having fiscal difficulties to analyze their financial base and to access all available resources; preparing numerous technical assistance documents, including a payor of last resort checklist; and providing training.
- All MIMS 2000 sites indicate that their local system implements procedures to ensure the use of Part C funds as the payor of last resort and that Part C funds are not used to cover the difference between contractual payments to providers and the actual charge for providing services.
- The Joint Legislative Subcommittee Studying Early Intervention has initiated a number of activities related to accessing all available funding sources. These activities have included: sponsoring the two early intervention insurance mandates; requiring all children served under Part C who are Medicaid eligible to receive therapy services from Medicaid providers; and initiating several studies and task forces to maximize coordination with Medicaid.
- There has been a 40% increase since 1995 in the amount of Medicaid and private insurance reimbursement for early intervention services provided by community services boards (CSBs).
- Local Progress Reports from 1999 and 2000 indicate that local councils are maximizing insurance by assisting families to access insurance coverage. In addition, a number of councils made efforts to increase numbers of public and private providers through training, interagency agreements and increased participation on local councils. Some local councils have increased the number of contracts with private providers and expanded the number of private providers in their networks.
- The Early Intervention Agencies Committee has approved funding for a consultant to assist the state in determining how to implement an interagency data system that addresses service utilization and all expenditures and revenues for children served under Part C.
- Public input generally supports technical assistance from the lead agency and acknowledges that the new mandated insurance coverage for early intervention services has had a positive impact (including increasing the number of private providers who are participating HMO providers).
- None of the six pilot sites for MIMS indicated that services are delayed because of payment or interagency disputes.
- The Local Continuous Improvement pilots are collecting pre- and post-pilot data related to the cost of providing services in natural environments.
- Local councils have developed plans for implementing natural environments requirements, including interagency coordination and financing necessary to meet those requirements.

- The *Code of Virginia* was modified in 1999 to ensure that Part C providers would be able to provide early intervention services in a child's home without being required to attain licensure as a home health provider for Medicaid reimbursement.
- Family survey 2000 results show that most families receive their early intervention services in natural environments and in ways that fit with their family's home and/or work lifestyle and their daily routines.
- There are state and local level policies and procedures and interagency agreements that address coordination of efforts for child find, evaluation and the provision of services.
- Local Progress Reports from 1999 and 2000 indicate there has been increased coordination in some localities related to child find, evaluation and service provision, particularly in screening.

### ***Areas Needing Improvement***

- Data indicates there is a need for stronger state and local interagency financial support and coordination.
- Localities do not have a standardized tool for determining that all possible resources are being used prior to accessing Part C funds. Public input, MIMS self-assessment data, and anecdotal information indicate that there is inconsistent local use of technical assistance tools that have been provided, including the payor of last resort checklist, to ensure that all sources of funding have been accessed prior to the use of Part C funds.
- MIMS 2000 self-assessment data indicates that localities are not yet maximizing all funding sources, especially informal community resources.
- Data is not available across all participating public and private agencies to accurately determine whether or not all sources of funding for early intervention are being identified and accessed. However, funding has been approved to develop an interagency data system to address this issue and local council contracts for continuing participation in Part C will include reporting the amount of funding accessed from state, local, private insurance, Medicaid and other sources as a deliverable in 2001.
- MIMS 2000 self-assessment data, public input, and anecdotal information show that Virginia needs to improve the implementation of natural environments in all localities. In particular there is a need for increased focus on accessing all available funding sources to address concerns about financing services in natural environments.
- Localities have reported a perception among many Part B programs that Part C child find is a Part C issue. In addition, a survey completed by VICC generally supported the need for greater coordination between Part B and Part C.
- Public input generally supported the Part C interagency system, but concerns were expressed about "true" interagency participation, funding, communication between state and local counterparts and conflicting interests at the state level.

### ***Proposed Improvement Strategies***

- Develop and implement additional technical assistance and training on utilizing a variety of funding resources from various sources to ensure that all early intervention services are provided in natural environments unless appropriate justification for not doing so is included in the IFSP.
- Identify and utilize additional mechanisms (such as the payor of last resort checklist) to help document meeting the MIMS compliance indicators related to financial assurances.

## **B. EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS**

*"My child receives all the services he needs. Also, the care providers have been extremely flexible about seeing him at home and at day care."* (Parent, written public input, September 2000)

### **CLUSTER SUMMARY**

Virginia is fully committed to the provision of early intervention services in natural environments as appropriate to the needs of each individual child. In order to address the provision of appropriate early intervention services in natural environments, Virginia has initiated a number of efforts. In 1996 a task force was appointed to develop a position paper to emphasize family-centered service delivery in natural environments which is characterized by strength-based and resource based practices, collaborative interventions, community mapping and the importance of consultation in maximizing the child's learning opportunities. This position paper was updated in 1999. Competencies were developed and a contract was awarded to provide training. In addition, two interagency coordinating councils were selected to receive the training and pilot the new approach for one year beginning in February of 2000.

Virginia has instituted a number of strategies to ensure that adequate numbers of qualified personnel are available to provide early intervention services. These include, but are not limited to, a tuition assistance program which has assisted persons in receiving pre-service training in order to meet the Part C personnel standards since 1993; a new paraprofessional personnel category (i.e., Early Intervention Assistant); and two new professional disciplines, a Family and Consumer Science Professional and a Certified Therapeutic Recreation Specialist.

Virginia has established a training and technical assistance system to support local councils, providers and families in the provision of early intervention services in natural environments. Numerous training opportunities are available through a variety of methods. A recent example is the May 2000, 2-day training, conducted in 5 regions with accompanying guidance manual. The training was on natural environments, procedural safeguards and the new IFSP state form. In addition, a collaborative effort including families, providers and university personnel is currently developing a new service coordination training curriculum to reflect the emphasis on natural environments and services imbedded in daily activities and routines of children and families.

Public input from providers, administrators, families and others at all public input meetings indicated concern about financial barriers for services in natural environments. In addition, comments from VICC meetings from 1999 and 2000 express similar concerns particularly as they relate to private insurance and Medicaid and rates of reimbursement. Specifically, commenters reported that managed care has reduced reimbursement to providers and that the provision of services outside of clinics requires additional time for travel and decreases the number of children who can be seen in a given number of hours. Also, reduction of insurance reimbursement has adversely affected the ability of providers to serve families in natural environments.

In order to address the improvements still needed in the area of natural environments, each local council has submitted a plan for serving all children in natural environments. In addition, Virginia has provided extensive statewide training, technical assistance and written guidance materials on the provision of services in natural environments over the last several years.

Virginia is committed to the provision of culturally competent services. The Cultural Diversity Advisory Committee, under the guidance of the Part C Cultural Diversity Specialist, is identifying a specific training curriculum. Training has been and will continue to be conducted on cultural sensitivity and diversity around the state.

Virginia has taken a number of steps to ensure that children and families receive culturally competent services linking with community resources and supports. These include, but are not limited to: development and dissemination of effective practice materials; development of position papers on effective practice designed to meet all families' needs; training and piloting of these practices; ongoing availability of multicultural early childhood team training (PEATC and George Mason University) to assist localities in infusing cultural competency in early childhood programs; a VICC-sponsored Parent Voices conference; training for physicians and nurses; specific training for service coordinators; and training on identifying family strengths, typical activities and routines and maximizing learning opportunities and community resources and supports.

### **COMPONENT CE.1:**

***Family-centered service coordination is available that effectively facilitates ongoing, timely early intervention services (EIS) in natural environments (NEs).***

There are 8 indicators in this component. It was determined that 3 indicators reflect areas of strength in the system, 3 indicators reflect areas needing improvement, and 1 indicator was determined to reflect both an area of strength and an area needing improvement. There was 1 area of systemic noncompliance identified within this component.

### ***Areas of Strength***

- Virginia Policies and Procedures, local policies and procedures and the MIMS system all reflect the following requirements: all families have a service coordinator; and, all families receive timely, comprehensive evaluations, IFSPs, services, and IFSP reviews as required.
- As Virginia entered full implementation of Part C in 1993, service coordination training, consistent with effective family-centered practice, was conducted across the state. This training and other training opportunities continue to be available to service coordinators through the state technical assistance system, when requested by local councils.
- Through interagency collaboration, Virginia has explored and implemented service coordination that is provided by other agencies to meet both their requirements and the requirements of Part C. Such a model reduces duplication, ensures payor of last resort and is more responsive to family's overall needs. Interagency efforts include collaboration related to Baby Care (Department of Health), SPO Case Management (Department of Medical Assistance, Department of Mental Health, Mental Retardation and Substance Abuse Services), and managed care case management. Multiple strategies are utilized on an ongoing basis including training and technical assistance, and the development and dissemination of written guidance and coordinated IFSP forms.

- Virginia has made an ongoing effort at the state level to identify new resources for the provision of service coordination and has provided technical assistance and training to local councils on the use of such resources.
- Virginia has established a set of interdisciplinary core competencies for service coordinators. These are reviewed annually through a self-assessment process to determine priority-training needs for the upcoming year. All providers are asked to participate in 2 training opportunities each year. A collaborative group, including families, is currently addressing any necessary revisions in the competencies to address service coordination in the 21<sup>st</sup> Century.
- Public input from parents and Family Survey 2000 data indicate that evaluations are comprehensive and are completed in a timely manner.
- Over the past four years, almost all families who completed family satisfaction surveys reported that the goals and outcomes written in their IFSP were the things they wanted for their child and family and that they got the early intervention services they needed.
- MIMS 2000 self-assessment data and results from Family Survey 2000 indicate that IFSPs are being periodically reviewed, as appropriate, with families during their period of Part C eligibility.

### ***Areas Needing Improvement***

- Virginia has not established an expected caseload for service coordination.
- Based upon data from the child data forms, MIMS 2000 local self-assessment, and Family Survey 2000, almost all eligible children and their families have service coordinators. It is unclear whether the other small percentage of families had no service coordinator, could not identify their service coordinator, or had this information reported incorrectly at the local level. In addition, the state is aware that some children who receive Baby Care Coordination also have a Part C service coordinator due to large caseloads, creating a duplication of efforts.
- There is a lack of data about what service coordination models are in use across the state and about the methods of data collection used to report service coordination information to the state.
- Virginia does not have complete information to determine fiscal resources that are being used to provide service coordination. Local contracts for 2000-2001 will report which funds are accessed for all early intervention services. In addition, a study is being funded to determine what is needed to develop an interagency data system to collect this information.
- Despite the interagency efforts to collaborate on service coordination, there is inconsistency among local councils in accessing potential resources for this service. In addition, recent issues relating to using MR SPO case management for early intervention service coordination may potentially impact on the continued availability of Medicaid reimbursement for this service. This could impact particularly on rural and inner city areas.
- In the September 2000 Local Council Progress Reports, over 50% of the local councils indicated there were not enough service coordinators, special instructors, or therapy providers for the provision of services in natural environments.

- There is currently no way to collect or track data on the timeliness of evaluations and assessments.
- Non-parent stakeholders reported in public input meetings that physician referral, reimbursement and natural environment issues may negatively impact timely evaluations.
- MIMS 2000 self-assessment data suggests that, while most aspects of the evaluation and assessment are done in a complete and timely manner, a review of pertinent records related to the child's current health status, physical development, and medical history is not being routinely conducted for all children as part of the evaluation and assessment process in some localities.
- Virginia does not have sufficient data to evaluate whether early intervention services are available on a timely basis. During VICC meetings, some parents have reported delays in obtaining services.
- Public input, family surveys and other data indicate that fees for early intervention services discourage some families from entering the system. This issue varied in intensity based upon the different fees systems used in specific localities. In 1999 the DMHMRSAS Reimbursement Office agreed to develop a standardized process for CSBs to use in determining ability to pay and fee appeals.

### ***Area of Systemic Noncompliance***

- According to data from the Individual Child Data Forms, as the child count has increased, the number of localities that do not meet the 45-day timeline has increased. A delay in obtaining evaluation orders from physicians has been noted as a factor. The child data forms do not distinguish between parent initiated delays and system delays in development of the IFSP. Additional concerns have been raised about the accuracy of the data due to varying interpretation of when the 45-day timeline starts and ends.

### ***Proposed Improvement Strategies***

- Provide additional and ongoing technical assistance on completion of the Individual Child Data Form to ensure accuracy of information about meeting the 45-day timeline for IFSP completion, and consider modifying the form to allow documentation of the reason for delay when the 45-day timeline is not met. Provide statewide, regional, or local training and technical assistance as needed to address issues leading to IFSP delays.
- Develop and implement strategies to collect more complete data about Part C service coordination in Virginia including, but not limited to, looking at the models of service coordination being used, caseloads, fiscal resources being used to provide service coordination, and the accuracy of reporting on the Individual Child Data Form.

## COMPONENT CE. 2:

***Appropriately trained public and private providers and paraprofessionals provide early intervention services in natural environments***

There are 4 indicators in this component. It was determined that 1 indicator reflects an area of strength in the system, and 3 indicators reflect areas needing improvement. There are no areas of systemic noncompliance identified within this component.

### ***Areas of Strengths***

- Virginia's annual federally-required "personnel needed" data indicates that the number and percentage of personnel shortages (not including service coordinators) have decreased over the last several years.
- In order to address the provision of appropriate early intervention services in natural environments, Virginia has initiated a number of efforts. In 1996 a task force was appointed to develop a position paper to emphasize family-centered service delivery in natural environments which is characterized by strength-based and resource based practices, collaborative interventions, community mapping and the importance of consultation in maximizing the child's learning opportunities. This position paper was updated in 1999. Competencies were developed and a contract was awarded to provide training. In addition, two interagency coordinating councils were selected to receive the training and pilot the new approach for 1 year beginning in February of 2000.
- Virginia has instituted a number of strategies to ensure that adequate numbers of qualified personnel are available to provide early intervention services. These include, but are not limited to, the following: a tuition assistance program, in place since 1993, which assists persons to receive training in order to meet the Part C personnel standards; a new paraprofessional personnel category, called Early Intervention Assistant; and two new professional disciplines, a Family and Consumer Science Professional and a Certified Therapeutic Recreation Specialist.
- Virginia has established a training and technical assistance system to support local councils, providers and families in the provision of early intervention services in natural environments. Numerous training opportunities are available through a variety of methods. A recent example is the May 2000 2-day training conducted in 5 regions with accompanying guidance manual. The training was on natural environments, procedural safeguards and the new IFSP state form. In addition, Virginia's Department of Education Training and Technical Assistance Centers (T/TAC) collaborate with Part C to provide coordinated training and technical assistance (including joint training/presentations) for providers and parents of infants and toddlers with disabilities.
- In 1993 the VICC Personnel Training and Development Committee developed a set of Indicators of Recommended Practice. Through local council CSPD activities, providers complete the indicators of recommended practice annually through a self-assessment process to determine priority-training needs for the upcoming year. All providers are asked to participate in 2 training opportunities each year and local councils may use Part C funds for training.

- A collaborative effort including families, providers and university personnel is currently developing a new service coordination training curriculum to reflect the emphasis on natural environments and services imbedded in daily activities and routines of children and families.
- The Cultural Diversity Advisory Committee under the guidance of the Part C Cultural Diversity Specialist is identifying specific training curriculum. Training has been and will be conducted on cultural sensitivity and diversity around the state.
- Written and verbal feedback from Part C training events has been consistently positive and has documented that the trainings address the identified needs of recipients, including needs related to the special knowledge, skills and abilities needed to serve eligible infants and toddlers and their families in natural environments.

### ***Areas Needing Improvement***

- While in 1996 many families surveyed indicated that the number of service providers working with them and their children was “just right,” current data from public input meetings and the September 2000 VICC meeting indicates that some services are not available in some localities, that funding of services is an issue in some areas, and that there is a lack of funding for services in natural environments. In addition, over half of the Local Council Progress Reports for 2000 noted that there were not enough service coordinators, special instructors, or therapy providers for the provision of services in natural environments.
- There is no mechanism in place with which to determine the number and qualifications of those personnel providing early intervention services who do not fall into the personnel categories listed on the personnel tables submitted annually by local councils to the state.
- MIMS 2000 self-assessment data suggests a need to further explore the issue of how many personnel meet state standards for qualified personnel and to examine how local councils are interpreting and reporting this information.

### ***Proposed Improvement Strategies***

- Continue, through interagency collaboration at the state and local level, to expand the variety of funding sources identified and utilized and the kinds of creative service delivery models used in order to maximize reimbursement and personnel time available to support the provision of early intervention services in natural environments.
- Revise the personnel table to also require reporting of qualifications for those persons who do not fall into the established categories and to require a narrative report about plans for those persons to achieve a highest standard.

### **COMPONENT CE. 3:**

The needs of eligible infants and toddlers and their families are determined through appropriate evaluation information.

There are 6 indicators in this component. It was determined that 1 indicators reflects an area of strength in the system, and 5 indicators reflect areas needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strengths***

- The VICC Local/Regional Direct Services Committee is serving as an advisory body for a research project currently underway to determine how evaluations/assessments are completed across the state. The committee will use this information as baseline data, review information from other states and research current evaluation tools and methods to determine recommended practices for evaluation/assessment in Virginia.
- Virginia Policies and Procedures, local policies and procedures and the MIMS system all reflect the requirement that qualified personnel conduct evaluations/assessments and interpret results. In addition, Medicaid requires that evaluators be qualified for reimbursement purposes. Other payors also have personnel requirements consistent with state policy.
- The new state IFSP form requires that evaluators sign the evaluation summary and include their credentials. This facilitates the reimbursement of evaluations and assessments. The IFSP form also lists all the developmental areas that must be included in evaluation/assessment and includes a listing of the instruments used and whether informed clinical opinion was used.
- Virginia Policies and Procedures, local policies and procedures and the MIMS system all reflect the following requirements: (1) evaluations/assessments are conducted in all developmental areas and are administered in the native language or other mode of communication of the family; (2) eligibility decisions are data-based and include informed clinical opinion; and (3) IFSPs include family-identified needs.
- As a part of the May 2000 statewide training, a manual including requirements and effective practice information about all aspects of early intervention including evaluation/assessment was developed and 500 copies were distributed across the state. There were requests for the manual from outside the state as well. An appendix included in the manual contained a list of evaluation/assessment instruments.
- Effective evaluation/assessment practice has been and continues to be the focus of many training and technical assistance efforts across the state. An example of efforts that included a focus on evaluation and assessment of children and the identification of family needs is the May 2000 statewide training. In addition, local trainings have been provided in Southwest Virginia on implementing an appropriate evaluation process.
- The 1996, 1998, and 2000 family survey results indicated that almost all families who responded felt that family-identified needs of their child were included in their IFSPs.
- All 16 MIMS 2000 sites indicated in their self-assessment that the evaluation and assessment of every child is based, in part, on informed clinical opinion.

### ***Areas Needing Improvement***

- There is insufficient information available to determine statewide whether certain elements of the evaluation and assessment process meet state requirements, including whether (1) there are sufficient numbers of examiners available to conduct and interpret required evaluations; (2) those examiners are qualified; and (3) children and families are receiving evaluations in all areas of development.
- Public input and results of Family Survey 2000 indicate that the provision of evaluations/assessments in native language or mode of communication is an area that needs improvement.
- While comments from public input meetings, comments from VICC meetings, and results of a family fees survey indicate that fees may discourage families from accessing services, anticipated implementation of a uniform fee scale and appeals process are expected to address these concerns.
- MIMS 2000 self-assessment data suggests that some families may not be getting an opportunity to identify family needs and/or to suggest desired IFSP outcomes for their child and family.

### ***Proposed Improvement Strategy***

- Develop and implement a plan for more complete data collection related to the evaluation process, including qualifications of persons conducting evaluations, timeliness, the use of culturally appropriate materials, opportunity for family-directed identification of needs and supports, and availability of evaluations in the native language or other mode of communication used by the family.

### **COMPONENT CE. 4:**

***Appropriate early intervention services and supports that address the unique needs of eligible infants and toddlers and their families are provided in natural environments.***

There are 10 indicators in this component. It was determined that 4 indicators reflect areas of strength in the system, 5 indicators reflect areas needing improvement, and 1 indicator reflects both an area of strength and an area needing improvement. There were no areas of systemic noncompliance identified within this component.

## ***Areas of Strengths***

- Virginia Policies and Procedures, local policies and procedures and the MIMS system all reflect the following requirements: (1) all eligible children and their families have available, in a timely manner, all IFSP services in natural environments or must have a child-specific justification about why services are not provided in natural environments; (2) year-round services are available; and (3) transition is completed in a timely manner.
- Each local council has submitted a plan for serving all children in natural environments. In addition, Virginia has provided extensive statewide training, technical assistance and written guidance materials on the provision of services in natural environments over the last several years.
- Information from Individual Child Data Forms indicates that the number of children receiving services in natural environments as well as the percentage of services provided in natural environments have increased steadily since 1997. In addition, 75% of MIMS 2000 sites indicated that they are providing evaluations and assessments in natural environments even though this is not a requirement.
- All 40 local councils provide early intervention services year-round to eligible infants and toddlers and their families.
- The Early Intervention Interagency Management Team (EIIMT), representing the Early Intervention Agencies Committee (EIAC), serves as a state vehicle for interagency collaboration among nine state agencies. The EIIMT meets at least monthly to facilitate collaboration at the state and local level. Examples of their recent efforts include: VICC Bylaws were revised to add Head Start and a private medical insurance agency to the membership; development of an interagency agreement; work on the Newborn Hearing Screening mandate; conducting 2 partnership conferences with Head Start, Part C, special education and families; and the provision of numerous trainings and written guidance for localities.
- Virginia has done a number of things to ensure that children and families receive culturally competent services linking with community resources and supports. These include, but are not limited to: development and dissemination of effective practice materials; development of position papers on effective practice designed to meet all families needs; training and piloting of these practices; a number of statewide training opportunities; ongoing availability of multicultural early childhood team training (PEATC and George Mason University) to assist localities in infusing cultural competency in early childhood programs; a VICC sponsored Parent Voices conference; training for physicians and nurses; specific training for service coordinators; and training on identifying family strengths, typical activities and routines and maximizing learning opportunities and community resources and supports.
- In 1993 the VICC Personnel Training and Development Committee developed a set of Indicators of Recommended Practice. Through local council CSPD activities, providers complete the indicators of recommended practice annually through a self-assessment process to determine priority training needs for the upcoming year. All providers are asked to participate in 2 training opportunities each year and local councils may use Part C funds for training.
- Virginia has established an Early Intervention Assistant occupational category, which is designed to create opportunities for employment of family members and individuals from the communities including those from diverse backgrounds.

- In 1998 a cultural diversity specialist position was created in the state Part C Office and a cultural diversity advisory committee was established to address issues and strategies to ensure culturally competent services. Current activities include working with higher education to infuse cultural competencies in the early childhood preservice curriculum.
- Through surveys over the last several years, families report increased numbers of community resources available to them. Localities provide information on local resources to families in a variety of formats.
- The 2000 Local Council Progress Reports provide multiple examples of a wide variety of community resources that are linked with early intervention.
- Virginia created a statewide IFSP form and provided statewide 2-day training in five regions that emphasized the provision of services in natural environments maximizing community resources and learning opportunities. The new statewide IFSP form addresses linkages with community resources and supports and has a page devoted to facilitating transition both to special education and other community resources.
- Virginia has conducted a number of activities to ensure effective transition including the development of guidance material, the development and implementation of local and state interagency agreements and facilitating smooth transition through the new statewide IFSP form.
- There were many positive comments during the public input meetings from families, administrators, service coordinators and providers about the timeliness of transition plans.
- Virginia has always focused efforts on asking families about their experiences in early intervention. The new statewide 2000 family survey will be utilized consistently by all localities. It will be given to families at the beginning of services and after exiting services. Generally, all family survey results, regardless of the instrument, have been consistently positive.

### ***Areas Needing Improvement***

- Results from the MIMS 2000 self-assessment show that some localities are not yet fully meeting the federal natural environments requirements.
- Comments from public input meetings and during VICC meetings suggest that improvement is needed in increasing collaboration to ensure appropriate services in natural environments.
- While there are strong efforts to enhance cultural sensitivity and to increase the number of culturally diverse providers, public input and MIMS 2000 self-assessment data suggest that this continues to be an area needing improvement.
- Data from MIMS 2000 local self-assessments reveal that, while some localities are making great strides, continued efforts are needed in order to ensure that there are increased opportunities for community-based services statewide.
- There is no mechanism in place to determine whether or not families receive IFSP services in a timely manner. Public input on the subject was mixed, with positive comments as well as concerns.

- There were public comments from a few areas in the state indicating that some school divisions required or encouraged families to wait until the child turned three to begin transition planning. MIMS 2000 self-assessment results also support the conclusion that transition planning can be improved.

### ***Proposed Improvement Strategies***

- Provide extensive, collaborative training and technical assistance and follow-up to support and monitor implementation of each local council's plan for serving all children in natural environments (unless appropriate justification is provided in the IFSP).
- Use data from the Local Continuous Improvement pilot project to develop and implement training, technical assistance and other appropriate strategies for increasing the availability and use of informal community-based resources and supports to address the needs of eligible children and families.

## **C. FAMILY-CENTERED SERVICES**

*"I have been included in all phases of the IFSP development. I attend the weekly parent support group and am aware of assistance with respite care." (Parent, written public input, September 2000)*

### **CLUSTER SUMMARY**

Virginia is proud to report that families of eligible infants and toddlers are involved as equal team members at all levels of the Part C system: from assessment and IFSP teams, to local interagency coordinating councils (LICCs), to state level committees and workgroups, to paid staff at the local and state level. When the infrastructure for Virginia's Part C system was established through 1992 legislation, the LICCs were added to the *Code of Virginia* as a part of that system. The *Code of Virginia* requires that core representation on all LICCs include parents as well as local school divisions, local departments of health, local departments of social services and local community services boards. While parents had participated in the system prior to this legislation, the amendments to the *Code of Virginia* reflect the strong priority placed on parent involvement at a level equal to that of agencies and providers, helping to ensure that families and local service agencies work together to plan and implement a family-centered early intervention system at the local level.

To continue increasing the role of families in planning, implementing, and evaluating the Part C system, a state family representative was hired in 1994. This individual serves as a member of the Early Intervention Interagency Management Team and the Early Intervention Agencies Committee and coordinates family networking, communication, and participation throughout the Commonwealth. In 1997, five regional family representatives were hired through a state contract to further these efforts and to provide technical assistance to families on local councils. The Family Networking Project has been initiated by the state family representative and the five regional family representatives to identify at least two parents from each LICC to become part of a statewide family network.

Currently, parents are filling over 100 council and committee positions at the state level, ensuring family voices are heard in all aspects of the system. Stipends are provided for family participants on all committees and at state trainings. Training, technical assistance, and written guidance provided by the state include families in the development phase, as presenters/trainers, and as participants or recipients. Families have also taken significant initiative and been instrumental in presenting compelling testimony to the House Joint Subcommittee Studying Early Intervention and advocating for needed early intervention legislation in Virginia, including bills to require insurance benefits for medically necessary early intervention services.

Family-centered principles are infused within all state policies and procedures and the written guidance, training, and technical assistance developed to support those policies and procedures. For instance, there have been strong recent efforts at the state level to facilitate systems change related to provision of early intervention services that fit within the child's and family's daily routines and activities.

## COMPONENT CF.1:

***Community outreach is provided in family-centered language, locations and formats.***

There are 13 indicators in this component. It was determined that 8 indicators reflect areas of strength in the system, and 5 indicators reflect areas needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strength***

- The percentage of the state's general birth to three population being served has increased steadily from 1995 to 1999.
- For most ethnic groups, the percentage being served in Virginia's Part C system mirrors the percentage in the total birth to three population.
- The percentages of Asians and Hispanics in early intervention have increased since 1995 while the percentages of African-Americans and Whites have decreased to more closely match with the total percentage of those ethnic groups within the state's birth to three population.
- There has been a consistent increase in the number of parent referrals for Part C services from 1996 to 1999. Parents have noted that the system is family-friendly and easy to access.
- Websites for both the state Part C Office and the Central Directory have increased access to the system for both parents and other primary referral sources.
- Since the Parent-to-Parent program in Virginia began its association with the state Part C system in 1998, the number of local parent-to-parent programs has increased by 33%.
- Local Progress Reports and MIMS 2000 data indicate that localities have developed and utilized many positive and effective outreach activities that have included a wide variety of community organizations.
- Numerous past and current state level public awareness and child find activities have been very successful. These include establishing a Cultural Diversity Advisory Committee (CDAC) which, among other purposes, is charged with infusing cultural competence and increasing cultural awareness in the child find/public awareness system; contracting with a public relations firm to develop public awareness/child find materials and strategies that will address multicultural, multiethnic and underserved populations; and developing an interagency agreement between Head Start, DOH, DOE, and DMHMRSAS to, among other things, enhance information dissemination in a variety of languages, formats and locations.
- Several new and recently revised documents (including parent rights forms, the statewide IFSP form, procedural safeguards information, and an informational document given to all families entering the system) have been translated into multiple languages at the state level.
- The total number of calls to Virginia's Central Directory has increased dramatically in the last two years.

- Numerous local community agencies and parents participate in the development and evaluation of outreach and other activities through their involvement on local interagency coordinating councils, through council committees and through local interagency agreements.
- Between 1998 and the present, the number of private providers who are providing services and participating as part of the Part C system has increased.
- In order to support family-centered practices at all levels and in all components of Virginia's Part C system, a state family representative was hired in 1994 and 5 regional family representatives were hired in 1997.
- In addition to the state and regional family representatives, over 100 VICC and other state-level committee and advisory positions are filled by families (including those from multicultural and other under-represented groups) to ensure active involvement by families in the development and evaluation of all components of the Part C system.
- Virginia's system of providing funding through contracts to the 40 local interagency coordinating councils allows local councils, which include family representation, to determine budget priorities in all areas including child find and public awareness.
- Family stories have been widely used at the state and local levels in various media outreach activities; and the new statewide public awareness campaign, currently being designed through a contract with a public relations firm, is scheduled to kick off in January 2001 with a major media event that will feature families.
- The public relations firm planning Virginia's new statewide public awareness campaign has surveyed families to determine the most appropriate way to meet the needs of families who may seek early intervention services and will hold focus groups with families from diverse populations to further refine the campaign prior to its launch in 2001.
- Virginia has developed and implemented numerous and varied strategies to promote the provision of culturally competent services for all families within their own communities. Such efforts include: a written best practices guide; a pilot project on the family-centered, community-based and resources-based intervention approach; the hiring of a Cultural Diversity Specialist and establishing the CDAC to, among other things, increase the number of culturally diverse providers and to expand cultural sensitivity training for all providers; and the establishment of an Early Intervention Assistant occupational category designed to recruit and retain paraprofessionals and to address the lack of diversity in the early intervention workforce.
- There has been an increase in the total number of birth to one year olds receiving Part C services from 1995 - 1999. This also represents an increase in the percentage of infants birth to one served in comparison to the total state population of infants and toddlers birth to three.

### ***Areas Needing Improvement***

- Parent-to-Parent programs are not yet operating in all Virginia localities.
- There is a need to determine on a statewide basis the languages into which information and materials on Virginia's Part C system and services need to be translated.

- There is a need for renewed state level efforts to ensure that information and materials about Virginia's Part C system are available, translated and disseminated in a way that makes them easily accessible and understandable to the general public.
- The Central Directory collects information on the caller's identity (e.g. parent) only if the caller gives permission, and this makes it difficult to get solid data on the number of parents accessing this service. The 2000-2001 fiscal year will be the first for which the Central Directory manager will report the number of families who call the toll-free number.
- Additional documentation is needed to affirm the role of local agencies in the development and evaluation of family-centered outreach activities.
- The results of a 1997 personnel survey indicate that the diversity of providers in the Part C system is not representative of the population as a whole.
- Most MIMS 2000 sites were unable to show an increase in the number of birth to one year olds served as a proportion of all children birth to one in the locality and most of those unable to show an increase cited lack of data as the reason. Statewide training for physicians and nurses and the July 2000 implementation of the Universal Newborn Hearing Screening are expected to increase the percentage of eligible birth to 1 year olds who are identified.
- The early intervention system in Virginia is serving a greater percentage of African-Americans as compared to the African-American birth to three population as a whole and a lower percentage of Whites as compared to the White birth to three population as a whole.
- Results from the MIMS 2000 self-assessment data indicate that some localities are not yet providing children and families with culturally competent services.

### ***Proposed Improvement Strategies***

- Collect data needed to determine on a statewide basis the languages into which outreach information and materials on Virginia's Part C system and services need to be translated.

### **COMPONENT CF.2:**

***The needs of families with eligible infants and toddlers are identified and addressed through the family-centered orientation of policies, procedures, and practices.***

There are 10 indicators in this component. It was determined that 5 indicators reflect areas of strength in the system, 1 indicator reflects an area needing improvement, and 4 indicators were determined to reflect both areas of strength and areas needing improvement. There were no areas of systemic noncompliance identified within this component.

## **Areas of Strength**

- In order to support family-centered practices at all levels and in all components of Virginia's Part C system, a state family representative was hired beginning in 1994 and 5 regional family representatives were hired beginning in 1997.
- In addition to the state and regional family representatives, over 100 VICC and other state-level committee and advisory positions are filled by families (including those from multicultural and other under-represented groups) to ensure active involvement by families in the development and evaluation of all components of the Part C system.
- Local interagency coordinating councils have always included parent representatives, and local progress reports from 1999 and 2000 reflect increasing numbers of parents (including those from multicultural and other under-represented groups) on local councils as well as increasing numbers of family members being hired to serve in a variety of roles within the local Part C system.
- Virginia has developed and implemented numerous and varied strategies to promote the provision of culturally competent services for all families within their own communities. Such efforts include: a written best practices guide; a pilot project on the family-centered, community-based and resources-based intervention approach; the hiring of a Cultural Diversity Specialist and establishing the CDAC to, among other things, increase the number of culturally diverse providers and to expand cultural sensitivity training for all providers; and the establishment, with OSEP approval, of an Early Intervention Assistant occupational category designed to recruit and retain paraprofessionals and to address the lack of diversity in the early intervention workforce.
- Family-centered practices are widely infused within the interagency training, technical assistance and written guidance documents developed and implemented at the state and local level as well as within the requirements of the annual contract signed by local interagency coordinating councils.
- Part C funding available to local councils as well as several state funding sources are accessed by service providers and families for family support and provision of early intervention services in natural environments, to ensure that services and supports are flexible, accessible, comprehensive and responsive to diverse family-identified needs.
- Public input, local progress reports, and results from Family Survey 2000 show an increase in community-based services for eligible children and families.
- The Part C service coordination training and technical assistance provided by the state emphasizes a model of help-giving that recognizes a family's ability to determine their own circles of support and to determine services based upon their own preferences for their child and family and on their community's resources.
- All families entering Virginia's Part C system are given Virginia's Early Intervention System: A Family Guide, which is a manual developed primarily by families for families with information about the early intervention system, the regional family representatives, and developing family leadership networks and supports (including strategies for increasing involvement of traditionally underserved families).

- Families are included on the state Monitoring and Improvement Measurement System (MIMS) committee and have, therefore, been involved with both the development and implementation of this statewide monitoring system. These families may also serve on state review teams that conduct local interviews and review local plans of improvement.
- Families are actively involved in the MIMS process at the local level and may participate on local MIMS committees, in focus groups, or through other activities to share information about the local early intervention system.
- Virginia families participate in state and local improvement planning through the statewide family satisfaction survey, which was piloted in 1996 and 1998 and began full implementation in 2000.
- In addition to those efforts focused on family-centered practices, Virginia has, since 1993, provided extensive training, technical assistance, and written guidance on financing of Part C services to ensure the maximum use of all available federal, state, and local interagency funding sources so that services and supports identified on IFSPs are based on child and family needs and not on funding.

### ***Areas Needing Improvement***

- Public input for this OSEP self-assessment process and during a VICC meeting in September 2000 indicate that families, service providers and administrators feel IFSP service decisions and service provision are being negatively impacted by fees, insurance reimbursement issues, and the higher cost of providing services in natural environments.
- The results of a 1997 personnel survey indicate that the diversity of providers in the Part C system is not representative of the population as a whole.
- There is no formal mechanism in place to document and track the diversity of families participating in planning and implementation of state and local systems.
- There is no formal mechanism in place to document increases in the use of family-centered elements or provisions within interagency agreements, contracts, policies and procedures, etc.

### ***Proposed Improvement Strategies***

- Continue to develop and implement new strategies, with the guidance of the Cultural Diversity Advisory Committee, to increase the number of culturally diverse providers and to infuse diversity and cultural sensitivity training into both pre-service and inservice programs.
- Continue, through interagency collaboration at the state and local level, to expand the variety of funding sources identified and utilized and the kinds of creative service delivery models used in order to maximize reimbursement and personnel time available to ensure that service decisions are based on child and family needs (and not on funding) and that services are provided in natural environments.

### COMPONENT CF.3:

***Families' capacities to meet the developmental needs of their eligible infants and toddlers are enhanced through training/education and information dissemination, including informal community supports.***

There are 3 indicators in this component. It was determined that 2 indicators reflect areas of strength in the system and that 1 indicator reflects both an area of strength and an area needing improvement. There were no areas of systemic noncompliance identified within this component.

#### ***Areas of Strength***

- Throughout the 1990s, there have been a variety of training opportunities and materials available in Virginia to promote capacity building for families to meet the needs of their eligible infants and toddlers. Such events and guidance have included: a family guide to Virginia's early intervention system; a best practices guide book; pilot projects; training on family-centered early intervention within the context of daily activities and routines of children and families (including IFSP development, procedural safeguards, and family rights); the state Part C website; guidance on IFSP form and contents; and suggestions for transitioning. Part C technical assistance consultants have worked together with Virginia's Department of Education Training and Technical Assistance Centers (T/TAC) to expand the availability of training opportunities as well as to coordinate trainings across agencies especially in relation to transition.
- Training records confirm that families of eligible infants and toddlers are widely used as members of the training team at state and local training events and are regular participants in these trainings.
- There is an annual state Families Are Special, Too Conference that is targeted to families as well as service providers and administrators; parents are also key presenters for conference sessions.

#### ***Areas Needing Improvement***

- There is currently no mechanism in place to assess whether information and resources received through training and materials about family needs has an impact on actually meeting the needs of eligible families.

#### ***Proposed Improvement Strategy***

- Develop and implement a mechanism to document the effectiveness (including the impact on meeting families' needs) of training and materials provided to families and staff about the needs of families.

## COMPONENT CF.4:

***Early intervention services, including transition, are family-centered because of the active involvement of families with eligible infants and toddlers.***

There are 10 indicators in this component. It was determined that 3 indicators reflect areas of strength in the system and that 7 indicators reflect both areas of strength and areas needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strength***

- A comparison of statewide family survey results from 1996 with results from 2000 indicate a significant increase in families' perception of their involvement as members of the IFSP team and decision-makers for their child and family. Families feel respected and listened to and feel that their values, preferences and daily routines are reflected in the way that outcomes and services are planned.
- There has been a consistent increase in the number of parent referrals for Part C services from 1996 to 1999.
- Throughout the 1990s, there have been a variety of training opportunities and materials available in Virginia to promote involvement of families in all aspects of decision-making from the time of identification through transitioning. Such events and guidance have included: a family guide to Virginia's early intervention system; a best practices guide book; pilot projects; training on family-centered early intervention within the context of daily activities and routines of children and families (including IFSP development, procedural safeguards, and family rights); the state Part C website; guidance on IFSP form and contents; and suggestions for transitioning.
- An increasing number and variety of awareness materials and training opportunities have been developed in the last 2 years to describe the full array of service options for children at age three. These recent efforts have included: newsletters focusing on transition; written guidance on transition; a revised information manual for all families entering the Part C system; and service coordination and IFSP training.
- Results from Family Survey 2000 show that 85% of respondents leaving early intervention reported someone had talked with them about different places their child could receive services after leaving early intervention. This represents a 10% increase since 1998.
- Building upon previous training, technical assistance and written guidance focused on family-centered practices, efforts in the past year (such as pilot projects, technical assistance to local councils, and statewide training) have prioritized a service provision model that emphasizes designing services around the daily routines of infants and toddlers and their families.
- Comments from parents during public input meetings indicate that services and meetings are being routinely conducted in natural environments in at least some localities.

- The Part C service coordination training and technical assistance provided by the state emphasizes a model of help-giving that recognizes a family's ability to determine their own circles of support and to determine services based upon their own preferences for their child and family and on their community's resources.
- A number of mechanisms are in place statewide to support parent-professional collaboration, including Virginia's Early Intervention System: A Family Guide, a guidebook for families about the early intervention system, and the Family Networking Project, which supports families participating on local councils.
- Families have participated in the evaluation of services and determination of satisfaction by completing statewide family satisfaction surveys and other service delivery surveys; and these surveys were developed with family input as well.
- The new statewide IFSP form and prior notice forms developed in 2000 help ensure earlier and more complete transition planning and document agreement by families that the listed transition services and plans are consistent with their decisions.

### ***Areas Needing Improvement***

- MIMS 2000 self-assessment data, public input (particularly from service providers and administrators) and anecdotal information suggest that there are substantial barriers (e.g. insufficient funding, personnel, and training) to providing services and holding meetings in natural environments, where everyday routines occur, and that even when services are provided in natural environments those services may not be tailored to fit with daily family routines and build upon family strengths.
- Public input indicates that few options are available in some localities for children exiting early intervention and not going to Part B.
- Public input and MIMS 2000 self-assessment data suggest that families still need more information and support during transition in order to understand their rights and options and to be fully involved in the transition planning process. Families need additional opportunities to visit prospective programs and to receive assistance in securing funding resources, if needed, for services after age three.

### ***Proposed Improvement Strategies***

- Using data from the Local Continuous Improvement pilot project, develop and implement additional training, technical assistance and other strategies to increase the provision of early intervention services within the context of daily routines and functional activities.

## **D. COMPREHENSIVE CHILD FIND AND PUBLIC AWARENESS**

*“The hospital was very proactive in helping us to contact the early intervention system, who in turn evaluated our child within days of coming home from the hospital.” (Parent, written public input, September 2000)*

### **CLUSTER SUMMARY**

Early in Virginia’s Part C participation, many public awareness materials and strategies were initiated at the state-level. At the same time, local interagency coordinating councils were receiving a proportionate share of federal Part C funds and budgeted those funds as needed to meet local priorities, including local needs related to child find and public awareness. In the mid-1990s, in accordance with shifting state government priorities, an even greater majority of federal Part C funds were disseminated to local councils, and state-level efforts in the development of actual public awareness materials were reduced. State-level support for Part C public awareness and child find did continue, however, through the provision of technical assistance and training to local councils, state agencies, and parents. Local councils were also provided with media packets, including previously developed materials, for their use and adaptation at the local level. It was expected that localities would develop their own materials and translations as needed to supplement those that had been provided by the state.

Local councils have developed and implemented positive and effective child find and public awareness materials and strategies, targeted to a wide variety of audiences and taking into account the cultural and ethnic diversity in their own areas. Despite the success of these local efforts, local councils, primary referral sources, and parents have suggested that Virginia could be more effective and efficient in its public awareness and child efforts if there was a more coordinated state-level campaign. To enhance other state-level efforts already underway to meet this need, a state contract was signed with a public relations firm in 1999. With a diverse workgroup of parents and service providers advising its work, the firm is expected to develop a variety of materials and strategies to be implemented statewide beginning in January 2001.

Virginia has experienced a dramatic increase in the number of referrals from all primary referral sources, especially from physicians. Innovative training for physicians about the early intervention system, including the referral process, was developed by a local agency in Virginia and is now being implemented statewide through a state contract. Although improvements have been demonstrated since this training began, public input suggests that there are still difficulties with obtaining timely referrals from physicians. In order to facilitate continued improvement in this aspect of the referral system, a pilot study is currently being developed that involves physicians helping to develop informal strategies for getting information to physicians.

While the percentage of children served in Virginia’s Part C system is currently less than the percentage served nationally and there are still improvements to be made, Virginia is proud that, since 1995, there has been a significant increase in the number of infants and toddlers with disabilities and their families who are identified and evaluated for services in the Part C system.

## COMPONENT CC.1:

***All eligible infants and toddlers and their families are identified and evaluated for services through implementation of a comprehensive coordinated child find system.***

There are 7 indicators in this component. It was determined that 2 indicators reflect areas of strength in the system, 4 indicators reflect areas needing improvement, and 1 indicator was determined to reflect both an area of strength and an area needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strength***

- Both the statewide annualized child count and the federally required December 1 statewide child count increased significantly from 1995-2000.
- Through interagency collaboration Virginia has used a variety of data sources for child find including the Department of Health (DOH), Newborn Infant Hearing Screening, and Virginia Cares.
- Localities have developed and utilized many positive and effective child find materials and strategies.
- Numerous past and current state level public awareness and child find activities have been very successful. These include: establishing a Cultural Diversity Advisory Committee (CDAC) which among other purposes is charged with infusing cultural competence and increasing cultural awareness in the child find/public awareness system; contracting with a public relations firm to develop public awareness/child find materials and strategies that will address multicultural, multiethnic and underserved populations; and developing an interagency agreement between Head Start, DOH, DOE, and DMHMRSAS to, among things, enhance information dissemination in a variety of languages, formats and locations.
- In 1998 the Virginia General Assembly charged DMHMRSAS with implementing strategies to increase the number of service providers in Part C from underserved groups including minority, low-income, rural and urban families.
- At the Cultural Diversity Advisory Committee's recommendation, a contract has been signed with J.S. Reynolds Community College to oversee the development of a training curriculum designed to enhance cultural sensitivity and increase cultural awareness among all Part C personnel.
- Individual child data forms submitted by localities for each eligible child demonstrate a consistent increase in referrals of eligible children from all primary referral sources from 1996-1999.
- Virginia has implemented a number of state level activities targeted at increasing physician referrals including physician training and a pilot effort to work with physicians to identify effective informal strategies for sharing referral information with physicians.

- The MIMS system requires localities to calculate the percentage of children served as compared with local census data and to establish an annual goal each year to reflect targeted growth in eligible children served.
- The Early Intervention Interagency Management Team has recommended funding for a study to project the potential number of children eligible under Part C in Virginia.
- Family survey data since 1996 has shown consistently high family satisfaction with their service coordination.

### ***Areas Needing Improvement***

- The percentage of children served in Virginia's Part C system is less than the percentage served nationally.
- There are additional national and state data sources that have not yet been utilized to assist state and local child find efforts.
- There is a need for renewed state level efforts to ensure that public awareness/child find materials are available, translated and disseminated as appropriate to the populations living in all Virginia localities.
- Currently, Virginia only collects referral data on children who are ultimately found eligible and whose parents elect to participate in Part C resulting in an incomplete picture of referral patterns.
- Public input indicated that in many localities there is still difficulty with obtaining timely referrals from physicians.
- There is currently no statewide mechanism to track the assignment of a temporary service coordinator or service coordinator as a child enters the system.

### ***Proposed Improvement Strategies***

- Implement and evaluate the statewide public awareness campaign currently being developed through a contract with a public relations firm.
- Develop and implement strategies to share across localities effective strategies for disseminating informational materials targeting multicultural and other under-represented groups.

## COMPONENT CC. 2:

***Access to culturally relevant materials that inform families of the availability of early intervention services promotes the identification and referral of eligible infants and toddlers and their families to the child find system.***

There are 5 indicators in this component. It was determined that 2 indicators reflect areas of strength in the system, 2 indicators reflect areas needing improvement, and 1 indicator was determined to reflect both an area of strength and an area needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strengths***

- Numerous past and current state level training and information dissemination activities related to referral and identification of all families including those from multicultural and other under represented populations have been implemented. These include: establishing a Cultural Diversity Advisory Committee (CDAC) which among other purposes is charged with infusing cultural competence and increasing cultural awareness in the child find/public awareness system; contracting with a public relations firm to develop public awareness/child find materials and strategies that will address multicultural, multiethnic and underserved populations; and developing an interagency agreement between Head Start, DOH, DOE, and DMHMRSAS to, among other things, enhance information dissemination in a variety of languages, formats and locations.
- At the Cultural Diversity Advisory Committee's recommendation, a contract has been signed with J.S. Reynolds Community College to oversee the development of a training curriculum designed to enhance cultural sensitivity and increase cultural awareness among all Part C personnel.
- Localities are implementing numerous activities related to training and information dissemination targeted to primary referral agencies.
- Individual child data forms submitted by localities for each eligible child demonstrate a consistent increase in referrals of eligible children from all primary referral sources from 1996-1999.
- Virginia has implemented a number of state level activities targeted at increasing physician referrals including physician training and a pilot effort to work with physicians to identify effective informal strategies for sharing referral information with physicians.
- All statewide efforts related to the development and distribution of child find and public awareness materials include the involvement of families, service providers and other relevant stakeholders. These include efforts by the VICC Public Awareness Committee, VICC Family Support and Advocacy Committee and the workgroup advising the public relations firm developing the new statewide public awareness campaign.
- For most ethnic groups, the percentage being served in Virginia's Part C system mirrors the percentage in total birth to three population.

- The percentage of Asians, Hispanics, and Whites in early intervention have increased since 1995 and the percentage of African-Americans has decreased to more closely match with the total percentage of those ethnic groups within the state's birth to three population.

### ***Areas Needing Improvement***

- There is a need to determine on a statewide basis the languages into which information on referral and identification needs to be translated.
- There is a need for renewed state level efforts to ensure that training and information dissemination about referral and identification of all families including those from multicultural and other underrepresented populations are available, translated and disseminated.
- Public comment indicated that in many localities there is still difficulty with obtaining timely referrals from physicians to Part C.
- The early intervention system in Virginia is serving a greater percentage of African-Americans as compared to the African-American birth to three population as a whole and a lower percentage of Whites as compared to the White birth to three population as a whole.

### ***Proposed Improvement Strategies***

- Collect data needed to determine on a statewide basis the languages into which information on referral and identification needs to be translated.
- Develop and implement strategies to ensure that training and information provided to primary referral sources and collaborating state agencies includes information and strategies about reaching multicultural and other under-represented groups.

## **E. EARLY CHILDHOOD TRANSITION**

*“Our son is going to be three in one month and we feel everything is in place for a smooth transition. We began thinking about the transition about 6 months ago. We tried to learn all the options available to him and began exploring the services provided through the public school system. Our Case Manager informed us that he could attend the school as a part-time student. She also helped us initiate the public school assessment process so that he would have that completed prior to his third birthday. We finished that assessment and had our eligibility hearing last week. We will be getting together to write his IEP and close out the IFSP in the next couple of weeks.” (Parent, written public input, September 2000)*

### **CLUSTER SUMMARY**

Transition, particularly from Part C to Part B, is complicated in Virginia by the fact that children who meet Part B eligibility requirements may begin services through the public schools with an IEP when they turn two by September 30th of that school year. Prior to full implementation of Part C, eligible infants and toddlers with disabilities were typically transitioned from the Part C system to the Part B system at age 2. Once full implementation of Part C began in Virginia, considerable effort was made at the state and local levels to revise policies and procedures and to provide training, technical assistance, and written guidance to providers, administrators and families about a child’s right to continue receiving services under Part C until age three, if desired by the family. The fact that Part C and Part B have two different Lead Agencies and two different stakeholder groups in Virginia also makes transition issues more complicated to address. A close, collaborative working relationship between the two agencies is necessary at both the state and local level in order to facilitate changes and improvements.

Many localities in Virginia have developed and utilize creative, collaborative and effective transition strategies that result in smooth and timely transitions for children and families. In addition, localities are working hard to expand the options available for children who are not eligible for Part B services at age three. However, the effectiveness and timeliness of transition and the array of service options available at age 3 are not yet consistent across the state.

Recent efforts at the state level to improve this consistency have included making available, upon local request, transition training provided jointly by the Department of Education and the Part C Office; developing an interagency agreement between Part C, Part B, and Head Start which expands transition options; and developing a statewide IFSP form that includes a transition section designed to facilitate early and ongoing transition planning, to better document transition steps to be taken, and to document parent agreement that listed steps are consistent with their decisions. While a significant amount of training and technical assistance continue to be provided to Part C and Part B personnel and families on issues related to transition, there is a need to develop and implement a collaborative, statewide training program to localities in order to improve transition experiences for families.

## COMPONENT CT. 1:

***Children exiting Part C receive the services they need by their third birthday, when appropriate.***

There are 9 indicators in this component. It was determined that 1 indicator reflects an area of strength in the system, 7 indicators reflect areas needing improvement, and 1 indicator was determined to reflect both an area of strength and an area needing improvement. There were no areas of systemic noncompliance identified within this component.

### ***Areas of Strength***

- Local progress reports from 1999 and 2000 indicate that transition training is occurring at the local level.
- The Department of Education and The Department of Mental Health, Mental Retardation and Substance Abuse Services collaborate to provide joint transition training for Part B and Part C at the local level, as requested by local councils.
- The interagency agreement between DOE, DOH, DMHMRSAS and Head Start that was signed in 1999 includes, among other things, recommended practices for transition and identifies the need for joint training on transition planning, implementation, and evaluation of the transition process.
- A significant amount of training and technical assistance on transition planning is available to Part C and Part B personnel and to parents through several state agencies, private agencies, and parent advocacy and resource centers. Part C technical assistance consultants and Virginia Department of Education Training and Technical Assistance Center personnel have worked together to plan and present local/regional training and technical assistance around transition. Virginia has developed technical assistance documents and statewide trainings to assist localities in transition planning and identifying placement options.
- Questions related to transition have been included on statewide family satisfaction surveys since 1995 and results indicate increased overall satisfaction with the transition process.
- Family Survey 2000 data indicates that most families are receiving information about transition options and that someone is available to help them through the transition process.
- The new statewide IFSP form introduced in 2000 has a section designed to facilitate transition planning that begins at a child's entry into the Part C system and that ensures a transition conference is held at least 90 days before the child's third birthday.
- Localities have developed and implemented a number of creative and effective strategies for increasing involvement of Part B personnel in the transition planning process.
- Public input and family surveys suggest that families feel included in all aspects of IFSP development and that they are the primary decision-makers for their child and family.
- Almost all of the MIMS 2000 sites indicated in their self-assessment reports that IFSPs include a transition discussion throughout a child's and family's participation in the early intervention system.

## ***Areas Needing Improvement***

- There is no data available to determine whether transition training that happens on the local level is consistently being provided jointly with Part C and Part B.
- Local councils have identified the need for additional technical assistance to develop guidelines for transition training.
- Virginia does not currently have a collaborative statewide systematic training program on transition for parents and providers.
- There is no data available to show who has been trained in transition planning and whether these trained individuals are the ones providing transition planning.
- MIMS 2000 self-assessment information suggests that some localities may not be consistently holding a conference with the family and providers of Part B or other services the child might receive after early intervention in order to plan for each child's transition.
- Public input and MIMS 2000 self-assessment data indicate that, in at least some localities, there are few options available for children who are not eligible for Part B at age three.
- Data from Family Survey 2000, MIMS 2000, and public input shows that the move from early intervention to preschool services is not easy for families, that they may not feel adequately supported through the process and that they may not find the process timely or successful.
- There is no documentation available to show that, during transition planning, parents receive and understand their Part B rights. Nor are there mechanisms in place to document the involvement of Part B personnel in transition planning or of families in the IEP process. The Virginia Department of Education is currently developing a survey designed to collect this information through local school divisions.
- Public input suggests that some families are not aware of or do not fully understand their rights under Part B.

## ***Proposed Improvement Strategies***

- Develop and implement coordinated, collaborative, statewide training and technical assistance on transition, including, but not limited to, transition requirements, transition planning, parent rights under Part B, and expanding options for children not eligible under Part B at age three.
- Develop and implement strategies to improve data collection and sharing of information between DMHMRSAS and DOE on transition issues such as involvement of Part B personnel in transition planning and involvement of families in the IEP process.

### **PART III CONCLUSION**

Virginia is proud of the accomplishments made over the past 10 years and described in this report. Perhaps most importantly vital groundwork has been established for ensuring continuous improvement in the system: there is a solid interagency infrastructure in place; there is a strong history of families and providers working together in Virginia's Part C system; and there is tremendous dedication and commitment from all who are involved in the system. Such factors give reasons to be confident about the success of the improvement efforts already underway and new strategies identified through this self-assessment process.