

**VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
Hanover Area Department of Social Services
Hanover, Virginia
December 12, 2007**

The Chair of the Virginia Interagency Coordinating Council (VICC), Rick Beaman, called the December 12, 2007 meeting to order. He welcomed Joanne Boise as the newly appointed agency representative from the Virginia Department of Health. Karen Durst then called the roll. Eighteen (18) VICC members were present. (Please see the attendance sheet following the minutes).

Caroline Smith and Scott Hippert of the Virginia Early Childhood Foundation then presented information to the VICC. The following was shared:

- The Virginia Early Childhood Foundation is a public-private partnership led by a board including business, civic, education and government leaders with the focus on early care and education initiatives for all children birth to five.
- Initial funding came from the General Assembly through the 2006 Appropriations Bill.
- The Virginia Early Childhood Foundation is the new home for “Smart Beginnings”.
- The Foundation has created competitive grants through which local coalitions are formed and headed by a leadership council.
 - Each grant requires a local match.
 - Sixteen grants have been awarded.
- Scientific data indicates that over 85% of the development of the human brain occurs by age five which supports the need to invest now in early childhood in order to ensure that children are successful in the future.
- Five prominent Virginia corporations are serving as private supporters.

The Part C Update was then presented with David Mills providing information on the Infant & Toddler On-line Tracking System (ITOTS). He reported the following:

- Version 1.3 of ITOTS was released Friday, November 16, 2007. The following changes were included:
 - New Reports:
 - Under “Child Specific Reports”: Current Service Setting
 - Under “Aggregate Reports”: Child Count By Service
 - Under “OSEP Reports”:
 - Table 2-A Settings By Age (revised to take service setting reported from field designated as “Current Service Setting”)
 - Table 2-B Settings by Race Ethnicity (revised to take service setting reported from field designated as “Current Service Setting”)
 - A New Report Section Labeled “Child Progress” including reports:
 - Child Progress Report (Entry to Exit Comparison)
 - Child Interim Progress Report Comparison
 - Child Progress Data Verification
 - Report Change:

- The Third Party Health Coverage Medicaid Number has been widened to include the entire 12 digits.

It was shared that David Mills is working closely with Solutions, Inc. regarding ITOTS. Solutions, Inc. has developed a concept paper that includes multiple options related to possible data system changes. Those options will be presented December 14, 2007 to Frank Tetrick, Assistant Commissioner of Community Services of the Department. The draft document, including the options, will be provided to the ITOTS stakeholders and will be made available on the Infant & Toddler Connection of Virginia website at www.infantva.org.

Information was also shared on the family survey. It was reported that this year's survey was funded through the General Supervision Enhancement Grant (GSEG) in contract with the Social Science Research Center of Old Dominion University. GSEG funding will not be available for the upcoming year but the survey will continue as a state function. Information from the survey is to be provided to local systems and will appear on the website.

Cori Hill of the Integrated Training Collaborative (ITC) reported that training for local system managers was held October 16-17, 2007 in Verona. Thirty-three (33) of the 40 local system managers attended. The training was a collaborative effort between the Part C office and local system managers. Topics included an orientation for new system managers, information on providers and resources, compliance and contracting. Evaluations were very positive.

A zoomer-rang survey was sent electronically following the training in order to identify topics for future trainings. Discussion was held regarding mentorships for new system managers. It was shared that CoCoA has talked about the development of a mentorship program and is interested in working collaborative with the Part C technical assistance consultants.

Plans for the 6th annual early intervention conference, *Creating Connections: Viewing the Future Through the Windows of Opportunity*, were announced. The conference will be held April 30-May 01, 2008 at the Hotel Roanoke in Roanoke. A Call for Papers has been posted with responses due by January 09, 2008. Dr. Pam Schiller will be the opening keynote speaker. Dr. Schiller is an early childhood consultant and author of children's books, DVDs, and CDs. She will present current research on brain development and windows of opportunity.

The Hotel Roanoke has made 10 rooms available for families at a very reduced rate. Debra Holloway and Heidi Faustini of the Family Involvement Project are on the conference planning committee and may be contacted for information regarding family registrations.

Public comment was then received.

Carol Granger, the System Manager for the Infant & Toddler Connection of Chesterfield, spoke on behalf of the Steering Committee of the Virginia Council Coordinator's Association, (CoCoA). The following italicized information is verbatim from the written report provided:

Good Morning. I am Carol Granger. I am the System Manager for Chesterfield 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.

We want to take this opportunity to recognize Shirley Ricks, from the Office of Children and Family Services, for all her tireless work on behalf of infants and toddlers in the Commonwealth. We have enjoyed working with Shirley in sharing ideas, problem solving, and making changes to the Early Intervention System for infants and toddlers. Shirley has been a part of Part C, aka known as Part H, since its inception. We congratulate Shirley on her much deserved retirement, and we will sorely miss her input and support. Thank you, Shirley, and please accept this recognition on behalf of the CoCoA Steering Committee, as well as the many families and children who have and who will participate in Virginia's Part C system.

The training in October for New Local System Managers and "seasoned" System Managers was very successful. CoCoA appreciates the opportunity to partner with the Integrated Training Collaborative and Part C Office personnel in this training. From all reports, it was a "job well done." We look forward to collaborating in future training efforts.

As you are aware, CoCoA has been involved with the work of Solutions, Inc., specifically, most recently, with the Medicaid Initiative Workgroup. Changes being proposed will affect most aspects of our local service delivery systems and we have many questions based on the information we have received so far. Mary Ann Discenza is planning to meet with us to help us better understand the changes being proposed and to answer our questions. We appreciate Mary Ann agreeing to work with us as we move forward in celebrating increased efficiencies and consistencies in service delivery.

In an effort to solicit family input for the work of Solutions, Inc. about Family Cost Participation, a family survey was sent this fall to families in EI services. The family's names and addresses had been provided by local system managers for the family survey that ODU completed for family outcome data for the APR.

While we are supportive of surveying families to get their input, we are asking in the future, if families are to be contacted to provide input for something different than the original request, that VICC and the Family Involvement Project work with local systems to be sure families realize why their input is being solicited. We were not made aware of this survey until after families began to receive it. Some families expressed concern, wondering how their names and addresses were released and we were not able to explain how this happened to the families.

If System Managers are kept informed, we can be prepared to answer questions and address any concerns from families. Also, if we are informed in advance, we can encourage families to be looking for the survey and explain the benefit of filling it out. As the ones who are closely involved with families in Virginia's early intervention system on a day to day basis, we would like to be included and informed about state level activities so that we are able to support them.

With the recent recommendation from the American Academy of Pediatrics for 2 screenings for children prior to age 2 and at least 25 hours of interventions weekly for children with Autism, what is Virginia's response to early interventionists working with children and families? We are aware there are several initiatives taking place, i.e. Communities of Practice, ABCD Project, HJR 96, the recommendation from the Joint Commission on Healthcare Committee, and a workgroup with the Public Policy Committee of the VACSB. CoCoA also had a conversation about autism with the Part C office in September, and Mary Ann indicated that follow-up discussions will take place and she will facilitate these. And, while we appreciate these things, we have children with autism right now in many of our local systems whose needs are not being met.

We anticipate the number of families asking for more services is going to increase as a result of the AAP's recommendation. We know, within some local systems, families have, in the past, asked for and, in some cases, received a higher intensity of services for their child with autism. However, most local systems are not currently able to provide a higher intensity of services nor do systems have staff trained and prepared to do these additional hours. And the fact is that many local systems are not quite sure how to best provide services to children with autism.

While the Communities of Practice will help to meet some training needs, they will not be comprehensive enough to fully meet the training needs across the state on an ongoing basis. And training is just part of the issue.

We recommend that Virginia develop specific guidance related to services with children with autism as many other states have already done. We suggest that there be a focus in this guidance on evidence-based practices and a discussion about how these practices fit with Virginia's Services and Supports guidance. Decisions need to be made about what is a Part C service for children with autism and what is not.

Years ago, the following question was asked at many VICC meetings: How are the children? The families of many of Virginia's young children with autism would tell you that their children are not doing well because they are not getting the early intervention services they need. The CoCoA Steering Committee is willing to participate in any activities that may result in improved services for children with autism.

Previously, CoCoA had requested to see the outcomes of the Public Awareness Plan and know how the targets for local child find were formulated. We look forward to receiving this information. 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.

VICC members then discussed the need to clarify the process to be followed in responding to public comment. A letter will be written to the commenter from the VICC Chair recognizing the public comment and stating any follow-up that will occur. It was also agreed that time should be allotted for discussion of the mentioned issues and concerns following the public comments. This will be added to the agenda for future meetings.

VICC discussion then focused on autism and the recommendation from public comment that a state guidance document be developed. It was shared that some states have provided guidance documents. It was further reported that many of those documents are now aged and that some were developed due to litigation.

Cori Hill also provided information on the Communities of Practice in Autism (CoPA). Twelve CoPA leaders have been trained statewide and are offering opportunities of learning related to autism throughout the Commonwealth. CoPA leaders are serving specific areas in Virginia.

It was also shared that the Joint Commission on Health Care (JCHC) has established a subcommittee related to autism. The group has looked at the issue of establishing an agency “home” for autism. Various options were developed and a recommendation made to the JCHC. Mary Ann Discenza will provide a copy of the recommendations prior to the next meeting.

It was decided that a VICC committee would be established to address the issues surrounding autism and the development of a guidance document. Phyllis Mondak, Debra Holloway, Jeannie Odachowski, Mary Ann Discenza and a CoCoA representative will serve on the committee. It was recognized that the development of a guidance document would involve a considerable period of time and that parent involvement would be crucial. It was suggested that a plan of action be presented to the VICC at the next meeting. Dr. Colleen Kraft will also provide a presentation on autism at the next meeting.

Mary Ann Discenza then provided an update on the work of Solutions, Inc. She shared the following:

- ❖ Questions and concerns from the field have been expressed regarding the potential transformation of the Part C system.
- ❖ There is a need for ongoing communication.
- ❖ A meeting is being planned with CoCoA for January.
- ❖ A statewide meeting is being planned with all of the local system managers for late January.
- ❖ Clarity is needed as to what the issues are and CoCoA has been asked to gather questions from around the state.
- ❖ The Solutions, Inc. report is on the Part C website at www.infantva.org.
- ❖ Good information has been gathered for the Cost Study Update related to individualized family services with a 96% response rate.
- ❖ There has been a 58% response rate related to the salary, revenue and rate survey.
- ❖ Additional information is needed related to the salary and revenue information.
- ❖ The data is needed in order to make good decisions.
- ❖ Draft information will be provided to the stakeholder group who will be meeting in January.

Appreciation was expressed regarding the climate of openness. The additional points were also expressed:

- ❖ Time has been a barrier to completing the survey information;
- ❖ The original workgroup was formed to look at the System of Payments. With the focus now on system change, are the right people at the table;
- ❖ Concern is a natural component of change;

- ❖ Change should be gradual and experimental in order to have success. It may be wise to begin with pilot sites and collect data to evaluate the success;
- ❖ Change should be planned, informed and data-based;
- ❖ Concern that financing is driving the system;
- ❖ Local system managers are hopeful about the transformation but there is uncertainty about the impact some changes may have;
- ❖ The accuracy of the Medicaid data is causing a delay;
- ❖ CMS work regarding targeted case management may have a big impact on the system;
- ❖ Federal funding could be cut next year;
- ❖ With the restructuring of Federal and State government, dialogue is needed as to what this means, the impact on Part C, and how to address it; and
- ❖ Additional time is needed for VICC members to discuss the Solutions work.

Mary Ann Discenza then provided information on the SpecialQuest Birth to Five Opportunity. Through the Head Start Hilton Foundation, funding has been made available for a grant for technical assistance for looking at personnel and development for childcare workers. She shared that a Partnership Inclusion Grant is also available. A conference call has been held to discuss the possibility of applying for both grants. Following a second conference call, it was determined that sponsorship would come from the Governor's Working Group with Kathy Glaser to indicate Virginia's interest in the SpecialQuest Grant. The application is due January 15, 2008. The Inclusion Grant application is not yet available.

Information was also shared regarding the Home Visiting Group. This group is sponsored through the Virginia Department of Health and involves all agencies that provide home visiting. Priorities of the group for the year involve training and partnership. Information is available on the Smart Beginnings website.

A question was presented as to how outcomes were reconciled for the home visiting groups. It was reported that an inventory is taken of what each program does and data gathered related to commonalities around personnel development and evaluation. Further discussion involved concern that arose in 2002-2003 regarding intrusion on a family's right with government determining outcomes for families. It was stated that families allow the home visitors to come into their homes to help their children and that families identify the level of service and outcomes needed in order to meet their needs.

VICC Chair, Rick Beaman, then recognized Brenda Laws with a certificate for her many years of service as the VICC Chair. Additionally, Rick Beaman recognized Shirley Ricks, Director of the Office of Child and Family Services, who is retiring from the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) after 34 years of services. Appreciation was expressed for her many years of service and contributions to Part C Early Intervention and to the VICC.

VICC business continued with discussion regarding VICC Steering Committee membership. The following discussion occurred:

- ❖ Should others be added to the VICC Steering Committee?

- ❖ The bylaws indicate that committee chairpersons should be included on the VICC Steering committee.
- ❖ Should a representative from CoCoA be included?
- ❖ Information for VICC members needs to be provided in a timely manner so that members can come to the meeting ready to address the issues.
- ❖ Time is needed to get input from local system managers.
- ❖ Timeframes are often determined and impacted due to the internal process of the Department.
- ❖ Executive summaries for long documents would be helpful.
- ❖ Changes would require a revision of the VICC By-Laws.
- ❖ Amendments to the bylaws are addressed under Article VIII.
 - These bylaws, with the exception of requirements established under federal or state law, may be amended, repealed, or restructured during any regular or special VICC meeting by a minimum of a quorum providing that written notice of proposed amendments has been distributed to all VICC members ten (10) days prior to the VICC meeting.

A suggestion was made that a committee be formed to address revisions to the bylaws. Corinne Garland will chair the committee with Eva Thorp, Mary Lou Hutton and Brenda Laws serving on the committee. The committee will work on proposed changes and will present them at the next VICC meeting for discussion. The finalized bylaws will be sent to VICC members at least ten (10) days before the second VICC meeting for a vote during that meeting. Additionally, Karen Durst will send the minutes from the last VICC Retreat to the Bylaws Committee.

The discussion then moved to the need for holding additional VICC meetings due to the number of issues needing addressed. Discussion centered on having a monthly VICC meeting. Brenda Laws made a motion that beginning in February 2008 that the VICC hold monthly meetings on the second Wednesday of every month from 9:30-3:00. Eva Thorp seconded the motion. The motion was approved.

The question then arose as to the possibility of using video conferencing for some VICC meetings. Phyllis Mondak offered the use of the Department of Education's (DOE) conference room site at the Monroe Building for the VICC meetings that will be video conferencing. DOE technical staff would assist with the set up and conferencing. Those sites around the state wishing to connect to the VICC meeting will need to contact Phyllis Mondak regarding the connection. It was determined that every other VICC meeting would be held with video conferencing. Solutions, Inc. will be on-site in March so the first videoconference will be held in April.

The agenda for the February VICC meeting will include the following:

- ❖ Possible presentation on autism by Dr, Colleen Kraft;
- ❖ Autism work plan presented by the Autism Committee;
- ❖ Proposed changes to the VICC Bylaws presented by the Bylaws Committee; and
- ❖ Information on the Solutions, Inc. work with questions from CoCoA having been distributed to VICC members.

It was suggested that information regarding any Part C updates be provided via email to VICC members one week in advance of the VICC meeting so that time can be allotted for discussion if needed.

Mary Ann Discenza then shared information regarding plans for the VICC Retreat. She stated that she had been in contact with Camille Catlett from the Frank Porter Graham Center regarding personnel development. The hope is that Camille Catlett will be available to facilitate the VICC Retreat. Planning is also continuing for a meeting between the Part C office and the four universities that are local lead agencies. The focus of the meeting will be the personnel shortage and the need for qualified personnel. Mary Ann Discenza emphasized that the issue of personnel shortages has many implications and that there is a need for a “common denominator”. The Retreat Planning Committee will reconvene.

Debra Holloway, Manager of the Family Involvement Project, 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 the VICC Steering Committee, VICC Advocacy Committee, Management Team, ITC Conference Committee, Infant and Child Mental Health Committee, The PTP of Northern VA workgroup, The Family Involvement Project Workgroup, the System of Payments Workgroups, the Hearing Workgroup, Monitoring and Supervision Stakeholder Committee, Child and Family Services Advisory Group and local and regional council meetings.

The Family Involvement Project continues to host our workgroup meeting consisting of our staff and parents working as liaisons on the local level. We have begun discussion and work on a “Transition Notebook” for families and continue to share ways to help families become more involved.

The Family Involvement Project staff displayed program information at the Circle of Support Conference and the Disability EXPO this quarter.

Project staff continues to conduct PTP trainings and provide matches to families when requested.

Project staff continues to host the ArcFIP list serve. The project conducted the Family Survey as part of the System of Payments workgroup to get more information from families concerning the Ability to Pay process and time lines of when services have been provided. Surveys have been sent to Solutions for tabulation.

Family Involvement Project staff continues to receive many calls concerning Medicaid Waivers. Staff attended a council staff meeting to talk about waivers and I have enrolled in the waiver mentor program to be trained to be a “Wavier Mentor.”

Interviews for a Tidewater Region Parent Representative have taken place and the new representative should be announced with in the week.

The Advocacy Committee then presented a report. The Committee plans to meeting in January after the General Assembly reconvenes. A letter will be drafted and upon finalization will be sent to all legislatures informing them about the VICC and providing information about Part C.

Mary Anne White, Part C Monitoring Consultant, then presented information to the VICC regarding the Annual Performance Report (APR) and State Performance Plan (SPP). The presentation included a review of data and discussion of additional improvement activities and focused monitoring indicators for next year. The following information was shared related to data:

- ❖ Indicator 1: Timely Initiation of Service
 - Initiation of services on the IFSP begins within 21 days from the date the parent signs the IFSP. The 21-day timeframe was identified as the definition of the “timely initiation of services” in Virginia. Federal requirement of 100%.
 - Virginia is operating at 81% for timely initiation of services by child. This compares to 72% last year.
 - The reporting of the status of “no documentation” as the reason came down this year with the status of “provider unavailability” increasing. Three of the 40 local systems comprise 48% of the provider unavailability.
- ❖ Indicator 2: Primary Service Setting
 - Percentage of infants/toddlers with IFSPs who primarily receive early intervention services at home or in community settings.
 - The state target of 98.425% was exceeded with 99.4% of the children receiving services in the natural environment. This was an increase from 99% last year.
- ❖ Indicator 3: Child Outcomes
 - Percent of infants and toddlers with IFSPs who demonstrate improved:
 - Positive social-emotional skills (including social relationships);
 - Acquisition and use of knowledge and skills (including early language/communication; and
 - Use of appropriate behaviors to meet their needs.
 - While some data is available, this is a new indicator and baseline targets are due 2010.
- ❖ Indicator 4: Family Outcomes
 - Percentage of families participating in Part C who report that early intervention services have helped their family:
 - Know their rights, 67.2%;
 - Effectively communicate their children’s needs, 64.7%; and
 - Help their children develop and learn, 77.5%.
 - A family survey was completed through the General Supervision Enhancement Grant (GSEG) with the Social Science Research Center of Old Dominion University.
 - A return rate of 32-33% was achieved with one mailing.
 - Data was gathered on responses of either strongly or very strongly agree.
 - Data was not used for eight of the 40 local systems based on the number of surveys returned being less than 15 and the need to protect confidentiality.
- ❖ Indicator 5: Child Find-Birth to One

- Percentage of infants and toddlers birth to one with IFSPs compared to local, state and national populations.
- With the state target being 0.66%, the overall state total was 0.53%.
- Forty percent (40%) of the local systems met or exceeded the state target; 5% were in substantial compliance (.62-.64); and 55% were not in compliance with percentages below .62%.
- Virginia is categorized as having a broad eligibility definition.
- ❖ Indicator 6: Child Find-Birth to Three
 - Percentage of infants and toddlers birth to three with IFSPs compared to local, state and national populations.
 - With the state target being 2.05%, the overall state total was 1.78%.
 - Data includes the two-year old children in the school system.
 - Thirty seven and one half percent (37.5%) of the local systems met or exceeded the state target; 10% were in substantial compliance (1.95-2.03%); and 52.5% were not in compliance with percentages below 1.95%.
- ❖ Indicator 7: 45 Day Timeline
 - Percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
 - Data is based on record reviews from the local systems for the period of April 01, 2007-June 30, 2007.
 - While the required state target is 100%, Virginia's overall data indicates 96%, which is down from 98% the previous year.
 - Family reasons do not count against a system's numbers while systems reasons do.
 - Provider unavailability accounted for 32% of the reasons for being over the timeline.
 - Sixty-five percent (65%) of the local systems were at 100% compliance; 28% were in substantial compliance (95-99%); and 8% were not in compliance with percentages below 95%.
- ❖ Indicator 8: Transition
 - Percentage of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community settings by their third birthday. Includes
 - IFSPs with transition steps and services, 96% up from 86% last year;
 - Notification to the Local Education Agency (LEA), if the child is potentially eligible for Part B, 93% up from 89% last year; and
 - Transitions conference, if the child is potentially eligible for Part B, 95% up from 87% last year.
 - Data was taken from the time period of April 01, 2007-August 31, 2007.
 - Forty-two percent (42%) of those who did not have the transition conference did not document the reason.
 - Training was provided to both Part C and Part B personnel by the Part C and B State Offices.
- ❖ Indicator 9: Correction of Noncompliance
 - General supervision system at the local level identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.
 - Time period is February 01, 2007-February 01, 2008.

- Correction of noncompliance occurred in 95% of the situations.
- ❖ Indicator 14: Timely and Accurate
 - Locally reported data, including data submitted for 618 reporting, the state performance plan, annual performance report and local contract deliverables are timely and accurate.
 - Percentage for timely submission of locally reported data is 92%.
 - Percentage of accurate submission of locally reported data is 95%.
 - State reported data, including 618 data, state performance plan, and annual performance reports, are:
 - a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
 - b. Accurate (including a description of mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).
 - State reported data averages 87%.

Mary Anne White shared that the goal is to provide local systems with information regarding their data around the end of December. Further discussion included:

- A question as to whether physicians' training, as was previously provided, might impact the number of children referred for both ages birth to one and birth to three.
- Is more focus needed on public awareness efforts?

Members then discussed their recommendations for improvement activities for this year. While last year's activities included Child Find and Transition, it was noted that improvement has occurred in the area of Transition. Following further discussion it was decided that the recommended areas for improvement activities for this year should include "Timely Initiation of Services" and "Child Find". Transition will continue to be an area to monitor.

Additional discussion included:

- Effects may be felt from the recommendation of the American Academy of Pediatrics related to autism.
- Additional referrals may be seen based on participation with the Assuring Better Child Health and Development (ABCD) Grant.
- In Utah, nurses in the Neonatal Intensive Care Units receive training in early childhood. Could this be considered with training provided via video conferencing?
- Many tertiary care centers refer the children to Part C once the child's insurance is exhausted.
- The Part C Office and several local system representatives met with staff from Children's Hospital of the King's Daughters in Norfolk related to Part C services and the referral of children for services.
- Mary Ann Discenza will send information to VICC members from the Joint Commission on Health Care's reports on prematurity and autism.

In conclusion, Mary Anne White shared that Virginia is moving in the direction of focused monitoring. Monitors and technical assistance staff have been meeting with the four local systems that received determination ratings of “needs intervention”. Staff will also be looking at birth to three data to determine a system for which a desk audit will be completed. It was suggested that a contrasting desk audit might be helpful. It was reported that an additional monitor has not been hired.

The following activities were then identified as needing follow-up action:

- Rick Beaman will compose a letter to CoCoA related to their public comment.
- Karen Durst will send previous Retreat minutes to the members of the By-Laws Committee.
- The By-Laws Committee will provide an update on their work at the VICC meeting in February.
- Mary Ann Discenza will talk with the VICC Autism Committee in January in order to formulate a plan. Information will then be reported at the February VICC meeting.
- Karen Durst will send an email to the VICC members with a schedule for 2008 meetings.
- The Retreat Committee will reconvene, including Mary Ann Discenza, and will report at the next VICC meeting.
- Mary Ann Discenza will forward information to the VICC members regarding the Joint Commission of Health Care’s reports on prematurity and autism.
- CoCoA will provide VICC with a copy of the questions gathered from local systems related to the Part C Transformation and Solutions, Inc.
- Updates from Part C will be provided to the VICC one week prior to the VICC meeting.

Attendance

VICC Members

Frederick Beaman
Joanne Boise
Corinne Garland
Delly Greenberg
Virginia Heuple
Mary Lou Hutton
Dina Kirby
Dr. Colleen Kraft
Rev. Brenda Laws
Lyndell Lewis
Phyllis Mondak
Jeannie Odachowski
Sharon Osbourne
Shirley Ricks
Glen Slonneger
Yolanda Tennyson

Part C Staff

Beverly Crouse
Mary Ann Discenza
Karen Durst
Cori Hill
David Mills
Mary Anne White

Local System Managers

Carol Granger, Chesterfield
Alison Standring, Rappahannock
Wanda Walker, Southside

Family Members

Debra Holloway

Dr. Eva Thorp
Tammy Whitlock

Audience Members
Mary Swingle, ITC of Richmond

VICC Members Not in Attendance

Martha Kurgans
Laura Miller
Jacqueline Fagan Myal
Sheila Nelson
Leslie Hutcheson Prince
Delegate Shannon Valentine
Sandra Binns Whitaker