

**VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
HENRICO MENTAL HEALTH
MARCH 10, 2004**

Brenda Laws, VICC Chair, called the meeting to order at 9:35 a.m.

Part C Update

Mary Ann Discenza reported on recent activities and workgroup meetings. The Plan B Interim Strategies Group will meet on March 29 to deal with immediate financial and service delivery issues because of the deficit which faces the Part C system. On April 20, the Virginia Finance System Planning Group to Address Systems, Services, and Outcomes will meet for the second time. This Group will consider long-term funding strategies for the early intervention system. Some issues which have been discussed by the Infrastructure group will move to the Finance Group to be addressed. A system to finance services for the future must continue to remain in the forefront. Karleen Goldhammer is in the process of finalizing the cost study report. The final report will be disseminated and posted on the Part C website.

The Infrastructure Task Force met on March 15. The draft report is in process of being developed. The Office of the Attorney General has determined that local interagency coordinating councils (LICCs) do not have the legal standing to enter into contracts, nor does a fiscal agent on behalf of the LICC. The local contract which will be out for public comment in April will state that the role of the LICC will be to advise and assist the local lead agency. Issues surrounding such a change are still being considered, such as, necessary Code of Virginia changes, what happens to the role of coordinators, and how to alleviate the budget deficit.

Virginia's application to the Office of Special Education Programs (OSEP), U. S. Department of Education, Washington, D. C., is due on April 15, 2004. A meeting with the heads of the public agencies who are part of the interagency system for Part C will be held on March 23. The Part C staff is working on revisions to Virginia's Policies and Procedures. Reauthorization of IDEA may mean the need for substantive changes to the Policies and Procedures.

Mary Anne White presented the Annual Performance Report which is due to OSEP on March 31. Three years of trend data are included in the report. The report is required of all states which receive Part C federal funds. Five major cluster areas are addressed, as follows: General Supervision, Child Find/Public Awareness, Family-Centered Services, Early Childhood Transition, and Early Intervention Services in Natural Environments. Each area must include an identified state goal, a performance indicator, baseline data related to the cluster area, targets for the reporting year, any progress or slippage on the target, and projected timeline and resources for each new target. If systemic noncompliance is identified, a state has one year to come into compliance. Virginia now has a statewide average of 38.6 days for the 45-day timeline area of compliance. All

LICCs are in compliance, and situations where the 45-day timeline was not met were because of family-related reasons. Areas which Virginia will need to address over the next year include the following:

- Follow-up on the MIMS Plans of Improvement;
- Increase family survey return rate;
- Ensure all LICCs are in compliance with the 90-day transition conference;
- Ensure all LICCs are in compliance with the 45-day timeline;
- Ensure all areas of development are evaluated;
- Improve the linkage between supports and services, as listed on the IFSP, and that interests, priorities, needs, and strengths of the family are identified.

Dr. Jim Blackman, with second by Phyllis Mondak, made the motion to approve the Annual Performance Report and submit to OSEP. Motion passed.

Cost Study

Karleen Goldhammer presented on Virginia's cost study. She applauded Virginia providers for communicating and participating as well as or better than any of the eight states where she has done a cost study. The purpose of the study was to determine total cost of the Part C system; to consider prevalence data, and the number of children who should be served in Virginia; to determine an average hourly cost of direct services; to consider the ratio of direct services to all other costs; and to determine how costs differ related to different personnel types. Limitations of the cost study are that the information reflects "point in time" data, and that the review is on the information which currently exists. There is no assurance of quality nor equity from the study. The five components of the study were cost of the system, salary, revenue, time, and demographic analysis studies. One region of the state was slightly over-represented, and another under-represented. She used one standard deviation from the mean to correct for this result. It was challenging to pull from hospital financing systems, and hospitals typically have higher costs than other providers of early intervention services. She noted that Virginia would need to consider how much cost and revenue are generated from the three or four hospitals in Virginia's system.

In the salary study, there were 197 FTEs with 23 participating organizations, or 261 individuals. These persons were on the payroll closest to 6-30-03. Personnel costs account for \$11 million of the Part C system cost. There is approximately \$12 million in reported revenue. The figures are clustered as insurance, Medicaid, local revenue, Part C federal funds, other state funds, family costs. She used known answers to give a gauge as to how accurate the other figures were, i.e., knowing the amounts of the federal Part C funds in a local system. The time survey was accomplished between October 19, 2003 and November 1, 2003. Individual participants numbered 202, and provider organizations were 31. The study accounted for 13,782 work hours. Individuals reported on 15-minute time intervals. Karleen also noted that there is much donated effort in Virginia, e.g., from the CSBs for rent, etc. The total effort in Virginia for the Part C system cost is approximately \$31.7 million. The largest expense is provider costs. Typical of the nation, the four largest services delivered are special instruction, physical

therapy, speech-language therapy, occupational therapy. For every dollar of cost, 65 cents is for the direct service provider, and 35 cents is spent on everything else, which supports that provider. These figures are consistent with other states where she has conducted a cost study. The average annualized cost per child, for a child who participates in early intervention for a full year, is \$7600. The time study revealed that 57 minutes is the average intervention time for an encounter with a child and family. Every home and community event or encounter requires about 30 minutes of travel.

Karleen discussed various methodologies to determine prevalence data, or possibilities to determine the number of children Virginia should serve. Factors such as very low birth weight, high school dropout rates (with the inverse indicator being maternal educational level), and poverty indicators are to be considered in Virginia. The political reality is that because of the budget deficit, there may not be the infrastructure to support all the children.

Public Comment

Mary Wood-Maloney, Clinical Manager, Chesapeake Center, and Physical Therapist, presented comment on behalf of the Virginia Physical Therapy Association. Comments are provided verbatim from written comment.

I would like to make a brief comment today to recognize the efforts of the Virginia Physical Therapy Association on behalf of Early Intervention during the current legislative session. Many of you may not know the contributions of the VPTA members, the VPTA executive board, our legislative chair Terry Izzo, and the VPTA funded lobbyists during these last months.

When the mandated EI insurance benefits were threatened in the legislature on a Friday afternoon, the VPTA executive board agreed to ask their lobbyists Richard Grossman and Myles Lorie to take up the cause. Over the weekend, they effectively communicated to the patron of the bill the devastating effect of removing the mandated EI benefit. They also worked with other special interest groups, primarily small businesses struggling with high health insurance costs, to reach a consensus on the critical need for this coverage. Along with direct lobbying at the Capitol, the pediatric special interest group of the VPTA also launched a massive grassroots effort aimed at individual legislators.

The VPTA and their representatives continue to work along with many people here today, to persuade budget conferees to include funds for EI.

The VPTA and specifically the Pediatric Special Interest Group have provided a loud voice in support of children and families in Virginia and should be commended for their substantial efforts on behalf of Early Intervention.

Kathy Phillips, CoCoA Chair, presented comments about the funding crisis.

I am speaking on behalf of the Steering Committee of CoCoA, the Virginia Council Coordinators' Association.

First, CoCoA would like to thank the VICC again for its continuing support for early intervention services in our communities across the state. We also wish to thank the Part C office and the members of the Early Intervention Management Team for their ongoing guidance and leadership, and in particular for the Cost Study and the Infrastructure Task Force. We believe that these efforts will greatly benefit our infants and toddlers with special needs in the long term as well as the short term. We particularly appreciate the opportunity to be “at the table” as these issues are addressed, allowing us to represent the systems that have been developed to meet the needs of our very diverse localities.

We would especially like to recognize the efforts of family members in bringing forward the needs of all children with disabilities in Virginia. We continue to believe that the voices of family members are the strongest and most important in the field of early intervention, both those who are currently receiving services as well as those who can speak from experience to tell us what works and what directions our course should take. We value the opportunity to work toward the same goals with you.

Obviously the primary concern that CoCoA must continue to address is the current funding crisis that is facing early intervention services in Virginia. As we have stated previously, as taxpayers, we know the tremendous value of ensuring funding up front to ameliorate developmental problems and ensure that children can have the chance to reach their potential. As early interventionists, we are able to see daily the many steps that children and families receiving services are taking toward a brighter future.

We know that you, as members of the VICC, are well aware that the funding that will be in place for early intervention services in Virginia in the next fiscal year will not be adequate to ensure that all eligible infants and toddlers can be served. We appreciate your willingness to address this difficult challenge head on. We know that the VICC, both as an advisory body and its individual members have contributed much time, effort, support, and guidance in this effort. We will continue to need this in the months ahead.

The CoCoA Steering Committee is awaiting the guidance of the state in implementing the recommendations of the work groups for an efficient and cost effective system of early intervention services, as recommended in Virginia’s Supports and Service Guidelines Document.

Thank you again for the opportunity to express these views.

Kathy Phillips
CoCoA Chairperson

Support for Part C Funding

Shirley Ricks thanked the members of VICC and the audience for their efforts in calling, writing, and advocating for funds for the early intervention system. She noted that there will be no additional funds available for which councils may apply in 2004-2005.

VICC Retreat Planning

Bethany Cook, Delly Greenburg, Sandra Whitaker, Brenda Laws, Cori Hill, and Mary Ann Discenza have participated in a planning call with NECTAC about the retreat. May 4 and 5 are the retreat dates.

Update-Early Intervention Assistant (EIA)

Beverly Crouse disseminated the Application for EIA Credentialing, along with the list of necessary knowledge and skills and mechanisms to demonstrate the knowledge and skills. Proposed timelines to complete the EIA process were shared, as well as anticipated dates of distribution of the three required modules, Orientation to Part C, Child Development, and Disability Awareness. The modules have been developed in booklet format. A competency test accompanies each module. Eventually, all of the content areas will be available through the website, but currently, potential candidates for the EIA may contact Cori Hill for the booklets and paper/pencil tests.

Family Report-Presented by Debra Holloway

Debra Holloway, the Family Involvement Project Manger, reported that the Family Involvement Project is working with the Public Awareness Workgroup in obtaining feedback from families on the revision of the “Welcome Book”. She reported that 140 copies of the “Welcome Book” were sent to families with a request for input. The “Project” is also participating in a focus group related to the “WelcomeBook”.

Debra also reported that, as the newly hired Family Involvement Project Manger, she has met with council coordinators at both the Richmond and Tidewater regional meetings in an effort to collaborate with localities in promoting family involvement. She stated that she plans to meet with councils in Central Virginia, the Southwest and Northern Virginia.

The Family Involvement Project also reported participation with the Virginia Early Intervention Autism Initiative; the CoCoA/MR phone conference; the Infrastructure Task Force; and collaboration with the ARC of Virginia. Debra also reported that Parent-to-Parent trainings have been provided in Northern Virginia and that there are currently 12 parent-to-parent matches.

Committee Reports

PUBLIC AWARENESS-Presented by David Mills

Revised “Welcome Book”

The Public Awareness Workgroup, comprised of members of the Family Support & Advocacy Committee and the Public Awareness Workgroup of the VICC, continue to work on the revision of the “Welcome Book”. The workgroup has completed its initial draft of the work and is presently awaiting the recommendations of several methods for gaining feedback.

The methods of distribution for feedback include:

- Email to Council Coordinators;
- Email sent to families on the ARC-FIP List Serve, with a link to download the document at the ARC-FIP web site;
- Hard copy mailed to family members in the ARC-FIP database; and
- Family Focus group to follow the VICC meeting.

Announcements

Mary Lou Hutton announced that New Horizons, Southwest Virginia Higher Education Center, Abingdon, will be held on May 20, 2004.

Beth Tolley asked that coordinators please let her know if they have forwarded the survey on reimbursement issues to private providers, and she will thus expect a response from those private providers. Mary Ann Discenza noted that responses to the survey are extremely important. She and Shirley Ricks will ask Frank Tetrick, Assistant Commissioner, if the issue of reimbursement may go on the Department's agenda for discussion with DMAS.

VICC Meeting Dates – 2004

June 9
September 8
December 8

Adjourn

The meeting was adjourned at 11:50 a.m.

VICC Meeting Attendance – 3/10/04

VICC Members

Dr. James Blackman
Bethany Cooke
Deborah Harris
Leslie Hutchinson-Prince
Mary Lou Hutton
Dr. Colleen Kraft
Brenda Laws
Phil Mackert
Phyllis Mondak
Kristin Morrison
Miriam Owens
Shirley Ricks
Eva Thorpe

Guest Presenter-Karleen Goldhammer

Family Members

Debra Holloway

Council Coordinators

Nancy Bailey

Debbie Billodeaux

Robin Crawley

Brenda Crockett

Linda Eggleston

Diane Evans

Debbie Ferguson

Heidi Graham

Kathryn Kiser

Kathy Phillips

Anne Simmons

Alison Standing

Heather Taylor

Susan Werner

Providers

Ashley Hartman

Terry Izzo

Beth Kroll

Mary Wood-Maloney

Monica Rath

Susan Shaw

I&TC of Virginia Staff

Beverly Crouse

Mary Ann Discenza

Karen Durst

Cathy Fisher

David Mills

Beth Tolley

Mary Anne White