

**Questions Regarding Lead Agency Designation to consider as Part of the Part C System  
Evaluation  
Local Health Department Comments**

**Effect on Families**

What effect will the change in lead agency have on families?

Will families have a major role in the development and analysis of the Part C Evaluation?

Will considerations be given to reviewing possible stigmas that families may perceive with a move to another agency?

**Effect on Local Program**

What expertise is needed to manage the part C Program effectively at the local level?

What effect would there be on local relationships in the Part C Program if a change were made in lead agency?

Would early identification of infants and children with disabilities and at risk for developmental delay efforts be different, possibly a more coordinated and effective system with a change in lead agency, such as VDH?

Is the intent to wrap the Part C Program in Child Development Clinics?

Will the evaluators be reviewing the early intervention programs of the school system?

With more and more state agencies encouraged to play less of a provider role and a move to "emphasis on privatization" and a more of an "oversight or facilitator" role, what would be the impact on the local part C Program? Is this happening in DMHMRSAS and all other agencies?

Will there be a change in meaning and function of the Part C Program if there is a change in lead agency? Will the change in lead agency change the responsibilities at the local level? If there is a change to VDH, there would be a different meaning and function because local health departments are more tightly tied to the state and more constrained by state policies and what would be the impact of such a change on the Part C Program?

**Effect on Local Structure**

What are the responsibilities of the local lead agency in managing the Part C Program?

What administrative and fiscal requirements and supports would be needed to implement Part C activities if a change was made to VDH?

If there were a change in lead agency to VDH, what would be the impact on local health department nursing administration?

What would be the impact on administrative staff if funds flowed through VDH to local health departments?

What management information system would be required in order to support the Part C Program?

### **General Questions**

Is there a consideration of a two-step evaluation process in which the evaluators will first review the total Part C system and then review the pros and cons of a lead agency change prior to making recommendations?

Will a review be conducted on expanding the school system's role and start at birth to reduce the number of agencies these families must deal with? Will the Department of Education be evaluated since is well qualified to do the Part C Program?

Will evaluators review early intervention programs of the school systems?

What would be the advantage(s) of moving the Part C Program to VDH? More specifically, what would be the benefits to infants and children with disabilities and at risk to developmental delay and their families if the lead agency were VDH?

What is the logic behind having it at VDH? Or rather why is there a move afoot to move it out of DMHMRSAS?

Will the evaluation process consider moving it to VDH since Part C is all about developmental pediatrics and Maternal Child Health, daycare and preschool entry, neonatal morbidity and family response to special needs children, Children's Specialty Services, Baby Care, CHIP, etc.? Why was DMHMRSAS considered a Maternal Child Health/pediatric home?

Will the qualifications of public health department nurses be considered since we already do it with our MICC clients? What funding would be needed to support this type of effort if there was a change to VDH?