

Virginia Interagency Coordinating Council (VICC)
December 13, 2000
Meeting Location: Richmond, Virginia

Anne Stewart, Virginia Interagency Coordinating Council (VICC) Chair welcomed attendees to the meeting. The meeting was not officially called to order because there was not a quorum. Meeting procedures were reviewed. Attendees were informed that the minutes from the September 13, 2000 meeting were reviewed, revised and approved through email communication and will be posted on the Virginia Babies Can't Wait! website (www.dmhmrzas.state.va.us/vababiescantwait/).

Announcements

Elisabeth Hutton, Virginia Department of Health representative to the Early Intervention Interagency Management Team (EIIMT), chair of the EIIMT and VICC member, is retiring this month. Appreciation was expressed to her for the tremendous contributions she has made to Virginia's Part C early intervention system. Liz stated that she will continue to work to improve services for children and families in an advocacy role.

Julia Martin, Part C Technical Assistance Broker, has resigned her position. Appreciation was expressed to Julia for the leadership and support she has provided to the Family Support and Advocacy Committee of the Virginia Interagency Coordinating Council.

Communication has continued with the Secretary of the Commonwealth's office concerning the status of the nominations for the VICC committee. There is no new information.

Lead Agency Report

Anne Lucas, Virginia Part C Coordinator provided the Lead Agency Report.

Part C Office of Special Education Programs (OSEP) Monitoring

The Self-Assessment Report has been finalized. Anne Lucas reviewed the process for the self-assessment and explained that Part C and Part B are collaborating throughout the Office of Special Education Programs (OSEP) Monitoring process. The Part C OSEP Monitoring Workgroup analyzed 124 indicators in 5 cluster areas: General Supervision/Finance, Early Intervention Services in Natural Environments, Family-Centered Services, Comprehensive Child Find and Public Awareness, and Early Childhood Transition. It was determined that 51 indicators reflect areas of strength in the system, 53 indicators reflect areas needing improvement and 17 indicators were determined to reflect both areas of strength and areas needing improvement. (Indicators in which insufficient data was available were rated as areas needing improvement. There were two areas of systemic non-compliance: Inconsistent application of ability to pay mechanisms (and concerns about ability to pay and fees affecting families' decisions to access Part C services) and the number of councils not meeting the 45-day timeline from referral to IFSP meeting. The self-assessment report was developed from the indicators and the entire packet was reviewed by the full workgroup, the VICC and the Agencies. Revisions were made based on input from these individuals and groups. A copy of the Executive Summary of the report is included in the handouts distributed at

the meeting. The full report has been forwarded to the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) for final approval before being sent to OSEP by December 22, 2000. OSEP will determine their level of "validation" following their review of our report. The first improvement planning meeting will be a joint meeting with Part B and is scheduled for January 10, 2001.

Monitoring is an ongoing process; Virginia Babies Can't Wait! early intervention system needs to determine how to integrate the monitoring cycle and structure into the existing structure.

Federal Application

The Part C office is finalizing revisions to the policies and procedures based on the public input. The finalized policies and procedures will be sent to OSEP this month. OSEP will have 60 days to review the policies and procedures. The Part C Office expects these to be approved and ready for distribution in Spring 2001. The public comments and responses will be available before then, and possibly will be posted on the web.

Proposed Changes to Part C Regulations and Ability to Pay

The proposed changes to the Part C federal regulations related to natural environments, fees and use of insurance for early intervention services. The DMHMRSAS administration (with input from the other agencies) responded to the proposed changes.

The proposed changes to the regulations had significant conflicts with the recommendations made by the Continuous Quality Improvement – Ability to Pay (CQI-ATP) Workgroup. Comments DMHMRSAS submitted reflected these conflicts. (Proposed regulations did not take into account the use of a monthly fee/cap; but rather, addressed each service individually. There is also a clarification that the fee system must be codified.

Anne Lucas is communicating with OSEP. It appears that OSEP did not think about the possibility of monthly caps on fees. The intent of OSEP and Virginia's intent (to help families) are the same. It is possible that there may be consideration for all the work that has been done by the CQI-ATP Workgroup. OSEP is targeting February 2001 for dissemination of final regulations.

A request was made that the comments DMHMRSAS submitted be posted on the web. The Part C office will follow up on this.

Part C Annual Report

Anne Stewart reported that the Part C Annual report is extremely well done, reads easily, and conveys the message that Virginia is committed to serving the children and their families. The report will be submitted to OSEP this month. A copy will be posted on the web.

Introductions: VICC members and steering committee members.

The meeting was officially called to order and VICC members and VICC Steering Committee Members introduced themselves. (See attached attendance list). Glen Slonneger announced that the Department for the Visually Handicapped will officially become the Department for Blind and Vision Impaired in January. Elisabeth Hutton introduced Pat Dewey who will be the interim representative from the Virginia Department of Health.

Lead Agency Report - Continued

Part C Budget

Anne Lucas reported that the agency heads/designees discussed this year's budget and the need to assure sufficient funds in light of increasing numbers of children. A proposal has put forward for pulling down additional funds from the supplemental funds for allocation to local councils on a request basis. This proposal has been forwarded to The Secretary of Health and Human Resources for approval. (Supplemental funds exist because Virginia took two years to spend the first federal award. These funds have been designated for one-time expenses and special projects). The proposal includes a process for requesting funds and includes local accountability. Agency heads are very concerned that the needed services be provided and that data be collected in order to objectively determine the extent of the need. The agency heads will meet in March to discuss priorities for the Part C budget. Changes in budget may occur, particularly in areas of non-direct services. VICC input is important concerning priorities of the system, how to use the "supplemental" funds, amount of funds being spent for projects for the federally required line items. The Part C office has been asked to look at different ways to do business and to especially to evaluate the use of contracts.

Funding Workgroup

The VICC passed a motion at the September meeting for Anne Stewart to appoint a work group to facilitate decision-making and to interface with the Part C office to determine how to collect funding information. Anne Lucas volunteered to coordinate this because the Part C office/DMHMRSAS was already addressing this. Seven individuals have been identified including local council coordinators, a parent, a local infant program director, and a private provider. Brenda Crockett suggested that a Mental Retardation Executive be included. Anne Lucas explained that the Council Coordinators Association was used as a means to inform councils and solicit membership for the workgroup. People should contact Anne Lucas if they are interested in participating on the workgroup. As a VICC workgroup, the VICC chair must appoint the members.

Integrated At-Risk Identification and Tracking System

Elisabeth Hutton reported that the Virginia Department of Health (VDH) is working to integrate three VDH tracking programs (TONE, Newborn Screening and Virginia Cares) and Part C. The goal is to have a web-based pull down integrated process available to all hospitals. The project is designed to streamline the identification and tracking process and to identify children earlier. A presentation to the VICC was suggested for the March meeting (or June if the March agenda is full). This information is to be brought to the attention of the Public Awareness/Child Find Committee of the VICC.

Monitoring and Improvement Measurement System (MIMS) Update

Jeff Harlow provided an update on the Monitoring and Measurement Improvement System (MIMS). Participants in MIMS were recognized, including the first task force that took Virginia's Policies and Procedures and developed the MIMS process and the documents, the second year task force and the 6 pilot sites, and the current task force and the 19 current MIMS sites. Three important points were emphasized concerning MIMS:

1. It is a self-study process.
2. It is driven by local expertise – by those who know how to do early intervention system and service delivery.
3. MIMS is a dynamic process with changes made based on changes in regulations, feedback about the process, and other factors.

A Handout was distributed which contained data for the compliance indicators. An average number and a range were listed for each component. Components had varying numbers of indicators ranging from 1 to 47. The average number represented the total number of yes answers for indicators divided by the number of indicators and the number of responding councils. At this time, quality indicators cannot be analyzed in the same way, though the task force will be looking at ways to analyze the quality indicators. In interpreting the results, a wide range of responses should be a cue to look for more information and to determine if there is a systemic issue or if the indicator is not clear. (Report continued after Public Comment).

Public Comment

Emily Dreyfus stated, "Once again, I am here as a parent of a child with a disability who found the fee system caused us to refuse recommended services 4½ years ago. Exactly 3 years ago, the VICC Ability to Pay Workgroup had its first meeting. As Co-chair of the workgroup. I've brought information to the VICC including the data from local councils (23 of 40 responded) that over 80 families are documented to have left services due to fees, and over 100 additional families may have left. The fee issue is one of two areas of non-compliance under the OSEP monitoring and with a three year history with no results, there is a real need to show good faith. Good faith can be shown through the following: answer issues raised in my letter of 11/15/00 and share requested information (with the addition of the Babies Can't Wait Comments to the proposed federal regulations), promulgate interim regulations, ensure that the proposed fee system is codified in this General Assembly term. Over a year ago, the Commissioner committed to "develop and implement consistent procedures for determining reasonable family fees." He targeted completion of policy and procedures changes by April 30, 2000 with implementation by October 1, 2000."

Nancy Butts said that she was speaking from the perspective of a private provider working with several councils. Two of the councils are using the statewide Individualized Family Service Plan (IFSP) form. Her agency has had a problem with Medicaid not reimbursing the evaluation when the evaluation documented on the IFSP form, but done on a different date. Part C dollars had to be accessed for evaluations that should have been covered by Medicaid.

Carmen Sanchez, Family Resource Coordinator, Fairfax-Falls Church ICC, stated, "I can't pass this public comment opportunity by without addressing the Ability to Pay family fee issue. Since I always remind people of the history behind this issue, let me remind you all of history again. When I first started working on this issue, my son was transitioning out of early intervention to the public preschools. He is now almost 7 and in 1st grade. In the time we have said we would

make fees equitable and affordable for families, if a newborn entered early intervention and stayed until her 3rd birthday, she and her family would be out of the system now. How long do families have to wait? We recognize that fees are a problem; it is mentioned as one of two areas of systemic noncompliance in the self-study for OSEP. If you consider that the state really isn't sure if the 45-day timeline is being violated, it is the only area of noncompliance. We promise OSEP that we will address this issue, yet if we have to wait for a code change, realistically changes won't happen until 2003, at the earliest, enough time for more children and their families to pass through the system without relief from burdensome fees. If you look at the VICC meetings in the past three years, there's always a VICC meeting full of good news about this issue, followed by a VICC meeting full of bad news on this issue. When the news is good, parents are informed ahead of time and fully participate in the activities leading to the good news. When the news is bad, parents are completely out of the loop, and the process becomes completely opaque to them. Last time, John Jackson was full of good news and mentioned Emily Dreyfus and me by name. Now that the news is bad, even though Emily requested information including the Attorney General's note by December 5, we know nothing about what will be said and discussed here until we get here. If we are equal partners with staff, then the process needs to be as transparent when times are bad as it is when times are good. But quite frankly I have no faith in the process any longer, nor can I tell parents to have faith in the process. This latest development is simply a stall tactic. Again I ask, how long do babies have to wait?"

Linda Eggleston asked about the changes that are currently in process on Part C Policies and Procedures and the relationship of the changes to changes in the federal regulations.

Anne Lucas responded that the current revisions to the Part C Policies and Procedures are based on the federal regulations from March 1999 and the public comment from Summer 2000.

Emily Dreyfus asked why the same thing could not be done with the policies and procedures for ability to pay and fees. Anne Lucas responded that the difference was that the policies related to fees have to be codified. Shirley Ricks reported that the CQ-ATP Work Group will come back together and make revisions based on final Part C regulations. The target date is still July 2001.

Shirley Ricks reported that the Commissioner plans to respond to the letter sent by Emily Dreyfus. She said that it is unlikely that a copy of the information from the Office of the Attorney General (OAG) can be shared as it is considered privileged information. Pam Johnson explained that information from the OAG to a client is not public. The CQ-ATP recommendations have been sent to the General Assembly via the Speaker of the House and Delegate Christian. Carmen Sanchez asked why interim policies and procedures could not be developed in accordance with current law. Shirley Ricks said she would take that request back to DMHMRSAS. This would require development of two separate systems.

Debbie Billodeaux stressed the need for communication and requested that documents such as the annual report and the comments on the proposed changes in the Part C regulations be made available immediately.

Alison Standing, parent and council coordinator expressed concern about the likely elimination of SPO Case Management for children from birth to six without a diagnosis of mental retardation. "Our locality will lose a great deal when this (funding) goes away.

Carol Burke, Council Coordinator, Infant Program Manager, and CoCoA chair, said, "On behalf of the CoCoA Steering Committee, I am requesting guidance about the Priority Populations reporting for the Department that infant programs in Community Services Boards (CSBs) are being asked to do. We understand that children in Part C are being included in the Priority Populations count and some of us are being asked by our CSBs to complete new Priority Populations paperwork. We believe that this new paperwork may be a duplication of effort as we are already completing the Child Data Forms and submitting this information to the Part C office. We are wondering if there is a way that the Part C Office can share our Child Data Form information with those that are collecting Priority Population numbers so that we do not have to duplicate paperwork. Since the Child Data system also tracks discharge dates, this would meet the requirements of Priority Populations reporting which requires a discharge date too. In addition, we wonder if all Virginia children who are receiving Part C services should be included in the Priority Populations count. We understand that this count may be tied to funding in the future. By only using data collected by the Community Services Boards, there will be children receiving Part C services who are left out of the Priority Populations count since not all children receiving Part C necessarily receive CSB services. If the Child Data Forms could be used for the Priority Populations count, all children receiving Part C would be included. Thank you in advance for your guidance with this issue."

Carol Burke stated that she shared the same concerns described by Emily Dreyfus and Carmen Sanchez about the ability to pay issues.

Carol also said, "On behalf of the CoCoA membership, I would like to recognize Liz Hutton for the time and effort she has given over the years to the Part C system. Liz, we have appreciated your involvement in multiple workgroups, committees and projects and we thank you for your dedication to the babies and their families. We wish you the very best."

Cori Hill stated that she supports the concerns expressed by Emily Dreyfus and Carmen Sanchez. She reported that in her program, special instruction fees are being increased to \$15.00 for up to 30 minutes and \$7.50 for each additional 15 minutes after 30 minutes. The current charge is \$20 per hour. She stated that special instruction fees will be higher than the co-pay for therapy in many cases.

Katy Humphrey reported that in a recent training, the attendees were told that children without a diagnosis of Mental Retardation (MR) would not be eligible for MR SPO Case Management in the future. She asked when localities could expect resolution concerning MR SPO Case Management.

Shirley Ricks responded that the Department of Mental Health, Mental Retardation, and Substance Abuse Services and the EIIMT have been working to address the MR SPO issue since May 2000. Resolution is dependent on the Department of Medical Assistance Services (DMAS) since that department controls the eligibility criteria and the funding. Shirley reported that in the meantime, other possible funding options for case management/service coordination are being explored. Shirley reported that it appears that the original information provided years ago concerning the use of MR SPO was not correct and the Department of Medical Assistance Services (DMAS) is making corrections. Anne Lucas reported that providers are to continue billing for children who

are currently receiving SPO Case Management, but that MR SPO will not cover new children/families. Brenda Crockett asked if children on the waiting list for the home and community based waiver are eligible for MR SPO case management. She requested written clarification. Shirley Ricks stated that she would find the answer.

Tammy Rittenhouse, parent and private provider stated she was pleased to see the department working toward a new waiver. She asked about the timeline for completion and for release of funds. She also asked if the definition of risk of institutional placement requirement mean parents will have to say they are willing for their child to be placed in an institution.

Shirley Ricks stated that "at risk of institutionalization" simply refers to the child's level of functioning. She also acknowledged the waiting list for the waiver and stated that, for the most part, the only way to get on the waiver now is in an emergency care situation. Only 2 children (ages 6-10) have gotten on the waiver in last 6 months. The new waiver involves new services, new ways of doing business and is family friendly and easier to access. Eligibility for the new waiver is the presence of a developmental disability, including autism, for children up to 6 years old; eligibility for the current waiver requires a cognitive delay or a diagnosis of mental retardation. The target date for submission of the new waiver to the Health Care Financing Administration (HCFA) is January 2001. It is unknown at this point whether the General Assembly will authorize additional funding for the waiver. There are currently 5000 people on the Mental Retardation waiver, now. A public hearing is being held in Fredericksburg on Friday, December 15, 2000.

Cathy Allport, council coordinator, said she supports the comments made by Emily Dreyfus and Carmen Sanchez. She commented on the hours that everyone has put toward resolving the ability to pay issues and suggested that the energy now be used to encourage the Commissioner to resolve the ability to pay issues. She also asked that when the financial status of local councils is reviewed, that the review include a careful look at all that has been done by the local council to address funding needs. She stated that funding is the most critical issue facing early intervention.

Kathy Phillips, council coordinator, stated, "I want to indicate my support for the points raised by parents regarding the need for swift resolution to the family fee issues. The "snail's pace" that this is taking is not acceptable to me as a professional either. I want to reiterate the comments that I have made to the VICC over the past year about the funding concerns in our locality. Due to increase in children and decrease in funding, our locality will run out of funds this year as we did last year. I will remind you that the only reason families in our locality were able to continue receiving early intervention services was because the funds were drawn from adult services. This is not acceptable. As a reflection of the lack of necessary funding, I will again recommend that the statewide IFSP form, page 8, include the statement that 'public funds, if available, may be used.' Without this addition, it gives the false impression that these funds would be available. We continue to need your help in addressing our ongoing funding crisis."

Leslie Phillips, Richmond Infant Council, raised a question about the 45-day timeline requirement (from her review of the OSEP Self-Assessment Report)

The Part C office will provide clarification for everyone.

Richard Corbett, administrative coordinator (Richmond Infant Council), reported that the website developed and piloted with physicians has had 506 "hits". He would like to present information about the website to the VICC. Information about how to access the site will be provided for all council coordinators.

Katy McCullough, council coordinator, expressed concern about losing the identity of both the current system name and the logo at the same time.

Ruth Anne Reynolds, Executive Director of the Arc, expressed concern about the mental retardation waiver and the transfer of responsibilities from the Department of Mental Health, Mental Retardation, and Substance Abuse Services to the Department of Medical Assistance Services. She urged people to learn the issues and to speak up.

Cherie Takemoto informed the attendees that the Parent Education and Training Center (PEATC) is sponsoring a free workshop on Friday at the Marriott in Washington, DC. She provided PEATC's web address, www.peatc.org, for people to obtain additional information. The phone number for registration and directions is 18008696782. She reported that Frances Rudd in PEATC's Richmond office has put together brown bag workshops and clinics and is available to help with IFSPs.

Brenda Crockett, council coordinator, said that she was speaking for the Tidewater Region, and reported that they do not dislike the current system name, "Virginia Babies Can't Wait!" and they "do not wish to change one obscure name for another."

Anne Stewart thanked people for their comments and stated, "We continue to inform each other. It is a long journey and we do have some good points along the way."

MIMS - Continued

The family survey is a part of MIMS. Jeff Harlow reported that there is a webpage where state aggregated information is available for anyone to view. The Part C Office will put a link to the site from the Virginia Babies Can't Wait! website. Family survey data collection, data entry and quarterly submission to Part C must continue. The information gleaned through these surveys should be used to benefit the councils and the children and families they serve.

Continuous Quality Improvement - Ability to Pay (CQI-ATP) Workgroup

Liz Hutton expressed thanks to everyone who has worked so hard during the past three years and said she understands and shares the frustration people have expressed. She reminded the attendees that actions of OSEP are beyond our control.

Anne Lucas offered to provide the analysis of the proposed regulations to families on request.

Cherie Takemoto made a motion that the VICC request the commissioner to issue into interim policy the recommendations of Continuous Quality Improvement – Ability to Pay Workgroup to make fees affordable for families so that no children go unserved because of inability to pay, with the understanding that the fees policy and procedures may be revised along with the revision of Virginia's Part C Policies and Procedures when the final federal regulations are released. Pam Johnson seconded the motion. Discussion followed. Brenda Crockett said that

funding for billing software changes might be an issue when changes to the fee system are made.

The financial impact is not known; the plan was to implement the policies and procedures and gather data about potential cost impact for 6 months. Part of the policy has to be put into code. The intention has been to implement the policies while working on code changes.

The next step in the process for the proposed fees/ability to pay policies and procedures would have been public comment if the Office of the Attorney General had approved them. The policies and procedures would then be revised based on the public input; training would then be done. Also, changes would be needed for Community Service Boards (CSBs) in order to be in compliance with the new policies and procedures.

Anne Lucas stated that if proposed regulations came out in March 2001, they could be out for public comment in April and May, then could be implemented while work was being done to change the state law. The question was then raised about why the proposed policies and procedures could not be implemented now without a code change if that was the intention for the July 1, 2001 target.

The proposed policies and procedures have not yet been disseminated to local councils.

Cherie Takemoto revised the original motion and Pam Johnson seconded the revised motion.

Revised motion – I make a motion that the VICC request the commissioner to expedite in interim policy the recommendation of Continuous Quality Improvement – Ability to Pay Workgroup and VICC ATP to make fees affordable for families so that no children go unserved because of inability to pay, with the understanding that the fees policy and procedures may be revised along with the revision of Virginia’s Part C Policies and Procedures when the final federal regulations are released.

The question was called. Seven members voted yes; Glen Slonneger and Shirley Ricks abstained. The motion passed.

Family Report

Wanda Pruett, Statewide Family Representative, provided the following Family Report.

"Families continue to be concerned over the ongoing issue of fees and their effects on families. The Ability To Pay Workgroup was appointed in 1997 and it appears as if we are no closer to resolution now than we were then. So much time, energy, and money has gone into addressing this issue and we are still exactly where we were three years ago. In some communities fees are prohibiting families accessing some or all of the services their children need. Everyone was hopeful that this situation was near an end. Now we hear that the proposed solution might put us out of compliance with federal regulations. Since the ATP Workgroup of the VICC has documented that families are opting out of services due to an inability to pay we are already out of compliance with federal regulations. This information has been presented to the General Assembly, The Agency Heads Committee, The Management Team, and The VICC. During OSEP Monitoring it came up as an area of systemic non-compliance. If Virginia is going to be out of compliance with federal regulations why can't we at least be out compliance in a way that supports children and families. One of the philosophies underlying the OSEP self-study process

has been to correct identified issues without waiting for the federal government to ask us to. Why is this not the case with our fee scale issue?"

Wanda also reported that there are several Regional Family Representative positions open. The interview process to fill these positions will begin in January 2001.

Public Awareness

Wendy Campbell, of Campbell and Company (one of the contracted Public Awareness agencies) reported that after additional field-testing of potential new names and with the current "Virginia Babies Can't Wait!", the VICC Public Awareness Committee is recommending the name be changed to Infant and Toddler Connection of Virginia. She also presented the recommended new logo (along with two others that had been considered by the Public Awareness Committee). Ms. Campbell reported that she had met with Commissioner Kellogg and others and that he expressed strong feelings that "infants and toddlers" and "Virginia" should be in the name. Input was solicited from across the state. There were several phases of gathering input and field-testing involved in the process of selecting the new name. At one point in the process, a set of names was sent out to the council for input and the preference was "birth to three". However, that name was copyrighted and could not be used. Concerns about the impact of a name change on councils who were using the "Babies Can't Wait!" name were acknowledged.

Ms. Campbell stated that postcards and other methods would be used to inform people who are already in the system that the name will be changing. She further stated that the campaign is primarily targeting people who are not in the system.

Cherie Takemoto made a motion that, "***we adopt the Infant And Toddler Connection name and logo as recommended b the Public Awareness Committee.***" Helen Bessent-Byrd seconded the motion. The motion passed.

The public awareness campaign will be officially launched in March with a media event and will be followed up with public awareness activities during early intervention month.

Other Business:

The VICC retreat date will be finalized and locations will be selected for next year's meetings through member communication via email.

Helen Bessent-Byrd reported that Cultural Diversity Advisory Committee is developing materials for training and would like to pilot some of the materials with the VICC at the VICC retreat. This will be considered as the retreat agenda is developed.

The meeting was adjourned at 12:40 PM.

The following VICC committees/workgroups met after the VICC meeting: Ability to Pay Workgroup, Family Support and Advocacy Committee, and the Local Regional Direct Services Committee.

Virginia Interagency Coordinating Council Meeting Attendance - December 13, 2000

VICC Members:

Anne Stewart, Chair (Personnel Preparation)
Cherie Takemoto, Secretary (Parent)
Shirley Ricks, Department of Mental Health, Mental Retardation and Substance Abuse Services
Elisabeth Hutton, Virginia Department of Health
Glen Slonneger, Department for the Blind and Vision Impaired
Pam Johnson, Department of the Rights of Virginians with Disabilities
Yolanda Tennyson, State Corporation Commission
Brenda Laws, Provider
Helen Bessent-Byrd, Personnel Preparation

VICC Committee and Work Group Chairs and Co-Chairs

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|------------------------|-------------------------|
| Emily Dreyfus (Parent) | Brenda Crockett |
| Wanda Pruettt (Parent) | Dana Yarbrough (Parent) |

Virginia Babies Can't Wait! Staff

Anne Lucas, Virginia Part C Coordinator
Beth Tolley, David Mills, Bev Crouse, Julia Martin, Cathy Fisher, Mary Anne White, Muriel Felder

Council Coordinators

| | |
|----------------------|-----------------|
| Darlene Warsing | Mary Lou Hutton |
| Diane Evans (Parent) | Susan Werner |
| Linda Eggleston | Katy McCullough |
| Robin Lauver | Kathy Phillips |
| Susan Shaw | Cathie Allport |
| Debbie Billodeaux | Carol Burke |
| Lynn Ruiz | |

Parents

Fiona Frechette, Northern Virginia Regional Family Representative
Regina Myrick, Tidewater Regional Family Representative
Shelby Walker
Sabrina Alston
Sharon Wallace
Sheila Null
Stacia Lee
Sandra Whitaker
Evelyne Louis-Jeune

Providers

| | |
|----------------|-----------------|
| Lisa Goodman | Jean Hearst |
| Nancy Butts | Leslie Phillips |
| Brenda Steward | |

Early Intervention Program Managers, Supervisors, Administrative Staff

| | |
|-----------------|-----------|
| Jean Behl | Cori Hill |
| Richard Corbett | |