

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

**STATE GOAL:**

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

**PERFORMANCE INDICATOR**

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

**BASELINE DATA:**

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

- Data from the Individual Child Data Forms and from MIMS for the years 2000 – 2003 indicated that there was systemic non-compliance with the 45-day timeline for completion of the initial IFSP. However, data from that 3-year period also indicated consistent improvement in this area.
- Of MIMS 2000 sites, only 50% reported that families are satisfied with the frequency and intensity of service coordination and are aware this is negotiated through the IFSP process (though some sites indicated a need for more data); only 19% reported that the percentage of families who say their services are coordinated has increased (though most sites indicated a need for more data). Although this MIMS indicator is no longer part of the local self-assessment, data from 2001 through 2003 on a comparable Family Survey question indicated that a high and increasing percentage of families were satisfied with the way their service coordination was provided (93 – 95%).
- Virginia policies and procedures require that all children have a service coordinator, but the Individual Child Data from 2000 – 2003 reflected that not all eligible children are receiving service coordination (the percentage varied from 91% to 97% annually during this time period). It is believed that this was erroneous information resulting from the person completing the form forgetting to include the service coordinator's name.
- 100% of MIMS sites in 2000 – 2003 reported that service coordination was available for eligible children and families in accordance with the current IFSP.
- 95% of respondents to Family Survey 2000 said their family got the early intervention services they needed and that they were able to contact their service coordinator when they needed to. This percentage has remained steady through 2003.
- Virginia's 2000 self-assessment indicated a wide variety of service coordination models in use across the state and the need to more specifically identify these models and develop consistent service coordination guidelines.
- Data from the MIMS 2001 sites indicated that 33% of sites always initiate services in a timely manner following IFSP development, while the remaining 67% do so "often." Because MIMS defines "often" as 60 – 99% of the time it was difficult to interpret exactly what the MIMS data meant for children and families. There was no other source of data to assist in further understanding the MIMS data.
- For baseline data related to location of early intervention services, please see performance indicator CE.IV.

**TARGETS for January 1, 2004- December 31, 2004**

1. All local Part C systems will be in compliance with the 45-day timeline requirement by March 31, 2005.
2. Response percentages to family survey questions listed in the Trend Data section will be at least maintained.
3. At least 2 other sources of data will be developed and used to better document that families begin receiving their early intervention services in a timely manner following IFSP development.

**TREND DATA:**

<b>ITOTS data for April through September 2004– 45-day Timeline (Statewide)</b>	<b>4/1/04 thru 4/31/04</b>	<b>5/1/04 thru 5/31/04</b>	<b>6/1/04 thru 6/30/04</b>	<b>7/1/04 thru 7/31/04</b>	<b>8/1/04 thru 8/30/04</b>	<b>9/1/04 thru 9/30/04</b>
Number of children statewide for whom the 45-day timeline was exceeded for system reasons*	50	47	33	26	18	2

\* These numbers include those children for whom the 45-day timeline was exceeded for reasons that were not clear (i.e., the reason was not entered into the data base at all or the wording for the reason entered was not clear enough to demonstrate that the delay was due to family preference).

- ITOTS data for August through October 2004 – 45-day timeline (Local)  
ITOTS data for a 3-month period from 8/1/04 to 10/31/04 was reviewed for each local Part C system and indicated the following:
  - 16 of 40 local Part C systems were out of compliance with the 45-day timeline requirement for the 3-month period reviewed.
  - Of those 16 local Part C systems, 9 had exceeded the timeline for system reasons for only 1 child.

<b>ITOTS data – Service Coordinator listed</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of children with service coordination entered as a service	91%	94%	97%	99.8%

<b>Family Survey Data – Beginning Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of families who responded that they knew who their service coordinator was	96%	96%	96%	*Not asked
% of families who responded they knew how to call or find their service coordinator when they need to	96%	96%	95%	98%
% of families who said their service coordinator understood their child’s and family’s needs	93%	95%	95%	95%
% of families who said their service coordinator asked them about resources in their community that they use	86%	85%	88%	*Not asked
% of families who said their service coordinator offered to give them more information about other resources in their community	82 %	80%	86%	*Not asked
% of families who said they felt comfortable sharing as much as they wanted to about their child and family with their service coordinator	93%	93%	95%	95%

<b>Family Survey Data – Following Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of families who said they were able to contact their service coordinator when they needed to	93%	93%	95%	*Not asked
% of families who said their service coordinator helped them understand the IFSP process	93%	93%	95%	96%
% of families who said they were satisfied with the way their service coordination was provided	93%	93%	95%	95%
% of families who said they felt comfortable talking with their service coordinator about questions, concerns and services for their child and family	92%	95%	95%	96%
% of families who said their child’s IFSP was reviewed along the way	92%	93%	93%	*Not asked
% of families who said someone was available to help their family know what to do to get services for their child after leaving early intervention	88%	90%	90%	*Not asked

\* In 2004, families were given a shorter family survey form, in which some of the previous questions had been eliminated. Please see performance indicator GS.1 in this report for more information about changes to the Family Survey.

With the redesign of the Family Survey, the responses to the last question in the above table have changed. Rather than having a likert scale (1 to 6 scale with 1 for strongly disagree, 2 for disagree, 3 for somewhat disagree, 4 for somewhat agree, 5 for agree and 6 for strongly agree) families had the following options, and these are their responses: Yes 77.4% No 2.9% No services needed 19.7%

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
Local policies and procedures, consistent with Virginia Policies and Procedures (including those related to responsibilities of service coordinators), have been developed and are available in writing	94% - yes	100% - yes	Not asked*
At referral, each child and family are assigned a temporary service coordinator	94% - yes	92% - yes	100% - yes
IFSPs contain the name of the single service coordinator who will be responsible for the implementation of the IFSP and coordination with other agencies and persons	100% - yes	85% always true 15% often true	100% - yes
Service coordination is available for all eligible children and families in accordance with their current IFSP	100% - yes	100% - yes	75% - yes 25% - no
Eligible children and families receive the services they have consented to on their IFSPs	94% - yes	38% always true 54% often true	Not asked
Eligible infants and toddlers and their families begin receiving their early intervention services in a timely manner following IFSP development	Not asked	31% always true 69% often true	25% always 50% often 25% rarely
All early intervention services are provided in natural environments unless appropriate justifications are included in the child's IFSP	47% - yes	77% always true 23% often true	75% always 25% often

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.

Chart Review Data	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
% of charts in which IFSP includes name of service coordinator	94%	95%	100%
% of charts in which IFSP indicates all services to be provided in natural environments or appropriate justification provided	83%	89%	100%

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

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

2001	2002	2003	2004
24	83	40	62

## EXPLANATION OF PROGRESS OR SLIPPAGE

Target 1: All local Part C systems will be in compliance with the 45-day timeline requirement by March 31, 2005.

While data gathered in December 2004 indicates that Virginia is not yet in full compliance with the 45-day timeline for development of the initial IFSP, the statewide data does demonstrate continued improvement. In particular, the following trends are noted:

- The number of children for whom the 45-day timeline is exceeded due to systems reasons declined each month from April through September 2004.
- The number of local Part C systems that are not in compliance with the 45-day timeline declined over the six-month period from April through September, 2004.
- The local Part C systems that are not in full compliance with the 45-day timeline requirement increasingly tend to have exceeded the timeline for only 1 or 2 children, rather than for 5-10 children as was seen a few months prior.

- Throughout the 6-month period and in all areas of the state the primary system reason cited when the timeline had been exceeded was provider unavailability. The other system reasons cited were delays in obtaining medical records or physician prescriptions for evaluation.

In January 2005, when Part C technical assistance consultants reviewed with each local Part C system that system's local ITOTS aggregated data for the 3-month period from 8/1/04 through 10/31/04, clarification of mitigating circumstances for individual children resulted in some being re-classified as exceeding the timeline for system reasons rather than family preference. This change in status, in addition to the data being grouped over a 3-month period rather than a 1-month period, resulted in the identification of 16 local systems as out of compliance with the 45-day timeline. Over half of these local systems exceeded the timeline for only 1 child.

Progress toward achieving full compliance with the 45-day timeline can be attributed to the following efforts:

- State technical assistance consultants discussed issues related to the 45-day timeline at regional meetings of local Part C system managers during 2004 (for a total of approximately 50 meetings). Discussion at these regional meetings focused primarily on the number of days between referral and initial contact with the family, strategies to use when there is difficulty in contacting the family, and progress on local contracts to secure Part C providers.
- Throughout 2004, technical assistance consultants addressed the 45-day timeline with local Part C systems based on review of local data from ITOTS, data gathered through the MIMS process, and/or based on local request. In addition to addressing the 45-day timeline directly, when appropriate, technical assistance consultants worked with local Part C systems on a wide variety of systems issues that also impact the timeline (e.g. intake procedures, evaluation and assessment procedures, follow-up with families, sufficient staffing, etc.).
- A memo from the Commissioner of DMHMRSAS was disseminated to all local Part C systems on December 8, 2004 to communicate that Virginia was out of compliance with the 45-day timeline requirement, that an average number of days was not an acceptable compliance standard with regard to this timeline, and that Virginia would be taking a number of specific steps to identify and correct local non-compliance with the 45-day timeline requirement.
- During analysis of the 3 months of aggregated ITOTS data, technical assistance consultants spoke with the system managers for each local system to discuss local issues related to the 45-day timeline. In many cases, this collaboration resulted in correction of misperceptions and/or identification and immediate resolution of local data entry problems. In addition, the information provided by local system managers on follow-up questions from Part C staff resulted in a more complete understanding of state and local barriers and issues and will help the State be a more effective partner with local Part C systems in developing strategies to assure that children and families have their initial IFSP developed in a timely manner.
- Based on issues and barriers identified in the statewide review of local system compliance with the 45-day timeline, an improvement planning worksheet was developed by the Part C Office to assist local Part C systems in developing strategies to address barriers to meeting the 45-day timeline. This worksheet was disseminated to local Part C systems in January 2005. Those local systems that were out of compliance during the 3-month data sample period were required to work with their technical assistance consultant to complete the worksheet and submit a plan of improvement to the Part C Office no later than February 28, 2005. Those local Part C systems that were in compliance during the 3-month period sampled were strongly encouraged to complete the worksheet in order to identify steps that can be taken to ensure their continued compliance.
- A memo from the Part C Office was disseminated to all local Part C systems on February 1, 2005 to provide clarification on a number of ITOTS data entry issues identified during review and analysis of the 3-month aggregated ITOTS data on the 45-day timeline.

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

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

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

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

Virginia has added the following data sources in order to document that families begin receiving their early intervention supports and services in a timely manner following IFSP development:

- Interview questions, for service coordinators and families, related to beginning services in a timely manner have been added to the MIMS process and use of these questions began in October 2004.
- An item addressing provision of all early intervention supports and services as identified on the IFSP has been added to the chart review checklist. A follow-up item on the checklist will document any reasons why IFSP supports and services were not provided. The chart review checklist is used as part of the MIMS process.
- Since only a small number of local systems participate in the MIMS process each year, all local Part C systems will complete an annual record review process that randomly samples records and determines whether children receive all supports and services listed on their IFSP, whether those supports and services began in a timely manner following IFSP development, and what mitigating circumstances were present if planned supports and services were either not provided or did not begin in a timely manner. Each local Part C system follows the same method for selecting records for the review sample, as follows:
  - The number of records to be reviewed is based on the number of children in the local Part C system:  
    <50 children, select 50% of records (not less than 10 records)  
    50 – 99 children, select 25% of records  
    100 – 199 children, select 15% of records  
    200 – 499 children, select 10% of records  
    500 or more children, select not more than 60 records
  - Once the number of records is determined, the exact records to be reviewed are selected based on a random number chart.
- The first statewide record review for this purpose was completed in January and February 2005. Initial analysis of a sample of the record review data collected in January – February 2005 provided baseline information indicating an average of 18.4 days between the date on the IFSP and the date supports and services began. Further analysis of the full set of baseline data collected through these record reviews will be used (1) to inform planning and implementation of technical assistance related to timely provision of supports and services, and (2) to refine the record review process and protocol in order to improve the quality and consistency of future data on this issue.

Other:

**All Families have a Service Coordinator** – ITOTS and chart review data now support previous anecdotal data that all children and families do have a service coordinator. Changes have been made in the ITOTS system to help eliminate the possibility of computer entry errors skewing the percentage of families receiving service coordination. Most children whose data were entered prior to the ITOTS “fix” have now transitioned out of the Part C system.

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

## **PROJECTED TARGETS**

1. All local Part C systems will be in compliance with the 45-day timeline requirement.
2. All eligible children and families receive individualized, appropriate and timely early intervention supports and services, as identified on their IFSP.

## **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

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## **PERFORMANCE INDICATOR**

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

**BASELINE DATA:**

This information represents data gathered between 2000 and 2003 through Virginia’s Monitoring and Improvement Measurement System (MIMS), Family Surveys, and chart reviews.

- MIMS results from 2000 to 2003 indicated a decreasing percentage of sites reporting that the evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development. On the other hand, chart review data for that same period found an increasing percentage of records in which all areas were evaluated. Anecdotal information from the MIMS consultants, technical assistance consultants, and local Part C systems indicated that vision and hearing were the areas of development most often omitted from the evaluation and assessment.
- MIMS results from 2000 to 2003 indicated a decreasing percentage of sites reported that the evaluation and assessment includes an assessment of the unique strengths and needs of the child in each of the developmental areas listed above. The percentage of MIMS sites reporting that assessment was completed in all areas of development was higher than the percentage for completing evaluation in all areas of development.
- A decreasing percentage of MIMS sites reported that a family-directed assessment identifies the supports and services necessary to enhance the family’s capacity to meet the child’s developmental needs. However, chart reviews completed between 2000 and 2003 documented a significant increase in the percentage of records in which the family’s resources, priorities and concerns are documented on the IFSP (from 81% in 2000 to 95% in 2003).
- MIMS results from 2000 to 2003 indicated inconsistent compliance with the requirement that every child’s evaluation and assessment includes a review of pertinent records (less than 6 months old) from the primary care physician and other sources that relate to the child’s current health status, physical development (including vision and hearing), and medical.
- A consistently very high percentage of Family Survey respondents from 2000 through 2003 indicated that the goals/outcomes written in the IFSP are things that they want for their child and family (96% - 97%).
- An increasing percentage of respondents to the Family Survey said the evaluation really showed the things that their child can and cannot do (from 85% in 2001 to 88% in 2003).

**TARGETS for January 1, 2004- December 31, 2004**

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

**TREND DATA:**

MIMS Data	2000 MIMS (17 sites)	MIMS ‘01-‘03 (13 sites)	MIMS ‘03-‘05 (4 sites)
The evaluation and assessment team includes persons from at least two disciplines and members of the child’s family, to the extent the family chooses to participate	94% - yes	92% always true 8% often true	75% always true 25% often true
Evaluations and assessments are completed by personnel who are qualified to conduct evaluations and interpret results	Not asked	77% always true 23% often true	Not asked*
The evaluation of each child includes an evaluation of the child’s level of functioning in cognitive, physical, communication, social or emotional, and adaptive development  (In 2004, this indicator was combined with the one below.)	88% - yes	46% always true 46% often true 8% (1 site) never	25% always true 75% often true
The evaluation and assessment includes an assessment of the unique strengths and needs of the child in each of the developmental areas listed above	94% - yes	62% always true 38% often true	

MIMS Data	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
Every child's evaluation and assessment includes a review of pertinent records (less than 6 months old) from the primary care physician and other sources that relate to the child's current health status, physical development (including vision and hearing), and medical. Beginning with MIMS 2001, this indicator also includes the following language: Other records pertinent to evaluation and assessment, such as birth records, newborn screening results and early medical history, are also reviewed by the team (with parent consent) even if those records are more than 6 months old. If a parent chooses not to consent to a review of records, this is documented in the child's record.	53% - yes	31% always true 46% often true 8% sometimes 8% rarely	50% often true 50% sometimes
A family-directed assessment is based on information provided by the family through a personal interview and incorporates the family's description of its resources, priorities and concerns as related to enhancing the child's development  (In 2004, this indicator was combined with the one below.)	82% - yes	69% always true 31% often true	25% always true 75% often true
A family-directed assessment identifies the supports and services necessary to enhance the family's capacity to meet the child's developmental needs	75% - yes	62% always true 38% often true	
Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so  (In 2004, this indicator was combined with the one below.)	94% - yes	77% always true 23% never true	75% always true 25% often true
Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory	100% - yes	69% always true 31% often true	
No single procedure is used as the sole criterion for determining a child's eligibility under Part C  (In 2004, this indicator was combined with the one below.)	100% - yes	85% always true 8% often true 8% (1 site) never	50% always true 50% often true
The evaluation and assessment of every child must be based, in part, on informed clinical opinion	100% - yes	85% always true 8% often true 8% (1 site) never	
IFSPs contain a statement of the child's present levels of physical development (including vision, hearing and health status), cognitive development, communication development, social or emotional development and adaptive development, based upon professionally acceptable criteria	76% - yes	92% always true 8% often true	75% always true 25% often true
IFSPs contain, with the concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child	88% - yes	62% always true 38% often true	25% always true 50% often true 25% sometimes

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

\* 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.

<b>Family Survey Data - Beginning Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of respondents that said the evaluation really showed the things that their child can and cannot do	85%	86%	88%	80%
% of respondents that said their concerns about their child and family were respected	95%	97 %	97 %	96%
% of respondents that said the goals/outcomes written in the IFSP are things that they want for their child and family	95%	97%	97%	95%

<b>Chart Review Data</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS '01-'03 (13 sites)</b>	<b>MIMS '03-'05 (4 sites)</b>
% of charts in which child was evaluated in all areas of development	82%	78%	38%
% of charts in which family routines and activities are documented on the IFSP	NA	NA	96%
% of charts in which family's resources, priorities and concerns are documented on the IFSP	81%	95%	100%

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

## **EXPLANATION OF PROGRESS OR SLIPPAGE**

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

Self-assessment and chart review data from the 4 MIMS sites who completed their self-assessment and state review team meeting in 2004 appears to show slippage in the percentage of children who were evaluated in all areas of development. However, further analysis of the chart review data actually revealed some areas of significant progress. In previous years, hearing and vision were rarely addressed in Part C evaluations, and the IFSP section related to evaluation of hearing and vision was either left blank or completed as "no concerns." In the 2004 MIMS site chart reviews almost all IFSPs included some documentation related to hearing and vision screening having been completed. Because Virginia requires that the Virginia Hearing and Vision Screening tools be completed as part of each child's evaluation, the hearing and vision portions of the evaluation were only counted in the chart reviews as completed if the IFSP included documentation that Virginia's Hearing and Vision Screening tools had been used. Use of this criteria resulted in a number of records being counted as not meeting the requirement to evaluate in all areas of development even though there was documentation on the IFSP that hearing and vision screenings had been completed.

Since there was data available for only 4 MIMS sites in 2004, the Part C Office collected a sampling of records from across the state in February 2005 in order to better understand the level of compliance with the Part C requirement that each child receive an evaluation in all areas of development. Each local Part C system was asked to submit the team evaluation chart from the IFSPs of 2 children currently in the local system. The requested information was received from 35 of the 40 local Part C systems. The following baseline data on whether the initial evaluation included each area of development was obtained from the 70 records reviewed:

- Cognitive development was evaluated for 97% of the children in the sample;
- Gross motor development was evaluated for 98% of the children in the sample;
- Fine motor development was evaluated for 97% of the children in the sample;
- Communication development was evaluated for 98% of the children in the sample;
- Social/emotional development was evaluated for 97% of the children in the sample;
- Adaptive development was evaluated for 90% of the children in the sample;
- Completion of Virginia's Part C Hearing Screening was documented for 14% of the children in the sample; and
- Completion of Virginia's Part C Vision Screening was documented for 16% of the children in the sample.
- Of those children whose IFSPs did not document use of the Virginia Hearing Screening tool, 88% did include documentation that a hearing screening was completed.
- Of those children whose IFSPs did not document use of the Virginia Vision Screening tool, 86% included documentation that a vision screening was completed.

It appears that continued technical assistance at the regional and local level regarding vision and hearing requirements for the Part C evaluation have resulted in much greater attention to evaluation of these aspects of children's development. Follow-up technical assistance will be used to address the need to clearly document use of Virginia's Hearing and Vision Screening tools on the IFSP.

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

While responses to two of the three family survey questions listed in the Trend Data section remain very high, there has been a decrease in the percentage of families who indicated that the evaluation really showed the things their child can and cannot do. Available data from MIMS self-assessments and chart reviews do not provide a clear explanation for this apparent slippage.

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

The percentage of MIMS sites responding "always" to the MIMS indicators listed in the Trend Data section has actually decreased. Several factors make it difficult to interpret this data: (1) Some of the MIMS indicators used by the 2001-2003 sites were combined in the streamlined version of the self-assessment used by 2003-2005 sites; (2) the 2003-2005 MIMS data represents only 4 MIMS sites as compared to data from 13 sites for 2001-2003; and (3) some of the 2003-2005 MIMS self-assessment data appears to be in conflict with the chart review data for the same sites.

## **PROJECTED TARGETS**

1. All children receive an evaluation of their level of functioning in all areas of development -- cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development.
2. The percentage of families indicating on the family survey that the evaluation really showed the things their child can and cannot do 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.

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## **PERFORMANCE INDICATOR**

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

## **BASELINE DATA:**

This information represents data gathered between 2000 and 2003 through Virginia's Monitoring and Improvement Measurement System (MIMS), Family Surveys, and chart reviews.

- A consistently very high percentage of respondents to the Family Survey between 2000 and 2003 said the goals/outcomes written on the IFSP are things they want for their child and family (96% - 97%). Chart reviews from 2000 to 2003 found that the percentage of IFSPs that include outcomes related to the family's resources, priorities and concerns and outcomes related to the child's and family's daily routines and activities increased dramatically, though there is still room for improvement with those percentages at 67% and 70%, respectively.
- An increasing and very high percentage of respondents to the Family Survey from 2000 to 2003 said they helped decide where their child will receive early intervention services (from 90% in 2000 to 97% in 2003).
- 92% of Family Survey respondents in 2003 said the services provided to their child and family helped them to reach the outcomes/goals they had set (an increase from 89% in 2000).
- A consistently high percentage of respondents to the Family Survey (92% in each year from 2001 through 2003) said their early intervention experience made them feel more confident in finding ways to meet their child's needs.
- As of 2003, it was difficult to determine, based on available data, whether all families received all supports and services identified on their IFSPs. Although the MIMS data seemed to indicate that this may be an

area needing improvement, there was no data available to indicate exactly how many families may not have received all supports and services listed on their IFSPs or to delineate why some supports and services were not provided. Family Survey data from 2001 through 2003 showed a consistently high percentage of respondents (97% in 2003) felt they received the early intervention services they needed.

**TARGETS for January 1, 2004- December 31, 2004**

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

**TREND DATA:**

<b>Family Survey Data – Beginning Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of respondents who said that the goals/outcomes written on the IFSP are the things they want for their child and family	95%	97%	97%	95%
% of respondents who said that the things they said during the IFSP meeting helped get the needed services for their child and family	93%	93%	97%	*Not asked
% of respondents who said they discussed the early intervention services that would meet the goals/outcomes on their IFSP	92%	93%	95%	*Not asked
% of respondents who said that they helped decide which early intervention services would be listed on their IFSP	90%	92%	93%	90%

<b>Family Survey Data – Following Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of respondents who said they got the early intervention services they needed	92%	92%	93%	*Not asked
% of respondents who said the services provided to their child and family helped reach the outcomes/goals they had set	90%	92%	92%	94%
% of respondents who said their child’s IFSP was reviewed along the way	92%	93%	93%	*Not asked

\* In 2004, families were given a shorter family survey form, in which some of the previous questions had been eliminated. Please see performance indicator GS.1 in this report for more information about changes to the Family Survey.

<b>MIMS Data</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS ‘01-‘03 (13 sites)</b>	<b>MIMS ‘03-‘05 (4 sites)</b>
If the parent agrees, IFSPs contain family outcomes to address the needs of the family as identified on the family’s self-directed assessment	65% - yes	38% always true 54% often true 8% sometimes	Not asked*
IFSPs contain a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including (i) the frequency, intensity, and method of delivering services; (ii) the natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in natural environments; (iii) the location of services; and (iv) the payment arrangements, if any	76% - yes	54% always true 46% often true	25% always 75% often
Eligible children and families receive the services they have consented to on their IFSPs	94% - yes	38% always true 54% often true	Not asked
Periodic reviews of IFSPs are conducted every 6 months, or more frequently if conditions warrant, or if parents request such reviews	82% - yes	54% always true 46% often true	25% always 50% often 25% rarely
Services and supports identified on IFSPs are based on child and family needs and not on funding or existing resources	Not asked	77% always true 15% often true 8% sometimes	Not asked

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.

<b>Chart Review Data</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS '01-'03 (13 sites)</b>	<b>MIMS '03-'05 (4 sites)</b>
% of charts in which IFSP identifies needed early intervention supports and services	97%	97%	100%
% of charts in which IFSP includes outcomes that reflect family priorities and activities/settings that are important to the family	51%	65%	64%
% of charts in which IFSP includes outcomes that relate to actual daily functional activities of the child	58%	63%	73%

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

## **EXPLANATION OF PROGRESS OR SLIPPAGE**

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

Chart reviews indicate that the percentage of IFSPs that include outcomes reflecting family priorities and activities/settings that are important to the family has been maintained and that there has been a significant increase in the percentage of IFSPs that include outcomes related to actual daily functional activities of the child.

Extensive training and technical assistance related to provision of individualized Part C supports and services in everyday routines, activities and places, begun in 2003, have continued throughout 2004. Specific training and technical assistance efforts in 2004 have included the following:

- The Part C Office provided targeted technical assistance on the local and regional levels to address informational and support needs related to individualizing supports and services. Based on locally-identified needs for information and support, training and technical assistance are designed and implemented to assist each local Part C system in moving forward toward adoption of the principles and practices associated with individualizing Part C supports and services in everyday routines, activities and places. For some local systems this has meant beginning with a more introductory-level training; while for others, multi-day, intensive hands-on training has been provided to allow development of and practice with skills in implementing Virginia's approach to early intervention in each step of the family's journey through the Part C system.
- Sample IFSPs were developed by the Local-Regional Direct Services Committee of the VICC in conjunction with the Part C Office and disseminated to local Part C systems and providers in July 2004. Each sample includes outcomes that reflect family priorities and activities/settings that are important to the family and that focus on daily functional activities of the child.
- Virginia's Part C policies and procedures were revised in 2004 to include language that more specifically addresses identification of outcomes that relate to areas where the family would like assistance, the family's role in decision-making on the IFSP team and the service coordinator's role in supporting the family's role on that team. The revised policies and procedures are being reviewed by OSEP prior to dissemination for public comment.
- Local Part C systems were encouraged to voluntarily use the quarterly record review process introduced in 2003 to monitor their own compliance with this target.
- Piloting of the orientation training module, which will help ensure consistent understanding of Part C requirements and Virginia's Part C approach, was begun with 7 early intervention assistants.
- Implementation of Kaleidoscope Service Coordination Training, Level I and Level II, which include training and support to service coordinators in providing family-centered care and facilitating identification of individualized, family-centered IFSP outcomes, supports and services, continued.
- Concepts of family-centered supports and services, including cultural and linguistic diversity, were infused into all training and technical assistance developed and implemented (e.g. Annual Virginia Early Intervention Conference, materials developed through the Autism Initiative, etc.)
- Virginia's Part C system continued to support the Family Involvement Project (FIP), which employs a State Part C Family Representative to serve on state-level Part C planning groups, support families who are

participating on local interagency coordinating councils, and assist with Part C family advocacy efforts. In addition, the FIP coordinates a parent-to-parent program that matches parents based on parent's need for information and support about their child's diagnosis and related issues (e.g. insurance, services, transition to schools, etc.). In 2004, 5 parent trainings were held across the Commonwealth, and 32 new parent partners were trained for the parent-to-parent program (bringing the total number of trained parent partners to 113).

- The 2004-2005 Annual Virginia Early Intervention Conference was planned and will include a keynote address and a variety of concurrent sessions related to planning for and provision of individualized supports and services in everyday routines, activities and places.

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

Two additional data sources related to provision of all supports and services identified on IFSPs were added in 2004:

- An item addressing provision of all early intervention supports and services as identified on the IFSP has been added to the chart review checklist. A follow-up item on the checklist will document any reasons why IFSP supports and services were not provided. The chart review checklist is used as part of the MIMS process.
- Since only a small number of local systems participate in the MIMS process each year, all local Part C systems will complete an annual record review process that randomly samples records and determines whether children receive all supports and services listed on their IFSP, whether those supports and services began in a timely manner following IFSP development, and what mitigating circumstances were present if planned supports and services were either not provided or did not begin in a timely manner. Each local Part C system follows the same method for selecting records for the review sample, as follows:
  - The number of records to be reviewed is based on the number of children in the local Part C system:
    - <50 children, select 50% of records (not less than 10 records)
    - 50 – 99 children, select 25% of records
    - 100 – 199 children, select 15% of records
    - 200 – 499 children, select 10% of records
    - 500 or more children, select not more than 60 records
  - Once the number of records is determined, the exact records to be reviewed are selected based on a random number chart.

The first statewide record review for this purpose was completed in January and February 2005. Initial analysis of a sample of the record review data collected in January – February 2005 provided baseline information about whether or not children and families receive early intervention supports and services at the planned frequency and intensity listed on their IFSP.

- The available data sample indicated that for about 60% of services there was some discrepancy between the planned frequency and the actual frequency of service delivered. Based on an analysis of the reasons provided when there was a discrepancy between planned and actual frequency, it appeared that approximately half of the reasons for a difference were family reasons. For the services with a discrepancy between planned and actual frequency, 10-15% had no reason noted.
- For those records that could be analyzed, approximately 30% of the services were not delivered at the planned intensity. Of those that provided a reason for the discrepancy, about half were documented family reasons.
- Some record review forms submitted to the Part C Office from local Part C systems included blanks and/or incomplete information, which weakened the data analysis.

Implementation of the record review activity itself resulted in a number of positive effects, including, but not limited to, the following:

- Local Part C system managers reported that the process of reviewing records helped them identify and, in many cases, immediately address issues with consistency across local providers, areas in which they needed clarification from the Part C Office, and topics for training and technical assistance.
- The record review process and protocol provided local Part C system managers with an additional mechanism for ongoing monitoring at the local level.
- The resulting data provided an opportunity for strengthening the Service Delivery Work Plan.

Further analysis of the full set of baseline data collected through these record reviews will be completed and used (1) to inform planning and implementation of technical assistance related to provision of all supports and services in

accordance with the frequency and intensity identified on the IFSP, and (2) to strengthen the record review process and protocol in order to improve the quality and consistency of future data on this issue.

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

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

- Kaleidoscope training for service coordinators continued in 2004. This training helps to ensure that service coordinators have the knowledge, skills and abilities to support families as active and equal team members in all aspects of service planning and delivery.
- Virginia’s Part C policies and procedures were revised in 2004 to include language that more specifically addresses identification of outcomes that relate to areas where the family would like assistance, the family’s role in decision-making on the IFSP team and the service coordinator’s role in supporting the family’s role on that team. The revised policies and procedures are being reviewed by OSEP prior to dissemination for public comment.
- The 2004-2005 Annual Virginia Early Intervention Conference was planned and will include a keynote address and a variety of concurrent sessions related to planning for and provision of individualized supports and services in everyday routines, activities and places.

### **PROJECTED TARGETS**

All eligible children and families receive individualized, appropriate and timely early intervention supports and services, as identified on their IFSP.

### **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.

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### **PERFORMANCE INDICATOR**

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

### **BASELINE DATA:**

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

- All 2001-2003 MIMS sites indicated that IFSP strategies include consultation in natural environments to support any early intervention supports and services including therapies (77% do so always; 23%, often). This represents a dramatic increase from the 44% of sites who responded “yes” to this MIMS indicator in 2000.
- While different data sources provide different percentages regarding the location in which early intervention supports and services were provided, all demonstrate significant increases between 2000 and 2003 in the use of natural environments:
  - From 2000 to 2003 the percentage of MIMS sites that reported that all early intervention supports and services were provided in natural environments unless appropriate justifications were included in the IFSP increased from 50% to 77%.
  - Chart review data documents that 92% of records reviewed in 2003 (compared with 83% in 2000) contained IFSPs in which all supports and services were to be provided in natural environments or appropriate justification was provided.
  - At least 75% of Family Survey respondents in 2003 listed a natural environment as the location in which their early intervention supports and services were provided.

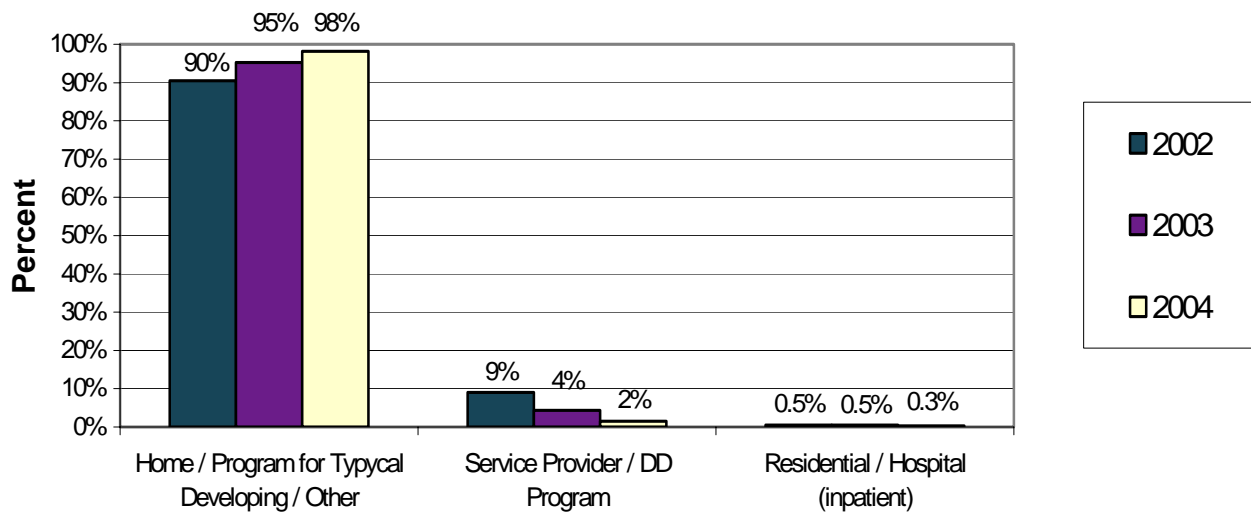
- ITOTS data indicated an increase each year from 2000 to 2003 in the use of natural settings as the primary service location for eligible children. This data reflects the environment in which the majority of the given service is provided (not a listing or count for all of the service locations for a given service).
- Data from 2000-2003 indicates that not only are an increasing number of supports and services provided in natural environments but also that supports and services (including location) take into account the family's normal routines and activities.
  - 97% of Family Survey respondents in 2003 said that what their child and family did on a regular basis was considered in developing their IFSP
  - 95% of Family Survey respondents in 2003 said that services provided to them met the needs of their home and/or work lifestyle
  - 90% of Family Survey respondents in 2003 said that their child's services were provided as a part of their regular activities.
  - 70% of IFSPs reviewed in 2003 included outcomes related to the child's and family's daily routines and activities (as compared with 58% in 2000).

**TARGETS for January 1, 2004- December 31, 2004**

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

**TREND DATA:**

### Primary Service Settings



Family Survey data – Beginning Services	2001	2002	2003	2004
% of respondents who said they helped decide where their child would receive early intervention services	93%	95%	97%	*Not asked
% of respondents who said what their child and family did on a regular basis was considered in developing their IFSP	93%	93%	97%	94%

Family Survey Data – Following Services	2001	2002	2003	2004
% of respondents who said the services provided to them met the needs of their home and/or work lifestyle	93%	95%	95%	*Not asked
% of respondents who said their child's services were provided as a part of their regular activities	86%	90%	90%	94%

\* In 2004, families were given a shorter family survey form, in which some of the previous questions had been eliminated. Please see performance indicator GS.1 in this report for more information about changes to the Family Survey.

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

<b>Family Survey Data – Following Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Home	73%	74%	67%	76%
Day care center/baby sitter	15%	9%	7%	8%
Infant Program center	29%	17%	5%	7%
School building	3%	2%	1%	1%
Hospital or therapy center	9%	9%	5%	3%
Other community location (e.g. church, community center, library, parks and recreation place, etc.)	2%	1%	1%	1%
Other	4%	3%	3%	3%

<b>MIMS Data</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS '01-'03 (13 sites)</b>	<b>MIMS '03- '05 (4 sites)</b>
IFSPs contain a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes, including (i) the frequency, intensity, and method of delivering services; (ii) the natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in natural environments; (iii) the location of services; and (iv) the payment arrangements, if any	76 % yes	54% always 46% often	25% always 75% often
Consideration and use of child's and family's typical activities, routines, and natural environments in service delivery (as identified on the IFSP) increase	Not asked	69% always 31% often	Not asked*
IFSP strategies include consultation in natural environments to support any early intervention services, including therapies	44% yes	77% always 23% often	Not asked
All early intervention services are provided in natural environments unless appropriate justifications are included in the child's IFSP	50% yes	77% always 23% often	75% always 25% often

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.

<b>Chart Review Data</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS '01-'03 (13 sites)</b>	<b>MIMS '03-'05 (4 sites)</b>
% of charts in which IFSP indicates all services to be provided in natural environments or appropriate justification provided	83%	89%	100%
% of charts in which IFSP includes outcomes that reflect family priorities and activities/settings that are important to the family	51%	65%	64%
% of charts in which IFSP includes outcomes that related to actual daily functional activities of the child	58%	63%	73%

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

## **EXPLANATION OF PROGRESS OR SLIPPAGE**

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

The trend data provides strong documentation not only that an increasing number of supports and services are being provided in natural environments but also that services (including location) take into account the family's normal routines and activities. In the most recent chart reviews conducted with MIMS sites, 100% of IFSPs indicated that all supports and services were to be provided in natural environments or included appropriate justification if supports and services could not be provided in a natural setting. These increases reflect Virginia's continued efforts to provide training and technical assistance related to provision of services in natural environments. Those efforts have included the following in 2004:

- The Part C Office provided targeted technical assistance on the local and regional levels to address informational and support needs related to individualizing supports and services. Based on locally-identified needs for information and support, training and technical assistance are designed and implemented to assist each local Part C system in moving forward toward adoption of the principles and practices associated with individualizing Part C supports and services in everyday routines, activities and places. For some local systems this has meant beginning with a more introductory-level training; while for others, multi-day, intensive hands-on training has been provided to allow development of and practice with skills in implementing Virginia's approach to early intervention in each step of the family's journey through the Part C system.
- Sample IFSPs were developed by the Local-Regional Direct Services Committee of the VICC in conjunction with the Part C Office and disseminated to local Part C systems and providers in July 2004. Each sample includes outcomes that reflect family priorities and activities/settings that are important to the family and that focus on daily functional activities of the child.
- Virginia's Part C policies and procedures were revised in 2004 to include language that more specifically addresses identification of outcomes that relate to areas where the family would like assistance, the family's role in decision-making on the IFSP team and the service coordinator's role in supporting the family's role on that team. The revised policies and procedures are being reviewed by OSEP prior to dissemination for public comment.
- Local Part C systems were encouraged to voluntarily use the quarterly record review process introduced in 2003 to monitor their own compliance with this target.
- Piloting of the orientation training module, which will help ensure consistent understanding of Part C requirements and Virginia's Part C approach, was begun with 7 early intervention assistants.
- Implementation of Kaleidoscope Service Coordination Training, Level I and Level II, which include training and support to service coordinators in providing family-centered care and facilitating identification of individualized, family-centered IFSP outcomes, supports and services, continued.
- Concepts of family-centered supports and services, including cultural and linguistic diversity, were infused into all training and technical assistance developed and implemented (e.g. Annual Virginia Early Intervention Conference, materials developed through the Autism Initiative, etc.)
- The 2004-2005 Annual Virginia Early Intervention Conference was planned and will include a keynote address and a variety of concurrent sessions related to planning for and provision of individualized supports and services in everyday routines, activities and places.

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

Chart reviews indicated that the percentage of IFSP outcomes that reflect family priorities and activities/settings that are important to the family was maintained and that there was a significant increase in the percentage of outcomes that reflect actual daily functional activities of the child. A high and increased percentage of respondents to the family survey said that their child's early intervention supports and services were provided as part of their regular activities. For a discussion of Virginia's 2004 efforts related to this target, please see Target 1 above.

### **PROJECTED TARGETS**

1. The percentage of early intervention supports and services provided in natural settings (unless there is appropriate justification for not using a natural setting) will be at least maintained.

### **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**

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

**BASELINE DATA:**

- Virginia does not have a mechanism in place to specifically measure statewide the extent to which children demonstrate improved and sustained functional abilities.
- Results from the Family Survey between 2000 and 2003 indicate the following with regard to impact of supports and services:
  - An increasing and high percentage of respondents said the services provided to their child and family helped them to reach the outcomes/goals they had set (from 89% in 2000 to 92% in 2003).
  - Each year since 2001, 92% of respondents have said their early intervention experience made them feel more confident in finding ways to meet their child’s needs.
  - Almost all respondents each year (95% from 2001 to 2003) felt their child was better off because of getting early intervention services.
  - A consistently high percentage of respondents (92%-93%) felt good about the progress their child made.
  - There has been a significant decrease in the percentage of respondents who felt their child continued to need services after early intervention (from 54% in 2001 to 39% in 2003). This family survey data is supported by ITOTS data for the same period, which showed the percentage of children who were discharged from the Part C system because they had completed their IFSP increased from 8% in 2001 to almost 19% in 2003.

**TARGETS for January 1, 2004- December 31, 2004**

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

**TREND DATA:**

<b>ITOTS data</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Percentage of children discharged who completed their IFSP prior to age 3.	8.0%	16.0%	18.7%	20.9%

<b>Family Survey data – Following Services</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
% of respondents who said that their child is better off because of getting early intervention services	95%	95%	95%	*Not asked
% of respondents who said that they feel good about the progress their child made	92%	93%	93%	96%
% of respondents who said the services provided to their child and family helped reach the outcomes/goals they had set	90%	92%	92%	93%
% of respondents who said their early intervention experience made them feel more confident in finding ways to meet their child’s needs	92%	92%	92%	95%
% of respondents who said their child continued to need services after early intervention	54%	55%	39%	*Not asked

\* In 2004, families were given a shorter family survey form, in which some of the previous questions had been eliminated. Please see performance indicator GS.1 in this report for more information about changes to the Family Survey.

**EXPLANATION OF PROGRESS OR SLIPPAGE**

The available family survey data continues to provide a strong indication that children and families are positively impacted by early intervention supports and services. In addition, an increasing percentage of children are leaving the Part C system prior to age 3 because they have attained their IFSP outcomes and no longer demonstrate the developmental delay(s) or atypical development that made them eligible for services under Part C.

In 2004, Virginia made the following efforts to develop a mechanism(s) to document children’s improved and sustained functional abilities in all areas of development:

- The Virginia Part C Office collaborated with the University of Kentucky’s Mid-South Regional Resource Center to apply for a General Supervision Enhancement Grant (GSEG) to develop Part C state outcome indicators and methods to collect and analyze state outcome indicator data. Virginia was awarded a GSEG and has begun, with the help of the Mid-South Regional Resource Center, the process of establishing child and family outcomes. The additional activities planned under this grant are reflected in the attached Service Delivery Work Plan.

- In an effort to gather baseline data on the percentage of children who demonstrate sustained and improved functional abilities, the Part C Office requested that all local Part C systems submit the evaluation results chart from 2 IFSPs each for 2 different children (e.g., an initial and annual IFSP for two different children). The requested information was received from 35 of the 40 local Part C systems in February 2005. Because of differences in how local systems record developmental levels, variations in the evaluation and assessment tools used, and a lack of consensus on criteria to consider in determining whether a child demonstrated improved functional abilities, it was not possible to analyze the data in a way that would establish baseline data for this probe. However, the data collected will be analyzed further in order to (1) identify issues that need to be addressed through technical assistance, and (2) identify issues that should be considered in planning for future efforts to collect this data.

### **PROJECTED TARGETS**

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

### **FUTURE ACTIVITIES TO ACHIEVE PROJECTED TARGETS/RESULTS:**

Please see attached Service Delivery Work Plan

### **PROJECTED TIMELINES AND RESOURCES**

Please see attached Service Delivery Work Plan