



# Infant & Toddler Connection of Virginia

## Virginia Interagency Coordinating Council

Annual Performance Report  
To the Office of Special Education Programs

March 2005

**Infant & Toddler Connection of Virginia  
2004 Annual Performance Report  
Cluster Area: General Supervision**

**STATE GOAL:**

Virginia will maintain effective general supervision for compliance and data collection to ensure implementation of Part C of IDEA so that children with disabilities and their families have an opportunity to receive early intervention services in the natural environment.

**PERFORMANCE INDICATORS**

GS 1. *General supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.) used by the Lead Agency identify and correct IDEA noncompliance in a timely manner.*

**BASELINE DATA:**

This information represents data gathered between 2000 and 2003 beginning with Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process), Virginia's Monitoring Improvement Measurement System, Family Survey Information and requests for Dispute Resolution.

**General**

- Since 1992, elements of the statewide system of accountability and monitoring for compliance with IDEA have included:
  - state level policies and procedures that ensure compliance with IDEA;
  - local policies and procedures that identify how localities implement state policies and procedures;
  - contractual arrangements for disseminating funds and ensuring accountability;
  - state level review of local policies and procedures, local interagency agreements, analysis of local child data, and review of local expenditures and use of funds;
  - a statewide technical assistance system designed to be responsive to local needs for ensuring improvement, accountability and compliance;
  - individual state agency procedures for monitoring local counterparts; and
  - a state level process for the nine state agencies participating in Part C to address issues and substantive local non-compliance.

**The Monitoring and Measurement Improvement System (MIMS)**

- Since 1999, a statewide system of local monitoring designed to consistently monitor for compliance and facilitate continuous improvement, has been in place in Virginia.
  - The MIMS process is designed to clarify and facilitate the identification of non-compliance, implementation of continuous improvement, and subsequent implementation of consequences for persistent non-compliance when necessary. The Local Contract for Continuing Participation in Part C also identifies state and local responsibilities for identifying and addressing issues of substantial recurring non-compliance.
  - MIMS ensures that localities are monitored with sufficient frequency to ensure that non-compliance is identified and corrected in a timely and effective manner. Since Virginia's monitoring system is designed to incorporate modifications to improve procedures and instruments over time, frequency in monitoring localities can be increased or decreased as appropriate.
  - The MIMS process includes a data driven self-assessment completed by the locality and a state review team process that includes a desk review, on-site record reviews, interviews with providers and families and an on-site visit which analyzes all of the above data through an Analysis Framework to develop a Plan of Improvement.
  - The MIMS indicators and process are reviewed at least annually to ensure that they continue to meet state and local needs and reflect current IDEA, Part C regulations and state policies and procedures.
  - A statewide Family Survey is disseminated to families on an ongoing basis in all 40 localities in Virginia. The Family Survey is integrated with the overall state monitoring system and is automated to provide immediate access to data for the State and localities.
  - An evaluation of the MIMS process occurs following every "cycle" of MIMS with the localities involved in that cycle. The evaluation is conducted by an outside evaluator. For the 2000 cycle, Old Dominion University conducted focus groups with the 19 Interagency Coordinating Council Coordinators. As part of the General Supervision Enhancement Grant received in which MIMS was

- evaluated, the Partnership for People with Disabilities at Virginia Commonwealth University completed the evaluation with 11 of the 13 Local System Managers individually. This information is used to improve, make changes or enhance the MIMS process, indicators or any aspect of the local self-assessment process that the state and localities feel needs to be improved upon.
- Changes that have occurred as a direct result of feedback received from the evaluation process include:
    - Reduction in the number of MIMS indicators, eliminating redundancy, paring down to only required information;
    - Increased participation of the MIMS Consultants during the actual local self-assessment process;
    - Modifications and changes in the rating scales to respond to MIMS indicators allowing for better quantification of responses with data; and
    - Modifications and changes in the Family Survey through reduction and clarification of questions on the survey.
  - The following elements of Virginia’s statewide monitoring system help to ensure timely correction of identified deficiencies:
    - Follow-up on local Plans of Improvement with the MIMS Consultant, Technical Assistance Consultant and Local System Manager at specified time intervals determined between the local early intervention system and the MIMS Consultant during the development of the local Plan of Improvement.
    - Follow-up on local Plans of Improvement with the Procedural Safeguard Consultant, Technical Assistance Consultant and Local System Manager at pre-determined times specified in either an Administrative Complaint “Findings Report”, Mediation Agreement or Due Process ruling.
    - Annual review of state level policies and procedures to ensure compliance with IDEA and to incorporate findings from OCR, OSEP, administrative complaints, and multiple other sources;
    - Annual review of the system with the Virginia Interagency Coordinating Council (VICC) and Early Intervention Interagency Management Team (EIIMT) to review progress on annual work plans and to develop priorities and work plans to address areas needing improvement;
    - State level review of local policies and procedures, local interagency agreements, analysis of local child data, and review of local expenditures and use of funds;
    - The use of contractual agreements to disseminate funds and ensure accountability and compliance with scope of work and deliverables;
    - A system of technical assistance to assist localities in addressing areas of need and improving local services;
    - Development of a technical assistance plan to address local deficiencies identified at the state level and to bring localities into compliance, with follow-up and status reports provided to the EIIMT;
    - The use of individual state agency procedures for monitoring local counterparts; and
    - A state level process for the nine state agencies participating in Part C to address issues and substantive local non-compliance.
    - Policies and Procedures specify that the lead agency, with the assistance of the VICC and other State agencies involved in Part C, enforces obligations of agencies, institutions, and organizations used by Virginia to carry out Part C. Every effort is made to ensure compliance through technical assistance and improvement plans. In the event that a contractor or a local council demonstrates a persistent unwillingness to address areas requiring improvement, funds can be withheld until the required improvements are addressed. Under these circumstances the Lead Agency is responsible for ensuring that services are made available to eligible children and their families. Overall, Virginia has not used enforcement actions since the resolution of identified deficiencies has always occurred through technical assistance.
    - In certain circumstances, the Early Intervention Interagency Management Team (EIIMT) has made local site visits to address specific deficiencies, developed a technical assistance plan for the locality, and provided oversight and follow-up. Follow-up has been inconsistent with these sites.

**Local Contract for Continued Participation**

- Annually, the Part C office disseminates to the 40 LICC’s a contract for continued participation outlining deliverables the LICC and fiscal agent must do in order to receive their federal allocation. Signature on the contract indicates that localities and fiscal agent agree to comply with the deliverables. Historically, Virginia has used Technical Assistance (rather than sanctions) to address issues of non-compliance.

### Technical Assistance

- Historically, Virginia has used technical assistance during regional meetings and to localities on an individual basis to address identified needs, written guidance tools (e.g. technical assistance documents, policy pages, resource linkages, etc.), and training to address identified needs and concerns identified by localities.
- In 2003, all written Policy Pages and Technical Assistance Documents were reviewed to determine current relevance and need for revision. This effort resulted in archiving and revising many documents. All 40 localities were provided with a notebook containing current guidance documents organized by topics. Each notebook contained a Table of Contents that reflected all guidance documents developed by the Part C office. When Technical Assistance documents or policy pages are disseminated to the localities, an updated Table of Contents is provided.

### Family Surveys

Virginia initiated collection of information from families via family surveys in 2000. In 2003, distribution of a “new” survey began. This survey had been revised based on feedback from localities; it was shorter and questions were clearer. Localities began entering this information into the secure website designed for the family surveys. Due to upgrades in Microsoft software, and the Family Survey Access Database not being compatible with many of the new software programs, many localities experienced technical difficulties with entering and reporting data in 2003.

### Dispute Resolution

- Historically, Virginia has tried to use informal mechanisms to resolve disputes with families prior to using more formal methods. Since 1994, Virginia has had 10 requests for Administrative Complaints (eight withdrawn), 1 request for mediation and 1 request for Due Process, also withdrawn. Virginia has worked diligently to resolve all disputes within the appropriate timelines.

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

1. By December 31, 2004, all localities will have initiated their initial MIMS Self-Assessment.
2. Virginia will evaluate the effectiveness of MIMS through participation in a General Supervision Enhancement Grant.
3. The Lead Agency will respond and complete all necessary processes for dispute resolution requests in a timely manner.

### TREND DATA (2004):

#### 1. By December 31, 2004, all localities will have initiated their initial MIMS Self-Assessment. MIMS

- The “2004” cycle of MIMS included: the 6 sites that piloted MIMS plus 3 localities that withdrew from the 2001-2003 cycle of MIMS. All these sites received training on the MIMS self-assessment process, analysis and use of data to respond to the MIMS indicators, indicators and tools to assist in collecting data between October –December 2003.
- One of the 2001-2003 localities completed their on-site State Review Team visit and developed a Plan of Improvement during 2004. This data has been added throughout this report to the 2001-2003 information previously submitted to OSEP during the 2003 APR. Any significant changes that the addition of this data has made to the overall progress or slippage of identified targets will be discussed.

#### Number of localities participating in the MIMS Self-Assessment process over time

	1999	2000*	2001-2003**	2003-2005
No. Councils Participating in MIMS	6 pilots	19	13	9 (6 pilots + 3)

\* Throughout this report, data will be reported on 17 of the 19 sites that participated in the 2000 cycle. 2/19 sites are not included in the data due to technical difficulties in entering data into the database.

\*\* In the 2003 APR, the 2001-2003 data is based on information submitted from 12 localities. One additional site completed their entire process during 2004 and their information is now captured in this APR. Any significant changes that the addition of this data has made to the overall progress or slippage of identified targets will be discussed.

- All 9 sites have initiated and completed their self-assessment process. Submission of the MIMS self-assessment information to the Part C office began in July 2004. Information is submitted on a staggered basis, 2 sites (one for each MIMS Consultant) every 2 months. After submission of the information, the State Review Team on-site visit occurs within 2 months. State Review Team visits have not been completed in 5 sites due to changes within the local system such as finding a new local lead agency, requests for new personnel to be on staff before the on-site visit, etc. Information from 4 localities will be used in this report.
- Changes were made to the 2003-2005 MIMS indicators based on feedback from evaluations following the MIMS cycles. Evaluation data indicated:
  1. Too many indicators; many appeared to be asking the same type of information;
  2. Only “Need to know” vs. “Nice to know” information should be asked; and
  3. Information obtained from the self-assessment was good information but the process was long and time consuming.
- In an effort to address the feedback received from localities, the MIMS indicators were looked at in 2003. Factors considered in addressing the indicators included:
  1. Are the indicators required by OSEP?
  2. Do VA Policies and Procedures require the indicators?
  3. Is the information obtained from the indicators “nice to know”?
- The result of this scrutiny yielded:
  1. All OSEP required indicators remained.
  2. Indicators required by Virginia policies and procedures were scrutinized carefully to determine if the information was gathered through an OSEP indicator, the Local Contract for Continued Participation, ITOTS or another mechanism that Virginia was currently using as a monitoring mechanism. This resulted in deletion of some indicators, however, many of the indicators required by Virginia policies and procedures were combined with OSEP indicators or other indicators required by Virginia policies and procedures.
  3. There were only three (3) “nice to know” indicators which were deleted.
- The following information provides a look at changes to the number of MIMS indicators as a result of feedback from the follow-up focus groups.

**Comparison of Indicators 2000 through 2003**

Component	2000	2001	2003	Indicators with “subparts”		
				2000	2001	2003
General Indicators	2	2	2			
I	1	1	1			
II	1	1	0			
IV	5 + (4 quality indicators)	8	1			
V	11 + 6 quality indicators	14	5			
VI	17 + 8 quality indicators	27	9			
VII	7 + 17 quality indicators	48	28	4 indicators for a total of 25 subparts	4 indicators for a total of 25 subparts	3 indicators for a total of 19 subparts
VIII	2 + 1 quality indicator	3	0			
IX	1	1	2			
X	22	22	6			
XI	2	2	1			
XIII	14 + 1 quality indicator	19	12			

**Comparison of Indicators 2000 through 2003**

Component	2000	2001	2003	Indicators with "subparts"		
				2000	2001	2003
XIV	2 + 1 quality indicator	3	1			
XV	2	2	1			
XVI	2	2	1			
<b>Total</b>	<b>89 + 38 quality indicators</b>	<b>155</b>	<b>70</b>	<b>(25)</b>	<b>(25)</b>	<b>(19)</b>
<b>Total Including "Subparts" and Quality Indicators</b>	152	180	89			

**ITOTS**

- During the 2003-2005 MIMS process, localities continued to be able to enter their self-assessment data into the MIMS module of ITOTS (Virginia’s web-based data system Infant Toddler On-Line Tracking System). During the State Review Team (SRT) on-site visit, information gathered via the local self-assessment and the state-review team processes were entered into an Analysis Framework (formerly called Logic Model). Together the locality and the SRT analyzed this data to identify strengths and gaps within the local system which lead to the development of a local Plan of Improvement.
  - Two additional features were added to the MIMS module of ITOTS for the 2003-2005 MIMS sites:
    1. Localities were able to access information from ITOTS and the Family Survey directly from the MIMS indicator to answer specific indicators. This feature allowed localities immediate access to the ITOTS and/or Family Survey data needed to respond to the MIMS indicator. This feature also freed localities from having to open the ITOTS/Family Survey database, locate the specific report, gather the information, get out of the ITOTS/Family Survey database, place the information in the MIMS indicator and continue with the analysis of data to respond to the indicator.
    2. Indicator questions and responses could be sorted into the appropriate columns and categories within the Analysis Framework. This allowed the localities to begin to see their data in an organized framework. This also allowed the MIMS Consultant to add SRT data to the local data for review and analysis at the on-site visit.

MIMS Indicator indicating access to ITOTS data

In this example, the locality would click on ITOTS/ICDF data in the “Documentation” column and be taken directly to the ITOTS data needed for this indicator specific to the locality.

## Analysis Framework Including MIMS Indicators

State Systems Level Structures and Supports	Local / Community Systems Level Structures & Supports	Personnel Issues (recruitment, training, and support)	Implementation Procedures	Child and Family Outcomes
			are identified on the Statewide IFSP as such.	
			<p><b>Indicator VII.17</b> Eligible children and their families have access to culturally competent services. <b>Meeting Requirement: Always True (100% of the Time)</b> Extent Requirement Is Met: The I&amp;TC of PD14 offers culturally competent services to families.</p>	
			<p><b>Indicator VII.18</b> The daily routines of families are considered in scheduling services and meetings. <b>Meeting Requirement: Always True (100% of the Time)</b> Extent Requirement Is Met: Consideration to families are given when scheduling services and meetings.</p>	
	<p><b>Indicator VII.19</b> Community organizations, groups, and businesses are active in early intervention in the locality. <b>Meeting Requirement: Many Agencies, Organizations, Groups &amp; Places of Business (10 or more)</b> Extent Requirement Is Met: Council members take part in Part C.</p>			

This view is of the Analysis Framework (Logic Model). This can be downloaded into a word document for the MIMS Consultant to add SRT data.

### Family Survey

- Family Survey information is another data source to answer MIMS indicator questions. In 2003, a streamlined Family Survey was initiated and distributed to families. Localities began to enter their data with the revised family surveys into the Family Survey module of ITOTS. Between October, 2003 and Spring, 2004, localities were potentially entering family survey information into the “old” Family Survey Access Database or the “new” Family Survey module of ITOTS depending on when families were given a survey and when the survey was returned to the local system. In the Spring of 2004, the transition period ended. Only the “new Family Surveys” were to be used after this time period.
- Localities entered their data into the Family Survey module throughout 2004. Late in 2004, it was discovered that there was an error in the calculations of all of the family surveys (both Family Survey I and II) and reports that had been generated throughout the year were inaccurate. Completion of the repair work to the family survey information was completed in time for accurate reporting of information in the 2004 Annual Performance Report. Localities have been informed of the error and its correction.

Information obtained through the MIMS Self-Assessment Process:

MIMS Indicator	2000 MIMS (17 sites)	MIMS 2001 -2003 Sites (13 sites)	MIMS 2003-2005 Sites (4 sites)
The local early interventions system disseminates Family Surveys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvement efforts	100% responded yes	62% responded Always True 23% responded Often True; 15% responded Sometimes True	75% responded Often True; 25% responded Never True

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 2003-2005 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.


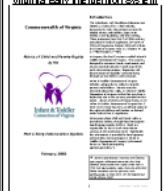
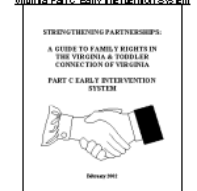
### Family Survey I

**Legal Rights and Procedural Safeguards**

*All families in early intervention have certain rights and safeguards to protect them. The following questions are about these Legal Rights and Procedural Safeguards.*

7. I know about my legal rights and protections under the early intervention law (like confidentiality, getting notices in writing, and what to do if I don't agree with a decision made about my child's early intervention services).  Yes  No  Not Sure

8. Did you get a copy of these documents?

<b>Fact Sheet About Family Fees</b>	<b>Notice of Child and Family Rights in the Infant &amp; Toddler Connection of Virginia Early Intervention System</b>	<b>Strengthening Partnerships: A Guide to Family Rights in the Virginia &amp; Toddler Connection of Virginia Part C Early Intervention System</b>
		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

*Rate each of the following statements, using the 1 to 6 scale provided, as it relates to you, your child or your family. Use 1 if you strongly disagree with a statement, Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. Use the section marked "Additional Comments" for any statements that you disagree with or for any other comments or suggestions you might have.*

**Evaluation**

*The following questions are about your family's experiences with evaluation. Evaluation is the process used to determine a child's initial and continuing eligibility for early intervention services.*

9. The evaluation really showed the things that my child can and cannot do.  Strongly Disagree  1  2  3  4  5  Strongly Agree

10. My child's evaluation was done at a time and place that made it easy for our family to participate.  1  2  3  4  5  6

11. My concerns about my child and family were respected.  1  2  3  4  5  6

12. The people who helped do the evaluation listened to and answered my questions.  1  2  3  4  5  6

13. What other things would you like us to know about your experience getting started in early intervention services?

**Service Coordination**

*All families in early intervention have a service coordinator to help in getting started in early intervention services and making sure families get needed services for their child and family. This person may be called a temporary service coordinator, service coordinator or case manager. This person would have worked with you from when you were referred until your first IFSP (Individualized Family Service Plan) was completed.*

14. I know who my family's service coordinator is.  Yes  No

15. I know how to call or find my service coordinator when I need to.  Yes  No

16. Our service coordinator listened to me when I talked about what is best for my child and family.  1  2  3  4  5  6

17. I believe our service coordinator understood my child's and family's needs.  1  2  3  4  5  6

18. I felt comfortable sharing as much as I wanted to about my child and family with our service coordinator.  1  2  3  4  5  6

19. What other things would you like us to know about your experiences with service coordination?

**Individualized Family Service Plan (IFSP)**

*The following questions are about planning and writing the "Individualized Family Service Plan" (IFSP), the written plan that sets goals/outcomes and services.*

20. The outcomes/goals written in our IFSP are the things that I want for my child and family.  1  2  3  4  5  6

21. I helped decide which early intervention services would meet the outcomes/goals for our IFSP.  1  2  3  4  5  6

22. I understand what is written in our IFSP.  1  2  3  4  5  6

23. I helped decide where my child will receive early intervention services. (i.e., home, day care, babysitter, center, etc.)  1  2  3  4  5  6

24. The things I said during our IFSP meeting were understood and respected.  1  2  3  4  5  6

25. What my child and family does on a regular basis was considered in developing our IFSP.  1  2  3  4  5  6

26. I was given a copy of our IFSP.  Yes  No

27. Did you decline or opt out of any early intervention service(s) because of what it would cost?  Yes  No

28. What other things would you like us to know about your experiences in getting your child's IFSP?

### Family Survey Reports Page

ITOTS FAMILY SURVEY
User: MARY ANNE WHITE  
Council: DMHMRSAS

<p>Survey Entry/Edit:</p> <p>Enter a new survey:</p> <ul style="list-style-type: none"> <li>Beginning Services</li> <li>Following Services</li> </ul> <p>Edit an existing survey:</p> <ul style="list-style-type: none"> <li>Search by Survey ID</li> <li>Search by ICDF code</li> <li>List all surveys in council</li> </ul> <p>Download a blank survey form (.pdf format; right-click to download):</p> <ul style="list-style-type: none"> <li>Beginning Services</li> <li>Following Services</li> </ul> <p>Reports</p> <p>Add/Reset Family Portal User</p> <p>Go to ITOTS main menu</p>	<p><input type="button" value="Run Reports"/></p> <p><b>Beginning Services Questions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1</li> <li><input type="checkbox"/> 2</li> <li><input type="checkbox"/> 3</li> <li><input type="checkbox"/> 4</li> <li><input type="checkbox"/> 5</li> <li><input type="checkbox"/> 6</li> <li><input type="checkbox"/> 7</li> <li><input checked="" type="checkbox"/> 8</li> <li><input checked="" type="checkbox"/> 9</li> <li><input type="checkbox"/> 10</li> <li><input type="checkbox"/> 11</li> <li><input type="checkbox"/> 12</li> <li><input type="checkbox"/> 13</li> <li><input type="checkbox"/> 14</li> <li><input type="checkbox"/> 15</li> <li><input type="checkbox"/> 16</li> <li><input type="checkbox"/> 17</li> <li><input type="checkbox"/> 18</li> <li><input type="checkbox"/> 19</li> <li><input checked="" type="checkbox"/> 20</li> <li><input type="checkbox"/> 21</li> </ul>	<p><input type="button" value="Clear Selections"/></p> <p><b>Following Services Questions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1</li> <li><input type="checkbox"/> 2</li> <li><input type="checkbox"/> 3</li> <li><input type="checkbox"/> 4</li> <li><input type="checkbox"/> 5</li> <li><input type="checkbox"/> 6</li> <li><input type="checkbox"/> 7</li> <li><input type="checkbox"/> 8</li> <li><input type="checkbox"/> 9</li> <li><input type="checkbox"/> 10</li> <li><input type="checkbox"/> 11</li> <li><input type="checkbox"/> 12</li> <li><input type="checkbox"/> 13</li> <li><input type="checkbox"/> 14</li> <li><input type="checkbox"/> 15</li> <li><input type="checkbox"/> 16</li> <li><input type="checkbox"/> 17</li> <li><input type="checkbox"/> 18</li> <li><input type="checkbox"/> 19</li> <li><input type="checkbox"/> 20</li> <li><input type="checkbox"/> 21</li> </ul>
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To generate a report, the number of the survey questions to be addressed are "checked", the "run reports" button is clicked and the information that is generated is outlined in the information below:

Data from Family Survey Question

**Beginning Services Q6. I know about my legal rights and protections under the early intervention law.**

Item	N	Percent
Yes	1740	95.4%
No	14	0.8%
Not Sure	70	3.8%
Total Forms with a Response Entered	1824	100.0%
No Answer	40	2.2%

**Beginning Services Q17. The outcomes/goals written in our IFSP are the things that I want for my child and family.**

Item	N	Percent
Strongly Disagree	21	1.2%
Disagree	3	0.2%
Somewhat Disagree	12	0.7%
Somewhat Agree	52	2.9%
Agree	359	19.8%
Strongly Agree	1362	75.3%
Total Forms with a Response Entered	1809	100.0%
No Answer	55	3.0%

**Beginning Services Q23. I was given a copy of our IFSP.**

Item	N	Percent
Yes	1703	95.3%
No	84	4.7%
Total Forms with a Response Entered	1787	100.0%

**Technical Assistance**

- Historically, Virginia has used technical assistance during regional meetings and to localities on an individual basis to address identified needs, written guidance tools (e.g. technical assistance documents, policy pages, resource linkages, etc.), and training to address identified needs and concerns identified by localities. In 2003, the Part C office reviewed all written Policy Pages and Technical Assistance Documents to determine current relevance and need for revision. This effort resulted in archiving and revising many documents. All 40 localities were provided with a notebook containing the current documents organized by topics. Each notebook has a Table of Contents that is revised to reflect additions of new guidance documents developed by the Part C office. When Technical Assistance documents or policy pages are disseminated to the localities, an updated Table of Contents is provided in order to assist localities to know where to insert the information based on the topical content of the guidance information.

Technical Assistance Documents Disseminated to Localities	
Year	Document Title
2000	1. Family-Centered Early Intervention Within the Context of Daily Activities and Routines for Children and Their Families: Development of the IFSP
2001	1. Natural Environments & IFSP: Q&A 2. <i>Federal requirements for transition referral</i> 3. <i>Clarification of Federal requirements for screening and identification.</i>
2002	1. Guidance materials on: Virginia's Part C ICDF 2. IFSP Guidance 3. Part C Evaluation and Assessment: Q&A 4. Procedural Safeguard: Commonly Asked Questions and their Answers 5. Implementation of Procedural Safeguards As a Child and Family enter, Participate In and Exit ITCV 6. Strengthening Partnerships: A Guide to Family Safeguards in the ITCV Part C EI system 7. Notice of Child and Family Safeguards in the ITCV EI System 8. Part C Ability to Pay Practices

Technical Assistance Documents Disseminated to Localities	
Year	Document Title
2003	<ol style="list-style-type: none"> <li>1. Guidance on Contents of Local Interagency Agreements and Contracts</li> <li>2. Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places</li> <li>3. Policy Clarification and TA on the Implementation of Requirements for Vision and Hearing Components of the Part C Evaluation and Assessment</li> <li>4. Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places: <b>Executive Summary</b></li> <li>5. Early Childhood Transition From Part C Early Intervention to Part B Special Education and Other Services For Young Children with Disabilities</li> </ol>
2003-2005	<ol style="list-style-type: none"> <li>1. <i>Clarification about Auditory Verbal Therapy: Use of Certified Auditory Verbal Therapists; Natural Environments; Cochlear Mapping</i></li> <li>2. <i>Clarification on the presence and role of the Service Coordinator in an IFSP Review and whether a family receives a copy of the IFSP every time there is an IFSP review?</i></li> <li>3. <i>Are the "Other Services" listed on a child's IFSP covered under Virginia's early intervention insurance mandate?</i></li> <li>4. Individualized Early Intervention Supports and Services in the Infant &amp; Toddler Connection of Virginia: <b>Family Information</b></li> <li>5. Local Mechanism By Which IFSP Team Can Request Payment of Associated Costs with Part C Funds For More Than 24 Visits Per Year Per Child</li> </ol>
<b>Note:</b> Documents in <i>italics</i> are Policy Pages. Other documents are Guidance or Reference Documents	

### Virginia's Infrastructure Task Force

In August 2003, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) convened a group of stakeholders to examine Virginia's Part C system, identify the system's unique strengths and challenges, and make recommendations about infrastructure changes that will improve Virginia's Part C system.

In the course of its work, the task force carefully examined administrative, funding and service delivery issues in Virginia's Part C system. Virginia was faced with a number of significant challenges, including the following:

- Virginia faces a significant fiscal crisis in the Part C system. The number of children served through Virginia's Part C system has increased almost 30% since 2000. However, in that same time frame, state and local agencies have reported a reduction in their voluntary contribution of state and local dollars budgeted for early intervention; public and private insurance reimbursement rates have fallen; the federal Part C allocation has increased about 8%; and other federal funding through DSS and unspent Part C funds have been eliminated. State general funds for early intervention had remained at \$125,000 per year through 2003 but were increased to \$825,000 per year starting in 2004 to begin addressing these fiscal issues.
- The current administrative structure, which is based on local interagency coordinating councils (LICCs), leverages existing local working relationships and allows for flexibility to best use available resources to meet local needs and priorities. Local flexibility means, however, that there is inconsistency across the state in implementation of Part C requirements, policies and procedures. The LICC structure also raises difficulties and increased costs for private providers who serve children and families in areas that comprise more than one local council area.
- In order to disseminate Part C funds to localities and establish local accountability for Part C requirements, DMHMRSAS signs a contract annually with the local council and the local fiscal agent. However, the *Code of Virginia* provides no legal authority by which the LICC (or its agent) can enter into a contract. The current "contract" is unenforceable.

Based on their analysis of all aspects of Virginia's Part C system, research into Part C infrastructure issues in 5 other states, and public comment on the draft of this report, the task force made the following recommendations:

- The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) remain the State Lead Agency for Virginia's Part C system.
- The other state agencies involved in Virginia's Part C system remain involved in the Early Intervention Interagency Management Team and the VICC. They will provide leadership and guidance to their local counterparts.

- In each of the 40 CSB areas, there will be a Local Lead Agency. The Local Lead Agency may be any public agency, as determined by the local Part C system.
- The LICC will advise and assist the Local Lead Agency in implementing the local Part C early intervention system.
- The local participating agencies/providers will carry out the responsibilities outlined in contracts with the Local Lead Agency and/or in local interagency agreements.
- Part C funds will be allocated from the State Lead Agency to each of the Local Lead Agencies through a Part C contract with DMHMRSAS.
- The *Code of Virginia* will be revised to reflect the duties, as outlined in these recommendations, of Local Lead Agencies and of Local Interagency Coordinating Councils.
- Each local Part C system will have a single point of entry for all referrals.
- State and local policies and procedures will make clear that the payor of last resort requirement does not supersede the individualized determination of entitled supports and services.
- Individualized services, data systems, benchmarks for service delivery (which will be developed with stakeholders), and review/appeal procedures will be developed and implemented to support use of the guidelines detailed in *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places*.
- A quality assurance system, including routine monitoring of IFSPs, will be developed and implemented.
- A comprehensive data system will be developed and implemented to manage and monitor Virginia's Part C system.
- DMHMRSAS will use its authority to more carefully monitor/supervise and enforce contract obligations.
- Uniform billing practices are supported by the task force and will be more thoroughly explored in long-range planning.
- A task force will be established to further research and make recommendations related to possible additional economies of scale and efficiencies.
- Virginia's criteria for Part C eligibility (e.g., 25% delay, atypical development, or diagnosed condition with high probability of resulting in delay) will remain the same.
- DMHMRSAS will continue to work with other participating state agencies to identify possible funding assistance for the Part C system from those agencies and to coordinate interagency support for efforts to increase state funding for Part C in the 2006 budget.

These recommendations were submitted to the Commissioner of the DMHMRSAS in July 2004 for consideration and feedback and incorporated into the local contract for continued participation.

#### **Local Contract for Continued Participation**

- Historically, in an effort to disseminate Part C funds to localities and establish local accountability for Part C requirements, DMHMRSAS signed a contract annually with the local council and the local fiscal agent. However, the *Code of Virginia* provided no legal authority by which the LICC (or its agent) could enter into a contract. Similarly, the fiscal agent could not be required to carry out Part C programmatic activities on behalf of the local council. Therefore, the 2003 contract was unenforceable (it is neither a legal contract nor a provider agreement). During 2004, the local contract for continued participation was modified so that it did provide legal authority for the local early intervention system to enter into a contract with the state lead agency (DMHMRSAS). Each locality identified a local lead agency ensuring that a local system of early intervention services was in place and met all Part C regulations and state Part C Policies and Procedures (including those related to public awareness, child find, evaluation and assessment, IFSPs, personnel, data collection, natural environments, monitoring, procedural safeguards, etc.) and that all Part C fiscal and program assurances are met. In addition, the Local Lead Agency receives Part C funds from the State Lead Agency, contracts or otherwise arranges for services with local providers, prepares and submits budget and expenditure reports, etc. The Local Lead Agency is responsible for ensuring that all available sources of funding are accessed for payment for Part C services in accordance with Part C payor of last resort and non-supplanting requirements. The Local Lead Agency ensures that Medicaid and other third party payors are billed, as appropriate, and that the statewide ability to pay procedures to determine and collect family fees are implemented (in accordance with regulations, policies and procedures adopted by the State Lead Agency and as stated in the *Code of Virginia*). Currently, 33 localities have the Community Services Board as their local lead agency, 2 localities have public schools as local lead agency, 2 localities have universities as local lead agencies, Department of Social Services serves as local lead agency for 2 localities and the Health Department serves as lead agency for

one locality.

- Based on the changes in the local contract for continued participation, the LICC now serves in the roles of advise and assist to the local lead agency. Council Coordinators are now known as Local System Managers to better reflect their responsibilities. The local fiscal agent and local lead agency are the same entity and referred to as the local lead agency.
- The local contract for continued participation is one mechanism used to assist the localities in moving their systems forward in adopting evidenced based practices. Through the local contract in 2004, localities were asked to submit data to the Part C office on 45-day timelines, evaluation of skills in all developmental areas and the provision of early intervention services as outlined on the child's IFSP. Through technical assistance, this data was analyzed with the local early intervention systems and Plans of Improvement were developed as appropriate to meet areas of compliance.

Four deliverables outlined in the local contract

MIMS Indicator	2000 MIMS (17 sites)	MIMS 2001 -2003 (13 sites)	MIMS 2003-2005 (4 sites)
Local interagency agreements, consistent with Virginia Policies and Procedures, have been developed and are available in writing.	100% yes	85% Always True; 15% Often True	* Not asked
Local contracts, as well as local interagency agreements and/or local memoranda of understanding, are used by local fiscal agents/intermediaries on behalf of the local EI system to ensure that all local participating agencies/providers agree to provide EI services in accordance with Part C.	100% yes	85% Always True; 15% Often True	75% Always True; 25% Often true
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency.	100% yes	92% responded Always True; 8% responded Often True	
* In 2003, the above indicator was modified to state: <i>The ITOTS database is updated at least quarterly to reflect the current entries and discharges within the local early intervention system that occurred during the quarter.</i>			100% Always true
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	100% yes	92% Always True 8% responded Often True	* 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 2003-2005 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.

### Dispute Resolution

- During 2004, Virginia received four requests for resolution of disputes. Three were through Administrative Complaints and one was through Mediation. Information related to these disputes are discussed in more detail in GSII.

Formal requests for dispute resolution that Virginia has received			
	Number of Administrative Complaints*	Number of requests for Mediation	Number of requests for Due Process*
2002	3 (all withdrawn)	1	
2003	3 (2 withdrawn)		1 (withdrawn)
2004	3	1	0

\* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

## Policies and Procedures

- During 2004, the Part C office reviewed and revised Virginia's Policies and Procedures to reflect and align the policies and procedures with Virginia's approach of Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places. Virginia did not anticipate the reauthorization of IDEA in 2004. We have submitted our policies and procedures to OSEP for a review to ensure that we are in compliance with IDEA 2004 and are awaiting feedback before making recommended changes and disseminating the policies and procedures for a 60-day public comment period.

## Plans of Improvement

- The State Review Team (SRT) collects and analyzes information and data from Desk Reviews, interviews with families and providers, review of ITOTS and Family Survey data, compliance with deliverables with the Local Contract for Continued Participation, requests for dispute resolutions, follow-up on Plans of Improvement from previous MIMS self-assessments and "Findings Reports" in dispute resolutions and other monitoring mechanisms. This SRT information is either summarized (dispute resolution and/or technical assistance information) or reported verbatim in the Analysis Framework that already contains the localities MIMS self-assessment information. The final product of the Analysis Framework contains information from the local self-assessment and the SRT findings; no interpretation/analysis/judgment/summary of the data is made. This analysis is completed as a collaborative effort between the locality and the SRT during the SRT on-site visit.
- Virginia began using a Logic Model framework as a mechanism to organize and analyze the local and state review team data to identify strengths and gaps in the early intervention system in order to develop an effective Plan of Improvement. Information from the evaluation of the MIMS process indicated that the Logic Model was confusing and not helpful. In an effort to increase the understanding and effectiveness of the Logic Model, modifications were made. The Part C office first identified cluster areas that they felt the MIMS indicators should be broken into. They are:
  - Public Awareness/Child Find
  - Multidisciplinary Team Assessment/Evaluation
  - IFSP
    - IFSP Document: Development and Modification
    - Natural Environments and Service Delivery
    - Service Coordination
    - Payment for Services
    - Transition
  - Monitoring and Supervision
    - Monitoring and Data Collection
    - Procedural Safeguards
    - Funding the Local System
    - In the child and family outcome column of each of the cluster areas, an over-arching question was asked. To help localities answer the question, probes were inserted which their local data would need to answer. Many probes identified are the OSEP indicators addressed in the APR; others were information that needed to be collected to meet Virginia's priorities. Each probe was then cross-walked with all potential data sources to ensure that a locality would be able to address the question.  
**Example:** Cluster Area: Public Awareness/Child Find:  
Over-arching question: *What do we expect to occur as a result of PA/CF efforts for children and their families?*  
Probes:
      - Children are identified as early as appropriate;
      - Underrepresented groups are identified; and
      - Community awareness is increased.

Virginia's Analysis Framework A skeletal explanation			
Local/Community System Level Structures and Supports	Personnel Issues (Recruitment, training and support)	Implementation	Child and Family Outcomes
<p>This category is the LICC &amp; community</p> <p>a) Organization b) Policy c) Funding infrastructure to sustain the system.</p> <p>This category sets the stage for the entire system.</p> <p><u>Weakness/gaps:</u> The entire system is affected.</p>	<p>Includes maintenance of required staffing appropriate credentials and appropriate ongoing training.</p> <p>Category can be organized into particular types of personnel:</p> <ul style="list-style-type: none"> <li>• Administrative</li> <li>• Direct Service</li> <li>• Support</li> </ul> <p><u>Weakness/gaps:</u> Look in Local Support and Structure for areas of improvement</p>	<p>Includes all activity that contributes to program process and program outcomes.</p> <p>Can be further organized into types of implementation:</p> <ul style="list-style-type: none"> <li>• Direct Service</li> <li>• Delivery processes, Documentation</li> <li>• Administrative and Council activities</li> </ul> <p><u>Weakness/gaps:</u> Look to Personnel and Local System Support and Structure for areas of improvement.</p>	<p>Includes all activities or evidence related to changes in the life of the child or family.</p> <p><u>Weakness/gaps:</u> Look to Implementation, Personnel and Local System Structure for areas of improvement.</p>
<p>Each MIMS indicator has a "home" in one of the four categories within this model. When a Local Review Team produces a result for an indicator, -- or piece of data -- it is placed in the logic model at that assigned location</p>			

The following represents the Analysis Framework with the overarching questions and probes included:

State Systems Support	Local Systems Level Structures and Supports	Personnel Issues (Recruitment, training and support)	Implementation	Child and Family Outcomes
<b>Cluster I: Public Awareness and Child Find</b>				
<p><i>What is in place or needs to be in place at the state level to support localities with PA/CF?</i></p> <ul style="list-style-type: none"> <li>• Public Awareness Materials</li> <li>• Central Directory</li> <li>• State Policy and Procedures</li> <li>• Interagency Agreements</li> <li>• ITOTS</li> <li>• Training and Technical Assistance</li> <li>• Family Surveys</li> </ul>	<p><i>In order for column 3, 4 and 5 to occur, what is or needs to be in place??</i></p> <ul style="list-style-type: none"> <li>• Local Policies and Procedures, contracts and Interagency Agreements are in place and specify <ul style="list-style-type: none"> <li>• Individual provider responsibilities related to Public Awareness and Child Find</li> <li>• Provisions that address family-centered care. (GLI)</li> <li>• All local participating agencies/providers agree to provide early intervention services in accordance with Part C. (XV.1)</li> </ul> </li> <li>• A PA/CF plan is in place that</li> </ul>	<p><i>In order for column 4 and 5 to occur, what is or needs to be in place??</i></p> <ul style="list-style-type: none"> <li>• All personnel providing entitled Part C services, which include service coordination, receive training on the early intervention system in Virginia and the state's definition of eligibility. Information and training to referral sources about Virginia's early intervention system.</li> <li>• Referral sources receive information and training about Virginia's early intervention system. (CF.1)</li> </ul>	<p><i>In order for column 5 to occur, what is or needs to be in place?</i></p> <ul style="list-style-type: none"> <li>• State provided PA materials are distributed to locations outlined in PA/CF plan. (PA #1) (FS1.2)</li> <li>• Information about Virginia's early intervention system is conveyed accurately to the general public and referral sources. (CF.1) (PA. #1) (FS1.2)</li> <li>• Trends in ITOTS data are analyzed for ongoing evaluation of Child Find efforts including: (ITOTS) <ul style="list-style-type: none"> <li>• Referral Sources</li> <li>• Age at Referrals</li> <li>• Ethnicity</li> </ul> </li> </ul>	<p><i>What do we expect to occur as a result of PA/CF efforts for children and their families?</i></p> <p><u>Children are identified as early as appropriate</u></p> <ul style="list-style-type: none"> <li>• The percentage of children served is proportional to the number of children age 0-3 years within their locality. (ITOTS)</li> <li>• The percentage of children served less than 1 year of age is comparable to 0-1 year olds within their locality and increases over a three (3) year period. (CF #4) (ITOTS)</li> </ul> <p><u>Underrepresented groups are identified</u></p> <ul style="list-style-type: none"> <li>• Children referred are proportional to varied</li> </ul>

Infant & Toddler Connection of Virginia  
Monitoring and Improvement Measurement System (MIMS)  
Logic Model Shell with questions and data sources  
September 2004

(Information) = MIMS Indicator (P&P Component and Indicator Number)  
(Information) = Record Review Information  
(Information) = Family Survey 1 Questions  
(Information) = Family Survey 2 Questions  
(Information) = ITOTS Data  
(Information) = Interview Questions Responses

3

The following is a sample of the Analysis Framework that contains local and state review team data with the overarching questions and probes:

State Systems Support	Local Systems Level Structures and Supports	Personnel Issues (Recruitment, training and support)	Implementation	Child and Family Outcomes
<b>Cluster I: Public Awareness and Child Find</b>				
<p><b>What is in place or needs to be in place at the state level to support localities with PA/CF?</b></p> <ul style="list-style-type: none"> <li>Public Awareness Materials</li> <li>Central Directory</li> <li>State Policy and Procedures</li> <li>Interagency Agreements</li> <li>ITOTS</li> <li>Training and Technical Assistance</li> <li>Family Surveys</li> </ul>	<p><b>In order for column 3, 4 and 5 to occur, what is or needs to be in place?</b></p> <ul style="list-style-type: none"> <li>Local Policies and Procedures, contracts and Interagency Agreements are in place and specify:               <ol style="list-style-type: none"> <li>Individual provider responsibilities related to Public Awareness and Child Find</li> </ol> </li> </ul> <p>Outlined in very broad terms for each agency in IA</p> <p><b>2. Provisions that address family-centered care)</b>  <b>Meeting Requirement: Always True (100% of the Time)</b>            Extent Requirement Is Met: The information is located in the Local Interagency Agreements, which are updated annually.            Page 2-3 of IA</p> <p><b>3. All local participating agencies/providers agree to provide early intervention services in accordance with Part C.</b>  <b>Meeting Requirement: Always True (100% of the Time)</b>            Extent Requirement Is Met:</p>	<p><b>In order for column 4 and 5 to occur, what is or needs to be in place?</b></p> <ul style="list-style-type: none"> <li>All personnel providing entitled Part C services, which include service coordination, receive training on the early intervention system in Virginia and the state's definition of eligibility. <b>(SC #2/SP #5 questions)</b></li> </ul> <p>Eligibility, No x 2 Y x 1</p> <ul style="list-style-type: none"> <li>Referral sources receive information and training about Virginia's early intervention system. <b>(V.1)</b></li> </ul> <p>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. <b>Meeting Requirement: Some Variety (2-3 different methods)</b> Extent Requirement Is Met:</p>	<p><b>In order for column 5 to occur, what is or needs to be in place?</b></p> <ul style="list-style-type: none"> <li>State provided PA materials are distributed to locations outlined in PA/CF plan. <b>(IV #1) (FS1, #2)</b></li> </ul> <p>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> <p><b>Meeting Requirement: Never True (0% of the Time)</b>  <b>Conclusion: Major Issue</b> Comments: Public Awareness/Child Find Committee to address.</p> <p>FS 1 data shows that families first found out about EI:            Hospital: 7%            Doctor: 20%            Other 20%            No Answer 53%</p> <ul style="list-style-type: none"> <li>Most screenings take place as part of Child Find, prior to referral to Part C. <b>(ITOTS), (RR# 3,4 and 5)</b></li> </ul> <p>Screenings occurring prior to referral: 11%            Screenings occurring after referral: 16%</p>	<p><b>What do we expect to occur as a result of PA/CF efforts for children and their families?</b>  <u>Children are identified as early as appropriate</u></p> <ul style="list-style-type: none"> <li>The percentage of children served is proportional to the number of children age 0-3 years within their locality and increases over a three-year period. <b>(ITOTS) (V, #3)</b></li> </ul> <p>The number of eligible infants and toddlers being served increases.  <b>Meeting Requirement: Increased by 25% or more</b>            Extent Requirement Is Met: The I&amp;TC of PD14 began serving infants and Toddlers in March of 2003 therefore no baseline for increase in numbers.  <b>December 1 Counts:</b>            1999: 8            2000: 27            2001: 27            2002: 37            2003: 68</p>

Infant & Toddler Connection of Virginia  
 Monitoring and Improvement Measurement System (MIMS)  
 Logic Model Shell with questions and data sources  
 September 2004

(Information) = MIMS Indicator (P&P Component and Indicator Number)  
 (Information) = Record Review Information  
 (Information) = Family Survey 1 Questions  
 (Information) = Family Survey 2 Questions  
 (Information) = ITOTS Data

3

- The following information provides a look at types of issues localities identified as needing improvement on their local plans of improvement. Not all issues were identified as non-compliant but also include issues that localities felt continuous improvement was needed:

Issues Identified Requiring POI 2000	Issues Identified Requiring POI 2001-2003	Issues Identified Requiring POI 2003-2005
<ul style="list-style-type: none"> <li>Use of Procedural Safeguards</li> </ul>	<ul style="list-style-type: none"> <li>Documentation issues related to IFSP development, Procedural Safeguards, Client Contact Notes, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Development of outcomes that reflect the family's priorities, concerns, and resources: functional, contextualized, measurable</li> </ul>
<ul style="list-style-type: none"> <li>Transition planning including 90-day transition conference</li> </ul>	<ul style="list-style-type: none"> <li>Increasing return rate of the Family Survey</li> </ul>	<ul style="list-style-type: none"> <li>Use of data collection and analysis to continually improve services and supports for children and families.</li> </ul>
<ul style="list-style-type: none"> <li>Writing outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Writing outcomes within the context of daily routines and activities</li> </ul>	<ul style="list-style-type: none"> <li>Documentation: accurate, timely, appropriate and reflect federal requirements and local contract</li> </ul>
<ul style="list-style-type: none"> <li>45-day timeline and justifications</li> </ul>	<ul style="list-style-type: none"> <li>Family Involvement</li> </ul>	<ul style="list-style-type: none"> <li>Public Awareness/Child Find: develop, implement and evaluate effectiveness of plan to reach underrepresented sections of locality.</li> </ul>
<ul style="list-style-type: none"> <li>Service Provision in Natural Environments</li> </ul>	<ul style="list-style-type: none"> <li>Transition in general</li> </ul>	<ul style="list-style-type: none"> <li>Adequate personnel to provide appropriate supports and services in timely manner.</li> </ul>
		<ul style="list-style-type: none"> <li>Stable, formalized and sustainable system for on-going supervision of the Part C system</li> </ul>

- The above chart reflects a change in the types of plans of improvements being developed. Historically, Plans of Improvement have been written solely to address improvements needed in the provision of services to children and their families. Currently, more localities, while still addressing improvements needed in service provision, are also beginning to look at the monitoring and supervision of their local

system through use of data. We believe that the format of the Analysis Framework has helped to analyze data in a manner that allows issues to “bubble up” and be addressed appropriately.

2. Virginia will evaluate the effectiveness of MIMS through participation in a General Supervision Enhancement Grant.
  - Virginia has a history of evaluating the effectiveness of MIMS following each cycle of MIMS. Historically, Old Dominion University (ODU), who also helped in the design of MIMS, has completed previous evaluation efforts.
  - During 2003, an evaluator from the Partnership for People with Disabilities conducted interviews with those Local System Managers participating in the 2001 cycle of MIMS as well as Technical Assistance and MIMS Consultant staff of the Part C office as part of Virginia’s participation in the General Supervision Enhancement Grant. Unidentified information gained from the semi-structured interviews with Local System Managers was brought back to the Part C office to analyze and interpret. Information was presented as “six councils felt...”., “2 councils thought...”. Following the analysis of the information, the Part C office requested that the aggregated data from council interviews be sorted by region and the raw data sorted into themes. Analysis and interpretation of the information was completed using an “ORID discussion method. This focuses participants on the following four areas when examining and interpreting data:
    1. O (for **Objective**) - Requests participants to recall their general opinions and observations about the data that they reviewed.
    - 2a. R+ (for **Reflective positive**) - Requests participants to comment on what they felt was positive about the data that they reviewed.
    - 2b. R- (for **Reflective negative**) - Requests participants to comment on what they felt was negative about the data that they reviewed.
    3. I (for **Interpretive**) - Requests participants to comment on what sense they make of the data.
    4. D (for **Decisional**) – Requests participants to identify what decisions they can now make as a group based on the data that they reviewed.

The Part C Staff comments gathered through the ORID process are listed below:

**I. Objective** (What struck you in the council comments? What did you discover? What were the main highlights of the data?)

- People found that the MIMS consultants were helpful.
- People found ITOTS helpful.
- An issue with follow-through after the site meetings was identified.
- The logic model still needs work.
- Communication with Part C and localities seemed to be variable.
- There is variability in how councils receive information.
- There is a general perception that councils understand data.

**II. Reflective** (What did Councils say that made you think "oh- good"? What were you glad to see?)

A. Positive

- People generally did not see MIMS as a negative experience.
- There were positive comments about the MIMS consultants.
- LICCs were positive about the idea/concept of MIMS.
- The process brought councils more into the Part C system. They understand Part C better.
- Partnerships between Part C and councils were strengthened.

B. Issue Areas (What comments were disappointing to you?)

- Not all councils had a positive experience.
- There was uneven use of MIMS consultants.
- Councils did not see the connection between MIMS and TA.

- The question: “What have you learned?”; and the response: “nothing” was concerning along with the response “we had no issues to deal with at our council.”
- There is concern about the family survey.
- MIMS is always changing and evolving, therefore, it is very hard to get a handle on anything and when you do, it changes.
- Many Local System Managers did most of the work.

**III. Interpretive** (How is this data important for the Part C staff? What did you learn? What is the significance of these comments? Do their comments give any ideas for where you might want focus your look at the MIMS process? What might be the implications of their comments on strengthening the MIMS process?)

- Logic model--need to get this process down-- “Is it the answer? Is it the right way to go?” The tool should not be a barrier to the process. It is not fair for staff to have to facilitate something that they are not 100% comfortable with.
- Should we stick with the logic model another year and have more time to figure it out, maybe tweak it to make it easier to understand?
- Localities need more work in the use of data.
- There are some follow-up issues. It is distressing that councils found the process to be anticlimactic.
- MIMS and TA roles need to be further clarified.
- The Plan of improvement (POI) has not been transitioned into the contract performance report. The POI is not operational.
- Councils used the MIMS consultants differently.
- The question: “What have you learned?”; and the response: “nothing” was concerning along with the response “we had no issues to deal with at our council.”
- Some issues identified regarding the chart reviews were a bleed over from the first round of MIMS. Do we deal with those issues first that “came to the top?” How do we prioritize?
- The concept of data is somewhat difficult. People do not use data outside of MIMS. How do we make the bridge into using data as a program development tool?
- Self-teaching, maybe a train-the-trainer model, with councils could make the process better.

**IV. Decisional** (What, if anything, are you going to do, based on the report and the discussion? What do you want to do next?)

- Should we do a survey of council’s perception of MIMS?
- Comments need to be put together and prioritized.
- Local System Managers comments should be grouped by topic and by region.
- This information can be used as a tool to move forward.

The Lead Agency will respond and complete all necessary processes for dispute resolution requests in a timely manner.

- During 2004, Virginia received four requests for resolution of disputes. Three were through Administrative Complaints and one was through Mediation.

The following represents the formal requests for dispute resolution that Virginia has received:

	Number of Administrative Complaints*	Number of requests for Mediation	Number of requests for Due Process*
2002	3 (all withdrawn)	1	
2003	3 (2 withdrawn)		1 (withdrawn)
2004	3	1	0

\* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

- All Administrative Complaints filed with the Part C office resulted in findings. Issues in the complaint were service provision outside a natural environment, termination of a service without being provided parental rights,

lack of appropriate level of services, no certified infant hearing Deaf/Hard of Hearing teachers within a locality and lack of service coordination.

- The request for Mediation was centered on the issue of lack of appropriate level of services for a child.
- All requests for dispute resolution were completed in a timely manner. Two of the administrative complaints were resolved beyond the 60-day timeline with documented extensions. Mediation was completed beyond the 15-day timeline with documented extension.
- During the investigations for the Administrative Complaints, issues identified in the complaint are addressed through a "Findings Report". The "Findings Report" outlines each alleged violation and states the findings of facts related to the violation; whether the finding is "founded" or "unfounded". The report also includes the conclusion that is reached and the reason for this conclusion, citing applicable regulations and law as appropriate. The final part of the report outlines the procedure for implementation of the final decision. For other issues identified through the investigation but not identified in the complaint, a separate report is sent to the locality with a Plan of Improvement designed to correct the deficiencies. The Procedural Safeguard Consultant provides follow-up on these plans of improvement. In all three of the Administrative Complaints filed, additional issues were identified during the investigation process.

## **EXPLANATION PROGRESS OR SLIPPAGE**

### **MIMS**

- MIMS continues to operate as one mechanism of Virginia's system of monitoring and supervision. Virginia has now completed one complete cycle in which all 40 localities have submitted their local assessment data. State Review Team visits need to be conducted for 5 remaining councils. While the state has used other mechanisms to monitor local early intervention systems, localities have primarily used MIMS as their primary monitoring mechanism. The Part C office is working with localities through technical assistance to use data as a mechanism for local monitoring and supervision and local continuous improvement.
- The Part C office has consistently relied on feedback from the focus groups and the GSEG evaluation to enhance the MIMS Self-Assessment Process. Since its inception, MIMS has undergone significant changes that have encouraged localities to make data-based decisions to enhance child and family outcomes. Virginia feels that the MIMS process is continually improving.
  - o Based on feedback received from the evaluation of the MIMS process through the GSEG grant, Virginia made diligent efforts to change the mechanism in which the data was analyzed at the State Review Team visits. Use of the Analysis Framework, while still in its infancy, appears to provide localities a better understanding of the composite of the local and state review team data. The Analysis Framework also appears to be identifying those issues that need to be addressed within the system.
    - The Analysis Framework was designed to allow for flexibility and change as Virginia's Monitoring and Supervision system changes, OSEP indicators change and/or federal regulations change. This allows for growth and adaptability in a time when the 2004 reauthorization of IDEA has come to fruition, Virginia moves more into focused monitoring and Virginia enhances its overall monitoring and supervision system.
  - o Virginia responded to other feedback gathered through the evaluation of MIMS: the indicators were too lengthy and the process was lengthy. The MIMS indicators were significantly reduced (49%) to only the information that was essential to collect. Information deleted from MIMS was still considered important and needed. The MIMS Consultants collect this data as part of the SRT information and include it in the Analysis Framework. Enhancements to the ITOTS data system were designed to ease the time burden on the local system. Localities now are able to quickly gather ITOTS and Family Survey information by clicking on the either word in the "Documentation" column of the indicator and will be taken directly to the appropriate data to respond to the questions.
  - o Since all forty (40) localities have completed an initial round of MIMS, focused technical assistance efforts have been provided to local systems around identified state and local priorities, and non-compliance issues identified through the APR. Virginia will begin to develop a more focused monitoring mechanism as part of the MIMS cycles.
- Issues with reporting capabilities with the Family Survey have been an issue for Virginia during 2004. This has made it extremely difficult for localities to have accurate information to report to their respective constituents and the information could not be used during the MIMS self-assessment process. The reporting capabilities have now been fixed and all reports are accurate.
- Follow-up with MIMS Plans of Improvement has shown improvement during 2004. Many of the localities who participated in the 2001-2003 MIMS cycle were initially scheduled on a 3 months basis for follow-up. It

became apparent that this was difficult for both the locality and the Part C office. The schedule was revised to every 6 months which has been more successful in maintaining. More frequent follow-up is provided to those localities who need it.

#### Technical Assistance

- Since 2000, Virginia has generated 17 Technical Assistance documents to assist localities in understanding federal regulations and requirements. Technical Assistance documents are reviewed at regional meetings with Local System Managers. Localities implement appropriate changes to achieve compliance with these regulations and requirements.
- The Part C office provides a “Part C Update” every other month to Local System Managers, MR Directors, Executive Directors, parents, providers and other interested parties. In each update there is a section entitled “Do you know...” in which information from a technical assistance document/policy page is re-iterated and examples cited so that localities have a clear understanding of the implementation of the information. Localities have responded very favorably to this section of the update.
- In 2004, 5 Technical Assistance documents were developed in direct response to requests from the localities to issues they were confronting. These documents were reviewed at regional meetings with Local System Managers.
- Throughout 2004, technical assistance has been provided to individual local early intervention systems on various identified issues. Frequent requests for technical assistance have been around development of outcomes, primary provider service delivery approach and local system restructuring.

#### Dispute Resolution

- Virginia continues to resolve all disputes within designated timelines or with documentation outlining the exceptions.
- Follow-up with the Plans of Improvement that result from Administrative Complaints is good. Most issues identified have been related to documentation (in progress/case notes, IFSP, IFSP reviews), and appropriate and timely use of Procedural Safeguards. Documentation in progress/case notes appears to be an area of concern with documentation ranging from minimal information, subjective information to very detailed reporting.

#### **PROJECTED TARGETS For January 1, 2005 – December 31, 2005**

1. Complete Phase I enhancements to ITOTS so localities can begin to benefit from the enhancements.
2. Develop a plan for the reshaping of Virginia’s Monitoring and Supervision System. This plan will include, at a minimum, looking at where data gaps are, identify components of the statewide Monitoring and Supervision system and how we reshape our MIMS indicators, record reviews, ITOTS, and Family Survey information to help fill in the data gaps. The system must also allow for flexibility and change as a result of changes at the federal and/or state level.

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

See attached workplan for activities and timelines

#### **PROJECTED TIMELINES AND RESOURCES For January 1, 2005 – December 31, 2005**

See attached workplan for activities and timelines

#### **PERFORMANCE INDICATOR**

**GS II.** *Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.*

#### **BASELINE DATA:**

This information represents data gathered between 2000 and 2003 beginning with Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process), Virginia’s Monitoring Improvement Measurement System, Family Survey Information and requests for Dispute Resolution

- Historically, Virginia has tried to use informal mechanisms to resolve disputes with families prior to using more formal methods. Since 1994, Virginia has had 10 requests for Administrative Complaints (eight withdrawn), 1 request for mediation and 1 request for Due Process, also withdrawn. Virginia has worked diligently to resolve all disputes within the appropriately timelines.

- Virginia has consistently met timelines for resolving complaints. All complaint investigations have been initiated within 10 days and decisions were provided to all parties within 60 days.
- The state strongly emphasizes resolving complaints informally and in a timely manner. The Family Representatives and Technical Assistance Consultants are instrumental in this process. As of 2003, there had been 10 administrative complaints in Virginia, 1 request for mediation and 1 request for due process hearing.
- As of 2003, all 10 Part C administrative complaints had been investigated within required timelines and corrective action plans were developed in accordance with the timelines specified in the findings report.
- As of 2003, each locality involved in an administrative complaint had provided a status report to the state on the implementation of the corrective action plan.

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

1. Virginia will identify issues of noncompliance or areas needing improvement as outlined in local Plans of Improvement and develop a plan (to include Technical Assistance, tools, etc.) to address the issues.
2. Annually, Virginia will review requests for dispute resolution with issues of non-compliance or areas needing assistance from the MIMS process and determine and provide strategies and adequate follow-up to ensure compliance in one year.

**TREND DATA:**

- See information presented in the Trend Data Section of GSI.
- Localities are encouraged to resolve disputes informally using mechanisms available to them. The Family Involvement Project (FIP) is available to talk to all families involved in the early intervention system on a variety of topics and issues. With regard to dispute resolutions, FIP received calls from 6 families expressing concerns about early intervention services provided to their child. Issues expressed to staff at the Family Involvement Project included:
  - Not receiving enough services x 4
  - Information on how to become more involved
  - Concerns related to decrease in services
 FIP staff was able to provide information to families so that formal complaints were not filed for 4 of the 6 families. One of the families filed a formal complaint. One family continues to work through informal mechanism to resolve their issue with the locality.
- When a call for dispute resolution first comes to the Part C office, it may be to the Technical Assistance Consultant and/or the Procedural Safeguard Consultant. Families are informed of their rights to proceed with formal dispute resolution mechanisms but are also asked if the Part C office could assist the family through informal means to try to resolve their concerns. Most families choose to work with the Part C office on an informal level. The Part C office gathers the information from the family, contacts the local early intervention system and discusses the issues from the perspectives of both the family and provider(s) to see if a solution can be reached. In 2004, two informal dispute resolution mechanisms were filed as formal requests for resolution.
- During 2004, Virginia received four requests for resolution of disputes. Three were through Administrative Complaints and one was through Mediation.
- The following represents the formal requests for dispute resolution that Virginia has received:

	Number of Administrative Complaints*	Number of requests for Mediation	Number of requests for Due Process*
2002	3 (all withdrawn)	1	
2003	3 (2 withdrawn)		1 (withdrawn)
2004	3	1	0

\* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

- All Administrative Complaints filed in 2004 with the Part C office resulted in either “founded” or “unfounded” findings. Issues identified in the complaints were service provision outside a natural environment, termination of a service without being provided parental rights, lack of appropriate level of services, lack of certified personnel to work with specialized disability populations and lack of service coordination. The request for mediation was filed to address appropriate level of services.

- All requests for dispute resolution were completed in a timely manner. Two of the administrative complaints were resolved beyond the 60-day timeline with documented extensions. Mediation was completed beyond the 15-day timeline with documented extension. The extensions to the Administrative Complaints were mutual decisions between the families and the Part C office to allow more time for the investigation to occur. The extension to the mediation was at the request of the family.
- During the investigations for the Administrative Complaints, issues identified in the complaint are addressed through a “Findings Report”. The “Findings Report” outlines each alleged violation and states the findings of facts related to the violation; is the finding “founded” or “unfounded”. The reports also include the conclusion that is reached and the reason for this conclusion, citing applicable regulations and law as appropriate. The final part of the report outlines the procedure for implementation of the final decision. For other issues identified through the investigation but not identified in the complaint, a separate report is sent to the locality with a Plan of Improvement designed to correct the deficiencies. The Procedural Safeguard Consultant provides follow-up on these plans of improvement. In all three of the Administrative Complaints filed, additional issues were identified during the investigation process.
- Issues identified in the formal requests for dispute resolution since 1994 have been:

Issues	No. of Requests for Dispute Resolution and Findings
Lack of funding for provision of EI services	1 (Complaint withdrawn)
Services not provided in the Natural Environments	3 (Complaints withdrawn)
Lack of service providers	2 (Complaints withdrawn)
IFSP not developed within 45-day timeline	1 (Complaint withdrawn)
Delayed transition from home health into EI services and consequences resulting from this delay	1 (Complaint withdrawn)
Insurance billed for evaluation*	1 (Complaint founded)
Failure to inform family of rights and obtain informed consent; therefore, billing for EI services provided within specified period of time should not have occurred.	1 (Complaint unfounded)
Frequency of service provision	1 (Mediated increased frequency of services for specified period of time)
Provision of services in a non natural environment setting	1 (Complaint founded)
Termination of physical therapy services without written prior notice	1 (Complaint founded)
Receipt of the appropriate level of services	1 (Complaint founded) 1 (Mediated increased frequency of services with multiple providers)
Certified infant Deaf/Hard of Hearing teacher	1 (Complaint unfounded)
Provision of Service Coordination lacking	1 (Complaint unfounded)

\*As a result of the Administrative Complaint investigated in 2003, the lead agency made modifications to the record review checklist that is used during the MIMS process and localities use during quarterly review. The most significant modification was inclusion of utilization review information.

#### Information provided from MIMS self-assessment process related to deliverables in the Local Contract

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
The local EI system submits all required data to the lead agency according to a predetermined schedule.	88% yes	85% Always True; 15% Often True	* Not asked
The local EI system disseminates Family Surveys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvements efforts.	88% yes	54% Always true; 23% Often True 15% Sometimes True	75% Often True; 25% Never True
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency	100% yes	92% Always True; 8% Often True	

Information provided from MIMS self-assessment process related to deliverables in the Local Contract

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
* In 2003, the above indicator was modified to state: <i>The ITOTS database is updated at least quarterly to reflect the current entries and discharges within the local early intervention system that occurred during the quarter.</i>			100% Always true
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	100% yes	92% Always True; 8% Often True	

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 2003-2005 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.

**EXPLANATION PROGRESS OR SLIPPAGE**

- Virginia continues to resolve all disputes within designated timelines or with documentation outlining the exceptions.
- Follow-up with the Plans of Improvement that result from Administrative Complaints is good. Most issues identified have been related to documentation (in progress/case notes, IFSP, IFSP reviews), and appropriate and timely use of Procedural Safeguards. Documentation in progress/case notes appears to be an area of concern with documentation ranging from minimal and/or subjective information to very detailed reporting. Facilities and outpatient rehabilitation facilities tend to have limited information in their notes.
- Virginia identifies systemic issues of non-compliance and areas needing improvement through varied activities/tasks in the MIMS self-assessment and SRT process, dispute resolutions and determines mechanisms to assist localities in remediation. Based on information collected through 2004, the following are sample efforts made to assist in remediation of areas of noncompliance:

Issues of Non-Compliance and Areas Needing Improvement 2000-2004	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
Service Provision in Natural Environment	<ul style="list-style-type: none"> <li>• Developed <u>Natural Environments &amp; IFSP: Q&amp;A Technical Assistance Document</u></li> <li>• Developed <u>Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places Technical Assistance Document</u></li> <li>• Phase I and Phase II training from the National Significance Grant</li> <li>• Targeted Technical Assistance at Regional Meetings</li> <li>• Targeted local system training using current IFSP's and outcomes discussing strengths and weaknesses of the outcomes and identifying strategies on how to enhance the development of the outcome.</li> <li>• Listing of web resources and notices of training in the Part C Update</li> <li>• Presentation and open discussion with national consultant</li> </ul>	<ul style="list-style-type: none"> <li>• Several local early intervention systems have begun to institute at least quarterly record reviews and are able to monitor this as appropriate.</li> <li>• Localities are requesting additional training on enhancing their development of outcomes. Through MIMS SRT record reviews, reviewers have seen an improvement in how outcomes are written over time. Outcomes are more functional, contextualized, measurable as well as relating to the family's priorities, concerns and resources and to daily routines and activities.</li> </ul>

Issues of Non-Compliance and Areas Needing Improvement 2000-2004	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
Service Provision in Natural Environment	<ul style="list-style-type: none"> <li>• Development of Chart outlining Federal language, state language and OSEP policy pages</li> <li>• Development of sample outcomes that reflect the priorities, concerns and resources of the family using Virginia’s approach to Early intervention supports and services in everyday routines, activities and places.</li> </ul>	<ul style="list-style-type: none"> <li>• Administrators have begun to understand that Natural Environments is not a “negotiable” issue; particularly as financial resources dwindle.</li> <li>• Additional requests for targeted technical assistance and training</li> <li>• See Indicator CE IV</li> </ul>
90-day transition planning	<ul style="list-style-type: none"> <li>• Developed <i>Federal requirements for transition referral</i> Policy Page</li> <li>• Collaboratively developed <u>Early Childhood Transition From Part C Early Intervention to Part B Special Education and Other Services</u> with Part B</li> <li>• Collaborative presentation with Part B on transition issues during the 2003 EI conference</li> <li>• Training at regional meetings</li> <li>• Meetings with Part B to identify specific issues raised via local early intervention systems</li> <li>• Part B 619 Coordinator meeting with SPED directors at regional meetings outlining requirements for Part B and C</li> </ul>	<ul style="list-style-type: none"> <li>• Localities have begun to institute at least quarterly record reviews and are able to monitor this as appropriate.</li> <li>• See Indicator CT I and II</li> <li>• Meetings with Part B and the meetings with the 619 Coordinator and SPED directors did not occur until early 2005. Effects of these efforts cannot be determined at this time. They will be reported on in the 2005 APR.</li> </ul>
Documentation of appropriate justification why IFSP’s developed beyond 45-day timeline	<ul style="list-style-type: none"> <li>• Local/Regional Direct Services Committee of the VICC developed a listing of explanations to be included into ITOTS system</li> <li>• In 2003, ITOTS reporting functions made available for localities</li> <li>• Provided Technical Assistance at Regional Meetings on explanations and use of ITOTS</li> <li>• Provided training at 2003 EI Conference on use of ITOTS for data management</li> <li>• Developed policy page clarifying point of entry into the system, screening and the 45-day timeline.</li> <li>• Review and analysis of specified period of time data to determine the extent to which the 45-day timeline is being met with acceptable justification. Plans of improvements developed for local early intervention systems that had “systems” mitigating circumstances as reasons for development of IFSP beyond the 45-day timeline.</li> <li>• In-depth analysis of “Unable to Contact Parent” to determine timeliness of efforts in contacting families.</li> <li>• See CE I</li> </ul>	<ul style="list-style-type: none"> <li>• Lead agency and localities have been using the ITOTS reporting functions to assist in determining compliance</li> <li>• Localities have begun to institute at least quarterly record reviews and are able to monitor this as appropriate.</li> <li>• Technical Assistance provided to local early intervention systems has identified for the local system manager areas that need to be closely monitored, and an opportunity to “clean-up” data</li> <li>• See indicator CE I</li> </ul>

Issues of Non-Compliance and Areas Needing Improvement 2000-2004	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
Increasing return rate for Family Survey	<ul style="list-style-type: none"> <li>• Reduced the number of questions on family survey</li> <li>• Development of “family portal” to web-based Family Survey</li> <li>• Identify survey pattern for each locality beginning in 2001</li> <li>• Provide targeted TA to localities outlining identified and/or perceived barriers for low return rate.</li> </ul>	<ul style="list-style-type: none"> <li>• The “new” Family Survey was not implemented until Fall, 2003.</li> <li>• The family portal is available on the web-based family survey but not operational.</li> <li>• There have been reporting glitches with the Family Survey during 2004 that have not allowed localities to get accurate information regarding submissions of Family Survey information.</li> </ul>
Use of Procedural Safeguards	<ul style="list-style-type: none"> <li>• Developed statewide procedural safeguard forms</li> <li>• Developed <u>Procedural Safeguard: Commonly Asked Questions and their Answers</u> Technical Assistance Document</li> <li>• Developed <u>Implementation of Procedural Safeguards As a Child and Family enter, Participate In and Exit ITCV</u> Technical Assistance Document</li> <li>• Developed record review checklist identifying the various points during a family’s involvement in EI that Procedural Safeguard forms should be used.</li> <li>• Developed and IFSP flow record identifying the various points during a family’s involvement in EI that Procedural Safeguard forms should be used</li> <li>• Technical Assistance at monthly regional meetings</li> <li>• Training to all providers across state and to specific localities upon request</li> <li>• Developed ‘homemade’ video of a Service Coordinator and family from entry through transition and how Procedural Safeguard forms and rights documents are to be used.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of statewide forms; ITCV maintaining record of requests for additional forms.</li> <li>• Localities have begun to institute at least quarterly record reviews and are able to monitor appropriate use of the forms through this mechanism.</li> <li>• Record Reviews through MIMS and SRT process shows greater compliance with appropriate use of Procedural Safeguard forms.</li> </ul>
Developing outcomes in everyday routines, activities and places	<ul style="list-style-type: none"> <li>• <u>Individualized Part C EI Supports and Services in Everyday Routines, Activities and Places</u></li> <li>• Phase I and Phase II training from the National Significance Grant</li> <li>• Training at local and Regional Meetings</li> <li>• Local system training</li> <li>• Development of sample IFSP outcomes</li> <li>• 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.</li> </ul>	

Issues of Non-Compliance and Areas Needing Improvement 2000-2004	Strategies Identified To Assist Localities Achieve Compliance Since 2000	Effect of Strategies
<p>Developing outcomes in everyday routines, activities and places</p>	<ul style="list-style-type: none"> <li>• Revised Virginia’s Part C policies and procedures 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.</li> <li>• Piloting of the orientation training module, which will help ensure consistent understanding of Part C requirements and Virginia’s Part C philosophy, was begun with 7 early intervention assistants.</li> <li>• 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.</li> <li>• Concepts of family-centered, culturally and linguistically diverse supports and services 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.)</li> <li>• 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).</li> </ul>	<ul style="list-style-type: none"> <li>• Localities have begun to look at their system from the point of referral (including revision of intake forms that will capture the family’s daily routines, activities, etc.) through service delivery and moving toward a primary service provider approach to assure provision of services to meet the functional outcomes identified by the family.</li> <li>• Localities have begun to institute quarterly record reviews and are able to monitor the above as appropriate.</li> <li>• Increased requests to Part C office from localities to provide training to providers</li> <li>• Localities requesting “sample” outcomes based on everyday routines, activities and places that meet the spirit of the law as well as insurance reimbursement requirements.</li> <li>• See Indicator CE III</li> <li>• Development of a family and provider information sheet by one locality which is used by providers with all families within that locality. This information sheet has been adapted by other councils to meet their unique needs.</li> </ul>

### **PROJECTED TARGETS For January 1, 2005 – December 31, 2005**

1. Develop and implement a process for a quarterly review of data and findings from all available sources in order to identify and address emerging issues in the Part C system and to monitor progress with work plan targets.

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

See attached workplan for activities and timelines.

### **PROJECTED TIMELINES AND RESOURCES For January 1, 2005 – December 31, 2005**

See attached work plan for activities and timelines.

### **PERFORMANCE INDICATOR**

**GS III.** *Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.*

### **BASELINE DATA**

This information represents data gathered between 2000 and 2003 beginning with Virginia's self-assessment (OSEP Continuous Improvement Monitoring Process), Virginia's Monitoring Improvement Measurement System, Family Survey Information and requests for Dispute Resolution

- Virginia has consistently met timelines for resolving complaints. All complaint investigations have been initiated within 10 days and decisions were provided to all parties within 60 days.
- The state strongly emphasizes resolving complaints informally and in a timely manner. The Family Representatives and Technical Assistance Consultants are instrumental in this process. As of 2003, there had been 10 administrative complaints in Virginia, 1 request for mediation and 1 request for due process hearing.
- As of 2003, all 10 Part C administrative complaints had been investigated within required timelines and corrective action plans were developed in accordance with the timelines specified in the findings report.
- As of 2003, each locality involved in an administrative complaint had provided a status report to the state on the implementation of the corrective action plan.
- One full-time staff member is available to investigate administrative complaints, coordinate activities for Mediation and Due Process as well as assist in follow-up with sites involved in administrative complaints to ensure the timely implementation of corrective action plans as part of job duties.

### **TREND DATA**

- Please refer to Trend Data in GS I
- Please refer to Trend Data in GS II
- Localities are encouraged to resolve disputes informally using mechanisms available to them. The Family Involvement Project (FIP) is available to talk to all families involved in the early intervention system on a variety of topics and issues. With regard to dispute resolutions, FIP received calls from 6 families expressing concerns about early intervention services provided to their child. Issues expressed to staff at the Family Involvement Project included:

- Not receiving enough services x 4
- Information on how to become more involved
- Concerns related to decrease in services

FIP staff was able to provide information to families so that formal complaints were not filed for 4 of the 6 families. One of the families filed a formal complaint. One family continues to work through informal mechanism to resolve their issue with the locality.

- When a call for dispute resolution first comes to the Part C office, it may be to the Technical Assistance Consultant and/or the Procedural Safeguard Consultant. Families are informed of their rights to proceed with formal dispute resolution mechanisms but are also asked if the Part C office could assist the family through informal means to try to resolve their concerns. Most families choose to work with the Part C office on an informal level. The Part C office gathers the information from the family, contacts the local early intervention system and discusses the issues from the perspectives of both the family and provider(s) to see if a solution can be reached. In 2004, two informal dispute resolution mechanisms were filed as requests as formal requests for resolution.

- The following information was obtained through the MIMS Self-Assessment Process:

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
If a dispute between two agencies is unable to be resolved within 90 days, a written request to resolve the dispute is made to the lead agency	100% yes	92% Always True; 8% Often True	Not included

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 2003-2005 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.

- The following information was obtained through Family Survey Information:

Family Survey I Question	2001 N = 750	2002 N = 767	2003 N = 531	2004 N =
I know my legal rights and protections under the EI law (like what to do if I don't agree with a decision made about my child's EI services)	5.4/6.0 (90%)	5.5/6.0 (92%)	5.6/6.0 (93%)	Yes: 95.4%
I was given a copy of <u>Commonwealth of Virginia Notice of Child and Family Rights in the Virginia Babies Can't Wait! Early Intervention System and Strengthening Partnerships: A Guide to Family Rights in the Virginia Early Intervention System</u>	95% Yes	94% Yes	96% Yes	*Rights Document: Yes: 94.9% No: .7% Not Sure: 4.5% Strengthening Partnership Yes: 90.5% No: 1.7% Not Sure: 7.8%

\*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 options listed above.

- The following information represents Virginia's compliance with dispute resolution timelines:

Type of Dispute Resolution Request	2002		2003		2004	
	Date Received	Date Resolved*	Date Received	Date Resolved*	Date Received	Date Resolved*
AC05	3/19/02	3/29/02 (withdrawn)				
AC06	3/20/02	4/01/02 (withdrawn)				
AC07	3/20/02	4/01/02 (withdrawn)				
AC08			1/27/03	2/4/03 (withdrawn)		
AC09			2/7/03	2/14/03 (withdrawn)		
AC10			5/13/03	7/10/03		
AC 11					4/13/04	8/9/04
AC12					9/2/04	10/27/04
AC13					10/4/04	12/16/04
M01			7/29/03	8/6/03		
M02					11/23/04	12/13/04
DP01			5/13/03	5/24/03 (withdrawn and refiled as an AC)		

\* The Part C office and Technical Assistance Consultants worked closely with localities and families within the first 10 days of the receipt of the complaint to determine if a resolution could be reached. For those complaints that were withdrawn, the locality and family were able to reach a mutually acceptable resolution. Following this resolution, the family withdrew their complaint.

## EXPLANATION OF PROGRESS OR SLIPPAGE

- Virginia has consistently responded to dispute resolution requests within the required timelines or with documented extension and will continue to do so through monitoring timelines, use of the Dispute Resolution Logbook and documentation disseminated to parties involved in the dispute.

- All Administrative Complaints filed in 2004 with the Part C office resulted in either “founded” or “unfounded” findings. Issues identified in the complaint were related to service provision outside a natural environment, termination of a service without being provided parental rights, lack of appropriate level of services, no certified infant hearing Deaf/Hard of Hearing teachers within a locality and lack of service coordination. The request for mediation was filed to address appropriate level of services.
- All requests for dispute resolution were completed in a timely manner. Two of the administrative complaints were resolved beyond the 60-day timeline with documented extensions. Mediation was completed beyond the 15-day timeline with documented extension. The extensions to the Administrative Complaints were mutual decisions between the families and the Part C office to allow more time for the investigation to occur. The extension to the mediation was at the request of the family.
- During the investigations for the Administrative Complaints, issues identified in the complaint are addressed through a “Findings Report”. The “Findings Report” outlines each alleged violation and states the findings of facts related to the violation; is the finding “founded” or “unfounded”. The reports also include the conclusion that is reached and the reason for this conclusion, citing applicable regulations and law as appropriate. The final part of the report outlines the procedure for implementation of the final decision. For other issues identified through the investigation but not identified in the complaint, a separate report is sent to the locality with a Plan of Improvement designed to correct the deficiencies. The Procedural Safeguard Consultant provides follow-up on these plans of improvement. In all three of the Administrative Complaints filed, additional issues were identified during the investigation process.
- A Dispute Resolution Handbook continues to be developed to assist localities and family members in understanding the processes, roles and responsibilities of all parties and timelines for each option of dispute resolution. Information from this handbook was presented at the 2005 Early Intervention Conference, Creating Connections: Making Meaningful Differences in the Lives of Families. Based on Family Survey information, there has been an increase in families indicating that they understand how to access the dispute resolution processes. Information gathered through the Family Involvement Project demonstrates that families are accessing available resources if they are not satisfied with services.
- In Virginia’s revised survey, pictures of the rights document and its companion document cover sheets are included to assist family members in their understanding of the document titles and whether they received the documents. Due to the changes in the rating system for the question on the Family Survey that asks families if they received their rights booklet and its companion documentation on the Family Survey, it is difficult to determine if families are indicating an increase in this.

**PROJECTED TARGETS For January 1, 2005 – December 31, 2005**

1. Develop, disseminate and train families and localities on information in the Dispute Resolution Handbook.
2. Continue to meet timelines on requests for dispute resolution.

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

See attached workplan for activities and timelines

**PROJECTED TIMELINES AND RESOURCES For January 1, 2005 – December 31, 2005**

See attached workplan for activities and timelines

**PERFORMANCE INDICATOR**

**GS IV.** *There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.*

**BASELINE DATA**

This information represents data gathered between 2000 and 2003 beginning with Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process), Virginia’s Monitoring Improvement Measurement System, Family Survey Information and requests for Dispute Resolution

- Ongoing training is provided by the Part C technical assistance consultants, and other state and regional training events have focused on financing for Part C services; IFSPs; natural environments; service coordination competencies; cultural sensitivity and competence; and physician involvement.

- Virginia Part C Policies and Procedures require that Part C providers complete a self-assessment (Indicators of Recommended Practice) of training needs and participate in at least 2 training events each year to address the area(s) of self-determined need. MIMS 2000 data indicated that 75% of MIMS sites were meeting the requirement for collecting the self-assessment of provider training needs and using this information to develop local training plans. In 2000, 88% of MIMS sites reported that all personnel working with eligible children and families participated in at least 4 training events during the previous 2 years.
- In 1999, the Early Intervention Assistant was added to Virginia’s Part C personnel standards to provide the opportunity for a paraprofessional to be employed and to attain the knowledge, skills and abilities to meet the competencies to be recognized as an Early Intervention Assistant.
- Information from the state self-assessment completed in 2000 indicated a need for increased coordination and consistency of training available and for better integration of cultural diversity concepts into all training.
- In 2000, the lead agency contracted with Partnership for People with Disabilities at Virginia Commonwealth University to develop competencies for service coordinators and to develop and implement a training curriculum based on those competencies to support consistently well-trained early intervention providers.
- 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.

**TREND DATA**

- The following information was obtained through the MIMS Self-Assessment process:

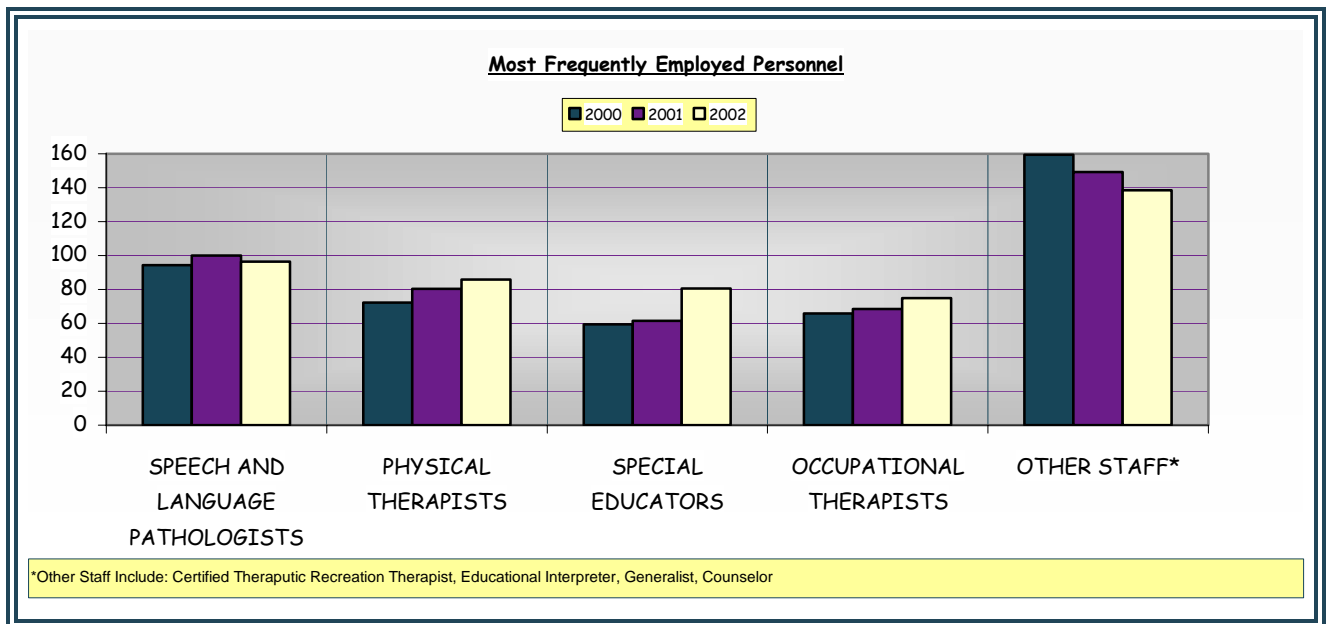
<b>MIMS Indicator</b>	<b>2000 MIMS (17 sites)</b>	<b>MIMS ‘01-‘03 (13 sites)</b>	<b>MIMS ‘03-‘05 (4 sites)</b>
All personnel working with eligible infants and toddlers and their families meet the state standards for qualified personnel	65% yes	62% Always True 31% Often True	75% Always True; 25% Often True
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	100% yes	92% Always True; 8% Often True	Not asked
There are enough qualified personnel in the local Part C system to conduct evaluations and assessments for all eligible children and families.		62% yes; 38% No	75% Yes; 25% No.
There are enough service coordinators and service providers within the local Part C system to meet the needs of all eligible children and their families.		62% yes; 38% No	Not asked
There is increased local coordination of efforts for child find, evaluation and service provision		38% reported Increase of 25% or more; 15% reported Increase of 10-24% 31% reported Increase of 1-9%	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 2003-2005 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.

- Record reviews conducted during the SRT process for the MIMS 2000 cycle revealed that 65/69 (94%) had identified a permanent Service Coordinator for families receiving early intervention services. 100% of MIMS sites in 2001 – 2003 reported that service coordination was available for eligible children and families in accordance with the current IFSP.
- 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.

- In 2002, 83 Service Coordinators attended the Kaleidoscope Level I training. In 2003, approximately 40 Service Coordinators were trained through this module and in 2004, an additional 62 Service Coordinators were trained. Over a two year period, 185 Service Coordinators have been trained through the Kaleidoscope Level I training.
- In 2003, a Council Coordinator Orientation module was designed for Local System Managers employed in their positions for less than 6 months. The first training provided included 13 Local System Managers who had been in their position less than one year. Due to budget cuts, this training was eliminated from the budget.
- In November 2002, the First Early Intervention Conference (Creating Connections: Celebrating Early Intervention in Virginia) was held. Approximately 250 participants attended. The conference offered 35-40 presenters. The keynote address at this conference, as well as breakout sessions, served as Phase I training for local service providers and families in understanding Virginia's approach to individualized Part C early intervention supports and services in everyday routines and activities and places. In November 2003, Creating Connections: Celebrate the Journey was held. Approximately 340 registrants, speakers and guests participated. The conference included 35 concurrent sessions, two keynote presentations, a local system managers round table discussion session and parent, provider and local system managers socials. An early intervention conference was not held in calendar year of 2004 due to budget cuts. The Integrated Training Collaborative spent the first part of their contract year collaborating with partners to identify ways to maintain the quality of the conference. Surveys were disseminated to localities to determine if they could financially support sending staff to the conference. From these results, it was determined that holding a shortened conference in Spring 2005 would be better when local systems would have a better idea of available funds in their budgets.
- Topics for the 2005 Early Intervention Conference Creating Connections: Making Meaningful Differences in the Lives of Families will include: Autism Screening Tools, Child and Parent Interactions During Play, Augmentative Alternative Communication, Effective Parent Involvement, The NICU Experience, Auditory-Based Intervention, Assistive Technology, Autism Interventions, Toy Adaptations. Coaching and Home Visits, Vision Screening Tools, Infant Social Development and Dispute Resolutions
- The Integrated Training Collaborative collaborates with the Institutes of Higher Education, the Early Intervention Autism Initiative and the Department of Education Priority Project. The Early Intervention Autism Initiative has expressed interest in Integrated Training Collaborative Training modules and consideration is being given to collaboration on the development of training modules for early intervention providers related to autism.
- Collaboration between the Part C Training Specialist and Technical Assistance Staff in developing and presenting trainings to localities specific to identified needs utilizing techniques and processes used in Kaleidoscope I have been ongoing throughout the Commonwealth.



**EXPLANATION PROGRESS OR SLIPPAGE**

1. The Integrated Training Collaborative developed “The Necessary Knowledge and Skills Chart” which was approved by the Virginia Interagency Coordinating Council in December 2002. This chart represents basic core skills that **all** Part C providers must have as well as those skills specific to the role of Service Coordinator and Early Intervention Assistant. All trainings/conferences have an evaluation component analyzed by a Virginia Commonwealth University evaluator documenting evidence of practice.

<b>Core Skills Needed to be a Part C Service Provider</b>	<b>Service Coordinator</b>	<b>Early Intervention Assistant</b>
<p><b>Part C Knowledge</b>  <u>Mechanism for Training:</u>                      Orientation Module:</p>	<p><b>Part C Knowledge</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level II</p>	<p><b>Part C Knowledge</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level I</p>
<p><b>Knowledge of Family Centered Practices</b>  <u>Mechanism for Training:</u>                      Orientation Model</p>	<p><b>Knowledge of Family Centered Practices</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level I</p>	<p><b>Knowledge of Family Centered Practices</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level I</p>
<p><b>Effective Communication/Collaboration Skills</b>  <u>Mechanism for Training:</u>                      Orientation Module</p> <p><u>Mechanism:</u> Documentation of appropriate Part C training related to discipline or Part C system and submitted to LICC Coordinator 1x/calendar year</p>	<p><b>Effective Communication/Collaboration Skills</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level II</p>	<p><b>Effective Communication/Collaboration Skills</b>  <u>Mechanism for Training:</u>                      Orientation Module                      Additional training to include:                      Kaleidoscope Level I</p>
<p><b>Cultural Competence</b>  <u>Mechanism for training:</u>                      Orientation Module</p>	<p><b>Cultural Competence</b>                      Mechanism for training:                      Orientation Module</p>	<p><b>Cultural Competence</b>                      Mechanism for training:                      Orientation Module                      Additional training to include:                      Kaleidoscope Level I</p>
<p><b>Knowledge of Financial/Ability to Pay Requirements</b>  <u>Mechanism for Training:</u>                      Orientation Module</p>	<p><b>Knowledge of Financial/Ability to Pay Requirements</b>  <u>Mechanism for Training:</u>                      Orientation Module</p>	<p><b>Knowledge of Financial/Ability to Pay Requirements</b>  <u>Mechanism for Training:</u>                      Orientation Module</p>
		<p><b>Knowledge of Child Development</b>  <u>Mechanism for Training:</u> Child Development Module</p>
		<p><b>Knowledge of Disabilities</b>  <u>Mechanism for Training:</u>                      Disabilities Module</p>

- The training modules are currently being piloted by 7 Early Intervention Assistant (EIA) Candidates. Modules include:
  - Child Development in booklet format
  - Orientation to Part C in booklet format
  - Knowledge of Developmental Delays and Disabilities in Early Intervention in booklet format and web-based.

- Each module has a booklet that the EIA reads and then takes a competency test. Tests vary to include True/False and multiple-choice questions. Competency tests must be passed with 80% accuracy or the module must be repeated until the candidate can pass the test with 80% proficiency.
- Module #3 was “launched” on Virginia Commonwealth University’s Blackboard on 12/14/04. Participants read the module online and take the test online. Immediate feedback is provided about their test and missed questions. If a question is missed, they are directed back to the pages in the module where they can research the correct response.
- To date, 3/7 EIAs have successfully completed all three modules. Three additional EIAs have completed modules 1 and 2. One EIA has recently completed module 1 and is beginning module 2.

**PROJECTED TARGETS For January 1, 2005 – December 31, 2005**

1. Complete all modules and competency tests needed to successfully implement the Knowledge and Skills Chart.
2. Modify module information for web-based application as appropriate.

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

See attached workplan for activities and timelines

**PROJECTED TIMELINES AND RESOURCES For January 1, 2005 – December 31, 2005**

See attached workplan for activities and timelines

**PERFORMANCE INDICATOR**

GS V: *Virginia has procedures and practices to ensure collection and reporting of accurate and timely data.*

**BASELINE DATA**

This information represents data gathered between 2000 and 2003 beginning with Virginia’s self-assessment (OSEP Continuous Improvement Monitoring Process), Virginia’s Monitoring Improvement Measurement System, Family Survey Information and requests for Dispute Resolution

- Within the Contract for Continued Participation, information regarding the types of data and due dates that will be collected by the lead agency is outlined. This includes submission dates for the Family Survey, Expenditure Reports, Personnel Data, and MIMS self-assessment information.
- Historically, Virginia has collected data from the initial IFSP through the Individual Child Data Form (ICDF). Analysis of the following data elements were conducted by Research Division Rehabilitation Research and Training (RRTC) at Virginia Commonwealth University: Date of Birth, Date of Referral, County of Residence, Race, Gender, Date of IFSP, Referral Source, Eligibility Determination, At-Risk factors, Services identified at the initial IFSP meeting, and name of Service Coordinator.
- From this information, RRTC generated 28 annual reports. When possible, statewide information as well as local information was provided. Examples of annual reports include: Active Children per Council by Age Children in specific Settings by Age, in Council Children receiving Services per Council by Month Services received by Setting Time from Referral to IFSP per Council Transition destinations.
- In 2001, the responsibility for data analysis of information obtained through the ICDF was shifted to the Social Science Research Center at Old Dominion University with plans to establish a web-based data collection system. In May 2002, the Infant and Toddler On-Line Tracking System (ITOTS) was launched. Initially, the annual reporting information identified above was made available through the ITOTS system.

**TREND DATA**

- The following are 4 deliverables outlined in the Contract for Continued Participation:

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, have been developed and are available in writing.	100% yes	100% yes	75% Always True; 25% Often True
The local EI system submits all requested data to the lead agency according to a predetermined schedule.	88% yes	85% Always True; 15% Often True	Not asked

MIMS Indicator	2000 MIMS (17 sites)	MIMS '01-'03 (13 sites)	MIMS '03-'05 (4 sites)
The local EI system disseminates Family Surreys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvement efforts.	88% yes	62% Always True; 23% Often True; 15% Sometimes True	
The local early intervention system disseminates Family Surreys to every Part C eligible family in their locality, according to the state determined schedule, and maintains a local family survey database to be used for local improvement efforts.			75% Often True; 25% Never True
Completed child data forms are submitted to the lead agency for every Part C eligible child, according to the requirements and timelines of the lead agency.	100% yes	92% Always True; 8% Often True	
The ITOTS database is updated at least quarterly to reflect the current entries and discharges within the local early intervention system that occurred during the quarter.			100% Always true
Completed personnel data forms are submitted to the lead agency according to the requirements and timelines of the lead agency.	100% yes	92% Always True; 8% Often True	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 2003-2005 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.

- Since the conversion of the ICDF information to a web-based system, localities and the lead agency are able to review “real time” data, vs. annual data. Reporting functions have been expanded to include Custom Case Reports and Custom General Reports. Sample reports include:

#### Custom Case Reports

and Custom General Reports:

**ITOTS**  
INFANT AND TODDLER ONLINE TRACKING SYSTEM

User: DAVID MILLS | My Profile | Log Out  
Current Time: 9:45:46

Message Center | Child Data | Administration | Reports | Version Info | Support

**Reporting**

- Custom General Reports
- Custom Case Reports
- ICDF Annual Reports
- Quarterly Reports
- Case Reports

**General Reports** [Generate] [Clear Form]

**Select Report** | **Criteria**

**Choose one or more reports:**

- Type of Delay by Type of Service
- Atypical Development by Type of Service
- Diagnosed Disabling Condition by Type of Service
- Service Setting by Type of Service
- Referral Source
- Third Party Reimbursement
- Transition Destination
- Age by Service Setting
- Age by Atypical Development
- Age by Medically Fragile
- Days from Referral to IFSP by Council
- Average Service Hours by Provider by Council

- In 2003, the Virginia Department of Health, under its mandate that all infants receive a hearing screening after birth and referral to appropriate entities, worked in partnership with the lead agency to develop a Health Department linkage pilot using their data system (VISITS: Virginia Infant Screening and Infant Tracking System), with ITOTS for local early intervention systems to receive electronic referrals from VISITS to ITOTS. This program was successfully piloted in the Tidewater region of Virginia. The Health Department is working toward statewide implementation of the project.

**ITOTS**  
INFANT AND TODDLER ONLINE TRACKING SYSTEM

User: DAVID MILLS | My Profile | Log Out  
Current Time: 9:59:00

Message Center | Child Data | Administration | Reports | Version Info | Support

**Child Data**

- Child Data/Search
- New Referral/Intake
- Active Cases
- New VISITS Referrals
- Family Survey
- MIMS

**ITOTS - New VISITS Referrals DMHRSAS** [Refresh]

iTOTS ID	Unique Child Code	City	DOB	Referred On
19264	HN7A	510 - Alexandria	28-JUN-01	10-OCT-03
19314	BI6A	093 - Isle of Wight	25-FEB-03	15-OCT-03
19345	PW9A	510 - Alexandria	22-JAN-01	15-OCT-03
19441	AA7A	510 - Alexandria	01-MAR-02	20-OCT-03
19633	JN5A	550 - Chesapeake	16-APR-02	27-OCT-03
2736	BR6A	510 - Alexandria	19-APR-01	27-OCT-03
18904	MR7A	550 - Chesapeake	25-MAY-03	03-NOV-03
19878	HR8A	710 - Norfolk	17-JUN-03	03-NOV-03
19880	BT6A	740 - Portsmouth	02-AUG-03	03-NOV-03
19896	BR6A	510 - Alexandria	17-JUN-03	03-NOV-03
19911	BC7A	510 - Alexandria	28-JUL-01	04-NOV-03
18848	GR9A	001 - Accomack	04-SEP-03	05-NOV-03
19965	CN7A	510 - Alexandria	02-MAR-01	05-NOV-03
20009	RB9A	510 - Alexandria	31-AUG-01	06-NOV-03
18848	GR9A	001 - Accomack	04-SEP-03	11-NOV-03

Click the ID to view the details for a client

- In Spring 2003, the lead agency initiated a collaborative effort with the Department of Medical Assistance Services (DMAS) to identify common data elements that would result in matches of Part C Medicaid eligible children for purposes of tracking encounter and utilization data for therapy and related medical services. These data elements have been identified and mechanisms are being implemented to obtain information from DMAS regard Part C services provided to Medicaid children.
- 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. Virginia has added "CAPTA" to the ITOTS system as a referral source so that it may track the numbers of referrals and report back to the Virginia Department of Social Services.
- Virginia has planned enhancements to the ITOTS data system (including Family Survey and MIMS) to occur in two phases. Sample enhancements include:
  - o Adding SSN, Medicaid ID and child's name, Middle Initial, Last Name
  - o Adding VISITS and CAPTA as Referral Sources
  - o Adding Autism Spectrum Disorder to the Diagnosed Disabling Conditions
  - o Reporting the number of children entered into the Family Survey Database compared to the number of beginning surveys completed for the same time range
  - o Same report for following surveys
  - o Look at Family Surveys entered by time periods
  - o Redesign of the Analysis Framework
  - o Ability to run Council specific reports
- Enhancements to ITOTS reporting capabilities that have been completed include:
  - o Service Setting by Race of Infant - also need to have a compilation of all the different "other" settings listed in ITOTS.
  - o Part C Services Received by Race of Infant. Will need a compilation of all "other" services listed. Additionally, we need specific counts and setting/frequency information for "respite services".
  - o Service setting by age - once again need to have a compilation of all the different "other" settings
  - o Race of Infant by Age
  - o Transition Destination by Race of Infant
- Virginia's discussions with the Department of Health and DMAS about the development of an interagency data system allows for a comprehensive system for continuously tracking individual children. The data system could include system-wide inputs and processes, child and family outcomes, indicators for early identification of infants and toddlers, and indicators and shared sources.
- Virginia had begun to collaborate with the Department of Education to look at longitudinal information of children who participated in Part C early intervention services to see the effects of early intervention over time.
- 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 grant 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.

#### **EXPLANATION OF PROGRESS/SLIPPAGE**

- Virginia has continued to improve the reporting capabilities of the ITOTS system to meet local and state needs.
- Virginia has made significant strides to enhance its ability regarding the interagency sharing of data and reporting among agencies to promote a comprehensive system for continuously tracking individual children. Such a data system could include system-wide inputs and processes, child and family outcomes, indicators for early identification of infants and toddlers, and indicators and shared sources.
- While Virginia does not have a strong mechanism in place to evaluate outcomes for children and families, being accepted to receive a GSEG grant will move Virginia forward significantly in this area. Not only will Virginia

be addressing state outcomes indicators and methods to collect and analyze the data, the grant will also allow for looking at what is needed within Virginia's infrastructure to sustain the work developed through the grant.

**PROJECTED TARGETS For January 1, 2005 – December 31, 2005**

See attached workplan for activities and timelines

**PROJECTED TIMELINES AND RESOURCES For January 1, 2005 – December 31, 2005**

See attached workplan for activities and timelines