

Improvement Strategies				Progress Toward Improvement (Evidence of Change)
Projected Targets	Activities to Achieve Targets	Timelines	Resources Needed	Accomplishments (Including Dates)
	<p>validated at the local system level statewide.</p> <ul style="list-style-type: none"> ○ The projection model used in the cost study will be updated using 2004 data. ○ Data regarding 2-year olds served through the LEA will be obtained and matched to the appropriate local Part C system to determine how this affects the percentage of children identified. ○ Data regarding the proportionality of children served by race/ethnicity will be analyzed at the local level. ○ Data regarding children referred but not in services will be analyzed at the local level. ○ Based on results of the above steps, a state-level plan of action will be developed to further investigate areas with under- or over-representation of the 0-3 population in Part C. ● Validated eligibility projections from above and the shared characteristics of communities with the highest levels of eligible children being served (as reported in the Virginia Cost Study) will be used to provide targeted technical assistance and resources to local Part C systems. 	<p>2/05</p> <p>7/05</p> <p>8/05</p> <p>9/05</p> <p>Beginning 10/05</p>		
2. The percentage of Virginia's birth to one population served through the Part C system will increase	<ul style="list-style-type: none"> ● During the process of validating projected numbers of eligible children at the local system level, data regarding the birth to one population served in each local system as compared to local demographics will be analyzed. ● The results of this analysis will be used to target technical assistance and resources 	<p>8/05</p> <p>Beginning 10/05</p>	Staff time, cost study consultant	

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	to local Part C systems.												
Cluster Area: Family-Centered Services													
1. The percentage of IFSP outcomes that reflect family priorities and activities/settings that are important to the family will increase.	<ul style="list-style-type: none"> Provision of targeted training and technical assistance will continue based on needs identified by local Part C systems and through monitoring and supervision. The Part C Office will explore the development of a system of ongoing and individualized information and supports that will assist individual Part C providers (those currently in the system and those entering the system), teams of providers, families and local Part C systems in understanding and adopting the principles and practices of individualizing Part C supports and services in everyday activities, routines and places. 	Ongoing 3/06	Part C staff time	<ul style="list-style-type: none"> Sample IFSPs were developed by the Local Regional Direct Services Committee of the VICC in conjunction with the Part C Office and disseminated to local Part C systems and providers in July 2004. Each sample includes outcomes that reflect family priorities and activities/settings that are important to the family and that focus on daily functional activities of the child. 									
Cluster Area: Early Intervention Services in Natural Environments													
1. All local Part C systems are in compliance with the 45-day timeline requirement.	<ul style="list-style-type: none"> Written clarification will be provided by the Part C Office to all local Part C systems to ensure consistent understanding that compliance with the 45-day timeline requires that the timeline must be met for all children and that demonstrating an average of less than 45 days is not sufficient to meet the compliance standard. Technical assistance consultants (with assistance from other staff) will run relevant data reports (Days from Referral to IFSP, Children Exceeding 45 Day Timeline with Mitigating Circumstances, and Referrals Not Yet Evaluated) for each local Part C system in order to determine 	12/31/05 (completed 12/14/05) 1/31/05 (completed 1/24/05)	Part C staff time, EIIMT, Local Service Providers, Local System Managers, CoCoA, VICC	<ul style="list-style-type: none"> Regional meetings are held monthly. Information is discussed as appropriate and necessary. Individual Council TA is provided as appropriate and necessary. In an 11/30/04 letter to OSEP, Virginia reported a decrease over a 6 month period in the # of Children for whom timeline was exceeded for <u>systems reasons</u>. <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Month</td> <td style="text-align: center;"># of</td> <td style="text-align: center;">#</td> </tr> <tr> <td style="text-align: left;">Children >45</td> <td style="text-align: center;">IFSP's</td> <td style="text-align: center;">days</td> </tr> <tr> <td style="text-align: left;">for systems</td> <td colspan="2" style="text-align: center;">Developed</td> </tr> </table>	Month	# of	#	Children >45	IFSP's	days	for systems	Developed	
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	<p>timeline.</p> <ul style="list-style-type: none"> • TA consultants will work with those local Part C systems that are out of compliance to develop and submit a plan of improvement using a worksheet process and form developed by the Part C Office. • Those local Part C systems that were in compliance for the period reviewed will be encouraged to use the plan of improvement worksheet and form developed by the Part C Office to identify strategies for maintaining their compliance. • A written memo will be sent by the Part C Office to all local Part C systems providing clarification about any of data entry issues identified during the review and analysis of the 45-day timeline data. • The Part C Office will complete a review and analysis of the January, February and March 2005 ITOTS data related to the 45-day timeline for all 40 local Part C systems. • The Part C Office will complete a review and analysis of the April, May and June 2005 ITOTS data related to the 45-day timeline for all 40 local Part C systems. • An updated report on the status of Virginia's compliance with the 45-day timeline will be submitted to OSEP. • Individualized technical assistance will be provided to local Part C systems to address local issues, based on the plans of improvement, continued monitoring of compliance, and local requests for 	<p>2/28/05</p> <p>Optional</p> <p>2/7/05 (completed 2/1/05)</p> <p>5/31/05</p> <p>7/1/05</p> <p>8/1/05</p> <p>Ongoing</p>		

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	assistance.			
2. All children receive an evaluation of their level of functioning in all areas of development -- cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development.	<ul style="list-style-type: none"> • Part C providers will have increased knowledge of the Part C requirements related to evaluation. <ul style="list-style-type: none"> ○ Provide statewide technical assistance through regional meetings on the intake and evaluation process. ○ Continue technical assistance on vision and hearing components of the Part C evaluation, based on October 2003 TA document. ○ Collaborate with the Department for the Blind and Vision Impaired in providing support to local Part C systems following development and dissemination of a training CD on vision (common eye conditions, diagnoses, how to implement the Virginia Part C vision screening). ○ Develop and implement orientation training module for all Part C providers, which will help ensure consistent understanding of Virginia's Part C early intervention system and its requirements (including evaluation). ○ The statewide baseline data on evaluation collected in February 2005 will be further analyzed and validated with local Part C system managers in order to identify technical assistance needs related to evaluation on a statewide and local basis. • The completeness and accuracy of monitoring data available to demonstrate compliance with Part C evaluation 	<p>10/04</p> <p>Ongoing</p> <p>9/05</p> <p>6/04 (development completed)</p> <p>Implement – ongoing</p> <p>6/05</p>		<ul style="list-style-type: none"> • A number of existing TA documents address intake and evaluation, including the following: Part C Evaluation and Assessment: Questions and Answers (2002); Individualized Family Service Plan (IFSP) Form Guidance (2002); Natural Environments and Individualized Family Service Plans: Questions and Answers (2001); and Policy Clarification and Technical Assistance on the Implementation of Requirements for Vision and Hearing Components of the Part C Evaluation and Assessment (2003). • After reviewing the existing TA documents listed above, Part C staff determined the available written guidance addresses the all areas of concern related to evaluation as identified through monitoring and supervision. Therefore, a new written TA document is not necessary at this time. • TA was provided at all regional meetings in Fall, 2004 regarding required evaluation components. This topic continues to be addressed in regional meetings based on needs identified in that region. • The Part C Update for January/February 2005, which is disseminated to all local Part C systems, included a written review of

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	<p>requirements will be improved.</p> <ul style="list-style-type: none"> ○ Develop a better mechanism to assist local system managers to monitor this on an ongoing and routine basis. ○ Provide training and technical assistance to local Part C systems and providers on how to accurately complete the MIMS self-assessment and record review indicators related to evaluation requirements. ○ Provide technical assistance to local Part C system managers on documenting use of Virginia's Part C Hearing and Vision Screening Tools on page 3 of the IFSP. ○ Explore the possibility of expanding data infrastructure to collect this data. 	<p>11/05</p> <p>Ongoing</p> <p>6/05</p> <p>3/06</p>		<p>requirements related to the vision and hearing components of the Part C evaluation.</p> <ul style="list-style-type: none"> • The March 2005 Virginia Early Intervention Conference included concurrent sessions that addressed vision and hearing screening components of Part C evaluation. • The Part C Office required each local system to submit copies of the evaluation results for 2 IFSPs for two different children (for an initial IFSP and an annual IFSP or for an annual and a second annual IFSP). Analysis was completed on this information to determine compliance with the requirement that children receive an evaluation in all areas of development. Results of this data collection and analysis were reflected in the chart review data for the Annual Performance Report. (3/05) Additional analysis will be done to identify issues that need to be addressed through technical assistance. • Based on input from stakeholders who worked with the Part C Office in 2004-2005 on changes to the Local Contract for Continuing Participation in Part C, an Annual Local Status Report will not be required of local Part C systems. Instead, the Part C Office will be responsible for collating data from MIMS self-assessments and record reviews in order to look at each local

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				Part C system's compliance with evaluation requirements.
3. The percentage of families indicating on the family survey that the evaluation really showed the things their child can and cannot do will increase.	<ul style="list-style-type: none"> The family survey data will be further analyzed and validated with local Part C system managers in order to identify technical assistance needs related to evaluation on a statewide and local basis. Technical assistance will be targeted to specific local Part C systems based on monitoring results in order to assist local Part C systems in understanding local data related to families' perceptions of their evaluation experience and identifying improvement strategies if needed. 	6/05 Ongoing		
4. All eligible children and families receive individualized, appropriate and timely early intervention supports and services, as identified on their IFSP.	<ul style="list-style-type: none"> A definition of "timely," as it relates to beginning to receive early intervention supports and services, will be established. Baseline data related to beginning supports and services in a timely manner following development of the IFSP will be further analyzed in order to: <ul style="list-style-type: none"> Allow for discussion and validation of the data with local Part C system managers. Determine technical assistance needs on a statewide and local basis. Determine how the record review process and protocol can be refined in order to improve the quality and consistency of the data gathered. Baseline data related to provision of all supports and services as listed on the IFSP will be further analyzed in order to: <ul style="list-style-type: none"> Allow for discussion and validation of the data with local Part C system 	6/05 10/05 10/05	Part C staff time, Stakeholders, Integrated Training Collaborative	

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	<ul style="list-style-type: none"> Intervention <ul style="list-style-type: none"> ▪ Child Development ▪ <i>Kaleidoscope: New Perspectives in Service Coordination (level I and II)</i> • Continue to provide targeted technical assistance on the local and regional level to address informational and support needs related to individualizing supports and services (e.g. writing functional outcomes based on everyday routines, activities and places that also meet insurance reimbursement requirements) • Infuse cultural and linguistic diversity concepts into all early intervention activities, curricula, materials and documents 	<p>Ongoing</p> <p>Ongoing</p>		
5. The percentage of early intervention supports and services provided in natural settings (unless there is appropriate justification for not using a natural setting) will be at least maintained.	<ul style="list-style-type: none"> • Provision of targeted training and technical assistance will continue based on needs identified by local Part C systems and through monitoring and supervision. • The Part C Office will explore the development of a system of ongoing and individualized information and supports that will assist individual Part C providers (those currently in the system and those entering the system), teams of providers, families and local Part C systems in understanding and adopting the principles and practices of individualizing Part C supports and services in everyday activities, routines and places. 	<p>Ongoing</p> <p>3/06</p>		
6. Virginia has in place a mechanism(s) to	<ul style="list-style-type: none"> • Implementation of the activities outlined in the GSEG will continue, as follows: 		Mid-South, VDH, DOE, Part	

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document children's improved and sustained functional abilities in all areas of development.	<ul style="list-style-type: none"> ○ Establish consensus on child and family outcomes. ○ Design needed indicator processes and instruments to measure outcomes. ○ Develop and install data adaptations to ITOTS system. ○ Conduct a pilot test of the ITOTS data module for outcome indicators ○ Conduct training with local lead agencies in data collection and analysis protocols. ○ Disseminate outcome indicators and protocols to local lead agencies 	<p>3/05</p> <p>4/05</p> <p>7/05</p> <p>7/05</p> <p>7/05</p> <p>9/05</p>	C, VICC, GSEG Stakeholder group	
Cluster Area: Early Childhood Transition				
1. All local Part C systems demonstrate full compliance with the 90-day transition conference requirement	<ul style="list-style-type: none"> ● Collaborate with state Part B staff on their training to all LEAs regarding transition requirements to Part B. ● Provide targeted TA to local Part C systems based on monitoring data in order to assist local Part C systems in identifying and addressing barriers to compliance with the 90-day transition conference requirement. 	<p>Ongoing</p> <p>Ongoing</p>	State Part B and Part C staff	<ul style="list-style-type: none"> ● In 2004, Part B staff provided training to all LEAs about part B requirements associated with children transitioning from Part C to Part B. ● Policies and procedures have been revised. They are currently in the process of being reviewed by OSEP. Following that review, the policies and procedures will be further revised to reflect 2004 IDEA regulations and then disseminated to the localities for a 60-day public comment period. ● Part B staff are providing information to local Special Education Directors through regional forums throughout the Commonwealth (2/05 – 3/05). ● Sample IFSPs were developed by the Local Regional Direct Services Committee of the VICC in conjunction with the Part C Office and

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				disseminated to local Part C systems and providers in July 2004. One of the sample IFSPs includes planning for the 90-day transition conference.
2. All IFSPs include an individualized transition plan.	<ul style="list-style-type: none"> Provide targeted TA to local Part C systems based on monitoring data in order to ensure that transition planning and activities are individualized for each child and family. 	Ongoing	Part C staff	<ul style="list-style-type: none"> Sample IFSPs were developed by the Local Regional Direct Services Committee of the VICC in conjunction with the Part C Office and disseminated to local Part C systems and providers in July 2004. Each sample IFSP includes a transition plan with individualized activities for that child and family.
3. Data is available to determine whether children actually begin receiving planned services (special education and related services under Part B, or other appropriate services) by their third birthday.	<ul style="list-style-type: none"> Explore the possibility of establishing a data system linkage between DMHMRSAS and DOE that would allow for reporting of this data. Explore the possibility of expanding the data system infrastructure to support collection of data on the date children not transitioning to Part B begin receiving other appropriate services. Explore a process through which data collected can include justification for why a child did not begin planned services by his/her third birthday. Once data is available, identify ongoing issues and barriers to children beginning planned services by their third birthday 	3/06 3/06 3/06 12/06	Part B Staff, Part C Staff, ODU, Welligent,	<ul style="list-style-type: none"> Discussions between DMHMRSAS and DOE regarding a data system linkage were begun in 2004 and are continuing as part of Virginia's GSEG grant.
Cluster Area: General Supervision				
1. Virginia's Part C system of Supervision and Monitoring focuses on the positive outcomes for children and families	<ul style="list-style-type: none"> Develop mechanism to monitor outcomes Continue efforts to coordinate and evaluate use of data at state and local level. 	Ongoing Ongoing October 05	Part C Staff, Cost Study Consultant, MID-South, NECTAC	<ul style="list-style-type: none"> 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

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while ensuring compliance with Part C requirements.	<ul style="list-style-type: none"> • Coordinate new and existing data sources to provide a more complete and ongoing picture of the State and local Part C system. <ul style="list-style-type: none"> o Increase local return rate of Family Surveys. o Identify survey return pattern for each locality beginning in 2001. o Provide targeted Technical Assistance to localities outlining identified and/or perceived barriers for low return rate, o Develop local Plan of Improvement to address identified and/or perceived barriers for low return rate. • Through use of ITOTS and Family Survey, reporting functions monitor efforts and effects of Plan of Improvement on a quarterly basis. <ul style="list-style-type: none"> o Evaluate whether the Family Survey is an effective tool to measure outcomes of family participation in early intervention. o Discuss other mechanisms to gather family input to measure outcomes of family participation in early intervention. • Develop, disseminate and train localities and families on information in a Dispute Resolution Handbook. 	<p>December 2005</p> <p>December 2005</p> <p>Ongoing</p> <p>December 2006</p> <p>July 2006</p> <p>Ongoing</p> <p>March 2006</p>	<p>Part C Staff</p> <p>Part C Staff</p> <p>Part C Staff, System Manager</p> <p>Part C Staff, System Manager, Local Lead Agency</p> <p>Part C Staff, Stakeholder Task Force</p> <p>Part C staff, ARC FIP</p>	<p>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.</p>
2. Develop and implement a process for a quarterly review of data and finding from all available sources in order to identify and address	<ul style="list-style-type: none"> • Virginia has procedures and practices to ensure the timely collection and reporting of accurate and timely data <ul style="list-style-type: none"> o Maintain ITOTS system o Assist the Virginia Department of Health with the implementation and 	December 05	DMHMRSAS, ODU, Welligent, Health Department	

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emerging issues in the Part C system and to monitor progress with work plan targets.	<ul style="list-style-type: none"> training of VISITS expansion statewide. o Implement connections or ITOTS and VISITS. o Continue discussions with DMAS about implementation of an integrated database. • Develop a plan for the reshaping of Virginia's Monitoring and Supervision System. <ul style="list-style-type: none"> o Identify all components of Virginia's supervision and monitoring system and compare with those components of OSEP. o Identify gaps in data within the components. • Implement next cycle of MIMS. <ul style="list-style-type: none"> o Identify localities to be in cycle. o Develop focused Monitoring information and materials to be used in the cycle. o Train localities. o Submit modification to MIMS/ITOTS. • Explore the possibility of the development of an internal database that will collect data for analysis from various sources such as the Local Contract for Continuous Improvement requirements, Requests for Dispute Resolutions, chart review data, Plans of Improvement, etc. • Collate issues of non-compliance from MIMS Plans of Improvement, Dispute Resolutions and other data sources <ul style="list-style-type: none"> o Develop Technical Assistance tools, documents as appropriate. 	<p>December 05</p> <p>Fall 05</p> <p>December 05</p> <p>Within 60 days following the last State Review Team visit & requests for dispute resolution</p>	<p>Part C Staff, National Consultants OSEP</p> <p>Part C Staff, Stakeholder Task Force, ODU, Welligent</p> <p>Part C, DMHMRSAS IT Staff,</p> <p>Part C Staff, Local EI systems</p>	

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	<ul style="list-style-type: none"> o Explore mechanisms for mentoring among local systems managers to assist with targeted technical assistance. o Refine follow-up mechanism for both MIMS Plans of Improvement and Plans of Improvement resulting from Dispute resolutions or other monitoring and supervision activities. 			
3. Complete federal and state reporting requirements in a timely manner in accordance with OSEP, General Assembly and DMHMRSAS mandates.	<ul style="list-style-type: none"> • OSEP Verification Visit – <ul style="list-style-type: none"> o Ensure shared understanding of verification visit questions. o Develop notebook to address information outlined in verification visit questions. o Participate as listener in interviews with VICC and parents and parent organizations. • Federal Application – <ul style="list-style-type: none"> o Submit with signed assurances to comply with IDEA 2004, but no policies and procedures; would allow us to receive conditional approval o Develop budget. o Obtain signatures on federal assurances. • Policies and Procedures – <ul style="list-style-type: none"> o Receive reviewed draft P&P back from OSEP. o Make changes required by OSEP. o 60-day public comment. o Summarize public comment, write responses, make changes in P&P o OAG Review o Make changes 	<p>April 05</p> <p>5/1/05</p> <p>12/05</p> <p>(07-08 2005)</p> <p>(Sept. 2005)</p> <p>(10-11 2005)</p>	<p>Part C Staff, OSEP</p> <p>Part C Staff, Secretary of HHS</p> <p>OSEP, Part C Staff, Local EI systems, parents, OAG</p>	

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	<ul style="list-style-type: none"> o DMHMRSAS review process o Submit to OSEP • Annual Performance Report to OSEP. • Data to General Assembly. • Development of State Performance Plan. 	(Dec 2005) 3/06 10/05 12/05	VICC, Part C Staff, stakeholder task force Local EI systems, Part C staff, DMHMRSAS	