

**VIRGINIA INTERAGENCY COORDINATING COUNCIL  
MEETING MINUTES  
Hanover Area Department of Social Services  
Ashland, Virginia  
July 09, 2008**

The Chair of the Virginia Interagency Coordinating Council (VICC), Rick Beaman, called the July 09, 2008 meeting to order. Karen Durst called the roll. Nine (9) members were present. It was noted there was no quorum. Please see the attendance list at the end of the minutes.

Part C State Coordinator, Mary Ann Discenza, provided information on the Federal Part C allocation for State Fiscal Year (SFY) 2009. Initial indications were that the federal allocation would be decreased from the previous year by \$15,756. However, the final allocation figure resulted in a decrease of \$36,028. The initial budget was prepared with the \$15,756 decrease coming from local allocations. The remaining \$20,272 decrease was absorbed by reductions at the state level. The total federal allocation is \$10,243,859. The state allocation is \$7,203,366 for a total in Part C funds of \$17,447,225. It was reported that the total dollars in the Part C system, which includes Medicaid, Family Cost Share, local dollars, etc. are believed to be approximately \$35,000,000.

Related to the SFY 2009 Local Contract for Continuing Participation in Part C, Mary Ann reported that thirty (30) of the thirty-nine (39) contracts have been received. It was clarified that there are now thirty-nine (39) local lead agencies since Planning District 1 began serving the children previously served by Dickenson. That local system is now known as DILENOWISCO. Of the remaining nine (9) contracts, eight (8) have requested extensions for submission of their contracts and the Part C office is working with one (1) local system regarding the provision of services for the upcoming year. It was further shared that many local systems have indicated that they are anticipating that they will not have enough money to provide services for the entire year. Additional funds have been requested to date in the amount of \$1,376,308.

The Part C office is currently looking at maximizing Medicaid dollars. It was reported that there were approximately 4000 Medicaid claims denied last year. Some of those were due to incorrect numbers or duplicate billing. Targeted discussions will be occurring with local systems to determine if their data is accurate and if corrections are needed or additional Medicaid billing can occur. It is hoped that additional dollars will be identified for the Part C system.

Regarding the Medicaid Initiative, Mary Ann reported that the work is on target. The proposed rates have been approved by Medicaid Reimbursement. The State Plan Amendment (SPA) is to be sent to the Centers for Medicare and Medicaid Services (CMS) seeking approval. Changes to Medicaid's Management Information System are expected to be complete by April 2009. Additionally, the Department of Medical Assistance Services

(DMAS) continues to be supportive and will be working with the Part C Office to provide targeted Public Awareness to areas where there is low Medicaid participation.

Mary Ann Discenza reported that she has currently attended three regional meetings with technical assistance consultants to address questions and discuss the transformation of the Part C system. These regions include Richmond, Northern Virginia and Tidewater. She is scheduled to attend meetings in the remaining areas of the state.

Related to the Infant & Toddler On-Line Tracking System (ITOTS), Mary Ann reported that work is currently being done to enhance the functionality of the system. However, in order to meet the needs of the Part C system, data systems from various states have been reviewed to determine what is available. The Part C data system from Alaska has been reviewed favorably. Alaska has agreed to enter into an interagency agreement to share their system at no cost. Virginia would acknowledge Alaska as having developed the system and would share any future development of the system with them. The Virginia Department of Health (VDH) will be involved in future planning.

The work related to the Family Cost Share needs to be finalized as reported by Mary Ann. Changes that are made must be included in state regulations. The development of Virginia's Part C Regulations has been delayed awaiting promulgation of the Federal Part C Regulations.

The infrastructure needs of the Part C system were then discussed. The follow points were noted:

- The reduction in the federal allocation further impacts the infrastructure.
- The areas of data and training are major needs.
- Additional state staff is needed with the most immediate need being monitoring staff.
- Administrative claiming was initially being included in the Medicaid Initiative which would have brought additional dollars to the system with cost settlement occurring. . However, it has been recommended that this be put on hold with services being the initial issue addressed with CMS.
  - A moratorium has been issued regarding targeted case management with this being attached to the War Bill. The moratorium will be in place until April 2009.
- Mary Ann Discenza will keep the VICC informed of the infrastructure needs as changes within the system occur.

It was reported that the Part C Office will be certifying providers in order to meet Medicaid requirements. The following information was shared:

- It is estimated that the certification process may take 18-24 months for completion.
- An interim certification will be provided.
- Based on the SFY 2009 contract, local systems are to provide current information on all providers and staff within the state by September 01, 2008.
- All providers will be certified individually.
- The questions of renewing certification and continuing education still remain.
  - Stakeholder input will be requested to address the questions.

Mary Ann addressed the status of the questions submitted by CoCoA. She reported that information will be provided to CoCoA and will also be provided to the VICC. Regarding the Annual Performance Report (APR) plan for monthly technical assistance calls, it was clarified that this initially related to monitoring calls. However, it was noted that this is a format that can be useful for all forms of technical assistance. A commitment was made to keep the field fully informed and to provide bi-weekly updates. An update is currently being developed and will include a time-line for the transformation of the system and information on the change of the State Lead Agency.

The following information was shared regarding the change in the Part C State Lead Agency from the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to the Virginia Department of Health:

- The change is expected to be very transparent with little effect on families or local systems.
- Changes will be mainly administrative and at the state level.
- Local lead agencies can remain as they currently are unless they would decide to no longer serve as local lead but to serve only in the role of a provider.
- If a local lead agency no longer wishes to serve in their role than a new local lead agency must be identified.
  - It is hoped that Local Interagency Coordinating Councils (LICCs) would play a role in identifying a new local lead agency for an area, if needed.
  - Ten (10) systems currently have local lead agencies other than Community Service Boards.
- The advise and assist role of the VICC is federally required and the change in state lead agency will have no effect.
- The change in state lead agency is perceived to be a positive move for the Commonwealth and is related to the Governor's Early Childhood Initiative.
- The change is no reflection on the DMHMRSAS or local boards.
- The Part C Office will be aligned with the office of Maternal and Child Health.
- Many of the same children are served through Part C and the Children with Special Health Care Needs (CSHCN).
  - A coordination of resources could occur related to Child Find, training and data linkages.
- Many Part C programs across the country are current set up with their Departments of Health as their state lead agencies.
- State staff and functions will move to the Health Department.
- No date has currently been established for the move.
- Experience with the transitions of systems has shown that this takes time.
- It is recognized that many local dollars are in the Part C system. The hope is that those dollars will remain.

A question arose as to whether the change in state lead agency was part of a larger process for early intervention. It was stated that the change is tied to the Governor's Early Childhood Initiative. School readiness and social and emotional well-being are components of the Early Childhood Initiative. There will be a liaison to Kathy Glazer from the Health Department

and a liaison currently exists within the Department of Education. Future goals include a connection of birth data to early intervention and on to the school system.

The need to keep a focus on infant mental health was expressed. Joanne Boise shared that this is a goal of Smart Beginnings. An Infant Mental Health Collaborative has been established through the Head Start Collaborative. Bonnie Grifa of the State Part C Office is the lead in this initiative.

Public comment was then received from four individuals. Alison Standing provided public comment on behalf of CoCoA. Her comments appear in italics and are verbatim from the written public comment provided.

*Good Morning. I am Alison Standing. I am the System Manager for the Rappahannock Area and the Chair of CoCoA. I am speaking to you today on behalf of the CoCoA Steering Committee.*

*We want to express our appreciation for the continued opportunity, on behalf of Virginia's youngest citizens, to share ideas, discuss concerns, and collaborate with the VICC and also with the Part C office.*

*For Local Early Intervention Systems, there have been two significant announcements within the last month that will have major impact on our system. First is the announced move of the State Lead Agency from DMHMRSAS to the Department of Health and second is the announcement that there is no additional funding for local Part C systems for FY 09.*

*The June 25, 2008, announcement to the Governor's Working Group on Early Childhood Initiatives that the state lead agency for Part C will shift from DMHMRSAS to the Department of Health (VDH) was a surprise to the local system managers and to the local lead agencies and has led to many questions and much speculation across the state. We are, as I am sure you understand, concerned about our jobs, the jobs for our staff, the stability of our local system, and, most of all, about the early intervention services for families. The CoCoA Steering Committee appreciates Mary Ann Discenza's phone call July 3, 2008, with the Steering Committee. Her main message was "I don't see any changes to how the system is constructed. I can't see any reason for local systems to change." Mary Ann reinforced that her vision for the transition is:*

- *That it not happen too quickly-there is no set date at this point*
- *That it needs to be well-planned*
- *That it is inclusive of stake-holder in-put*

*CoCoA has begun to gather some questions related to this transition which we will forward. We, along with our community partners, local funders, and the families in our communities, are understandably interested in the plan that will be developed, the outcome of the first meeting with DMHMRSAS and the VDH, and most importantly being part of the transition process. We strongly encourage a process for stakeholder input prior to implementation. In addition, we encourage that a communication plan be developed and shared with all persons*

*who might have any interest in this process to include, at least, the local system managers, providers, local lead agency heads, fiscal agents, and parents. We especially encourage frequent and ongoing communication with the local lead agencies, to ensure their support through this transition process.*

*The CoCoA Steering Committee has been concerned about FY 09 funding issue for some time. As a result of this concern we conducted a survey of each local system in June 2008. Specifically all 39 local early intervention systems were asked about their projected funding needs for 2009.*

*The results of the survey are:*

- 98% of local systems responded (38 of 39)*
- 9 systems indicate their allocation is sufficient for the coming year (24% of respondents)*
- 9 systems indicate their allocation is insufficient for the coming year and they are requesting additional funds prior to the contract (24% of respondents)*
- 14 systems indicate their allocation is insufficient for the coming year and are requesting additional funds with their contract (37% of respondents)*
- 4 systems will notify the Department later in the year when the situation is more critical (10% of respondents)*
- 2 systems are unsure about their fiscal status and will review it in three months (5% of respondents)*

*Of the 23 systems indicating a request for additional funds (61% of respondents), 11 systems identified the amount which totals more than \$2.1 million.*

*Over the last several years, the Department accessed more than \$1 million each year to fulfill requests for additional funds beyond annual allocations. Recent communication from Frank Tetrick and Mary Ann Discenza clearly states there is no money beyond the current annual allocation for FY09. We are working with the Part C Office, DMAS, and Solutions related to specific children where there are questions about Medicaid payments that might result in some additional money to the Part C system. However, in all discussions, it has been felt that the amount of funding that could possibly be recovered will not be sufficient to cover the projected major shortfall.*

*Frank and Mary Ann affirm our partnership and commitment to high quality services and supports for Virginia's families and young children with developmental delays or disabilities. However, it is critical to note that our partnership will not surmount a dearth of funding for FY09, which will assure non-compliance with Part C requirements well beyond currently identified non-compliance. The provision of services to eligible children will decrease, potentially resulting in children going without needed services and future sanctions to Virginia by the Office of Special Education Programs (OSEP). It is imperative that this crisis in the Virginia early intervention system in 2009 be addressed. The CoCoA Steering Committee is working with VACSB to put forward a request for a caboose amendment to the FY09 budget that will include additional Part C funding. We are not optimistic about the outcome based on the economic situation, however, and so are looking to the VICC for*

*assistance in helping us to secure needed funding so that we can serve all children who are eligible in accordance with Part C regulations through FY09.*

*CoCoA requests a response to a previous request to see the outcomes and target dates of the Public Awareness Plan. Please also advise how we can provide more active participation from the field as the VICC's Public Awareness Committee works on future plans. We would like to assist in developing the locally integrated public awareness campaign that meets the needs of our communities.*

*Thank you.*

7/08

Alison also presented a list of questions from CoCoA related to the change in the State Lead Agency from DMHMRSAS to VDH. The questions related to the memo from Commissioner Reinhard dated June 30, 2008. The questions appear below:

1. Statewide Impact

- a. What is the overall vision for early intervention in Virginia over the next five years?
- b. Will this move impact the Medicaid initiative and the big push to help with billing for services?
- c. Will the VDH data system be used/expanded to include Part C data?
- d. Will this move facilitate the coordination of EPSDT?
- e. How much will be spent on this move?
- f. Who/what will be the decision maker or decision making body for Part C – the Governor, the VICC, Part C Coordinator, Governor's Working Group, Early Childhood Office Director, Secretary of Health, local Health Department Directors?
- g. Will the name of Virginia's Part C program change from the Infant and Toddler Connection of Virginia?
- h. Is this an interim move? What other agencies might move under the Office of Early Childhood Development?
- i. Please advise on the details about how the following will be impacted by the change in lead agency:
  - i. ITOTS
  - ii. Part Contract
  - iii. Work of Solutions
  - iv. TCM and its revenue
  - v. Family Involvement Project

2. Local Impact

- a. Will local leads switch to local health districts?
- b. What will be the impact to current local leads?
- c. What will be the impact to local infant programs?
- d. Will our structure stay the same?
- e. What will happen to local system managers?
- f. How will this move impact the local funding being put into the Part C system by localities, in particular, CSBs?

### 3. General Questions

- a. Will all Part C staff at DMHMRSAS move to VDH?
- b. What should the Part C field expect as communication from the Dept of Health or from the Office of Early Childhood Development throughout the year? Will it come directly to our local Health Directors, or will it still go to the LLA?
- c. Are the minutes of the group that made this recommendation available for the public?
- d. Are the working group reports to the governor available to the public?

Discussion then followed related to CoCoA's public comment and the question surrounding the Public Awareness Plan. VICC requested clarification regarding the issue. Alison shared that it was understood that there was a plan developed from the Public Awareness Committee. David Mills stated that the only planned activities were from an old plan and included the billboards and the May proclamation from the Governor. He stated that the Public Awareness Committee had not been convened for some time. It was asked if the membership for the committee could be opened again when the group reconvened.

The topic of funding needs was then discussed and included the following:

- In response to the question as to why nine (9) local systems reported that their allocation is expected to be sufficient to meet their needs it was stated that child count has decreased in some areas as well as funds being available due to staff vacancies.
- In response to the question as to whether local funding had decreased it was reported that in some areas money had been redirected from Part C to other areas.
- It was reported that local funding had increased in Chesterfield County.
- The Local System Manager from the Infant & Toddler Connection of the Blue Ridge reported an expected shortage of funds. A letter will be sent to the State Part C Office expressing the need.
- The VICC Chair stated that while VICC can express concerns about funding, they cannot obtain funds. He asked if it would be helpful if VICC wrote a letter expressing concerns about Part C funding. Discussion followed including:
  - The Administration of DMHMRSAS is very aware of the financial situation.
  - To whom would the letter be directed and what would be requested?
  - The question arose as to whether the letter should be sent to the Finance Committee of the General Assembly, to DMHMRSAS or to both.
  - Could the public comments be attached to the letter?
  - The final decision was that the VICC Chair will draft a letter to the Commissioner of DMHMRSAS. The letter will be sent electronically to VICC members for a vote.

Allen Phillips, Local System Manger of the Infant & Toddler Connection of Fairfax, then provided public comment. His comments appear in italics and are verbatim from the written public comment provided.

*Hi. My name is Allan Phillips and I am the Director of Infant and Toddler Connection of Fairfax-Falls Church. I am very concerned about Fairfax's ability to have sufficient funding*

*for this year. Fairfax County is currently in a budget crunch and won't be able to assist with additional funding as they have in the past. I have requested additional funds from the State also but understand they don't have any available funds.*

*I currently have some therapist positions that I am unable to fill due to insufficient funds. We are struggling to meet the 21 day requirement for services to start. Additionally Fairfax County Public Schools has changed their policy for accepting 2 year olds into Part B services. They used to accept them anytime they turned two and now they will only take the ones who meet the requirement of age 2 by 9/30. We will feel the full effect of this over this year and estimate we would have 50 more children in our program due to this change.*

*I am pleased with the efforts that the Part C office and Solutions are doing to move under EPSDT and anticipate that will have very positive effect for the children of the State but am concerned about getting through this year. Thank you.*

Carol Granger, Local System Manager of the Infant & Toddler Connection of Chesterfield, then provided public comment. Her comments appear in italics and are verbatim from the written public comment provided.

*Good Morning. I am Carol Granger. I am the System Manager for the Infant and Toddler Connection of Chesterfield.*

*I want to express my appreciation for the continued opportunity, on behalf of Chesterfield's youngest citizens, to share ideas, discuss concerns, and collaborate with the VICC and also with the Part C office.*

*I am making these comments because of my concern about the current state funding level for this fiscal year and the resulting impact to services for Chesterfield's youngest citizens.*

*The Infant and Toddler Connection of Chesterfield is fully in support of serving more infants and families while more efficiently using the potentially available funds. We look forward to integrating the underlying concepts of the new payment system for Part C services that will be in effect next summer, in July 2009. However, we have concerns about funding our system prior to the implementation of the plans from Solutions next year.*

*Chesterfield has realized an additional 29 infants and toddlers in the early intervention system within the last 5 month period as compared to the same time period last year. The Infant and Toddler Connection of Chesterfield is in the second year of a CAP/SEP for timely initiation of services. The reason for not providing services in a timely manner was because of the inability to recruit personnel. I am pleased to say that our compliance has improved in Chesterfield. We have been able to recruit needed personnel through contracting. IFSP teams have thoughtfully identified with families those services that can best meet the outcomes of their infant and toddler. The system has been a good steward of the money allocated, as well as (we believe) accessing payor of last resort.*

*The Part C office has stated that there will be no additional funding for this fiscal year. The Infant and Toddler Connection of Chesterfield cannot make it through this year and serve all children without additional funds and was one of the 9 systems identified in a recent CoCoA survey that has requested additional funds for this fiscal year prior to signing the contract. Without these additional funds, we will be unable to serve all children who are eligible. We are working with the Part C office to realize additional Medicaid revenue, but in discussions do not anticipate this will resolve the problem of the additional funds needed.*

*So, in order to make it through the year, children in Chesterfield may receive fewer services than needed to meet their IFSP goals, may receive services in an office or center (and not in the natural environment), and may receive services outside of Part C. As a result, we will have significant issues of non-compliance.*

*Several years ago the following question was asked at VICC meetings: How are the children? I would like to think the children in Chesterfield are doing well. But I am concerned that without additional funding many of the families of children in Chesterfield County might say their children do not have access to all early intervention services. I appreciate any assistance VICC can offer in securing needed funding for FY 09. Thank you.*  
7.08

Heather Taylor, the Local System Manager of the Infant & Toddler of the Shenandoah Valley, was the next person to provide public comment. Her comments appear in italics and are verbatim from the written public comment provided.

*I appreciate this opportunity to offer comments today.*

*These comments reflect concerns shared by the IIHHS Director, Dr. Rhonda Zingraff, and IIHHS Associate Director specializing in community health, Mr. Christopher Nye, both of whom have discussed our situation with me at length.*

*We are united in our appreciation for the goals that are embodied in Part C, including the emphasis on providing family-centered early intervention in the natural environment, using a multi-disciplinary approach. At James Madison University, our academic programs are teaching future education and health care professionals the importance of these values and to prepare for inter-professional collaborations as they prepare for careers in early intervention. We believe these are worthy ideals and we hope our students will find that their implementation is far more seamless than it is at this point.*

*Therein lies our basic anxiety...*

*The implementation of Part C in accordance with federal and state rules and regulations is, in our experience, plagued by pitfalls that challenge us to choose between responsibility to the children and families we serve and responsibility to manage our fiscal obligations wisely. We believe we are ethically bound to do both, but we are dramatically stretched to do either.*

- For example, we had to request additional funds to provide mandated services in FY'08 to the 110 children we were reaching (Dec. 1 child count), but reaching only those children even with insufficient funds placed us out of compliance with our federal target. In order to achieve compliance with federal indicators, we were*

*required to write a corrective action plan to increase our child count to 198 – when even 110 was beyond the means of our allocation for a region that is over 1600 square miles.*

- *If we must operate within the allocation we have been given for FY'09, we will have to choose between significantly decreasing services to all eligible children and beginning a waiting list of children newly referred to the program. Either choice will have significant implications on the outcomes for children and families and on the compliance with federal indicators related to timelines, number of children served, and child and family outcomes.*

*Thank you for your attention today and please know how much I and others appreciate your efforts to understand what we are facing and seek remedies for us, so that the high goals of Part C can indeed be met.*

The final individual to present public comment was Linda Allen, an Infant Service Coordinator from Children's Hospital. Her comments appear in italics and are verbatim from the written public comment provided.

*I would like to express concern in regards to the recent changes in program delivery for the families and children enrolled in the Chesterfield County Early Intervention System due to budget deficits.*

*Current family services are changing drastically resulting in change of therapist, increased cost for treatment, and services that are delivered in settings that are not typical for the child. Part - C values such as the importance of parents as the primary agents of change in their child's life and focus on participation in community are being compromised.*

*Services are going to be interrupted and some families will not have opportunities to participate in the program. Supports and resources outside of Part- C are difficult to come by and there are often long wait lists.*

*This area is fortunate to have therapist, educators and service coordinators whom are experienced in the philosophy and family centered nature of Early Intervention. It is unfortunate that there are teams in place with knowledge and skills that will be unable to see the children they have been serving or offer their expertise to new families.*

*It is imperative that families, providers, local and state offices continue to collaborate together to develop solutions that will benefit as many children as possible, while maintaining the values consistent with Early Intervention.*

Part C monitoring consultant, Bonnie Grifa, presented information on the status of public reporting. The following information was shared:

- A federal requirement went into effect two years ago requiring that states post data on both state and local results related to monitoring data on compliance indicators.

- Information has been posted on the Infant & Toddler Connection website at [www.infantva.org](http://www.infantva.org) under General Supervision and Monitoring.
- Aggregate data for the state is reported with links to data for each of the local systems.
- There are direct links on the website to the Annual Performance Report (APR)/State Performance Plan (SPP).
- Results are also being provided to the Family Involvement Project for their newsletter and website, to various advocacy groups and to stakeholder groups.
- A press release is being developed within the DMHMRSAS to be distributed to newspapers across the state.
- The Department of Education (DOE) is currently updating their website and will eventually include a link to Part C's monitoring data.

Additional information that was shared included:

- Local systems having a compliance rating of less than 93% on the indicators must develop a Corrective Action Plan/Service Enhancement Plan (CAP/SEP).
- All CAP/SEPs must be written and then approved by the State Part C Office.
- Follow-up status check-ins occur with the frequency and method being based on the level of noncompliance and the determination status of the local system.
  - Technical assistance, phone calls, on-site activities, etc. may be methods implemented.

Bonnie also shared information on *What Does My Determination Status Mean*. The following are the determination levels and their meanings:

- Meets Requirements: Local systems that are at 95%-100% compliance. CAP/SEP required for those that are not at 100%. Phone calls scheduled as needed and appropriate.
- Needs Assistance: CAP/SEP required. Phone calls scheduled as needed and appropriate and one-site activities as needed and appropriate.
- Needs Assistance for Two Consecutive Years: As required by the Office of Special Education Programs (OSEP), the local system is required to obtain and use targeted technical assistance and/or training resources on topics specific to the area(s) of noncompliance. The focus of the targeted technical assistance is on capacity building and overcoming barriers to compliance. As required by OSEP, the local system must inform the State of the technical assistance options chosen and the results of the technical assistance. Development of a CAP/SEP and status check-ins are required.
- Needs Intervention: Local systems will be held to a vigorous CAP/SEP. Follow-up activities may include on-site visits, frequent CAP/SEP status check-ins and analysis of data by local system manager as determined appropriate.
- Needs Substantial Intervention: There are no local systems in the category of needs substantial intervention.

Discussion followed including:

- Examples of items included on CAP/SEPS are adding additional staff, working with other systems that are in compliance, addressing funding, etc.
- Sharing of CAP/SEPS that have brought about positive results would be helpful.

- A compilation of information from last year can be provided related to timely and transition.
- Significant improvement has occurred related to transition. Collaborative training of Part C and Part B has contributed to the improvement.
- Timely Initiation of Services is a main area of focus.

Debra Holloway, Manager of the Family Involvement Project, then presented the Family Report. The following italicized information is verbatim from the written report submitted.

*The Family Involvement Project staff continues to be active participants on state and local committees and workgroups some include the ITC Conference Committee, Infant and Child Mental Health Committee, The PTP of Northern VA workgroup, The Family Involvement Project Workgroup, the EI Autism Workgroup, the Special Quest State Leadership Team, Waiver Mentor Program, the Hearing Workgroup, Monitoring and Supervision Stakeholder Committee, and local and regional council meetings.*

*The Family Involvement Project continues to work on our “Transition Notebook” for families and we are planning an opportunity in the fall to gather local parent representatives and discuss new goals and activities.*

*The Family Involvement Project continues to provide information and referral to families and Parent-to-Parent matches as requested. We will be participating and displaying our information at the Shinning Stars Conference and the Pathways to Possibilities Conference with in the next month.*

Debra Holloway also shared the following:

- Plans are in place for the VICC Advocacy Committee to meet.
- A letter has been drafted by the Committee for legislators regarding the VICC and Part C.
- It would be helpful to develop templates of letters for families to submit to their representations.

The following discussion occurred:

- Information sent to legislators should be short and concise.
- A justification should be included as to why additional money is needed.
- Information could be included regarding the change in state lead agency and how potential savings could occur. This could justify more dollars to follow.
- Consideration should be given to avoid the busiest times for legislators for visits by families or scheduling of a legislative breakfast.

Related to sharing information about Part C Early Intervention the following was discussed:

- Could Part C provide short 20 second advertisements to let individuals know about early intervention such as those done by Success by Six in Harrisonburg?
- A DVD was developed by Rappahannock that may be useful to other local systems.
- It was asked if the transition notebook developed by the Family Involvement Project was available in Spanish. It is not at this time.

Cori Hill then reported on the plans for the next Early Intervention Conference. The conference will be held April 29-30, 2009 at the Hotel Roanoke. The planning committee will be meeting July 22, 2008 to debrief on the 2008 conference and start planning for 2009. Debra Holloway and Heidi Faustini from the Family involvement Project are on the committee and will provide the family perspective in planning for the conference.

Based on the summary of the evaluations from the 2008 conference the following information was shared by Cori:

- Three hundred individuals attended the 2008 conference.
- Most attendees were pleased with the hotel accommodations.
- The keynotes received the highest rating ever received for the conference.
- The overall ratings were between 4-5 with comments received stating that the conference was well organized.
- Participants felt that the conference improved every year.
- Respondents stated that the reservation process for the hotel was not easy and was time consuming.
  - In order to assist, a link will be provided by the Hotel Roanoke just for our conference.
- It was requested that in scheduling for the 2009 conference that attention be given to avoiding exam week for many colleges and universities.
- Some individuals cited a problem with seating capacity in certain sessions.
- Healthier food was requested.
- Shorter sessions were requested.
- Evaluations from individual sessions were sent to the speakers.
- It was requested that the Part C/System Managers' meeting not be held during the time that other sessions were being provided.
  - A suggestion was made as to having a lunch meeting.

The following were noted as potential topics for the upcoming conference:

- Coaching;
- Grieving;
- The Philosophy of Early Intervention;
- Respite;
- Feeding;
- Autism;
- Diagnostic Codes; and
- Cori requested that ideas be submitted for possible keynote speakers.

Mary Ann Discenza then shared information regarding Virginia's determination status by OSEP as "needs assistance" for the last two years. She reported that Virginia is one of nineteen states with this two year determination. The specific area of noncompliance is the timely initiation of services. The state designated that services must start within 21 days of the signing of the IFSP. Some states designated 30-45 days for the initiation of services. OSEP has issued a directive that states falling in "needs assistance" for two years must

access technical assistance and that the February 01, 2009 APR must report what technical assistance was selected and the outcome.

Mary Ann continued regarding possible implications if Virginia received the determination of “needs assistance” for a third year. She stated that the Part C application to OSEP could be approved with conditions and that funding could be directed to specifically address the issue. It was discussed that the shortage of Part C providers contributes to the inability to meet the 21-day time line for the initiation of services. Concern was expressed about families not receiving their services.

Beth Tolley then provided information regarding the Virginia System for Determination of Child Progress related to child outcomes. She shared the following:

- Targets must be set by 2010.
- Progress is determined based on entry level data and data when a child leaves the system. The time period must be at least six months.
  - Time between entry data and exit data could be as long as a three year period.
  - Data was received on 765 out of 5,152 children that left the system. Reasons for this number could be that
    - Children that exited the program were in prior to the recording of entry level data; children were in the program less than 6 months; the child and family left without notice; or there was an inability to schedule with the family to determine the progress such as the child being ill or provider unavailability.
- A quality assurance system has been developed related to the System for Determination of Child Progress. The components are:
  - Phase One: Provide consistent training and resources to all providers.
  - Phase Two: Evaluation and monitoring to assure correct implementation, including accurate, reliable assessments.

Information was then shared by Mary Ann Discenza regarding the VICC/VACSB Autism Committee. The second meeting of the Committee was held June 25, 2008. The group will be developing a practice and guidance manual for Part C. Information has been gathered from other states. The group plans to have the document completed by the end of 2008

Mary Ann Discenza updated the VICC on the autism grant opportunity through National Professional Development Center on Inclusion (NPDCI) through the University of North Carolina’s Frank Porter Graham Development Institute. States have been invited to participate in a new professional development opportunity offered by the National Professional Development Center on Autism Spectrum Disorders (ASD), funded by the U.S. Department of Education, Office of Special Education Programs. The mission of the Center is to provide resources, professional development, and technical assistance that will increase the number of highly qualified personnel serving children and youth with ASD. The grant application has been submitted as a joint application between the DOE, the Partnership for People with Disabilities and the Part C Office. It was suggested that a copy of the application be sent to VICC members in order to provide a framework of the grant. Karen Durst will send the information to members.

Cori Hill shared information related to the Virginia Autism Council. She shared that an Autism Strategy Training has been developed with the intent of the training being from birth through adulthood. Upon reviewing the materials it became apparent that the content did not address early intervention. The materials will be modified to address birth to three year olds. The modifications should be completed by September 30, 2008. Trainings will then occur in the fall or winter.

Cori also shared that the Communities of Practice in Autism (CoPAs) are still operating. Belinda Hooper from Virginia Commonwealth University will be facilitating the CoPAs as part of her doctoral work. New leaders will be needed in the future for local CoPAs. Cori stated that some states are looking at Virginia's CoPAs as a model. Additionally, it was shared that the Infant & Toddler Connection website will soon include minutes related to the CoPAs and will be listed under the Integrated Training Collaborative.

Mary Lou Hutton updated the VICC on the work of the By-Laws Committee. Revisions have been made and input is requested within the next two weeks. The revised by-laws will then be available to be voted on at the August VICC meeting. They will be provided in their final form at least ten days in advance of the meeting, as required. Areas in the by-laws that were revised include the following:

- Attendance/participation;
- Partial terms with those filling an unexpired term being eligible to serve two additional three-year terms;
- Removal of specific dates as examples related to the election of officers;
- Wording related to the Steering Committee setting the agenda for the meetings;
- The review of existing committees during the last VICC meeting of the year in order to determine which committees are currently active and their roles;
- Eliminate the name of the State Lead Agency;
- Change the wording under "Standing Committees" from "all" to "their"; and
- Remove the wording "through the Steering Committee" to read that the Chair signs the form giving approval to the APR.

Additional discussion included the following:

- Patricia Pope will be representing the DOE on the VICC as a representative knowledgeable about homeless youth.
- Will the required number for a quorum change based on vacancies on the VICC?
  - Rick Beaman will check in *Robert's Rules of Order*.
- Special Appointees can be made to the VICC membership.

Other information shared included:

- Mr. Ray Hopkins has been appointed as the new Commissioner for the Department for the Blind and Vision Impaired.
- The 2008 Individuals with Disabilities Education Act (IDEA) Infant & Toddler Coordinators Association (ITCA) Leadership Awards will be presented during the annual OSEP National Early Childhood Conference in Washington, DC.

- The National and Regional Parent Leadership Awards will be given to acknowledge outstanding state / regional, and/or national parent leadership on behalf of the Part C program for infants and toddlers with developmental delays or disabilities and their families.
- The ITCA will make *Parent Leadership Awards* in each of the Regional Resource Center (RRC) regions. Additionally, the National Parent leadership award will be chosen from the top regional awards, and from other individuals nominated specifically for the national award for leadership efforts on behalf of infants and toddlers with disabilities and their families at a national level.
- Karen Durst will send the nominations form to VICC members and local system managers. Applications are due by October 01, 2008.

Discussion then turned to the VICC Retreat. The following discussion occurred:

- The Retreat will likely occur in September;
- The September VICC meeting is scheduled to be held at the Hanover Department of Social Services Office in Ashland;
- Sue Mackey Andrews will serve as the facilitator for the Retreat; and
- The Retreat Planning Committee will meet via phone conferencing for planning.

Items for follow-up include:

- Bonnie Grifa will provide a compilation of information from last year's CAP/SEPs related to timely and transition.
- Karen Durst will send a copy of the NPDCI grant application to VICC members in order to provide a framework of the grant.
- Rick Beaman will check in *Robert's Rules of Order* regarding the how vacancies affect the number for a quorum.
- Input is needed from members within the next two weeks regarding the revised VICC By-Laws so that the finalized version can be made available ten days prior to the next VICC meeting for a vote.
- Karen Durst will send the nominations form to VICC members and local system managers regarding the Leadership Awards.

Agenda items for the August 13, 2008 VICC meeting include the following:

- VICC Retreat Plans;
- VICC Vacancies and Reappointments;
- VICC By-Laws;

The August meeting may be held via video conferencing. Information will be sent to VICC members.

### ***VICC Member Attendance***

#### **VICC Members in Attendance**

Frederick Beaman

Joanne Boise

Delly Greenberg

Mary Lou Hutton  
Silvia Miseirvitch on behalf of Lyndell Lewis  
Phyllis Mondak  
Sharon Osborne  
Glen Slonneger  
Cindy Sommers on behalf of Delegate Valentine

**ICC Members Not in Attendance**

Corinne Garland  
Virginia Heuple  
Dina Kirby  
Dr. Colleen Kraft  
Martha Kurgans  
Rev. Brenda Laws  
Laura Miller  
Jacqueline Fagan Myal  
Sheila Nelson  
Jeannie Odachowski  
Leslie Hutcheson Prince  
Yolanda Tennyson  
Dr. Eva Thorp  
Sandra Binns Whitaker  
Tammy Whitlock