

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.