Infant & Toddler Connection of Virginia
November 2015 Update

November 2015

***Note about This Update*:**

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at the Department of Behavioral Health and Developmental Services as a means of sharing current information from the DBHDS/Part C Office.

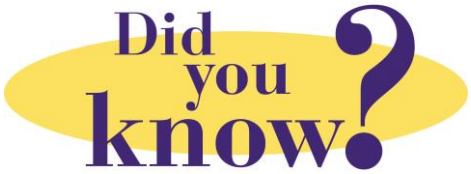
Enrollment of Children in the Medicaid Data System (VAMMIS)

Please note the following **c**ontact information for questions about enrollment of children in the Medicaid Data System (VAMMIS).

Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov
Beth Tolley 804-371-6595 beth.tolley@dbhds.virginia.gov

Early Intervention Certification

For questions about certification of practitioners, contact Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov.
For questions related to completing the online application, contact David Mills 804-371-6593 david.mills@dbhds.virginia.gov



When you transfer a child from one local system to another, the sending local system should not end the services on the IFSP (i.e, do not enter an Actual End Date in Section V of the IFSP). Please also consider the following tips to ensure a timely and smooth transition between local systems:

- The receiving local system cannot open the child in their local system until the sending local system has discharged the child in ITOTS, so please enter discharge data promptly. The receiving local system must enter into ITOTS an exit date, a transition destination and the name of the receiving local system. You must then click **SAVE** and **TRANSFER**, confirm the transfer by selecting the system you are transferring to, and press Confirm Transfer to complete the transfer.
- There should be close communication between the sending and receiving local systems to ensure everyone knows when services are stopping in one local system and starting in the new system.
- It may be helpful to fax the most recent IFSP to the new local system so services can start promptly and interruption to service delivery is avoided.
- Remember, parent consent is not necessary in order to share the child's early intervention record with the receiving local system.

For more information about transferring children from local system to another, please see Chapter 3, page 4; Chapter 7, page 16; and pages 37-38 of the ITOTS Instructions at http://www.infantva.org/documents/forms/ICDFInstruct11-13%20(2).pdf.

Child and Family Outcomes Information Sheet Available

A one-page fact sheet highlighting Virginia's child and family outcome results for 2014-2015 has been developed and is available for dissemination. The fact sheet includes a description of the child and family outcomes we measure, the actual results, and information about how this data is used for improvement planning. The fact sheet is written to be easily understood by those within and outside the early intervention system and is appropriate to share with a broad audience, including families, referral sources, elected officials, agency executives, and early intervention service providers and service coordinators. The fact sheet is available on the home page of our website, as well as in the Information for Families tab and the Supervision and Monitoring tab. Click here to view the information sheet - http://www.infantva.org/documents/Child%20and%20family%20results%202015%20-%20final.pdf.

****

Addendum – Not Just an Afterthought

The addendum is the last page of the IFSP but it is the family's first resource for their child's services. The addendum provides all the information on one page that the family needs to get in touch with any of their providers. The choice of service provider(s) and the provider(s) contact information (i.e. name, agency, address, phone number) must be documented on the IFSP Addendum page. The Addendum page documents not only the service provider selected but also the family's signature acknowledging that they were offered the opportunity to choose a provider. The addendum page must be completed fully and updated when necessary in order to provide the family with current provider information and to document family choice when new services are added. Please see Chapter VII, page 48 of the Infant & Toddler Connection of Virginia Practice Manual for detailed instructions.

State Systemic Improvement Plan (SSIP)

As part of the State Performance Plan /Annual Performance Report, each state is required to develop and submit to the U.S. Department of Education, Office of Special Education Programs, a State Systemic Improvement Plan (SSIP). We are in the second year, Phase II, of developing the plan.

The measurable result that will be the focus of Virginia's SSIP is increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.

Broad stakeholder input on the work of the state leadership teams continued through October and will wrap up in early November.

- A webinar for families was being held in conjunction with the Arc of Virginia on October 1.
- All stakeholders, including service coordinators and service providers, were invited to review the state leadership teams' planning documents and provide input through October 15.
- Executive and supervisor-level leaders from each local lead agency have been invited to participate in a meeting on November 9 during which they will receive an update on our SSIP work and have an opportunity to review and provide input on the plans developed by the state leadership teams.
- Summaries of stakeholder input received to date have been posted in the SSIP section of our website, http://www.infantva.org/Sup-SSIP.htm, under Stakeholder Feedback.

Once we have gathered this additional stakeholder input, the next steps will be as follows:

- State Leadership Teams will incorporate stakeholder input into their planning,
- State Office staff will look across the priority activities the four teams have identified and consider stakeholder input to decide how much is do-able over a 4-year plan and to consolidate where there is overlap.
- Information from the teams' planning documents will be used to develop the actual improvement plan, which will identify the steps, activities, timelines, people responsible, resources needed, etc.
- The draft improvement plan will be shared with the Virginia Interagency Coordinating Council at their December 9 meeting and available to all stakeholders for review and input before it is finalized and submitted to the U.S. Department of Education by April 1, 2016.

The Decision Tree

Child Indicator Seeds for Success

Serving Virginia's Military Families

Each year the President signs a proclamation declaring November **Military Family Appreciation Month**. This annual proclamation marks the beginning of a month-long celebration of the Military Family in which the Department of Defense and the nation honor the commitment and sacrifices made by the families of the nation's service members.

MILITARY OATH OF ENLISTMENT

I, (name), DO SOLEMNLY SWEAR THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES AGAINST ALL ENEMIES, FOREIGN AND DOMESTIC; THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE SAME; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE. SO HELP ME GOD.

This is the MILITARY OATH OF ENLISTMENT. It is recited by all Service Members at their swearing in ceremony. Speaking these words has far more emotional power than these words on paper could ever convey. Anyone who has done this for real knows, in that moment, that they are agreeing to defend a principle with their very lives. It is a moment they never forget, one that starts the bonding process with their fellow soldiers and one that will have a lasting impact on their families.

If you are working with military families of young children with developmental delays and disabilities, it's important to understand the military culture, commitment and experience in order to provide family centered services. The following short movie clip provides insight into why so many chose to take the oath and the emotional sacrifices they and their families make each day. As you watch the clip, jot down some of the stressors young military families may be experiencing that may shape the way you complete functional assessment and provide family centered coaching.

Here are 10 things that struck me as having a potential impact for the family portrayed in the clip but could very well be felt by many who face combat deployments. Discuss these with your team. Do you agree? Why? I added my rationale for the first two. Did you find others? How can you use this information in your work with military families?

1. The adrenaline high, or adrenaline addiction – "It's like the best!" Soldiers in combat zones live in heightened states of adrenaline that often leave them feeling empty when returning home.
2. Personality changes: No one returns the same from combat or lengthy deployments. Family members often report feeling like they have been reunited with a stranger.
3. Generalized and undifferentiated anger: short fuse, loss of patience, (increase in domestic violence and child abuse). "Now when he gets mad, he just screams."
4. Grief over absence during important life transitions (also, resentment by spouse at soldier's absence). "When I come home I just want to hug her, but she may not let me because she won't know who I am."
5. Intense bonding during deployment competes with and sometimes trumps marital and family bonds. "My friends here are closer than any I've had." "These guys take you on as a brother."
6. Survivor guilt and loss: "It hurts a lot to lose fellow soldiers."
7. Family of origin issues: "I want to make my Dad proud."
8. Fantasy verses reality: (living on dreams and through TV series).
9. Emotional numbing: "He used to be sensitive. Now, he shows no emotion and wants me to be the same way."
10. The ramifications of "sacrificing for family" and the sacrifices made by families.

In honor of Military Family Appreciation Month share your experiences, strategies and ah-ha's by visiting one of Virginia's Strategies for Success blogs devoted to supporting military families.

http://veipd.org/earlyintervention/military-deployment-is-hard-but-you-can-help/

http://veipd.org/earlyintervention/whats-the-deployment-cycle-for-military-families/

http://veipd.org/earlyintervention/dont-forget-fathers/

Test Your Inter-rater Reliability

Our state's focus on child indicator ratings has led many to wonder,
"Are we all rating children similarly?"

As part of our efforts to improve results for children, we will be focusing each month on increasing our statewide inter-rater reliability. We will be using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.

Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. **Was there input into the narrative from all members of the assessment team including the family? Did the narrative contain jargon?**
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

Jimmy's Age: 26 months Adjusted Age: NA

Referral Information, Medical History, Health Status: Jimmy was referred to the Infant Program by his mother due to feeding concerns. At the time of this evaluation, medical records have been requested but have not been received. Per parent report, Jimmy passed his newborn hearing screening. He and his mother were discharged home two days after his birth. Jimmy currently receives medical care from the clinic on the Army Base. Jimmy's mother reported that he had his last check-up in August and everything was fine. His mother has no concerns with his hearing or vision. She said no concerns were mentioned at his well child visit and he passed his Part C Vision and Hearing Screening. He receives private therapy thru the County Speech Clinic. His mother reported that his feeding issues are significant and it was recommended that he receive additional therapy to address the feeding issues. His mother would prefer to have the additional therapy in her home if he qualifies for services.

Daily Activities and Routines: Jimmy lives with his mother and sister in an apartment off base. His father is currently on a six month deployment. Maternal grandmother is staying with the father to help out while father is overseas. Jimmy's mother works part-time but is home with him during the week when she is not working. Jimmy enjoys playing with his sister. He likes to watch the Wiggles. He loves zoo animals and can name many of them in a picture book. He also has a toy with zoo animals that he can put the animals in different parts of the toy. That is one of his favorite toys. His mother has a friend with two children and Jimmy enjoys playing with them. When the family goes to the park Jimmy observes from a distance and is very cautious staying close to his mother.

Understanding what Jimmy wants is very challenging to his family. He has a vocabulary of about 30 words but doesn't use them often. He has feeding difficulties and is very limited with the foods he will eat. His mother gives him homemade Smoothies and Enfamil for Toddlers to make sure he gets enough nutrients daily. She tries to get him to eat a larger variety of foods but he refuses, gags at just the sight of food and will choke and do whatever he has to, to get food out of his mouth.

Jimmy's mother also reported that bath time is challenging for him. She has to stay right next to him. He gets panicked with showers and does not want a bath. When the water is drained he starts grabbing all of his toys in a panic that they are going to go down the drain.

Family Concerns: Jimmy's mother is most concerned that he will not eat hardly any foods. The ones he will eat have very little nutritional value. He will eat popcorn, chips, crackers, apples, bananas and sometimes noodles. He will eat cereal without milk. He is still using a bottle. Mother reports Jimmy gags at the sight of food and will even gag when his sister eats.

Family Priorities: The most important thing for Jimmy's mother is that he eats a variety of foods without gagging or choking. She would also like for him to be less panicky about taking a bath and shower. Ideally she would like for this to happen before Jimmy's father returns home as it is very stressful to their marriage. Jimmy's father doesn't understand and blames mother for babying him.

Developmental Levels: Cognitive- 24 months Gross Motor- 24 months Fine Motor- 24 months
Receptive Language- 16 months Expressive Language- 22 months Social/Emotional- 18 months
Adaptive/Self Help- 15 months

Social/Emotional Skills including Positive Social Relationships: Jimmy has had some exposure playing with other children. He is interested in what other children are doing and will play with the children of a family friend. He doesn't really interact with the children but will play alongside them. He is starting to engage in pretend play and did a nice job with holding the baby doll and trying to feed her. He is using some social words and will say family names and will say bye when others leave. He has temper tantrums and will defend himself when others take things from him which is normal for his age. He is very particular with his likes and dislikes. He is not yet helping to clean up. He is not yet imitating household chores that he sees others do.

Child's Development in Relation to Other Children the Same Age:

Acquiring and Using Knowledge and Skills, including early language/communication: Jimmy's mother reported he has about 30 words that he uses somewhat regularly. He loves zoo animals and can say the names of many of them. He will try to say the names of family members by saying "ma-ma", "da-da", "baby" for his sister. He tries to say her name although it doesn't sound like her name. He is beginning to say words to label things but is not using conversational speech. Next he will be able to say what he wants more often and will use short phrases by putting two words together. His mother reported he does not follow directions when she asks him to go get something. He knows many body parts and will point to them when asked except when taking a bath or shower when he is too upset to listen. He can say his ABC's. He likes to do things on his terms but has difficulty following adult directed activities.

Child's Development in Relation to Other Children the Same Age:

Use of Appropriate Behaviors to Meet Needs: Jimmy walks, runs, and can climb up and down stairs but requires the assistance of his mother to hold his hand. Safety is still a concern for him when climbing the stairs and his mother reported he is not always aware and will try to walk up two steps at a time. His mother reported he will jump but not from a bottom step. He can kick a ball forward and enjoys doing this activity with his father when he is home. He enjoys climbing and can easily get on and off the furniture. He is not able to carry large objects when walking.

Jimmy is a picky eater and his mother is concerned that he is not getting enough nutrition from the foods he eats. He refuses to drink from a sippy cup. Mother reported she would like to have him off of the bottle before Jimmy's father returns. He feels like mother babies Jimmy. Jimmy likes homemade Smoothies and will sometimes eat chicken nuggets. When mother tries to introduce new foods he refuses. She tries to sneak a new food with something but as soon as Jimmy becomes aware of it he gags and tries to get it out of his mouth. He does not chew foods well. He nibbles food and at times chokes. He does eat a variety of textures but does not like anything that is slimy. He is not yet able to use a spoon by himself but does try to scoop with the spoon but then uses his fingers to take the food off of the spoon to put into his mouth. Jimmy is very fearful of bath time and it becomes an issue each night. He will take a shower but someone has to be right next to him. He is also fearful of being in any room of the apartment alone. She has been letting him sleep with her since father is gone but knows he must go back to sleeping in his own bed before he husband returns. Jimmy does not help with dressing at all. He tolerates it but does not assist. He is just starting to show awareness of knowing when he is wet or has had a bowel movement and will make comments. However, he is not interested in sitting on the potty.

Child's Development in Relation to Other Children the Same Age:

Assessment Team Ratings:

Social/Emotional Skills including Positive Social Relationships: Rating 5- Jimmy shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.

Acquiring and Using Knowledge and Skills, including early language/communication: Rating 5- Jimmy shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.

Use of Appropriate Behaviors to Meet Needs: Rating 2- Jimmy shows some of the early skills that are necessary for development of more advanced skills in this area.

Determining the indicator ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three indicator areas.

The Three Global Child Outcomes Are Related to One Another

Most children gain skills over their time. Development tends to progress in predictable stages across outcomes. As abilities in one outcome increase, abilities in the other outcomes tend to increase. Progress in functioning in the three outcomes proceeds together. Since each of the outcomes includes overlapping of skill across the outcomes, it would be unlikely (possible but rare) for a child to have a ratings that differed by 3 points or more across outcomes.

A good reminder when determining ratings is:

- Functioning in one outcome area will be related to functioning in other outcomes
- Functioning at entry (or exit) in one outcome will be related to functioning in the other outcomes

Part C Staff

Catherine Hancock	Early Intervention Administrator	Catherine.hancock@dbhds.virginia.gov	(804) 371-6592
Anne Brager	Part C Technical Assistant Consultant	Anne.brager@dbhds.virginia.gov	(434) 374-2120
Richard Corbett	Part C Monitoring Consultant	Richard.corbett@dbhds.virginia.gov	(804) 786-9682
Karen Durst	Part C Technical Assistant Consultant	karen.durst@dbhds.virginia.gov	(804) 786-9844
Cori Hill	Part C Training Consultant	cfhill@vcu.edu	(540) 943-6776
David Mills	Part C Data Manager	david.mills@dbhds.virginia.gov	(804) 371-6593
Sarah Moore	Part C Monitoring Consultant	s.moore@dbhds.virginia.gov	(804) 371-5208
Kyla Patterson	Part C Consultant	k.patterson@dbhds.virginia.gov	(860) 430-1160
Irene Scott	Administrative & Office Specialist III	irene.scott@dbhds.virginia.gov	(804) 786-4868
Terri Strange-Boston	Part C Technical Assistant Consultant	Terri.strange-boston@dbhds.virginia.gov	(804) 786-0992
Beth Tolley	Early Intervention Team Leader	beth.tolley@dbhds.virginia.gov	(804) 371-6595
LaKeisha White	Office Services Specialist	keisha.white@dbhds.virginia.gov	(804) 786-3710
Telisha Woodfin	Part C Monitoring Consultant	telisha.woodfin@dbhds.virginia.gov	(804) 786-1522

Virginia Department of Behavioral Health & Developmental Services