

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

STATE GOAL:

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

PERFORMANCE INDICATOR:

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

BASELINE DATA:

This information represents data gathered between 2000 and 2003 through Virginia’s Monitoring and Improvement Measurement System (MIMS), Family Surveys, and the Infant and Toddler Online Tracking System (ITOTS):

- Virginia Part C Policies and Procedures ensure that there is a comprehensive, ongoing, statewide, interagency effort so that all eligible children are identified and evaluated by the Part C system. Localities have also developed local policies and procedures to address this requirement. MIMS 2000 data indicated that 100% of sites implement procedures to ensure referrals for evaluation/assessment or to other resources, as appropriate.
- Since 1996, the number of referrals from all primary referral sources has increased.
- Despite Virginia’s efforts to identify all eligible children and overall increases in the percentage of eligible children being served, the percentage of eligible children identified and referred in Virginia had not yet reached a level comparable to national demographic data as of 2003. The percentage of eligible children being served in Virginia’s Part C system (and two year olds served through Part B) has increased from .8% in 1995 to 1.87% in 2003.
- In 2002, Virginia launched a new statewide public awareness campaign designed through a contract with a public relations firm. The campaign includes radio spots, media kits, posters and collateral materials, media lists, and packets of materials with tactics for reaching traditionally underserved populations.
- Other state efforts to increase the number of eligible children served in the Part C system have included implementation of the Caring for Infants and Toddlers with Disabilities (CFIT) training for physicians and nurses, which includes information about how to refer children to Virginia’s Part C system. A website was also created to provide physicians and nurses with general information about Virginia’s Part C system, as well as referral procedure information (www.earlyintervention-va.com).

TARGETS for January 1, 2004- December 31, 2004

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

TREND DATA:

Family Survey Data – Beginning Services

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

Referral Source	2001	2002	2003	2004
Doctor/nurse	50%	50%	58%	57%
Hospital	16%	13%	12%	11%
Friends/relatives	10%	12%	9%	11%
Poster/brochure/radio/TV/Newspaper/Internet	1%	1%	2%	2%
School/preschool/day care	3%	2%	3%	3%
Social worker	4%	4%	2%	4%
Other	16%	18%	14%	13%

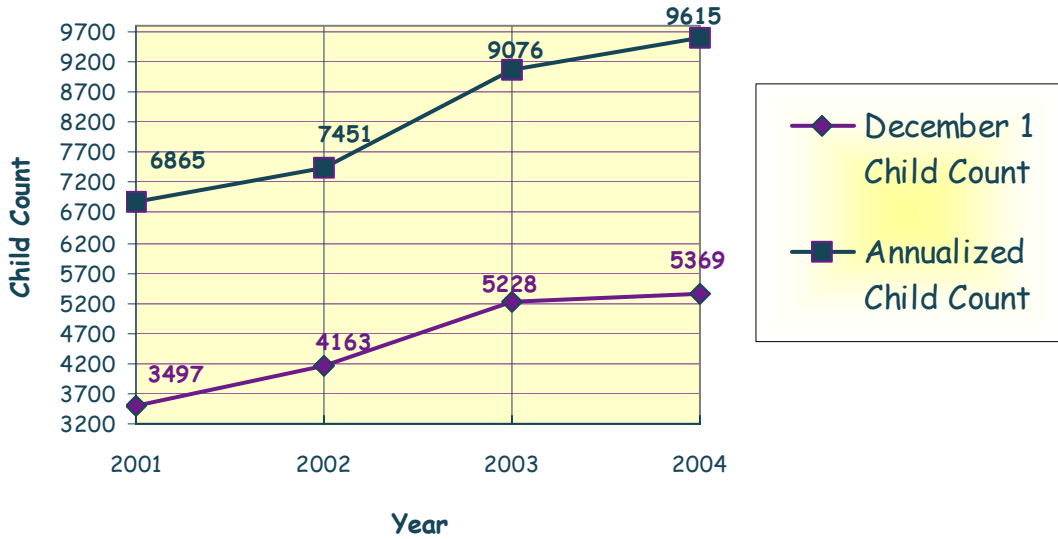
MIMS Data

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
Various methods for public awareness are being used by the local early intervention system, which include but are not limited to television, radio, newspaper releases, as well as pamphlets and posters displayed in doctors' offices and other appropriate locations	88% - yes	77% wide variety 23% some variety	50% wide variety 50% some variety
The local early intervention system disseminates public awareness materials to a locally determined list of agencies and places of business, based upon the demographics of the locality	65% - yes	92% many places 8% some places	Not asked*
Local public awareness materials should be available in the native language of any ethnic group that makes up more than 5% of the population in the area to be served.	Narrative responses – Many were providing even when population made up less than 5%	85% always true 8% often true	Not asked
PA materials meet the needs of the community's families, including those from multicultural populations and under-represented groups	Narrative responses – Most felt they were meeting this indicator	92% - yes	Not asked
The local early intervention system establishes annual child find goals based on past child find data	41% - yes	62% - yes	Not asked
The local early intervention system conducted at least one public awareness event or activity focused on child find during the past 12 months	100% - yes	92% - yes	Not asked
<p>The local early intervention system disseminates information to primary referral sources according to the schedule in their local plan</p> <p>For 2003-2005 MIMS sites this indicator was changed to read as follows: The local early intervention system implements their local plan for training and information dissemination to primary referral sources about procedures to assist families in accessing the early intervention system. The plan must include a list of all local primary referral sources, and the local system provides training and information dissemination to those primary referral sources in accordance with a locally determined schedule.</p>	53% - yes	8% always true 69% often true 8% sometimes 8% never	50% often true 25% sometimes 25% never

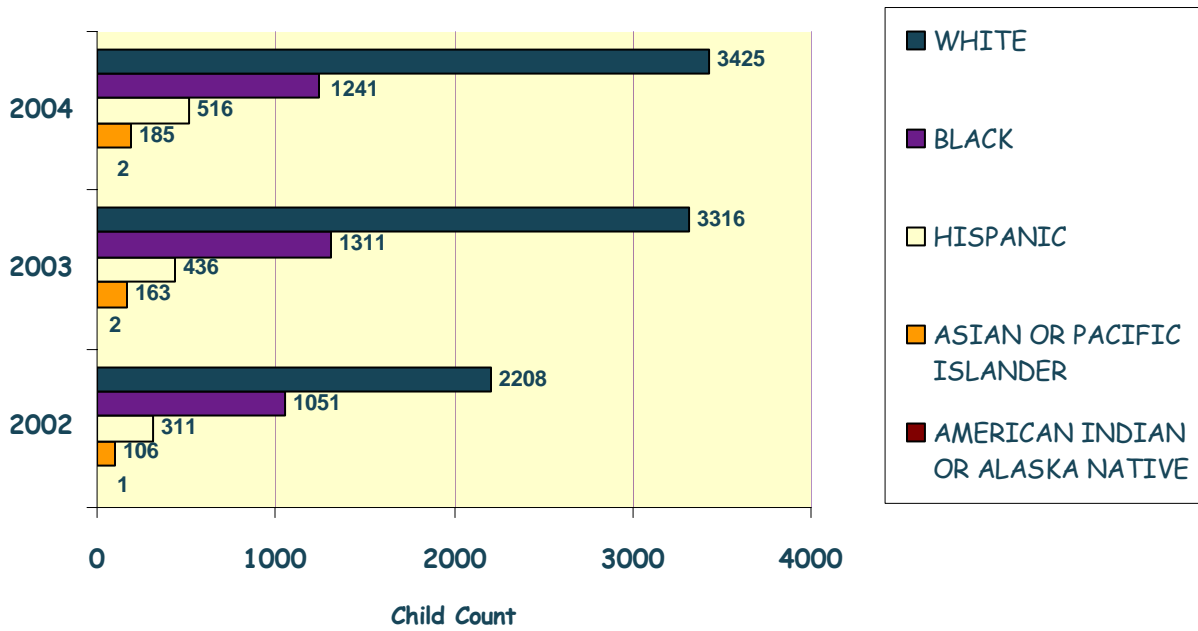
Note: For MIMS 2000, a yes/no response was required for each indicator. Beginning with the MIMS 2001 cycle, responses to most indicators were to be reported in the following categories: always true (100% of the time); often true (60-99% of the time); sometimes true (30-59% of the time); rarely true (1-29%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

*MIMS 2004 sites were the first to use a new, more streamlined version of the self-assessment. Some previous self-assessment indicators were eliminated, some are now addressed through other monitoring mechanisms like the local contract or ITOTS, and some were combined. For further explanation and discussion of this reduction in indicators, please see performance indicator GS.1 in this report.

Child Count Change 2001 to 2004



Child Count by Race Ethnicity

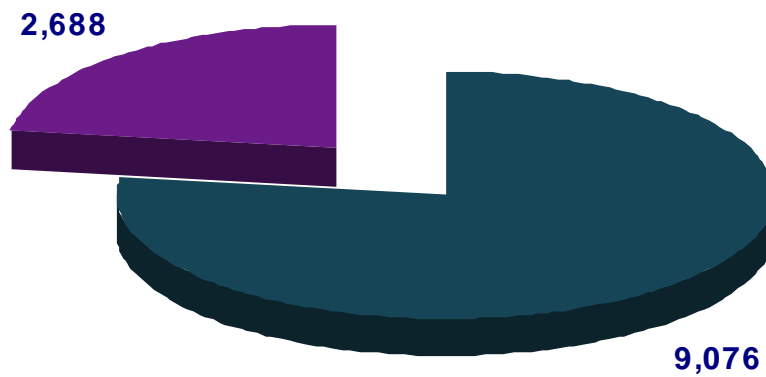




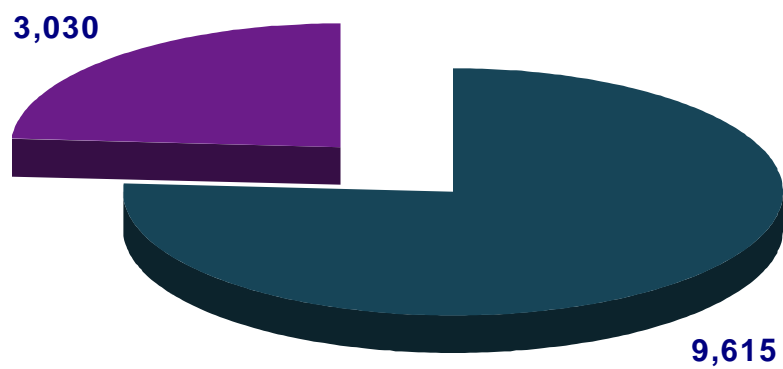
12/2/01 - 12/1/02



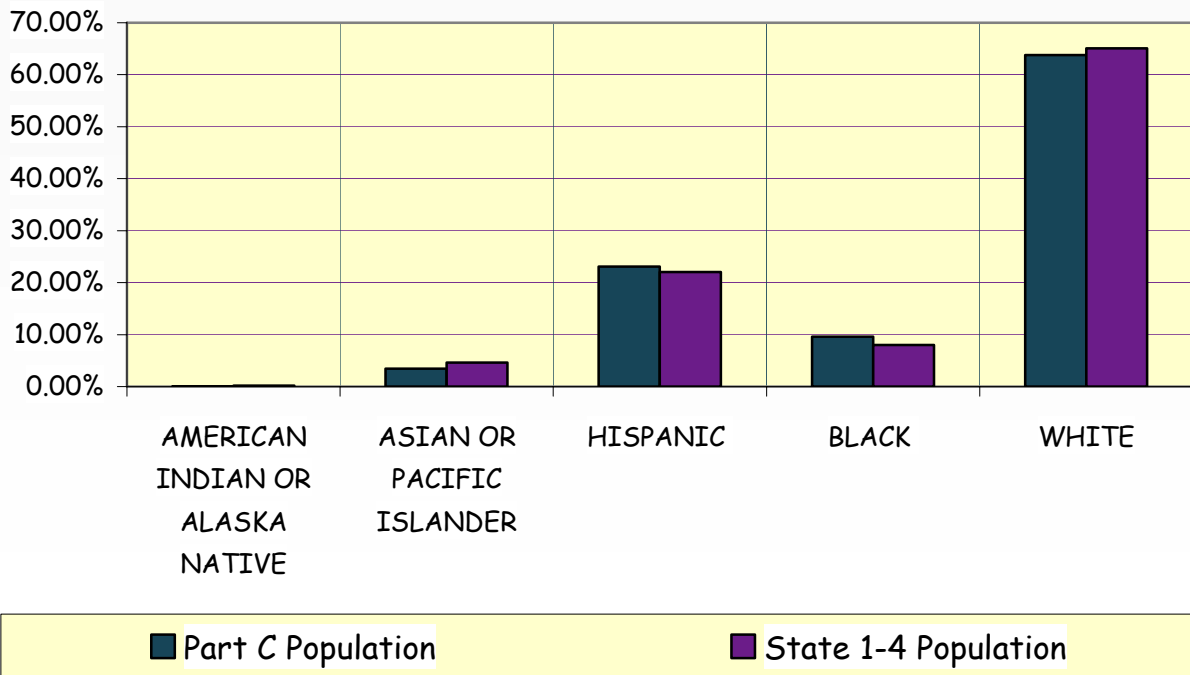
12/2/02 - 12/1/03



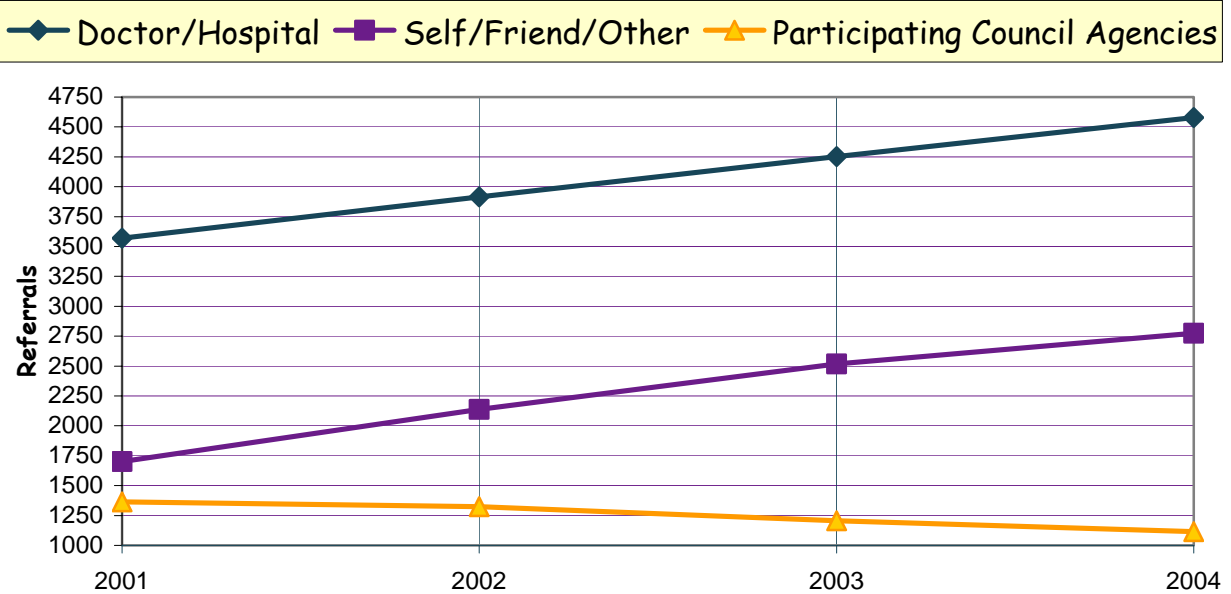
12/2/03 - 12/1/04



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



Trends in Referral Sources 2001 - 2004



EXPLANATION OF PROGRESS OR SLIPPAGE

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

- From 2003 to 2004, the annualized child count increased by 5.9%, with a total increase of 40% since 2001. The December 1st count has also increased annually, with a 2.7% increase between 2003 and 2004 and a total increase of 53.5% since 2001.
- In 2003, the percent of Virginia's population served through the Part C system on December 1st was 1.87%. Based on the December 1, 2003 child count, the national average for percentage of population served was 2.23. Because 2004 general population figures are not yet available, an equivalent comparison cannot be made for the 2004 Part C child count.
- Based on a comparison of 2003 ethnic demographic data from the Virginia Department of Health and Part C child count data, Virginia's Part C system is consistently serving a representative proportion of the five major ethnic groups.
- There continue to be steady increases in referrals from physicians and other health care providers and from families of infants with suspected delays or disabilities.
- ITOTS data indicates that there are a large number of infants and toddlers referred each year that never enter early intervention services (approximately 25% in each of the last 3 years). Reasons for the child not entering services include the following: parents refuse a screening or evaluation, a screening indicates that an evaluation is unnecessary, the child is found ineligible based on the Part C evaluation, the local system is unable to contact the family, or the child is found eligible but the family either declines all Part C services or the system loses contact with the family following evaluation. Further analysis of this data is needed in order to better understand how to adjust child find and public awareness strategies and intake procedures in order to lower the number of children who are referred but do not enter services.
- In 2003, Virginia began a cost study for the Part C system. Data from this study was reported in 2004 and included the following:
 - The Richmond/Central region served the highest percentage of children in 2003 at 2%. The Northern Virginia and Roanoke regions served the lowest percentage at 1.3% each. Using high school drop-out rate, very low birth weight and a poverty indicator as the predictive variables, Richmond/Central would be expected to serve the highest percentage of children, with Northern Virginia and Valley expected to serve the lowest.
 - Virginia communities serving the highest percentage of the birth to three population share the following characteristics: small community, local Part C system well-known by the physician community, local Part C system communicates back with referral sources, longevity of the primary contact person for the local Part C system, and stable local early intervention program.

In 2004, Virginia's efforts to increase the number of eligible children identified and served under Part C included the following:

- The statewide public awareness campaign begun in 2002 was continued in 2004. The campaign includes media kits, posters and collateral materials, media lists and packets of materials with tactics for reaching traditionally under-served populations.
 - In 2004, approximately 3,265 Part C brochures, magazines and/or posters were disseminated statewide through the Central Directory. These printed materials were distributed to and through the following: advisory boards, child care providers, hospitals, churches, city council members, local public agencies, community events, community workers, conferences, dentists offices, disability commission, disability awareness events, early intervention providers (in Virginia and other states), family resource centers, Governor's and Lieutenant Governor's staff, health agencies, health fairs, Hispanic events, home health care agencies, human services events, Mayor's Office, independent living centers, medical equipment programs, military programs, parents/caregivers/family members, physicians' offices, police departments, public housing agencies and sites, rehabilitation centers, schools, shelters, statewide information and referral centers, local and state training events, transportation providers, and Senators.
 - Approximately 110,000 copies of the developmental checklist brochure (100,000 in English and 10,000 in Spanish) were included in a New Parent Kit, which was a Governor's Initiative project coordinated through the Department of Social Services. The kits were disseminated through local departments of social services.
 - The Part C Office disseminated an estimated 11,000 developmental checklist brochures, 2000 magazines and 500 posters to local Part C systems in 2004.

- Public awareness materials were provided by the State to localities in English, Spanish and Farsi. Planned translations to Korean and Vietnamese had to be postponed from 2004 for budgetary reasons.
- The Part C Office established a uniform mechanism for local Part C systems to use in ordering public awareness materials. This mechanism ensures consistent access to materials for local Part C systems and allows the Part C Office to more effectively track what materials are being used most and where in the state those materials are being used.
- New State efforts related to public awareness in 2004 included use of billboards along major state highways; multiple press releases; articles in newsletters such as the *Child Abuse and Prevention Newsletter* and *Virginia Pediatrics* (the newsletter of the Virginia chapter of the American Academy of Pediatrics); and displays at conferences and health fairs.
- Results of the Virginia Cost Study were widely disseminated to early intervention administrators, planners, providers and families across the Commonwealth. Discussion and planning about the results of the Cost Study were begun at the state level and included discussion of future activities at the state, regional and local levels that will facilitate identification of all Part C eligible children and their families.
- The Caring for Infants and Toddlers with Disabilities (CFIT) training for physicians and nurses, which includes information about how to refer children to Virginia's Part C system, continues to be implemented. The website created to provide physicians and nurses with general information about Virginia's Part C system, as well as referral procedure information, (www.earlyintervention-va.com), continues to be available and updated as needed.
- The Part C Office worked closely with the Virginia Department of Social Services to develop and implement procedures for referrals to the Part C system required under the Child Abuse Prevention and Treatment Act (CAPTA). Written guidance and follow-up technical assistance were provided to local Part C systems. A joint memo from the Commissioners of the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Social Services was disseminated to all local Part C systems and all local Departments of Social Services in January 2005 detailing procedures to be used for referrals of children to the Part C system in accordance with CAPTA requirements.

PROJECTED TARGETS

1. The percentage of Virginia's birth to three population served through the Part C system will increase.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

Please see attached Service Delivery Work Plan

PROJECTED TIMELINES AND RESOURCES

Please see attached Service Delivery Work Plan

PERFORMANCE INDICATOR

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

BASELINE DATA:

In addition to the baseline data provided in the previous child find performance indicator, this information related to identifying eligible infants under one year of age was gathered between 2000 and 2003 through Virginia's Monitoring and Improvement Measurement System (MIMS), Family Surveys, and the Infant and Toddler Online Tracking System (ITOTS):

- The number of infants who were under one year of age when referred to Virginia's Part C system has increased every year from 1995 through 2003. The number of infants under one who are referred in any given year is very close to the number of live births identified by the Virginia Department of Health as being potentially eligible. (3,166 in 2000 and 3,177 in 2001). Based on state and national data from 2000, the percentage of children served on December 1st in Part C in Virginia who were under the age of one was .59%. The national average was .96.

- In 1995, a survey sent to 3,500 families (with 1029 being returned) indicated that 70% of responding families stated they received Part C services before their child's first birthday.
- The Universal Newborn Hearing Screening program was fully implemented in Virginia in July 2000. Training for implementation of the newborn hearing screening program included training on referral to the Part C system.

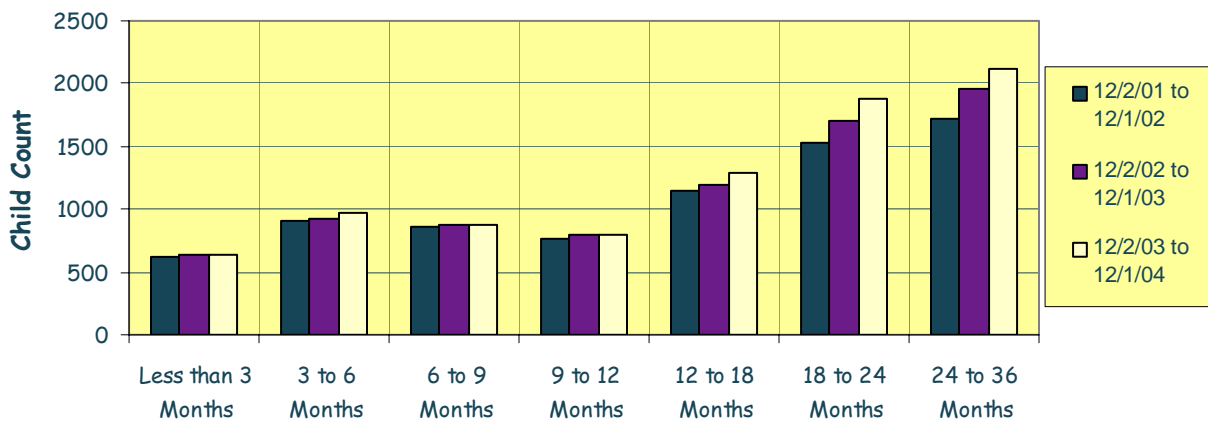
TARGETS for January 1, 2004- December 31, 2004

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

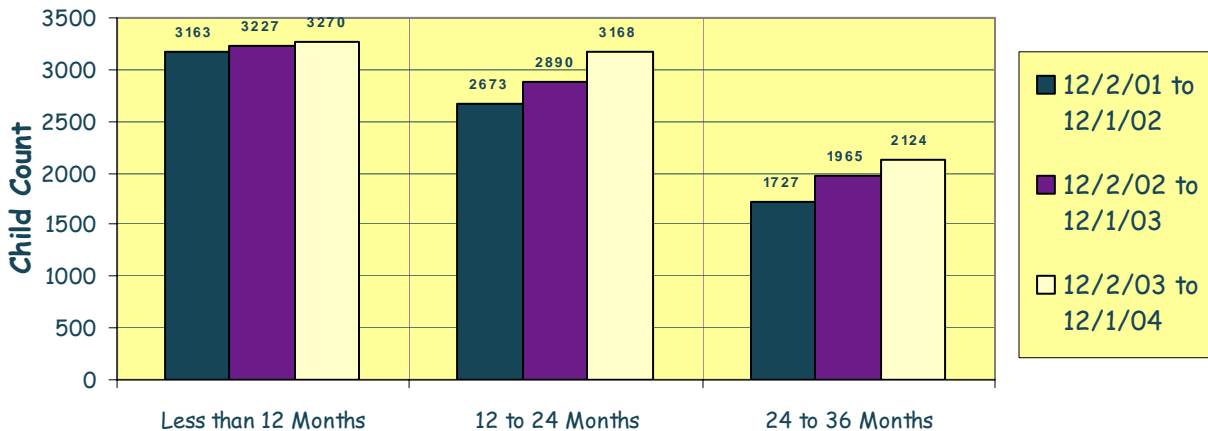
TREND DATA:

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

Age at Referral



Age at Referral



EXPLANATION OF PROGRESS OR SLIPPAGE

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

- The number of infants who were under one year of age when referred to Virginia's Part C system continues to increase each year (with a 1.3% increase from 2003 – 2004 and a total increase of 3.4% from 2001 – 2004).
- As a percentage of the total number of children served in Virginia's Part C system, those who were referred when under one year of age has decreased from 43% in 2001 to 38% in 2004.
- Based on the annualized child count, Virginia appears to be serving a fairly consistent percentage of the birth to one population, (3.1% in 2000, 3.5% in 2003).
- Based on state and national data from 2003, the percentage of children under the age of one who were served on December 1st in Part C in Virginia was .58%. The national average was .91. Because 2004 general population figures are not yet available, an equivalent comparison cannot yet be made for the 2004 Part C child count for children less than one year of age.

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

PROJECTED TARGETS

1. The percentage of Virginia's birth to one population served through the Part C system will increase.

FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS

Please see attached Service Delivery Work Plan

PROJECTED TIMELINES AND RESOURCES

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