

Part C State Performance Plan (SPP) for 2005-2012

[Amended information is provided in blue font.]

Overview of the State Performance Plan Development:

Virginia used a variety of mechanisms to ensure broad stakeholder awareness of and input into development of the State Performance Plan. The process of building awareness and seeking input began in May 2005 and included the following mechanisms:

- Part C technical assistance consultants shared initial information about the State Performance Plan with all local system managers through regional meetings in May and June. Updates on development of the plan were provided at subsequent regional meetings to keep local system managers informed.
- Information about the SPP was broadly disseminated through the bi-monthly Part C Update beginning in June. The Update is disseminated to local lead agencies, local system managers, Part C providers, families, and VICC members. All Part C Updates are also posted to the Infant & Toddler Connection of Virginia website.
- The Virginia Interagency Coordinating Council (VICC) provided advice and assistance to the Lead Agency in development of the SPP. This was accomplished through a regularly scheduled public meeting of the VICC, during which VICC members reviewed baseline data and made recommendations regarding the measurable and rigorous targets and improvement activities. Following that meeting, VICC members reviewed a second draft of the SPP and provided comments through a conference call.
- The draft SPP based on VICC input was posted on the Infant & Toddler Connection of Virginia website and stakeholders were notified in writing of the opportunity to review and comment on the draft.

The extended targets (FFY 2011 and FFY 2012) for all results indicators were discussed with the VICC on December 1, 2010. In addition, the draft revised SPP with the extended targets was posted on the Infant & Toddler Connection of Virginia website and stakeholders were notified in writing of the opportunity to review and comment on the draft during a 2-week period in December.

The State Performance Plan will be publicly disseminated on the Infant & Toddler Connection of Virginia website and in printed materials following submission of the plan to OSEP.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 1 – Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

Measurement: Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100

Overview of Issue/Description of System or Process:

Virginia began collecting data related to beginning services in a timely manner in 2001, through the Monitoring and Improvement Measurement System (MIMS). One of the indicators on the MIMS self-assessment reads: Eligible infants and toddlers and their families begin receiving their early intervention services in a timely manner following IFSP development. Responses to this indicator are reported in the following categories: always true (100% of the time), often true (60-99% of the time), sometimes true (30-59% of the time), rarely true (1-29% of the time), or never (0% of the time). Of the 13 local systems who participated in the 2001-2003 MIMS cycle, 31% reported that the indicator was always true, while 69% reported that it was often true. Four of the local systems who are participating in the 2003-2005 MIMS cycle completed the MIMS process by March 2005. Of those, 1 local system (25%) reported beginning services in a timely manner always, two (50%) did so often, and one (25%) did so rarely. Relying on the MIMS data regarding timely service provision had significant limitations, including the lack of a specific definition of timely (the guidance for this indicator only asks whether services began in accordance with the dates identified on the IFSP) and the low number of local systems who complete the MIMS process each year.

In order to address these data limitations, Virginia took the following steps in 2005:

- Added a component to the state monitoring system that requires all local systems to complete an annual record review process that randomly samples records (using a State-defined process) and determines whether supports and services listed on the IFSP begin in a timely manner following IFSP development; and
- Defined “timely” as 21 calendar days from the date of the IFSP meeting. Early intervention services may begin more than 21 days following the IFSP meeting if the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family.

Initial analysis of a sample of record review data collected in January – February 2005 indicated a statewide average of 18.4 days between the date on the IFSP and the date supports and services began.

Baseline Data for FFY 2004 (2004-2005):

As part of the state monitoring system, 38 of the 40 local systems were required to complete an annual record review in January – February 2005 to determine whether infants and toddlers begin receiving the services on their IFSPs in a timely manner. Two of the local systems were not required to complete the record review since they had recently completed their participation in the MIMS process (their data is not included in the baseline data since it was not collected using the same record review form used by the other 38 systems). Each local Part C system followed the same method for selecting records for the review, as follows:

- The number of records to be reviewed was based on the number of children in the local Part C system (December 1 count):
 - <50 children, select 50% of records (not less than 10 records)
 - 50 – 99 children, select 25% of records
 - 100 – 199 children, select 15% of records
 - 200 – 499 children, select 10% of records
 - 500 or more children, select not more than 60 records
- Once the number of records was determined, the exact records to be reviewed were selected based on a random number chart.

The State Lead Agency compiled a spreadsheet for each local system reflecting the data on “timely” submitted through record reviews completed in January – February 2005. The local system manager was required to compare the data in the spreadsheet with the data in the child’s record to confirm the accuracy and then submit corrections. The following baseline data reflects the confirmed and corrected record review data on timely start of services from 37 of the 38 local systems required to complete the record review (data from the other local system was not included due to errors in the data collection):

$$(505.32 \text{ children whose services began in a timely manner} / 700 \text{ children with IFSPs}) \times 100 = 72\%$$

Discussion of Baseline Data:

Virginia’s baseline data for FFY 2004 shows that 72% of infants and toddlers with IFSPs began receiving the early intervention services on their IFSPs in a timely manner.

The remaining 28% of children are accounted for across 36 of the 37 local systems, with compliance ranging from 35% to 96%. It is important to note that the record reviews upon which this baseline data is based were conducted prior to establishing Virginia’s specific definition of “timely.” Therefore, the record reviews did not include collection of mitigating circumstances when services began more than 21 calendar days after the initial IFSP meeting (some of these mitigating circumstances may represent appropriate reasons for delaying the start of services).

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2006	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in

(2006-2007)	a timely manner
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2011 (2011-2012)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner
2012 (2012-2013)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Provide each local system with a written report of their baseline status with regard to this indicator	October 21, 2005 – <i>(Completed)</i>	<u>Personnel</u> : State Part C staff
2. Provide individualized technical assistance to local systems based on their local status as documented in the October 11, 2005 memo to local system managers	Beginning October 21, 2005	<u>Personnel</u> : State Part C staff
3. Continue to implement the process begun in 2005 for local system managers to notify their technical assistance consultant if unable to identify a service provider within 10 – 15 calendar days of the IFSP meeting	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in the Part C budget
4. Provide technical assistance and follow-up to local systems in implementing corrective action plans	Ongoing	<u>Personnel</u> – State Part C Staff

Activity	Timelines	Resources
5. Continue to explore and implement new strategies for recruiting and retaining personnel	Ongoing	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative, VICC, Universities serving as Local Lead Agencies
6. Begin statewide implementation of the requirement for all Part C personnel to complete the online <i>Orientation to Part C</i> training module, passing the competency test with 80% accuracy	January 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative <u>Funding</u> : Already in Part C budget
7. Refine the annual record review protocol used to collect data on the timely receipt of early intervention services to allow reporting of mitigating circumstances when services begin more than 21 calendar days after the IFSP meeting.	Protocol revised – April 2006 <i>(Completed)</i> Annual implementation begins – August 2006 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff <u>Other</u> : Input from local system managers
8. In developing an enhanced State Part C data system (please see Indicator 14, Activity 1), explore ongoing electronic collection of the data needed to monitor the timely start of services.	Contract with professional who will facilitate completion of this activity – October 2005 <i>(Completed)</i> Project plan, including timelines, is developed – November 2005 <i>(Completed)</i> Analysis is completed – March 2006 <i>(Completed)</i> Add data elements to ITOTS – 2008 (Revised to 2011) (Activity changed, see #27)	<u>Personnel</u> : State Part C and IT Staff <u>Funding</u> : Already in Part C budget <u>Other</u> : Stakeholder input
9. Coordinate a VICC retreat focused on addressing personnel shortages	May 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, VICC
10. Revise the allocation methodology for disseminating federal and State Part C funds to local systems and develop a rate methodology template for establishing provider rates	Final fiscal study draft allocation methodology recommendations completed – December 2007 <i>(Completed)</i> Stakeholder Meetings – January and March 2008 <i>(Completed)</i> Training – May 2008 (Postponed to be held in conjunction with implementation) Implementation of allocation and rate methodologies – June 2008 (Revised to July 1, 2010)	<u>Personnel</u> : State Part C staff, EIIMT, National Consultants <u>Funding</u> : Funding for consultants already in Part C budget; additional funding needs to be determined <u>Other</u> : Stakeholder group, VICC

Activity	Timelines	Resources
	<i>(Completed)</i>	
<p>11. Collect data in the FFY 2007 annual local record review to determine how many days it actually took to begin services for children whose services were delayed due to personnel shortages and use this data in considering whether to revise the current 21-day definition of timely</p>	<p>October 2008 <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part c staff, local system managers</p>
<p>12. Collaborate with the Department of Medical Assistance Services and other stakeholders to explore alternative funding structure(s) for Part C supports and services that will facilitate the system’s ability to recruit and retain providers.</p>	<p>Final recommendations from consultant – December 2007 <i>(Completed)</i></p> <p>State Plan Amendment completed – February 2008</p> <p>Final stakeholder group meeting – March 2008 <i>(Completed)</i></p> <p>Training – 2008 – 2009 <i>(Completed)</i></p> <p>Implementation – 2008 – 2009 <i>(Completed)</i></p>	<p><u>Personnel</u> – State Part C Staff, DMAS staff, EIIMT, National Consultants</p> <p><u>Funding</u> – Funding for consultants already in Part C budget; additional funding needs to be determined</p> <p><u>Other</u> – Stakeholder Group and VICC</p>
<p>13. Include Virginia’s definition of “timely” as it relates to beginning services following IFSP development in State Part C regulations</p>	<p>February 2009 (Revised to 2011)</p>	<p><u>Personnel</u>: State Part C staff</p>
<p>14. Revise State Interagency Agreement for Part C to include each participating agency’s specific responsibilities for timely service provision</p>	<p>February 2009 (Revised to July 1, 2010) <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff, EIIMT</p>
<p>15. Incorporate specific documentation requirements related to service delivery in any practice, procedure or technical assistance documents developed in conjunction with Medicaid changes and development of State Part C regulations</p>	<p>2009 <i>(Completed)</i></p>	<p><u>Personnel</u> – State Part C Staff</p>
<p>16. Implement revised family cost share practices and new sliding fee scale</p>	<p>April 1, 2009 (Revised to July 1, 2010) <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Other</u>: Family Cost Participation Stakeholder group, VICC</p>

Activity	Timelines	Resources
17. Finalize the Part C Practice Manual, which addresses specific requirements associated with timely start of services	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
18. Incorporate information and resources on evidence-based practice related to service delivery, including free choice of providers, and supervision in the new training requirements associated with the EI certification process.	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
19. Implement Virginia’s Part C Service Pathway statewide to promote effective and efficient use of available personnel	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway
20. Implement Part C practitioner database to track and manage the process of early intervention certification and support family choice of providers and service coordinators	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, DMAS staff, IT staff <u>Funding</u> : Already in state Part C budget <u>Other</u> : ITOTS stakeholder group, VICC
21. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010 <i>(Started, continuing into 2011-2012)</i>	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other</u> : VICC
22. Provide a series of statewide training events through teleconference calls and Web-ex technology to support implementation of the Medicaid Early Intervention Program, maximizing Medicaid reimbursement for Part C services	Beginning December 2009 <i>(Completed; continuing as needed)</i>	<u>Personnel</u> : State Part C staff, Department of Medical Assistance Services staff <u>Other</u> : Implementation Task Force

Activity	Timelines	Resources
<p>23. Implement the plan developed by the State Lead Agency and approved by OSEP for ensuring services added during periodic IFSP reviews are included in the data gathered through the annual local record review and reported to OSEP for timely start of services</p>	<p>January 2010 <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff</p>
<p>24. Continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort</p>	<p>Annually</p>	<p><u>Personnel</u> – State Part C Staff, National Consultants <u>Other</u>: Implementation Task Force, VICC</p>
<p>25. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities</p>	<p>Beginning October 2010</p>	<p><u>Personnel</u>: State Part C Staff <u>Other</u>: Technical assistance to state staff from Data Accountability Center (DAC)</p>
<p>26. Provide statewide training on documentation requirements related to timely start of services</p>	<p>June 2011</p>	<p><u>Personnel</u>: State Part C staff, Integrated Training Collaborative <u>Funding</u>: ARRA funds</p>
<p>27. Explore the possibility of including ongoing electronic collection of the data needed to monitor the timely start of services in any comprehensive data system developed across the Health and Human Resources Secretariat</p>	<p>2012</p>	<p><u>Personnel</u>: State Part C staff, IT staff <u>Funding</u>: To be determined</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Early Intervention Services in Natural Environments**Indicator 2 – Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community settings.****Measurement: Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community settings divided by the total # of infants and toddlers with IFSPs times 100****Overview of Issue/Description of System or Process:**

Trend data from multiple sources shows that, over the past 5 years, an increasing percentage of early intervention supports and services are being provided in natural environments (e.g., the home, a program for typically developing children and/or other community settings) in Virginia. For instance, chart reviews completed with the four MIMS (monitoring) sites involved in the 2003-05 cohort found that 100% of IFSPs indicated all services were to be provided in natural environments or provided appropriate justification if the services were to be provided in a setting other than the natural environment. Chart reviews conducted with MIMS sites in 2000 (17 sites) found that 83% of IFSPs met that criteria. Individual child data collected through Virginia's Infant and Toddler Online Tracking System (ITOTS) indicates the percentage of children who receive supports and services primarily in the home or community settings increased from 90% to 98% between 2002 and 2004. The increased use of natural environments reflects Virginia's extensive and continuing efforts to provide training and technical assistance related to provision of supports and services in natural environments. Those efforts have included the following:

- Based on locally-identified needs for information and support, training and technical assistance are designed and implemented to assist each local Part C system in moving toward adoption of the principles and practices associated with individualizing Part C supports and services in everyday routines, activities and places.
- Provision of early intervention supports and services in natural environments and planning for and provision of individualized supports and services in everyday routines, activities and settings have been the focus of keynote addresses and/or concurrent sessions of the Annual Virginia Early Intervention Conference.
- Kaleidoscope Service Coordination Training, Level I and Level II, which includes training and support to services coordinators in providing family-centered care and facilitating identification of individualized, family-centered IFSP outcomes, supports and services has been in place since 2001 and is offered multiple times each year.
- Written technical assistance documents and sample IFSPs have been developed and disseminated to local systems and providers to support individualized service planning and provision of services in natural environments.

Baseline Data for FFY 2004 (2004-2005):

Settings Data from 618 Annual Data Reports	1999 Data from NCSEAM	2000 Data from NCSEAM	2001 Data from NCSEAM	2002 Date from NCSEAM	2003 Children reported under Section 618= 5228	2004 Children reported under Section 618= 5369
Percent of infants and toddlers with IFSPs served under Part C who primarily receive EI services in the home or community settings	64%	76%	84%	89%	95.3% (4006 out of 4204)	98.4% (4203 out of 4271)
Percent of infants and toddlers with IEPs served under Part B who primarily receive early intervention services in the home or community settings	Not reported	Not reported	Not reported	Not reported	18.4% (189 out of 1024)	26.7% (293 out of 1098)
Total percent of infants and toddlers reported under Section 618 who primarily receive early intervention services in the home or community settings	64%	76%	84%	89%	80.2% (4195 out of 5228)	83.7% (4496 out of 5369)

Discussion of Baseline Data:

Virginia's Section 618 data includes children under three who are served through the Department of Education under IDEA, Part B (with an IEP). Based on FFY 2004 Section 618 data, 98.05% of infants and toddlers with IFSPs (4235 out of 4319) primarily received their early intervention services in the home or in community settings.

The 2004 data reported as baseline data is the most accurate data available at this time. The individual child data collected through ITOTS and reported to OSEP in Virginia's Annual Performance Reports and annual 618 Reports of Program Settings Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance With Part C have, to date, reflected only the services planned on each child's initial IFSP. The State Lead Agency is unable to pinpoint the extent of inaccuracy in this data. The Section 618 settings data for children enrolled in Virginia's Part C system as of December 1, 2005 will reflect the primary service setting listed on the IFSP in effect on December 1, 2005 for every eligible child. Once this December 1, 2005 Section 618 settings data is available, the baseline data reported above will be updated, as appropriate, and an amended State Performance Plan will be submitted to OSEP.

Updated baseline data (May 2006): For December 1, 2005, the total percent of infants and toddlers reported under Section 618 (this includes children under age 3 served under Part B with an IEP) who receive services primarily in the home or community settings is 84.7% (4519 out of 5338). The Section 618 settings data for children enrolled in Virginia’s Part C program on December 1, 2005 indicates that 99.0% of infants and toddlers with IFSPs (4379 out of 4422) primarily receive early intervention services in the home or in community settings.

This data reflects the primary service setting on the IFSP in effect for each child on December 1, 2005. Each local system was required to submit a signed data verification form confirming that the primary service setting was from the IFSP in effect on December 1, 2005 and that the data submitted was accurate. The targets below were reviewed using the December 1, 2005 data as the accurate baseline, and determined to still be appropriate since the targets are already very high and reflect the need to individualize service settings for each child and family.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	98.425% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2006 (2006-2007)	98.425% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2007 (2007-2008)	98.425% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2008 (2008-2009)	98% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2009 (2009-2010)	98% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2010 (2010-2011)	98% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2011 (2011-2012)	98% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings
2012 (2012-2013)	98% of infants and toddlers with IFSPs primarily receive their early intervention services in the home or community settings

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. In developing an enhanced State Part C data system (please see Indicator 14, Activity	Contract with professional who will facilitate completion of this activity –	<u>Personnel</u> : State Part C and IT Staff

Activity	Timelines	Resources
1), incorporate collection and reporting of each child’s primary service setting data at the time of each initial IFSP, 6-month review and annual IFSP.	<p>October 2005 (Completed)</p> <p>Project plan, including timelines, is developed – November 2005 (Completed)</p> <p>Analysis is completed – March 2006 (Completed)</p>	<p><u>Funding</u>: Already in Part C budget</p> <p><u>Other</u>: Stakeholder input</p>
2. Continue provision of targeted training and technical assistance related to natural environments based on needs identified by local Part C systems and through monitoring and supervision.	<p>Review ITOTS primary service setting data with local system managers to understand justification when services are provided outside of natural environment and determine technical assistance needs – March 2006 (Completed)</p> <p>Provision of targeted technical assistance – Ongoing</p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in Part C budget</p>
3. Continue to provide links to evidence-based materials and strategies related to natural environments through the <u>Infant & Toddler Connection of Virginia Update</u>	<p>Ongoing</p>	<p><u>Personnel</u> – State Part C Staff</p>
4. Develop and implement a system of ongoing and individualized information and supports that will assist individual Part C providers (those currently in the system and those entering the system), teams of providers, families and local Part C systems in understanding and implementing the principles and practices of individualizing Part C supports and services in everyday activities, routines and places.	<p>Conduct surveys with all Part C providers and administrators in order to understand the current landscape – June 2006 (Completed)</p> <p>Include training of providers on understanding and implementing the principles and practices of individualizing Part C supports and services in expanded training and provider qualifications implemented in conjunction with the Medicaid initiative and other system improvements resulting from the State Lead Agency’s current contract with a national consultant – 2008-2009 (Completed)</p>	<p><u>Personnel</u>: State Part C staff, Integrated Training Collaborative, national consultant</p> <p><u>Funding</u>: Already in Part C budget for consultant; funding to develop and implement expanded training system to be determined</p>
5. Continue implementation of <i>Kaleidoscope: New Perspectives in Service Coordination (Level I and II)</i> training for service coordinators	<p>Revise curriculum to reflect IDEA 2004 regulations – June 2006 (Completed)</p> <p>Implementation – Ongoing</p>	<p><u>Personnel</u>: State Part C Staff, Integrated Training Collaborative</p> <p><u>Funding</u>: Already in Part C budget; look into funding options to increase number of trainings offered per year.</p>
6. Implement requirement for all Part C service providers to complete the Orientation to Part C training module, passing competency test with 80%	<p>Revise training module based on pilot testing – January 2006 (Completed)</p> <p>Implement statewide – January 2008 (Completed)</p>	<p><u>Personnel</u>: State Part C staff, Integrated Training Collaborative</p> <p><u>Funding</u>: To be determined</p>

Activity	Timelines	Resources
accuracy		
7. Coordinate a VICC retreat focused on addressing personnel shortages	May 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, VICC
8. Collaborate with the Department of Medical Assistance Services and other stakeholders to explore alternative funding structure(s) for Part C supports and services that better aligns with Virginia’s approach to the provision of supports and services	Final recommendations from consultant – December 2007 <i>(Completed)</i> State Plan Amendment completed – February 2008 <i>(Completed)</i> Final stakeholder group meeting – March 2008 <i>(Completed)</i> Training – 2008 – 2009 <i>(Completed)</i> Implementation – 2008 – 2009 (Revised to July 1, 2009) – <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff, DMAS staff, EIIMT, National Consultants <u>Funding</u> – Funding for consultants already in Part C budget; additional funding needs to be determined <u>Other</u> – Stakeholder Group and VICC
9. Revise the allocation methodology for disseminating federal and State Part C funds to local systems and develop a rate methodology template for establishing provider rates	Final fiscal study draft allocation methodology recommendations completed – December 2007 <i>(Completed)</i> Stakeholder Meetings – January and March 2008 <i>(Completed)</i> Training – May 2008 (Postponed to be held in conjunction with implementation) Implementation of allocation and rate methodologies – June 2008 (Revised to July 1, 2010) <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, EIIMT, National Consultants <u>Funding</u> : Funding for consultants already in Part C budget; additional funding needs to be determined <u>Other</u> : Stakeholder group, VICC
10. Finalize the Part C Practice Manual, which addresses requirements and evidence-based practices associated with planning for and providing supports and services in everyday activities, routines and places	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
11. Include the principles and practices of individualizing Part C supports and services in everyday activities, routines and places in the expanded training associated with the EI certification process.	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative, national consultant <u>Funding</u> : Already in Part C budget for consultant; funding to develop and implement expanded training system to be determined

Activity	Timelines	Resources
12. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010 <i>(Started; continuing into 2011-2012)</i>	<u>Personnel</u> : State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other</u> : VICC
13. After 6 months of implementation, review and revise, as needed, the new Practice Manual and forms to ensure these documents effectively support providers and families in planning and implementing individualized supports and services in everyday routines, activities and places	April, 2010 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff <u>Other</u> – Stakeholder reviewers
14. Include the principles and practices of individualizing Part C supports and services in everyday activities, routines and places in new training developed as part of the expanded CSPD.	2011	<u>Personnel</u> : State Part C staff, Integrated Training Collaborative <u>Funding</u> : ARRA funds <u>Other</u> : Stakeholder group
15. Continue to review and revise, as needed, the allocation methodology for disseminating federal and State Part C funds to local systems to ensure Part C funds are available as payor of last resort	Annually	<u>Personnel</u> – State Part C Staff, <u>Other</u> – Stakeholder Group and VICC

Overview of the State Performance Plan Development:

In addition to the procedures described for the first indicator, stakeholder involvement for this indicator occurred through the work being done to develop child and family outcomes and measures (through a General Supervision Enhancement Grant) and included representatives from the following: families; the Virginia Community Service Board Data Management Committee; the Early Intervention/Mental Retardation Advisory Board; The Council Coordinators Association; the Department of Mental Health, Mental Retardation, and Substance Abuse Services Data Policy Task Force; Department of Social Services; Department of Medical Assistance Services; Providers; Special Education; Virginia Department of Health; the Partnership for People with Disabilities; and the Virginia Interagency Coordinating Council. The Virginia Interagency Coordinating Council (VICC) was the primary stakeholder group that provided input to the State Lead Agency on the targets for FFY 2009 and FFY 2010. Following the December 9, 2009 VICC meeting at which the state targets were discussed, a draft of the SPP section for this indicator, with the proposed targets, was widely disseminated to stakeholders who had an opportunity to provide written comments.

Monitoring Priority: Early Intervention Services in Natural Environments**Indicator 3 – Percent of infants and toddlers with IFSPs who demonstrate improved:**

- a. **Positive social-emotional skills (including social relationships);**
- b. **Acquisition and use of knowledge and skills (including early language/communication); and**
- c. **Use of appropriate behaviors to meet their needs.**

Measurement:

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to

same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process:

The Virginia Part C Annual Performance Report submitted to OSEP in March 2004 acknowledged the lack of a mechanism to measure statewide the extent to which children demonstrate improved and sustained functional skills. In October, 2004 Virginia was awarded a General Supervision Enhancement Grant (GSEG) to develop Part C State outcome indicators and methods to collect and analyze Part C outcome indicator data. A management group, called the Core Team, was formed to oversee the project and make recommendations to the State Lead Agency. The Core Team, with stakeholder input from a Design Review Team, local system managers and focus groups, has established the following plans for the infrastructure associated with Virginia's child outcome measurement system:

Policies and procedures to guide outcome assessment and measurement practices:

The State Lead Agency has adopted the following Outcomes, Indicators and Measures:

- Part C Child Outcomes
 - Children have positive social relationships
 - Children have knowledge and skills
 - Children take appropriate action to meet their needs
- Part C Child Indicators
 - Percent of infants and toddlers with IFSPs who demonstrate improved social-emotional skills (including social relationships)
 - Percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication)
 - Percent of infants and toddlers with IFSPs who demonstrate improved use of appropriate behaviors to meet their needs
- Part C Measures
 - Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level

comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- o Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Virginia's Part C Policies and Procedures will be revised to incorporate the outcome measurement system requirements. An assessment in all areas is required during each child's initial Part C evaluation and assessment process using an assessment instrument or multiple assessment instruments that assess in all five developmental domains. Assessments must incorporate parent input and team member observations and informed clinical opinion, in addition to information from the assessment instrument(s). Information from ongoing assessment is used to rate each child's performance on the three functional indicators in comparison to same-aged peers at the annual IFSP (and each subsequent annual IFSP) or at exit if the child has been in the Part C system for at least six months but will be leaving prior to the annual IFSP or exits more than 6 months after the most recent annual IFSP. At the initial and subsequent assessments, a performance measurement scale is used to determine the child's functional status, based on the assessment information, compared to same-aged peers.

Revisions to process (2/1/08): The outcome measurement system is now called the Virginia System for Determination of Child Progress. Assessments for determination of child status/progress are required at entry and exit, while interim assessments are encouraged but optional. The final determination of a child's developmental status would be by consensus of the IFSP team, using the results of the assessment instruments and the judgment of the IFSP team members, including the family. An adapted version of the Child Outcome Summary Form developed by the Early Childhood Outcome Center (ECO) is used to document the child's status and progress related to each of the indicators. In Virginia, this form is called the Child Indicator Summary Form. Virginia has elected to refer to the global child outcomes identified by OSEP as "indicators" in order to distinguish them from the individualized child outcomes identified on each child's IFSP.

Virginia does not require the use of a specific assessment instrument(s) in determination of child status/progress. Local systems must record the instrument(s) used for determination of child status/progress on the IFSP or on the Child Indicator Summary Form, which are maintained in the child's record. Anecdotal data indicates that the HELP and ELAP are the most commonly used assessment instruments for determination of child status/progress in Virginia. Other instruments used include, but are not limited to, the Carolina, Battelle, and Brigance. Collection of data on instruments will be considered as enhancements to the statewide Part C data system are planned and implemented.

The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Department of Education have collaborated to ensure that Part C's exit ratings may serve as Part B entry ratings and Part B entry ratings may be used for Part C's exit ratings. Local systems are strongly encouraged to collaborate with their local Part B representatives to establish mechanisms to accomplish this sharing of data and non-duplication of assessment.

Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting and use:

Training and technical assistance was provided by national experts to administrators and service providers who participated in the pilot phase of Virginia's outcome measurement system to address quality assessment and outcome data collection, reporting and data use. In addition, the training addressed the skills necessary for IFSP teams to implement the Child Outcomes Summary Form in determining a child's developmental status based on assessment results and the judgment of IFSP team members, including the family.

Statewide training for full implementation of the outcome measurement system occurred regionally in January and February, 2007. All providers were required to participate in training on the outcome measurement system. Local system managers had the responsibility to assure that any local service providers who were unable to attend the regional trainings in January and February were trained through another mechanism. Certificates were issued to those who complete the training. The training was conducted by State Part C Staff and peer trainers (providers who participated in the pilot phase). Based on what was learned during the pilot phase, the training incorporated a strong focus on practice and role play with the skills needed to assure valid and reliable implementation of the outcome measurement system.

There was also emphasis on supporting the family's participation in the process of determining the child's functional status.

Update (2/1/08): In FFY 2006 and FFY 2007, a number of resource documents were developed to support local systems in accurate and consistent progress determination (see below for further information). These documents are available on the Infant & Toddler Connection of Virginia website, www.infantva.org, in the section for Virginia System for Determination of Child Progress.

Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data:

Child status and progress data will be available in the child's record for validation of the levels of development and verification of the process. The Child Indicator Summary Form must be available for data verification and monitoring reviews.

Data will be entered into the Part C data system at the time of the initial IFSP and at each interim assessment (optional) and/or at exit. The Part C data system, ITOTS, has been revised to incorporate new elements associated with the outcome measurement system. The data system includes built-in edits to prevent knowable errors (e.g., data, scores, missing data) and to disallow impossible combinations of progress data. ITOTS also includes prompts to remind data entry personnel to include all required information.

Update (2/1/08): A number of activities were completed in FFY 2006 to support local systems in consistent and accurate determination of child progress, including the following:

- Technical assistance was provided to pilot sites as they collected exit data for children who entered during the initial pilot period in FFY 2005.
- Data elements for collecting and reporting child progress data were developed and implemented through ITOTS.
- Regional training was provided across the Commonwealth on full implementation of the Virginia System for Determination of Child Progress. Statewide implementation of the Virginia System for Determination of Child Progress began March 1, 2007
- A number of written technical assistance documents were disseminated to local systems to support statewide implementation of the Virginia System for Determination of Child Progress, including: written instructions, Frequently Asked Questions, Questions to Guide Discussion of Functional Indicators, Explanation of Indicator Ratings, and Decision Tree with Prompts for Summary Rating Discussions.
- A keynote presentation and two break-out sessions on measuring child progress were presented by a national expert at the 2007 Virginia Early Intervention Conference.
- Ongoing technical assistance was provided through regional meetings of local system managers and with individual local systems, as needed, to support statewide implementation of the Virginia System for Determination of Child Progress.
- Early drafts of modules for online training related to the Virginia System for Determination of Child Progress were developed.
- Development began on a guidance document on typical development. The document is arranged by the child's age (by month from 1 month – 18 months, then at 3-month intervals from 18 – 36 months) and includes information about the general impression of a child at that age and expected functional skills at that age in each of the 3 areas identified by OSEP.
- A Quality Assurance System for the Virginia System for Determination of Child Progress was developed:
 - Phase One: Consistent training and resources to all providers
 - Provision of consistent training for providers across the Commonwealth – The same trainers presented at every regional training for full implementation of the System for Determination of Child Progress; the same training materials were used at all sessions; any new material developed was disseminated statewide; and the Power Point, training materials, and forms presented during the trainings were posted on the Infant & Toddler Connection of Virginia website. (Completed)

- Development and dissemination of supplementary training, technical assistance and resources materials (Ongoing)
- Development of ITOTS data entry requirements, including logic to force entry of required elements, logic to prevent entry of impossible data, and reports to use for review of data, including data verification. (Completed, with refinements in process)
- Online training modules to assure consistent training of new providers, providers new to Virginia's System for Determination of Child Progress and as a refresher for any providers. (In process)
- Phase Two: Evaluation and monitoring to assure correct implementation, including accurate, reliable assessments
 - Record reviews to follow up on questionable data submitted by pilot sites (Completed)
 - Development of a system for routine monitoring on the local level via record reviews and team meetings/participatory trainings (Targeted for 2008)
 - Incorporation of record reviews for accuracy of indicator scoring into Virginia's monitoring and supervision system (Targeted for 2008)

Update (2/1/09): In order to support accurate and consistent determination of child progress on an ongoing basis, the following activities were completed in FFY 2007:

- Ongoing technical assistance was provided through regional meetings of local system managers and with individual local systems, as needed, to support statewide implementation of the Virginia System for Determination of Child Progress
- A series of 5 online training modules were developed to assure consistent training of new providers, providers new to Virginia's System for Determination of Child Progress and as a refresher for any providers. These modules are available on the Infant & Toddler Connection of Virginia website, www.infantva.org, and include power point presentations, video segments, case studies, resource documents and links.
- A new resource manual, *Determining the Status of Infant/Toddler Development in Relation to the Three Office of Special Education Program's (OSEP) Outcomes*, was developed to assist providers. This manual includes the implementation instructions for determination of child progress; information about the role of the family; functional indicators; age-expected and immediate foundational skills; and indicator ratings. The Evaluation/Assessment Tools section of the manual includes guiding questions, decision trees and sample scripts. General information about typical development, as well as examples of typical development organized by indicators for each age or age range, is included also.

Update (2/1/10): The state Part C technical assistance consultants continued to provide technical assistance through regional meetings of local system managers and with individual local systems, as needed. The focus of technical assistance was on using ITOTS data to examine data accuracy and data quality at the local level and on developing and implementing strategies to improve data accuracy and quality when needed.

Data system elements for outcome data input and maintenance, and outcome data analysis functions:

The new data system elements require reporting of the developmental scale score for use in determination and reporting of progress. The supporting data, including assessment tools, results, summary of assessment form, and other supporting data will be available in each child's record. The scale scores at entry and exit will be converted to a progress statement electronically.

It is important for this data to not only provide information on early intervention impact but also guide service delivery, local improvement, and state systems improvement. Therefore, data analysis must occur at all levels. After electronic conversion of raw score data to progress data, the data will be aggregated and available for use. The IFSP team will be able to chart the child's progress on an individual basis. The local providers will be able to determine program impact and the State will be able to meet the federal reporting requirements and use the data for General Supervision and program improvement. Aggregated impact information will be available to the state legislature and the administration.

Update (2/1/08): In FFY 2006 all data system elements related to Virginia's System for Determination of Child Progress were fully implemented in ITOTS, and reports were developed to allow ongoing monitoring of data at both the State and local levels.

Baseline Data for FFY 2008 (2008-2009):

The tables below show the progress and summary statement data for all children who exited between July 1, 2008 and June 30, 2009, who had both entry and exit data and had participated in Virginia's Part C early

intervention system for at least 6 months. Virginia used the Child Outcomes Summary Form to set the criteria for “same-aged peers.” Children scoring on the scale at 6 or 7 were considered “comparable to same-aged peers” and those scoring 5 or below were considered “level below same-aged peers”.

Progress Data for Infants and Toddlers Exiting 2008-2009

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	24	1.0%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	312	12.6%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	396	16.0%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	660	26.7%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	1077	43.6%
Total	N= 2469	100%

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	21	0.9%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	326	13.2%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	603	24.4%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	913	37.0%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	606	24.5%
Total	N= 2469	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	20	0.8%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	324	13.1%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	625	25.3%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	1072	43.4%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	428	17.3%
Total	N= 2469	100%

Baseline Data for Infants and Toddlers Exiting 2008-2009

Summary Statements	% of children
Outcome A: Positive social-emotional skills (including social relationships)	
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	75.9%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	70.4%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	81.4%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	61.5%
Outcome C: Use of appropriate behaviors to meet their needs	
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	83.1%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	60.8%

Revised Baseline Data FFY 2009: The FFY 2009 data is believed to better reflect child progress in Virginia than the FFY 2008 data because:

- The number of children with progress data increased by 20% (almost 500 children) from FFY 2008 to FFY 2009. With a larger group of children included, there is likely to be increased diversity in the level of developmental delay and severity of disabling conditions represented in the data; and
- The data reported for FFY 2008 represented children who were in the system for no more than 27 months (though there may have been a few children who exited in FFY 2008 who entered during the pilot phase of implementation and were in the system a few months longer). It is possible that children with more significant delays and/or disabilities, who may be more likely to enter at a very early age and remain in the system for close to three years, were still in the Part C system and not yet represented in the baseline (FFY 2008) data.

Therefore, Virginia is revising its baseline data to reflect the following FFY 2009 child indicator results:

Baseline Data for Infants and Toddlers Exiting 2009-2010

Summary Statements	% of children
Outcome A: Positive social-emotional skills (including social relationships)	
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	72.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	68.7%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	77.5%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	59.9%
Outcome C: Use of appropriate behaviors to meet their needs	

1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	80.4%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	58.9%

Discussion of Baseline Data:

The baseline data includes all children who exited the Part C system between July 1, 2008 and June 30, 2009, who had both entry and exit data and had participated in Virginia’s Part C early intervention system for at least 6 months. Since Virginia’s System for Determination of Child Progress was implemented statewide on March 1, 2007, the progress data reported above represents children who were in the system for no more than 27 months (though there may be a few children who exited in FFY 2008 who entered during the pilot phase of implementation and were in the system a few months longer). Each child included in the baseline data received an assessment at both entry and exit from the Part C system using an assessment instrument or multiple assessment instruments that assess in all five developmental domains. Virginia does not require the use of a specific assessment instrument(s) in determination of child status/progress. Local systems must record the instrument(s) used for determination of child status/progress on the IFSP or on the Child Indicator Summary Form, which are maintained in the child’s record. Data indicates that the HELP and ELAP are by far the most commonly used assessment instruments for determination of child status/progress in Virginia. Other instruments used include, but are not limited to, the Carolina, Battelle, and Brigance. Assessments must incorporate parent input and team member observations and informed clinical opinion, in addition to information from the assessment instrument(s). The final determination of a child’s developmental status is by consensus of the IFSP team, including the family. At entry and exit, an adapted version of the Child Outcome Summary Form developed by the Early Childhood Outcomes Center (ECO) is used to document the child’s status and progress related to each of the indicators. In Virginia, this form is called the Child Indicator Summary Form.

Virginia has invested significant resources in training, technical assistance and written documents to support valid and reliable determination of child status and progress. In addition, State Lead Agency staff members are using record reviews to follow-up with local systems on any questionable data entered and supporting local system managers in learning to identify and follow-up on questionable data independently and on an ongoing basis. Prior to using the baseline data to establish state targets for FFY 2009 and FFY 2010, State Lead Agency staff and a subcommittee of the Virginia Interagency Coordinating Council (VICC) analyzed the baseline data across all 39 local systems to determine whether there appeared to be any data quality issues significantly impacting the state’s baseline data. A national consultant from the ECO Center assisted the State Lead Agency in developing and implementing a process for this examination of data quality. Using bar graphs with data from all 39 local systems, various aspects of each of the three indicators were examined. While there were some outliers among the local systems, outliers at the high end consistently balanced those at the low end across all three child indicators. There appeared to be no instances in which the outliers inflated or deflated the baseline data. In some cases, it was possible that the local system was an outlier because they serve a population that is different from that of other local systems. In other situations, the presence of outliers suggested the need for follow-up to determine whether the difference in results was due to data quality or service delivery issues. Because there were outliers when the data for the progress and summary statements were analyzed across local systems, improvement activities will focus first on a closer examination of data quality. Part C staff tracked the local systems that appeared most frequently as outliers across various aspects of the three child indicators, and this data will be used to target some of the improvement activities.

Measurable and Rigorous Targets:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A

2007 (2007-2008)	N/A
2008 (2008-2009)	N/A

Targets for FFY 2009 (2009-2010) and FFY 2010 (2010-2011)

Summary Statements	Targets for FFY 2009	Targets for FFY 2010*	Targets for FFY 2011	Targets for FFY 2012
Outcome A: Positive social-emotional skills (including social relationships)				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	75.9%	72.6%	73.1%	73.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	70.4%	68.7%	69.2%	69.7%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)				
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	81.4%	77.5%	78.0%	78.5%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	61.5%	59.9%	60.4%	60.9%
Outcome C: Use of appropriate behaviors to meet their needs				
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	83.1%	80.4%	80.9%	81.4%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	60.8%	58.9%	59.4%	59.9%

* The targets for FFY 2010 were revised based on more accurate baseline data established in FFY 2009. Since there is still no true trend data available on which to base targets and since efforts to ensure consistent quality of data within and across local systems are still in the early stages, a conservative approach to target setting remains appropriate. Therefore, Virginia is proposing to take the same approach used to set the original targets and have the targets for FFY 2010 reflect maintenance of the results achieved in FFY 2009. Targets in FFY 2011 and FFY 2012 reflect small improvements as activities designed to improve accuracy shift to activities designed to improve supports, services and outcomes for children.

In analyzing the baseline data for the purpose of setting targets, the VICC and the State Lead Agency considered the following factors:

- When looking at the baseline data across all 39 local systems in Virginia, the local systems were evenly distributed, with outliers at the high end and low end balancing each out. There appeared to be no skew in the baseline data that would require compensation when setting the state targets.
- The baseline data reflects children in the Part C system for 27 months or less. It is possible that children with more significant delays and/or disabilities, who may be more likely to enter at a very early age and remain in the system for close to three years, are still in the Part C system and not yet represented in the baseline data.
- Because there were outliers among local systems with respect to each of the three child indicators, it will be necessary to focus improvement activities first around data quality issues to ensure the progress data and summary statement data truly represent only differences in service quality. By the time those improvement activities are implemented and the focus shifts to improvements in service delivery, it is expected to be at least FFY 2010 before small impacts are realized.

- There is no trend data available on which to base targets. Progress data from previous years represents smaller groups of children and children who were in the Part C system for shorter periods of time and, therefore, is not comparable to the baseline data.

These factors all speak strongly to the need for a conservative approach to target setting. The VICC and State Lead Agency will revisit the FFY 2010 target at the end of FFY 2009 to determine whether the data from FFY 2009 suggests the need for revision to that target.

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Provide technical assistance, as needed, to pilot sites as they begin collecting exit data for children who entered during the initial pilot period	December 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C and IT staff, GSEG staff
2. Conduct statewide training on full implementation of the child outcome measurement system	January – February 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, GSEG staff, peer trainers <u>Funding:</u> Through General Supervision Enhancement Grant
3. Finalize data system elements for collection and reporting of child outcome data	March 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C and IT staff, GSEG staff
4. Provide ongoing technical assistance as statewide implementation of the outcome measurement system begins to ensure consistent and accurate determination of child status and progress and to support local use and interpretation of progress data for local improvement planning	Ongoing	<u>Personnel:</u> State Part C Staff
5. Finalize and disseminate guidance document to local systems and providers on typical development to ensure consistent and accurate determination of child status and progress	March 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, GSEG staff, local system manager <u>Funding:</u> Through General Supervision Enhancement Grant
6. Finalize and implement online training modules to assure consistent training of new providers, providers new to determination of child progress, and existing providers wanting a refresher	March 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, staff at the Virginia Commonwealth Partnership for People with Disabilities, local system <u>Funding:</u> Through General Supervision Enhancement Grant
7. Purchase assessment materials to support accurate, reliable	March 2008 <i>(Not completed because funds ran</i>	<u>Personnel:</u> State Part C staff <u>Funding:</u> Through General

Activity	Timelines	Resources
assessment of child status and progress	out)	Supervision Enhancement Grant
8. Incorporate routine State and local monitoring for accuracy of indicator scoring into Virginia’s monitoring and supervision system	<p>October 2009</p> <p><i>(This process has begun in an informal way but has not yet become a formal part of the monitoring and supervision system).</i></p> <p>Formalize by July 2010 (Revised to January 2012)</p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in the Part C budget</p>
9. Identify and address additional technical assistance needs based on monitoring for accuracy and reliability of indicator scoring.	<p>December 2009</p> <p><i>(Began in October 2009, based on analysis of baseline data, expected to continue into 2010)</i></p> <p>(Ongoing)</p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in the Part C budget</p>
10. Consider using local baseline data on the child indicators to prioritize local systems for Quality Management Review.	<p>February 2010</p> <p><i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff, Department of Medical Assistance Services staff</p>
11. Share data on child outcomes with the VICC on a quarterly basis to facilitate ongoing identification of necessary improvement strategies	<p>Beginning March 2010</p> <p><i>(Revised to 2012)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Other</u>: VICC</p>
<p>12. Follow-up with local systems that were consistent outliers on the baseline data plus a sample of local systems that were in the middle of the distribution across the indicators to identify any issues with data quality.</p> <ul style="list-style-type: none"> Explore the option of hiring a consultant to complete this work through on-site observation and data collection 	<p>April 2010</p> <p><i>(Revised to June 2011)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in Part C budget</p>
13. Based on the information gathered through activity 12, develop and implement strategies to use with specific local systems and/or statewide, as needed to improve data quality	<p>September 2010</p> <p><i>(Activity changed to #16)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in Part C budget</p>
14. Based on the information gathered through activity 12, target technical assistance to local systems where baseline data indicates the need for improvement in the quality of supports and services	<p>September 2010</p> <p><i>(Revised to begin July 2011 and then be ongoing)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in Part C budget</p>

Activity	Timelines	Resources
<p>15. Determine the need for and make ITOTS improvements to ensure accurate and consistent data, develop additional reports related to determination of child progress to support State and local use of data for ongoing monitoring and system improvement planning, and add summary statement calculator within ITOTS.</p>	<p>2009</p> <p>2010 for additional reports <i>(Revised – September 2011 for additional reports and addition of summary statement calculator)</i></p>	<p><u>Personnel</u>: State Part C staff, ITOTS stakeholder group</p> <p><u>Funding</u>: ARRA funds</p>
<p>16. Identify and address additional technical assistance needs based on monitoring for accuracy and reliability of indicator scoring</p>	<p>Ongoing</p>	<p><u>Personnel</u>: State Part C staff</p>
<p>17. Remind local system managers and providers of existing resources to support consistent and accurate determination of child progress (online training modules, written materials available through website) and how these resources can be used in the local system</p>	<p>January – March 2011</p>	<p><u>Personnel</u>: State Part C Staff</p>
<p>18. Provide written tools for local use in reviewing the accuracy and reliability of local child progress ratings and support local system managers in piloting these tools with a sample of records and observations</p>	<p>February - March 2011</p>	<p><u>Personnel</u>: State Part C Staff</p>
<p>19. As part of the expanded CSPD, develop and share (through an online landing pad, webinar and/or training module) resources related to functional developmental assessment</p>	<p>June 2011</p>	<p><u>Personnel</u>: State Part C staff, Integrated Training Collaborative staff</p> <p><u>Funding</u>: ARRA funds</p>

Overview of the State Performance Plan Development:

In addition to the procedures described for the first indicator, stakeholder involvement for this indicator occurred through the work being done to develop child and family outcomes and measures (through the GSEG grant) and included representatives from the following: families; the Virginia Community Service Board Data Management Committee; the Early Intervention/Mental Retardation Advisory Board; The Council Coordinators Association; the Department of Mental Health, Mental Retardation, and Substance Abuse Services Data Policy Task Force; Department of Social Services; Department of Medical Assistance Services; Providers; Special Education; Virginia Department of Health; the Partnership for People with Disabilities; and the Virginia Interagency Coordinating Council.

Monitoring Priority: Early Intervention Services in Natural Environments**Indicator 4 – Percent of families participating in Part C who report that early intervention services have helped the family:**

- a. Know their rights;
- b. Effectively communicate their children's needs; and
- c. Help their children develop and learn.

Measurement:

- a. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100
- b. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100
- c. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100

Overview of Issue/Description of System or Process:

Virginia has used family surveys to measure family satisfaction and gather family input about their early intervention experience since 1996. The current 2-part Family Survey was introduced in 2000. Family Survey I is disseminated to all families following IFSP development, and Family Survey II goes to all families following transition out of the Part C system. While family survey data are available and survey respondents indicate a high level of satisfaction and improved self-confidence in meeting their children's needs, there are no outcome indicators.

In October, 2004 Virginia was awarded a General Supervision Enhancement Grant (GSEG) to develop Part C State outcome indicators and methods to collect and analyze Part C family outcome indicator data. The GSEG included resources for a professionally administered parent survey that was conducted at the State level in 2006 and resulted in a sample representative of Virginia's population. This initial implementation is considered a pilot phase of the project. Following this pilot, a decision will be made about whether to continue with a sampling process administered at the State level by a professional service, survey parents at the local level, or implement some other option.

Policies and procedures to guide outcome assessment and measurement practices:

Virginia's Part C Policies and Procedures will be revised based on decisions made following the pilot phase of the project. Policies and procedures will address administration procedures, use of a required instrument, reporting of data, and sampling.

Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting and use:

Training and technical assistance will be planned based on decisions made following the pilot phase of the project.

Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data:

Virginia’s monitoring and supervision system is currently being revised in response to findings from OSEP’s April 2005 verification visit and reporting requirements associated with the State Performance Plan and Annual Performance Reports. These revisions are being coordinated with the outcomes system development needs, and the revamped monitoring and supervision system will incorporate requirements associated with accurate collection, reporting and use of outcomes data. The State data system is also being reviewed and revised and will incorporate new elements associated with the outcomes measurement system, as needed. The data system will include built-in edits to prevent knowable errors (e.g., data, scores, missing data)

Data system elements for outcome data input and maintenance, and outcome data analysis functions:

The required data system elements will be identified based on decisions made following the pilot phase of the project.

Baseline Data for FFY 2005 (2005-2006):

% of Respondents Meeting or Exceeding the Standard		
	Percentage	95% Confidence Interval
Indicator 4-a (Know about their family’s rights)	65.8%	63.2% - 68.3%
Indicator 4-b (Effectively communicate their children’s needs)	61.9%	59.3% - 64.5%
Indicator 4-c (Help their children learn and develop)	77.6%	75.3% - 79.7%

Who was included in the measurement?

The survey contractor mailed the one-page, two-sided survey form with self-addressed stamped return envelope to all families who were receiving early intervention supports and services statewide in August 2006 (a total of 5,086 families). After approximately 2-1/2 weeks, a second mailing was sent to families who had not yet responded. About two weeks after the second mailing, the contractor began attempting to conduct phone surveys with those families who still had not responded. Surveys were returned by 2135 individuals. Of these individuals, seven were deleted due to missing or redundant identification numbers. An additional 64 had no reported value for race/ethnicity and were also removed from the data set. Using the remaining 2064 surveys, a random sample was drawn to yield a final sample with a distribution of race/ethnicity that was representative of that observed in the population of families served under Part C in

Virginia. The final sample consisted of 1355 surveys. The distribution of race/ethnicity in the sample of 1355 is shown below.

Table 2-1 Distribution of Race/Ethnicity in the Sample		
Race/Ethnicity	N	Percentage¹
White	820	60.5%
Black or African-American	266	19.6%
Hispanic or Latino	128	9.4%
Asian or Pacific Islander	57	4.2%
American Indian or Alaskan Native	1	0.1%
Other (Multi-racial)	83	6.1%
Total	1355	100%

What assessment/measurement tools were used?

The GSEG Core Group reviewed all available resources, including the NCSEAM parent surveys, the Early Childhood Outcome (ECO) Center parent survey and Virginia’s existing family surveys (Family Survey I and II). Based on that review, the State Lead Agency adopted the survey instrument developed by the National Center for Special Education Accountability Monitoring (NCSEAM) with a few adaptations using approved survey questions from the bank of items available through NCSEAM. NCSEAM conducted studies to ensure the validity and reliability of the survey and bank of items. The Virginia version of the survey included 25 questions on the family-centered service scale and 22 on the impact on family scale (the portion used to address the SPP indicators). For the pilot phase, the survey was available in English and Spanish. A Spanish-speaking interviewer was available for conducting phone surveys with those who did not respond to the mailed survey.

Who conducted the surveys?

In the pilot phase, the survey was conducted by a professional contractor at the State level. A final decision regarding who will conduct the survey on an ongoing basis will be made following the pilot phase of the project.

When did measurement occur?

The first mailing of the family survey occurred in late October 2006 and the phone survey follow-up calls will be completed by mid-January 2007. The timing for future measurement will be determined following the pilot phase of the project.

Who reported data to whom, in what form, and how often?

For the pilot phase, local systems provided the names, addresses and phone numbers of families receiving early intervention supports and services in August 2006 to the contractor. All other data collection occurred through the contractor. The process for data reporting in future implementation of the family survey will be determined following the pilot phase of the project.

How were data analyzed?

The data gathered during the pilot phase were analyzed by Dr. Randall Penfield of the University of Miami according to specifications identified by NCSEAM. The standards adopted by the state of Virginia

¹ Percentages have been rounded and may not sum to exactly 100%.

correspond to the recommended standards of the national stakeholder group that NCSEAM convened to provide guidance on defining what level of endorsement (positive response by families) on the NCSEAM items should be required in order for the state and the public to have confidence that the indicator is being achieved.

How this will be implemented in the future will be determined following the pilot phase of the project.

Discussion of Baseline Data:

The baseline data provided are the preliminary results based on a representative sample of respondents. The response rate was almost 40% at the time the report of preliminary results was written. The State Lead Agency and the contractor conducting the survey took several steps to encourage a high response rate:

- Local systems and service providers spoke with families before the survey was mailed and provided an information flyer about the survey.
- A second mailing and then phone contacts, if necessary, occurred when families did not respond to the first mailing.
- Families who participated in the survey were entered into a drawing for one of three \$100 gift cards of their choice.

Previous family surveys used in Virginia’s Part C system looked at family satisfaction rather than family outcomes, and these surveys were not empirically studied to ensure reliability and validity. The standards adopted by Virginia for the new survey are very high and require that families not only agree with the statement on the survey but agree strongly or very strongly in order for the State and public to have confidence that the outcome is truly being achieved.

The contractor continues to conduct phone follow-up with non-respondents and a second and more complete analysis is targeted for completion by March 2007. This report will include analysis of data from the full sample of respondents on both the impact on family scale and the family-centered services scale of the survey. Since this more complete report will provide valuable additional data and further interpretation of results, stakeholders will review the final report to determine whether there is a need for revision to the targets and/or improvement activities listed below. An amended SPP then will be submitted to OSEP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Targets will be set once baseline data are available.
2006 (2006-2007)	<p>65.8% of families report that early intervention services helped the family know their rights</p> <p>61.9% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>77.6% of families report that early intervention services helped the family help their children learn and develop</p>
2007 (2007-2008)	66.2% of families report that early intervention services helped the family know their rights

	<p>62.2% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>78.0% of families report that early intervention services helped the family help their children learn and develop</p>
<p>2008 (2008-2009)</p>	<p>66.9% of families report that early intervention services helped the family know their rights</p> <p>62.7 % of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>78.6% of families report that early intervention services helped the family help their children learn and develop</p>
<p>2009 (2009-2010)</p>	<p>67.7% of families report that early intervention services helped the family know their rights</p> <p>63.5% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>79.5% of families report that early intervention services helped the family help their children learn and develop</p>
<p>2010 (2010-2011)</p>	<p>70.5% of families report that early intervention services helped the family know their rights</p> <p>67.8% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>80.6% of families report that early intervention services helped the family help their children learn and develop</p>
<p>2011 (2011-2012)</p>	<p>71.5% of families report that early intervention services helped the family know their rights</p> <p>68.8% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>81.3% of families report that early intervention services helped the family help their children learn and develop</p>
<p>2012 (2012-2013)</p>	<p>72.5% of families report that early intervention services helped the family know their rights</p> <p>69.8% of families report that early intervention services helped the family effectively communicate their children’s needs</p> <p>82.0% of families report that early intervention services helped the family help their</p>

	children learn and develop
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The targets were set to ensure a statistically significant improvement over the length of the State Performance Plan.

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Review final data analysis report in order to: <ul style="list-style-type: none"> a. Determine whether there is a need to revise targets; b. Identify additional improvement activities; and c. Determine what data is available on each of the local systems 	April 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, contractors, GSEG staff <u>Funding:</u> Through General Supervision Enhancement Grant <u>Other:</u> Input from VICC, local system managers, other stakeholders
2. Determine how the family survey will be implemented on an ongoing basis, including: <ul style="list-style-type: none"> a. Who will be surveyed; b. Who will conduct the survey; c. When and how often the survey will be conducted; and d. How and by whom the data will be analyzed 	March 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff <u>Funding:</u> To be determined
3. Translate the flyer announcing the survey into Spanish	May 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, contractor for translation <u>Funding:</u> To be determined
4. Determine whether funding is available to translate the survey, cover letter and flyer into more languages than English and Spanish	May 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, contractor for translation <u>Funding:</u> To be determined
5. Provide technical assistance to local systems in implementing corrective action plans/service enhancement plans to improve performance related to family outcomes	Ongoing	<u>Personnel:</u> State Part C staff
6. Finalize the Part C Practice Manual, which addresses specific requirements associated with family-centered practices	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff <u>Funding</u> – None

Activity	Timelines	Resources
and family rights and safeguards		<u>Other</u> – Stakeholder reviewers
7. Incorporate information and resources on evidence-based and family-centered practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process.	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
8. Implement Virginia’s Part C Service Pathway statewide to ensure a consistent framework for ensuring families truly understand their rights and responsibilities at each step in the screening, eligibility determination, assessment for service planning and IFSP development process	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway
9. Hold discussions with the Family Involvement Project and the Virginia Interagency Coordinating Council to: <ul style="list-style-type: none"> ▪ Discuss what it means to engage in family-centered practice; ▪ Compare to any comments received on the more recent statewide family survey; and ▪ Determine if there is a need for additional statewide improvement activities related to family outcomes 	June 2010 <i>(Revised to March 2011)</i>	<u>Personnel</u> – State Part C staff; Family Involvement Project staff <u>Other</u> – VICC
10. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning January 2011	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)
11. Use the data analysis completed by local systems in developing Service Enhancement Plans to identify trends and determine additional state-level improvement activities	Annually, beginning March 2011	<u>Personnel</u> : State Part C staff

Activity	Timelines	Resources
12. Include a section of resources for families on Virginia’s new Early Intervention Professional Development Web Portal	March 2011	<p><u>Personnel:</u> State Part C staff; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding:</u> ARRA funds</p>
13. Explore development or modification/use of existing DVDs and/or web modules for families about early intervention	October 2011	<p><u>Personnel:</u> State Part C staff; Family Involvement Project; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding:</u> ARRA funds</p>
14. Expand statewide training and technical assistance for providers about resources for families and explaining procedural safeguards	December 2011	<p><u>Personnel:</u> State Part C staff; Family Involvement Project; Integrated Training Collaborative; Partnership for People with Disabilities</p> <p><u>Funding:</u> ARRA funds</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / Child Find

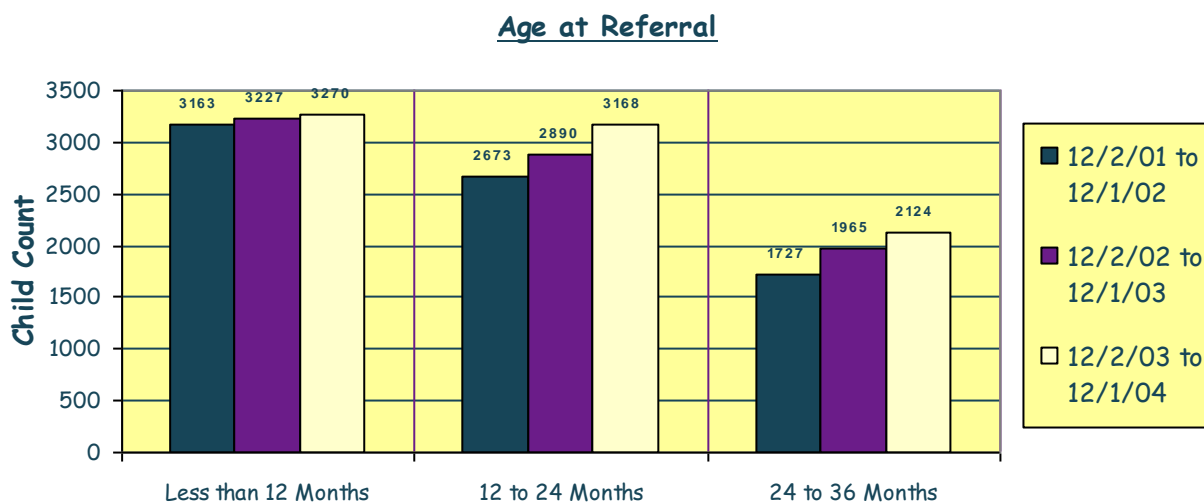
Indicator 5 – Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

Measurement:

Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The number of children referred to Virginia’s Part C system when they are under 1 year of age and the percentage of Virginia’s birth – 1 population served in Part C (using both the December 1 child count and annualized child count data) have remained mostly steady since 2000. An increased number of referrals of children 1 – 3 years of age has accounted for almost all of the increase in the number of children served in Virginia’s Part C system since at least 2001, as indicated in the following table:



Virginia is implementing a variety of child find initiatives, and these are described in the next indicator. Activities related to child find initiatives occur at both the State and local levels, and a statewide public awareness campaign for Part C is in place. Efforts that are particularly important in increasing the percentage of eligible infants, birth – 1, who are identified and served include the following:

- The State Lead Agency has worked with the Department of Health in the implementation of the Universal Newborn Hearing Screening Program. Training for the Universal Newborn Hearing Screening Program includes information about referral to Part C. An interagency work group has been established at the State level to increase the referral rate of children who are diagnosed with hearing loss as a result of the newborn hearing screening.
- The website created to provide physicians and nurses with general information about Virginia’s Part C system, as well as referral procedure information, continues to be available and updated as needed.
- In 2004, approximately 110,000 copies of Virginia’s Part C developmental checklist brochure (100,000 in English and 10,000 in Spanish) were included in New Parent Kits, which were distributed through local departments of social services and other local public agencies as part of a Governor’s Initiative project.

- The State Lead Agency is in the process of validating, at the local system level, the projected numbers of eligible children reported in the Virginia Cost Study (completed in 2004). Data regarding the birth to one population served in each local system as compared to local demographics are being analyzed.
- In 2005 Virginia began implementation of expanded newborn screening for chronic conditions. The number of blood tests done on newborns has been increased from 11 to 29 and will facilitate earlier diagnosis of many chronic conditions. The legislation that established the expanded newborn screening program identified Care Connection as responsible for ongoing coordination of services once a child is identified and a diagnosis has been confirmed. The State Lead Agency is working in partnership with Care Connection to ensure referrals are made to the Part C system, as appropriate.

Baseline Data for FFY 2004 (2004-2005):

Percent of infants birth – 1 with IFSPs compared to:	2001	2002	2003	2004
Virginia birth – 1 population	.59%	.97%	.59%	.58%
Same percent for other States with broad eligibility	1.0% Virginia ranked 22 nd out of 28 states in this category	1.1% Virginia ranked 3 rd out of the 28 states in this category	1.0% Virginia ranks 25 th out of 28 states in this category	.97% Virginia ranks 21st out of 24 states in this category
National data	.90%	.95%	.91%	.92%

The data in this table is taken from Part C – State Rank tables from OSEP and reflects Section 618 data from December 1 of the stated year.

Discussion of Baseline Data:

Virginia’s baseline data for FFY 2004 is as follows:

- On December 1, 2004, .58% of the birth-1 population in Virginia was receiving Part C early intervention services.
- As a group, states with broad eligibility definitions similar to Virginia’s were serving .97% of the birth – 1 population.
- National baseline data for December 1, 2004 indicated .92% of the birth – 1 population was receiving Part C services nationally.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.62% of Virginia’s birth – one population is receiving Part C services
2006 (2006-2007)	.65% of Virginia’s birth – one population is receiving Part C services
2007 (2007-2008)	.70% of Virginia’s birth – one population is receiving Part C services
2008 (2008-2009)	.77% of Virginia’s birth – one population is receiving Part C services
2009 (2009-2010)	.87% of Virginia’s birth – one population is receiving Part C services

2010 (2010-2011)	1.0% of Virginia's birth – one population is receiving Part C services
2011 (2011-2012)	1.0%* of Virginia's birth – one population is receiving Part C services
2012 (2012-2013)	1.0%* of Virginia's birth – one population is receiving Part C services

*Recognizing that the FFY 2010 target is very aggressive given the Commonwealth's current status on this indicator, the target will remain the same for FFY 2011 and FFY 2012. At whatever point the target is reached, the targets for the subsequent year(s) will be raised in order to require continued improvement.

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. During the process of validating projected numbers of eligible children at the local system level (see activity 1 for the next indicator), analyze data regarding the birth to one population served in each local system as compared to local demographics.	March 2006 – <i>(Completed)</i>	<u>Personnel:</u> State Part C staff
2. Participate in the activities of the Legislative Subcommittee studying follow-up with children who are born prematurely	Ongoing	<u>Personnel:</u> State Part C Staff
3. Continue existing and begin new dialogues, as appropriate, in order to understand the referral process from regional children's hospitals	Ongoing	<u>Personnel:</u> State Part C staff
4. Continue to collaborate with the Virginia Department of Health and Department of Education on development and statewide implementation of the VISITS data base that automatically refers to Part C all children who are reported with hearing loss or congenital anomalies	Implementation date uncertain Status report due to Joint Commission on Health Care – 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, Department of Health Staff, Department of Education staff <u>Funding:</u> Through Department of Health
5. Work with the Department of Health to determine the feasibility of the Department of Health studying outcome data	Status report due to the Joint Commission on Health Care – 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, Department of Health staff

Activity	Timelines	Resources
on low birth weight and preterm infants who receive Part C services		
6. Notify local systems of the minimum number of children they should be identifying to meet the state target	February 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff
7. Based on 12/1/08 child count, determine the need to contact states with broad eligibility definitions that are serving a high percentage of the birth – 1 population to determine effective practices in public awareness, child find, how premature birth is included in the State’s eligibility definition, evaluation, etc.	February 2009 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff
8. Explore the possibility of developing interagency agreements between the DMHMRSAS and regional children’s hospitals to ensure timely referral of children to Part C early intervention	February 2009 (Revised to July, 2010) <i>(Activity deleted; will be reconsidered after implementation of activities #16 and #18)</i>	<u>Personnel:</u> State Part C Staff
9. Add data elements and reports to ITOTS to allow for reporting on selected developmental outcomes up to age 2 for children with prematurity as a risk factor or documented low birth weight or very low birth weight.	Data elements – July 2009 <i>(Completed)</i> Reporting capabilities – 2010 (Revised to 2011)	<u>Personnel:</u> State Part C Staff, Virginia Department of Health staff <u>Funding:</u> In the State Part C budget for ITOTS enhancements <u>Other:</u> VICC, ITOTS Stakeholder group
10. Continue to collaborate with Department of Health to develop the unique child identifier and linkage capacity necessary for the Department of Health’s VISITS data base to automatically refer to ITOTS all children who are reported with hearing loss or congenital anomalies.	2010 (Revised to 2011)	<u>Personnel:</u> State Part C staff, Department of Health staff, Department of Education staff <u>Funding:</u> Through Department of Health
11. Contact states with broad eligibility definitions that are serving a high percentage of the birth – 1 population to determine effective practices in public awareness, child find, how premature birth is included in the State’s eligibility definition,	April 2010 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff

Activity	Timelines	Resources
evaluation, etc.		
12. Partner with the Virginia Children with Special Health Care Needs Program (CSHCN) and the Virginia Early Hearing Detection and Intervention Program (VEHDI) to implement enhancements in the communication and business practices of both VEHDI and EI in order to increase the percentage of infants with permanent hearing loss who are enrolled in early intervention by six months of age	May 2010 (Completed)	<u>Personnel:</u> State Part C Staff; CSHCN staff; VEHDI staff
13. Study the potential impact (on children and on the system) of eliminating the current policy of age adjustment for children born prematurely	July 2010 (Completed)	<u>Personnel:</u> State Part C staff <u>Other:</u> VICC, State Child Find and Public Awareness Work Group
14. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning October 2010	<u>Personnel:</u> State Part C Staff <u>Other:</u> Technical assistance to state staff from Data Accountability Center (DAC)
15. Determine whether Virginia's definition of eligibility for Part C services should be revised to include some groups of children born prematurely (e.g., born before 32 weeks or with certain complications associated with prematurity) in the list of diagnosed conditions with a high probability of resulting in developmental delay	June 2011	<u>Personnel:</u> State Part C Staff <u>Other:</u> EI Prematurity Work Group, VICC
16. Identify strategies to strengthen the link between NICUs and local systems in order to increase referrals of premature infants to Part C	June 2011	<u>Personnel:</u> State Part C Staff <u>Other:</u> EI Prematurity Work Group, VICC
17. Develop 2 web-based training modules related to supports and services for infants with hearing impairment, one geared to physicians and the other for early intervention providers	June 2011	<u>Personnel:</u> State Part C Staff, Virginia Department of Health <u>Other:</u> VEHDI, Partnership for People with Disabilities <u>Funding:</u> Virginia Department of Health
18. Develop educational materials for physicians, families and early intervention providers related to	September 2011	<u>Personnel:</u> State Part C Staff

SPP Template – Part C (3)

Virginia – amended February 2011

State

Activity	Timelines	Resources
<p>timing of referrals to Part C, identification of atypical development in premature infants, and appropriate supports and services for this population</p>		<p><u>Other:</u> EI Prematurity Work Group, VICC</p> <p><u>Funding:</u> ARRA funds</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / Child Find**Indicator 6 – Percent of infants and toddlers birth to 3 with IFSPs compared to national data.****Measurement:**

Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

In 2002, Virginia launched a statewide public awareness campaign that continues to be implemented. The campaign includes radio spots, media kits, posters and collateral materials, media lists, and packets of materials with tactics for reaching traditionally underserved populations. Some of the public awareness campaign activities are implemented at the State level, but most are done at the local level using State-provided materials (which are available in English, Spanish and Farsi). New State efforts related to public awareness in 2004 included use of billboards along major state highways; multiple press releases; articles in newsletters such as the *Child Abuse and Prevention Newsletter* and *Virginia Pediatrics* (the newsletter of the Virginia chapter of the American Academy of Pediatrics); and displays at conferences and health fairs.

The percentage of the birth- 3 population being served in Virginia's Part C system (and two year olds served through Part B) has increased from .8% in 1995 to 1.75% in 2003. Despite Virginia's efforts to identify all eligible children and overall increases in the percentage of eligible children being served, the percentage of eligible children identified and referred in Virginia has not yet reached a level comparable to national demographic data as of 2004. The following data analysis efforts are underway in order to effectively increase the percentage of children served:

- The projected numbers of eligible children reported in the Virginia Cost Study (2004) are being validated at the local system level.
- ITOTS data indicates that there are a large number of infants and toddlers referred each year that never enter early intervention services (approximately 25% in each of the last 3 years). Reasons for the child not entering services are being analyzed so that child find and public awareness strategies and intake procedures can be adjusted in order to lower the number of children who are referred but do not enter services.

Baseline Data for FFY 2004 (2004-2005):

Percent of infants birth – 3 with IFSPs compared to:	2001	2002	2003	2004
Virginia birth – 3 population	2.07%	1.73%	1.75%	1.79%
Same percent for other States with broad eligibility	2.21% Virginia ranked 18 th out of 28 states in this category	2.23% Virginia ranked 19 th out of the 28 states in this category	2.32% Virginia ranks 23 rd out of 28 states in this category	2.11% Virginia ranks 19th out of 24 states in this category
National data	2.10%	2.16%	2.18%	2.24%

The data in this table is taken from Part C – State Rank tables from OSEP and reflects Section 618 data from December 1 of the stated year.

Discussion of Baseline Data:

Virginia's baseline data for FFY 2004 is as follows:

- On December 1, 2004, 1.79% of the birth-3 population in Virginia was receiving Part C early intervention services.
- As a group, states with broad eligibility definitions similar to Virginia's were serving 2.11% of the birth – 3 population.
- National baseline data for December 1, 2004 indicated 2.24% of the birth – 3 population was receiving Part C services nationally.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.9% of Virginia's birth – three population are served in the Part C system
2006 (2006-2007)	2.05% of Virginia's birth – three population are served in the Part C system
2007 (2007-2008)	2.2% of Virginia's birth – three population are served in the Part C system
2008 (2008-2009)	2.1% of Virginia's birth – three population are served in the Part C system
2009 (2009-2010)	2.3% of Virginia's birth – three population are served in the Part C system
2010 (2010-2011)	2.6% of Virginia's birth – three population are served in the Part C system
2011 (2011-2012)	2.6%* of Virginia's birth – three population are served in the Part C system

2012 (2012-2013)	2.6%* of Virginia's birth – three population are served in the Part C system
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*Recognizing that the FFY 2010 target is very aggressive given the Commonwealth's current status on this indicator, the target will remain the same for FFY 2011 and FFY 2012. At whatever point the target is reached, the targets for the subsequent year(s) will be raised in order to require continued improvement.

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Develop and implement training related to referral of children affected by child abuse or neglect or substance abuse.	Gather input from local systems on local forms and procedures being used – October 2005 <i>(Completed)</i> Determine what, if any, requirements exist in DSS policies related to local DSS workers participating in training on CAPTA – January 2006 <i>(Completed)</i> Attend meetings of DSS regional supervisors and present information on early intervention, determine need for additional information and training– March 2006 <i>(Completed)</i> Develop statewide referral form with release of information – March 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative, State DSS staff, EIIMT
2. Review the existing Virginia Part C Developmental Checklist Brochure and how it is being used to determine whether the brochure needs to be revised	June 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff <u>Funding:</u> To be determined, if there is a need to revise the brochure <u>Other:</u> Input from local stakeholders
3. Add a report function in ITOTS that will list, by referral source, how many referrals were found eligible or not	July 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C and IT Staff
4. Provide technical assistance and follow-up to local systems in implementing corrective action plans	Ongoing	<u>Personnel:</u> State Part C Staff
5. Review and revise, as needed, statewide public awareness materials and practices to ensure appropriateness with traditionally under-served populations (e.g., minorities; low income, rural, homeless, wards	Ongoing	<u>Personnel</u> – State Part C Staff, possibly consultant <u>Funding</u> – To be determined <u>Other</u> – Stakeholder input

Activity	Timelines	Resources
of the State)		
6. Identify existing evidence-based materials for use with primary referral sources in improving the appropriateness of referrals	Ongoing	<u>Personnel</u> – State Part C Staff
7. Begin statewide implementation of the requirement for all Part C personnel to complete the online <i>Orientation to Part C</i> training module, passing the competency test with 80% accuracy. This training module includes information on the use of developmental screening to determine the need for evaluation.	January 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part c staff, Integrated Training Collaborative <u>Funding</u> : Already in Part C budget
8. Pilot a modified process for focused monitoring on this indicator by using the principles of focused monitoring in a desk audit at the State Lead Agency of one local system's data related to identification of all eligible children, birth to three	Determine data needed for focused monitoring desk audit – January 2008 <i>(Completed)</i> Identify the local system based on December 1, 2007 child count data – February 2008 <i>(Completed)</i> Complete the desk audit – February 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, national consultant
9. Through the ABCD screening project, facilitate participation of local systems that receive referrals from the physicians at the project pilot sites in meetings with the physicians to discuss referral procedures, supports and services available, and communication procedures between the physician and local Part C system	June 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, ABCD project staff
10. Collaborate with Dr. Sullivan to finalize and implement the FERPA and HIPAA compliant referral/consent form	June 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, Office of the Attorney General <u>Other</u> : Participating physician
11. Develop and implement a mechanism through ITOTS to enter the specific referral source (e.g., name of physician, name of hospital) and to include this level of detail in reports	2009 (Revised to 2011) <i>(Changed to Activity #33)</i>	<u>Personnel</u> : State Part C staff, ITOTS staff <u>Funding</u> : Already in Part C budget
12. Revise the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system.	February 2009 (Revised to July 1, 2010) <i>(Completed)</i>	<u>Personnel</u> : State Part C staff; Other Participating State Agencies' staff, Head Start

Activity	Timelines	Resources
<ul style="list-style-type: none"> Collaborate with Early Head Start and Migrant Head Start to identify procedures and strategies to ensure that children served through Head Start programs who are potentially eligible for Part C are referred to the local Part C system and include in the State interagency agreement 		
<p>13. Revise Virginia’s ability to pay procedures to establish Family Cost Participation practices that better ensure that a family’s inability to pay is not a barrier to seeking or accepting supports and services</p>	<p>Recommendations and draft policies, procedures and documentation completed – December 2008 <i>(Completed)</i></p> <p>Stakeholder group meetings – January and March 2008 <i>(Completed)</i></p> <p>Final documents completed – February 2008 (See activity 21)</p> <p>Training related to the new Family Cost Participation practices – May 2008 (See Activity 21) Statewide implementation – July 2008 (See Activity 21)</p>	<p><u>Personnel</u>: State Part C Staff; national consultants</p> <p><u>Funding</u>: Already in Part C budget</p> <p><u>Other</u>: Stakeholder workgroup</p>
<p>14. Print and disseminate the revised Virginia Part C Developmental Checklist Brochure</p>	<p>March 2008 <i>(Completed)</i></p>	<p><u>Personnel</u> – State Part C Staff</p> <p><u>Funding</u> – Already in Part C budget</p>
<p>15. Revise Virginia’s Part C Physician Referral Guide</p>	<p>June 2008 <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Funding</u>: Already in Part C budget</p>
<p>16. Explore the possibility of including Part C information in the newsletter of the Virginia chapter of the American Academy of Pediatrics</p>	<p>July 2008 (Revised to October 2010) <i>(Revised to September 2011)</i></p>	<p><u>Personnel</u>: State Part C staff</p>
<p>17. Bring referral information into the Infant & Toddler Connection of Virginia website instead of linking to it, and revise the information as needed</p>	<p>2009 <i>(Completed)</i></p>	<p><u>Personnel</u>: State Part C staff, IT staff</p>
<p>18. Provide guidance to local system managers and providers on considerations in evaluation and assessment, especially related to difficult measure aspects of development, infant mental health issues, premature infants and atypical</p>	<p>2009 (New activities 22 and 23 will address this)</p>	<p><u>Personnel</u>: State Part C staff</p> <p><u>Other</u>: Stakeholder workgroup</p>

Activity	Timelines	Resources
development		
19. Provide technical assistance (through written policy clarification, information in the <u>Update</u> and follow-up at regional meetings) on the appropriate use of developmental screening before and after referral to the local Part C system	2009 (New activities 22 and 23 will address this)	<u>Personnel</u> : State Part C staff <u>Other</u> : Input from local stakeholders
20. Provide training to managed care organizations regarding the supports and services available through the Part C system, the process for making referrals and the key role the managed care case managers play in facilitating access to these supports and services for eligible children and families	2009 (Completed)	<u>Personnel</u> – State Part C Staff, DMAS staff
21. Implement new Family Cost Share practices and a fee scale that better ensure that a family's inability to pay is not a barrier to seeking or accepting supports and services	April 2009 (Revised to July 1, 2010) (Completed)	<u>Personnel</u> : State Part C Staff; national consultants <u>Funding</u> : Already in Part C budget <u>Other</u> : Stakeholder workgroup
22. Finalize the Part C Practice Manual, which addresses specific requirements associated with intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009 (Completed)	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
23. Incorporate information and resources on evidence-based practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process.	July 1, 2009 (Completed)	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
24. Implement Virginia's Part C Service Pathway statewide to ensure a consistent framework for intake, screening, eligibility determination, assessment for service planning and IFSP development	July 1, 2009 (Completed)	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – New Medicaid reimbursement structure and rates are designed to help support implementation of the pathway

Activity	Timelines	Resources
25. Establish a state-level Child Find and Public Awareness Work Group with representation from the VICC, local systems, families and primary referral sources to focus on strategies for increasing the number of infants and toddlers served in Part C	February 2010 (Revised to March 2011)	<u>Personnel:</u> State Part C staff
26. Explore the possibility of hiring a contractor to spearhead the Infant & Toddler Connection of Virginia’s child find and public awareness efforts, working closely with the Child Find and Public Awareness Work Group to develop and implement an overall plan and specific strategies for improved child find and public awareness	February 2010 (Revised to March 2011)	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA funds
27. Include child find and public awareness as topics for focus at the leadership training for local system and local program managers	April 2010 (Completed)	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA funds <u>Other:</u> Stakeholder Planning Group
28. Develop and implement a process for following up on the data from the Department of Medical Assistance Services (DMAS) on children identified through the DMAS data system as potentially eligible for Part C	July 1, 2010 (Revised to November 2011)	<u>Personnel:</u> State Part C staff; DMAS staff
29. Convene a focus group(s) of primary referral sources, including physicians and hospitals, to determine what encourages/discourages referrals to Part C, what kinds of information they would find helpful, and how they prefer to receive information	September 2010 (Completed)	<u>Personnel:</u> State Part C staff, Virginia Department of Health staff <u>Other:</u> VICC
30. Expand and strengthen partnerships at the state and local level to improve coordination and collaboration for child find and public awareness and efforts: <ul style="list-style-type: none"> • Strengthen local interagency coordinating council 	December 2010 (Completed)	<u>Personnel:</u> State Part C staff

Activity	Timelines	Resources
<p>(LICC) roles</p> <ul style="list-style-type: none"> Continue current participation in state-level committees and initiatives focused on young children and participate in new interagency initiatives, as appropriate 		
<p>31. Require all local service enhancement plans to include a rigorous data analysis process prior to identification of other improvement activities to increase effectiveness of improvement strategies</p>	<p>Beginning October 2010</p>	<p><u>Personnel:</u> State Part C staff</p>
<p>32. Explore the possibility of the physician representatives on the Prematurity Work Group forming a Health Advisory Group that could address various health topics and continue to be a resource to the State Lead Agency on child find and referral</p>	<p>September 2011</p>	<p><u>Personnel:</u> State Part C staff, Virginia Department of Health staff <u>Other:</u> Prematurity Work Group</p>
<p>33. In any comprehensive data system developed across the Health and Human Resources Secretariat, explore the possibility of a mechanism to enter the specific referral source (e.g., name of physician, name of hospital), to include this level of detail in reports, and to use this information to generate letters to referral sources acknowledging receipt of the referral</p>	<p>2012</p>	<p><u>Personnel:</u> State Part C staff, IT staff <u>Funding:</u> To be determined</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision / Child Find
Indicator 7 – Percent 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.
Measurement: Percent = # 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 divided by # of eligible infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted times 100
Overview of Issue/Description of System or Process:

In response to Virginia's FFY 2002 Annual Performance Report (submitted in March 2004), OSEP found that the Commonwealth was out of compliance for the second year with the requirement to complete an evaluation and assessment and conduct the initial IFSP meeting within 45 days of referral. Data reported in the March 2005 Annual Performance Report indicated that Virginia had still not reached 100% compliance with this requirement but did demonstrate continued improvement.

In order to address non-compliance with the 45-day timeline, the State Lead Agency began conducting quarterly reviews of each local systems' ITOTS (Infant & Toddler Online Tracking System) data related to the timeline. Each quarter the relevant ITOTS reports are generated by the State Lead Agency; and, for each child for whom the timeline was exceeded, the technical assistance consultants review the circumstances with the local system manager. Local systems are required to submit written documentation to confirm the mitigating circumstances.

Based on the results of each quarter's data review, improvement planning and technical assistance have occurred, as follows:

- Based on the first quarterly review of data (for children referred to Part C between August 1, 2004 and October 31, 2004 who were found eligible), local systems that had 1 or more children for whom the 45-day timeline was exceeded for system reasons were cited as out of compliance. These local systems were required to work with their technical assistance consultant to complete a State-developed improvement planning worksheet and submit a plan of improvement to ensure correction of noncompliance by March 31, 2006.
- After the second quarterly review of data (January 1 – March 31, 2005), any local system that was out of compliance for the first time was required to complete the improvement planning worksheet and submit a plan of improvement to the State Lead Agency to ensure correction of noncompliance by March 31, 2006. For those local systems that were out of compliance for the second time, technical assistance consultants reviewed the existing plans of improvement with local system managers and worked to identify needed modifications or additions to the strategies in order to achieve compliance by March 31, 2006.
- Following the third quarterly review of data (April 1 – June 30, 2005), data was also analyzed for each local system for the six-month period from January 1 – June 30, 2005 to identify those local systems in need of more extensive support in addressing barriers to compliance. For these local systems, the technical assistance consultant, monitoring consultant and the State Part C Coordinator met with the local system manager and his/her supervisor to identify continuing local barriers to compliance and determine how the State can best assist the local system to overcome the barriers and achieve compliance no later than March 31, 2006. Please see "Discussion of Baseline Data" for more specific information about the findings from these on-site visits. Those local systems that are out of compliance but did not fall into the targeted group are receiving continued technical assistance in implementing, modifying, and/or adding strategies to their local plans of improvement to ensure correction of noncompliance by March 31, 2006.

Baseline Data for FFY 2004 (2004-2005):

45-day Timeline Data
From State Data System (ITOTS)
1/1/05 – 6/30/05

	1/1/05 – 3/31/05	4/1/05 – 6/30/05	Total for 1/1/05 – 6/30/05
# eligible infants and toddlers referred	1,115	1,033	2,148
# for whom evaluation and assessment and initial IFSP meeting were held within 45-day timeline	1,052	947	1,999
% of eligible infants and toddlers with IFSPs for whom evaluation and assessment and initial IFSP meeting were held within 45-day timeline	94%	92%	93%
# of local systems out of compliance	16/40	13/40	20/40

This baseline information reflects data from ITOTS for all 40 local systems in Virginia.

Note: The baseline data reflects less than the full 2004 federal fiscal year because procedures to validate mitigating circumstances data reported through ITOTS and, thereby, confirm the accuracy of the ITOTS data regarding compliance with this indicator were fully implemented for children referred on or after January 1, 2005.

Discussion of Baseline Data:

Virginia’s baseline data indicates that 93% of eligible infants and toddlers with IFSPs (who were referred to the Part C system between January 1 and June 30, 2005) received an evaluation, assessment and initial IFSP meeting within Part C’s 45-day timeline.

Of the 149 eligible children for whom the 45-day timeline was exceeded (due to system reasons) between January 1 and June 30, 2005, 40% are from two local systems. Six local systems, together, account for 75% of the children who exceeded the timeline for system reasons. Specifically, untimely evaluations/IFSP meetings are accounted for by 20 of the 40 local systems, as follows:

- Local system 1: 36 children for whom the 45-day timeline was met/ 37 children = 97%
- Local system 2: 85 / 87 = 98%
- Local system 3: 147 / 183 = 80%
- Local system 4: 88 / 91 = 97%
- Local system 5: 100 / 102 = 98%
- Local system 6: 67 / 68 = 99%
- Local system 7: 14 / 16 = 88%
- Local system 8: 50 / 52 = 96%
- Local system 9: 23 / 36 = 64%
- Local system 10: 6 / 7 = 86%
- Local system 11: 22 / 37 = 59%
- Local system 12: 10 / 13 = 77%

Local system 13:	19 / 20 = 95%
Local system 14:	82 / 93 = 88%
Local system 15:	117 / 121 = 97%
Local system 16:	7 / 30 = 23%
Local system 17:	117 / 141 = 83%
Local system 18:	104 / 105 = 99%
Local system 19:	60 / 63 = 95%
Local system 20:	60 / 61 = 98%
	<u>1,214 / 1,363 = 89% compliant</u>

Five (5) of the six local systems that accounted for 75% of the children who exceeded the timeline for system reasons were targeted for intensive technical assistance, as described in the “Overview” section above. The sixth system was not placed in the targeted group because they had improved from exceeding the timeline for 12 children in January – March to exceeding the timeline for only one child in April – June. The following barriers to compliance and steps to address those barriers were identified during on-site visits with the 5 targeted systems:

- Provider shortages – In all 5 local systems, provider shortages were a primary barrier to meeting the 45-day timeline. Four of the five local systems had experienced large increases in the number of referrals, and measures taken to address these increases could not be sustained when the increased number of referrals was not temporary. All five systems have added or are in the process of adding staff positions to address the issue. Contracts have been expanded with existing providers, new staff positions have been established and/or existing staffing patterns have been re-structured in order to increase local capacity for service coordination and evaluation/assessment. For one system, there have been difficulties in hiring due to local government procedures, and the State Lead Agency is working with the local lead agency to provide additional documentation of Part C compliance requirements to support local efforts to add staff positions. In addition, the State Lead Agency is exploring with the local lead agency possible revisions to the local Part C budget in order to address provider shortages.
- Delays in initial contact with families, obtaining paperwork/physician orders – In 3 of the 5 local systems, delays in the intake process were contributing to difficulties in meeting the 45-day timeline. All 3 local systems have made or are in the process of making changes to local procedures and/or providing training to local providers to ensure timely contact with the family following referral and timely receipt of necessary paperwork.
- Inadequate documentation – For one local system, documentation in the child’s record was not adequate to verify the reasons that the 45-day timeline was exceeded. Staff training and additional oversight by the local system manager have been implemented to address this issue.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline
2006 (2006-2007)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline
2007 (2007-2008)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C’s 45-day timeline
2008	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an

(2008-2009)	initial IFSP meeting within Part C's 45-day timeline
2009 (2009-2010)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline
2010 (2010-2011)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline
2011 (2011-2012)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline
2012 (2012-2013)	100% of eligible infants and toddlers with IFSPs receive an evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Continue to generate and review ITOTS reports quarterly for each local system. At the end of each quarter, the data for the quarter and for the period July 1, 2005 through the end of the most recent quarter will be reviewed.	Reports generated on: December 1, 2005 March 1, 2006 June 1, 2006 September 1, 2006 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff
2. At the end of each quarterly review, notify local systems of noncompliance based on data from July 1, 2005 through the end of the most recent quarter.	January 15, 2006 April 1, 2006 July 1, 2006 October 1, 2006 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff
3. Continue to provide technical assistance to local systems based on local corrective action plans developed to address noncompliance with the 45-day timeline, including evaluation and assessment requirements.	Ongoing	<u>Personnel</u> : State Part C staff <u>Funding</u> : Already in Part C budget
4. Continue service coordination training through Kaleidoscope	Ongoing	<u>Personnel</u> – Part C staff; Integrated Training Collaborative <u>Funding</u> – Already in Part C Budget
5. For those local systems with existing plans of improvement that continue to exceed the timeline for the highest numbers	October 2005 – <i>(Completed)</i>	<u>Personnel</u> : State Part C staff

Activity	Timelines	Resources
of children, provide more intensive technical assistance involving administrators at higher levels of the State and local lead agencies.		<u>Funding</u> : Already in Part C budget
6. Begin statewide implementation of the requirement for all Part C personnel to complete the online <i>Orientation to Part C</i> training module, passing the competency test with 80% accuracy.	January 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part c staff, Integrated Training Collaborative <u>Funding</u> : Already in Part C budget
7. Coordinate a VICC retreat focused on addressing personnel shortages	May 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff, VICC
8. Collaborate with the Department of Medical Assistance Services and other stakeholders to explore alternative funding structure(s) for Part C supports and services that will facilitate the system's ability to recruit and retain providers.	Final recommendations from consultant – December 2007 <i>(Completed)</i> State Plan Amendment completed – February 2008 Final stakeholder group meeting – March 2008 <i>(Completed)</i> Training – 2008 – 2009 <i>(Completed)</i> Implementation – 2008 – 2009 (Revised to July 1, 2009) – <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff, DMAS staff, EIIMT, National Consultants <u>Funding</u> – Funding for consultants already in Part C budget; additional funding needs to be determined <u>Other</u> – Stakeholder Group and VICC
9. Review and revise, as needed, the <i>Policy Clarification and Technical Assistance on the Implementation of Requirements for Vision and Hearing Components of the Part C Evaluation and Assessment</i> in conjunction with a review of all practice, procedure and technical assistance documents to (1) ensure consistency with any changes as a result of the Medicaid initiative and the State Part C regulations that will be based on the final federal Part C regulations, and (2) to clarify the circumstances under which the use of the Virginia screening tool is not required.	2009 <i>(Completed)</i>	<u>Personnel</u> : State Part C Staff
10. Finalize the Part C Practice Manual, which addresses specific requirements associated	July 1, 2009	<u>Personnel</u> – State Part C staff, DMAS staff

Activity	Timelines	Resources
with intake, screening, eligibility determination, assessment for service planning and IFSP development	<i>(Completed)</i>	<u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
11. Incorporate information and resources on evidence-based practice related to intake, screening, eligibility determination, assessment for service planning and IFSP development in the new training requirements associated with the EI certification process.	July 1, 2009 <i>(Completed)</i>	<u>Personnel</u> – State Part C staff, DMAS staff, Integrated Training Collaborative <u>Funding</u> – Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
12. Collaborate with the State Corporation Commission to expand private insurance reimbursement for Part C services	2010 <i>(Started; continuing to 2011-2012)</i>	<u>Personnel:</u> State Part C Staff, State Corporation Commission (Bureau of Insurance) <u>Other:</u> VICC
13. Develop and implement a process, including triggers, for verifying the accurate use of family scheduling preference as a reason for exceeding the 45-day timeline	May 2010 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff
14. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning October 2010	<u>Personnel:</u> State Part C Staff <u>Other:</u> Technical assistance to state staff from Data Accountability Center (DAC)

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8 – Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- a. IFSPs with transition steps and services;
- b. Notification to LEA, if child potentially eligible for Part B; and
- c. Transition conference, if child potentially eligible for Part B.

Measurement:

- a. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100
- b. Percent = # of children exiting Part C and potentially eligible for Part B where notification to LEA occurred divided by # of children exiting Part C times 100
- c. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by # of children exiting Part C times 100

Overview of Issue/Description of System or Process:

A transition planning component is included on the statewide Individualized Family Service Plan (IFSP) form, which must be used by all Part C providers. The statewide IFSP form identifies 8 activities that must take place when planning for transition, and transition planning is expected to begin for every family with the initial IFSP. The Part C service coordinator or designee is responsible for notifying the local school division of children residing in the community who are potentially eligible for Part B services. Parents are informed in writing through the IFSP transition page that the locality intends to notify the public school division in which the child resides of the child’s name, address, telephone number and birth date prior to the child reaching the age of eligibility for Part B. Unless the parent indicates in writing on the IFSP transition page that they do not want the information transmitted, it is forwarded to the school division. With the family’s permission, an individual transition planning conference between the family, Part C representatives and LEA representatives is held at least 90 days before the child’s third birthday or the date on which the child is eligible under Part B.

Chart reviews completed by state review teams in 2004 indicate significant improvement in transition planning over previous years. However, that same chart review data and MIMS (Monitoring and Improvement Measurement System) self-assessment information clearly indicate that transition in general remains an area needing improvement in Virginia. Data also indicate that there may be systemic non-compliance with the 90-day transition conference requirement.

Chart Review Data	2000 MIMS (17 sites)	MIMS '01- '03 (13 sites)	MIMS '03-'05 (4 sites)
% of charts in which IFSP includes transition planning	73%	85%	95%
% of charts in which child’s record indicates that the 90-day transition planning conference has taken place	38%	20%	52%

In order to address these transition planning issues, Virginia made the following efforts in 2004:

- Any MIMS site not providing a 90-day conference for families transitioning to Part B, on a consistent basis, was required to address this issue in their local plan of improvement.
- Technical assistance and training were provided at the local and regional level based on local/regional needs as identified through monitoring and supervision activities or by local Part C systems.

- Sample IFSPs were developed and disseminated to local Part C systems and providers in July 2004. Each sample IFSP includes a transition plan with individualized activities, and one includes planning for the 90-day transition conference.
- Part B staff provided training to all local school divisions about Part B requirements associated with children transitioning from Part C to Part B. In February and March 2005, State Part B staff provided information related to transition between Part C and Part B to all local Special Education Directors through regional forums throughout the Commonwealth. The information provided included requirements for Part B participation in the 90-day transition conference.
- Localities were encouraged to implement a local record review process using a checklist provided by the State Lead Agency. This checklist prompts the locality to monitor their own compliance by checking each IFSP to ensure that transition planning activities are included and each chart to be sure the 90-day conference has taken place when appropriate.

Baseline Data for FFY 2004 (2004-2005):

Because so few local systems had completed the MIMS process in FFY 2004 and because there appeared to be systemic noncompliance with the 90-day transition conference, the State Lead Agency required all 40 local systems to complete a record review in July 2005 as part of the State Monitoring System to determine statewide compliance with this indicator. Each local Part C system followed the same method for selecting records for the review, as follows:

- The number of records to be reviewed was based on the number of children who had exited or would exit the local Part C system between September 1, 2004 and September 30, 2005:
 - <50 children, select 50% of records (not less than 10 records)
 - 50 – 99 children, select 25% of records
 - 100 – 199 children, select 15% of records
 - 200 – 499 children, select 10% of records
 - 500 or more children, select not more than 60 records
- Once the number of records was determined, the exact records to be reviewed were selected based on a random number chart.

Data from these record reviews from all 40 local systems provided the following baseline data related to transition:

- Percent of children exiting Part C who have an IFSP with transition steps and services
The records of 730 children who had or would be exiting the Part C system between September 1, 2004 and September 30, 2005 were reviewed. Of those, 612 children had IFSPs with transition steps and services.

(612 with steps and services / 730 exiting) x 100 = 84%
- Percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred
The records of 730 children who had or would be exiting the Part C system between September 1, 2004 and September 30, 2005 were reviewed (Virginia's policies and procedures require that notification be sent to the LEA for all families exiting Part C, not just those potentially eligible for Part B, unless the parent indicates in writing that they do not want the notification sent). Of those, 307 families indicated in writing on the IFSP that they did not want notification sent to the LEA. For the remaining 423 children (those whose families did allow notification to the LEA), 342 of the records included documentation confirming that the notification was sent to the LEA.

(343 with documented notification / 423 exiting who allowed notification) x 100 = 81%
- Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred
The records of 374 children who were potentially eligible for Part B were reviewed. Of these 374 children, there were 164 whose parents consented to the transition conference. The records of these 164 children indicated that for 84 of the children the transition conference was held in a timely manner and with all required participants (i.e., family, Part C representative, Part B representative).

(84 with timely conference / 164 with permission for conference) x 100 = 51%

Discussion of Baseline Data:

- a. Percent of children exiting Part C who have an IFSP with transition steps and services = 84%

The 16% of children whose IFSPs did not include transition steps and services are accounted for by 19 local systems, as follows:

Local system 1: 12 children whose IFSP included transition steps/ 19 children exiting = 63%

Local system 2: 13 / 22 = 59%

Local system 3: 20 / 21 = 95%

Local system 4: 3 / 4 = 75%

Local system 5: 13 / 17 = 76%

Local system 6: 14 / 15 = 93%

Local system 7: 12 / 22 = 55%

Local system 8: 0 / 4 = 0%

Local system 9: 21 / 45 = 47%

Local system 10: 22 / 23 = 96%

Local system 11: 16 / 23 = 70%

Local system 12: 16 / 20 = 80%

Local system 13: 18 / 24 = 75%

Local system 14: 15 / 18 = 83%

Local system 15: 16 / 17 = 94%

Local system 16: 2 / 18 = 11%

Local system 17: 4 / 17 = 24%

Local system 18: 8 / 13 = 62%

Local system 19: 14 / 15 = 93%

239 / 357 = 67% compliant

- b. Percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred = 81%

The 19% of children for whom notification was not sent is accounted for by 29 local systems. The record review form completed by local systems required that the record include documentation confirming that the notification was sent to the LEA (e.g., copy of the notification with fax date, etc.). Information on the record review forms indicated that notification may have actually been sent as required, but that documentation to confirm that notification was absent. When there was no documentation listed to confirm that notification was sent, the local system was not given "credit" for completing the notification.

- c. Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred = 51%

The 49% of children exiting Part C and potentially eligible for Part B, whose parents gave permission for the transition conference but who did not receive a transition conference in accordance with Part C requirements are accounted for as follows:

- Record review forms from 11 of 40 local systems included no children who were potentially eligible for Part B whose parents gave permission for the transition conference.
- Of the remaining 19 local systems, only 2 were 100% in compliance with this indicator. Local compliance for the other 17 systems ranged from 0% to 83%.
- Of the 80 children whose parents gave consent for the 90-day transition conference but the conference was not held in compliance with Part C requirements, 17 children (21%) received a transition planning conference that was held outside of the required timelines due to either Part C or Part B staff scheduling difficulties. Records for thirty-three of the 80 children (41%) indicated that a transition planning conference was held but did not include documentation that all required participants were present.

To better measure progress since the FFY 2003 APR was submitted in March 2005, the record review data described above was narrowed down to analyze statewide status based on children whose most recent IFSPs were developed on or after January 1, 2005 (i.e., those children who had transitioned more recently). There were 200 transition records reviewed that fit into this timeline. Of those 200 records, 114 were for children transitioning to Part B. Thirty-eight (38) parents gave consent for the transition conference, and records indicated that 27 of those children and families received a 90-day transition planning conference that met Part C requirements. Therefore, the review of records for children who transitioned more recently shows that 71% of those who consented to a transition conference received one. Although the sample size is smaller, these record review results suggest continued progress toward compliance with the transition planning conference requirements.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2006 (2006-2007)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2007 (2007-2008)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2008 (2008-2009)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2009 (2009-2010)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2010 (2010-2011)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>

<p>2011 (2011-2012)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>
<p>2012 (2012-2013)</p>	<p>100% of children exiting Part C have IFSPs with transition steps and services.</p> <p>Notification to the LEA occurs for 100% of children exiting Part C and potentially eligible for Part B unless the parent indicates in writing on the IFSP that they do not want the information sent</p> <p>The transition conference occurs for 100% of children exiting Part C and potentially eligible for Part B whose parents consent to the conference.</p>

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
<p>1. During the re-design of the State's Part C data system (see Indicator 14, activity 1) explore inclusion of data elements and functions that will (a) remind local systems about required timelines and participants for the 90-day transition conference, notification to LEAs, and transition activities; and (2) allow for ongoing, timely monitoring for compliance with these requirements at the local and State levels.</p>	<p>Starting October 2005 (Completed)</p> <p>Projected completion date to be determined – see Indicator 14, Activity 1</p>	<p><u>Personnel</u>: State Part C staff, Part C Data Analyst</p> <p><u>Funding</u>: Already in Part C budget</p> <p><u>Other</u>: Input from local stakeholders</p>
<p>2. Gather information from local system managers during regional meetings about how transition is done in each local system and any barriers to meeting Part C requirements related to transition.</p>	<p>January 2006 (Completed)</p>	<p><u>Personnel</u>: State Part C staff</p>
<p>3. Conduct meetings with service coordinators to get their perspective on how transition is done in the local system and any barriers to meeting Part C requirements related to transition.</p>	<p>February 2006 (Completed)</p>	<p><u>Personnel</u>: State Part C staff</p>
<p>4. Use the information gathered in activities 2 and 3 to determine additional activities that can be</p>	<p>March 2006 (Completed)</p>	<p><u>Personnel</u>: State Part C staff</p>

Activity	Timelines	Resources
implemented to address barriers from the Part C side of transition and share with State Part B staff any issues identified that need to be addressed collaboratively or directly from the Department of Education to LEAs.		<u>Funding:</u> To be determined based on issues identified
5. Refine the annual record review protocol used to collect data on transition in order to clarify definitions of terms and ensure that items on the protocol match the data required for reporting in the APR	Protocol revised – April 2006 <i>(Completed)</i> Annual implementation begins – August 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff <u>Other:</u> Input from local system managers
6. Review the transition component of Kaleidoscope (K-I) service coordinator training and revise or expand as needed to address issues related to compliance with Part C transition requirements	September 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, Integrated Training Collaborative <u>Funding:</u> To be determined based on needed revisions
7. Identify a state-level Part C contact person for problem-solving when transition issues arise between Part C and Part B and request that Part B do the same	March 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C and Part B Staff
8. Identify parent advocates that are available in communities to support families when the transition process becomes stalled or difficult	March 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff, Family Involvement Project Staff
9. Revise the statewide IFSP form transition page and other sections of the IFSP form, as needed, to prompt consistent inclusion of desired information and to support the service coordinator in meeting timelines. Revise IFSP instructions and sample IFSPs accordingly	June 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff <u>Other</u> – Local stakeholder input
10. Begin statewide implementation of the requirement for all Part C personnel to complete the online <i>Orientation to Part C</i> training module, passing the competency test with 80% accuracy.	January 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part c staff, Integrated Training Collaborative <u>Funding:</u> Already in Part C budget
11. Determine schedule and agenda for annual Part B/Part C collaborative trainings/meetings	July 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C and Part B staff <u>Funding:</u> To be determined

Activity	Timelines	Resources
12. In promulgating State Part C regulations, conduct a careful review of Virginia's Policies and Procedures for transition and revise as needed to address new language in IDEA 2004 and to facilitate compliance with Part C transition requirements	February 2009 (Revised to 2011)	<u>Personnel</u> – State Part C Staff
13. Revise the State Interagency Agreement for Part C to establish specific procedures to be used at the local level to meet Part C transition requirements	February 2009 (Revised to July 1, 2010) (Completed)	<u>Personnel</u> : State Part C staff; Other Participating State Agencies' staff
14. Incorporate information and resources for evidence-based practice related to transition in the new training requirements associated with the EI certification process	July 1, 2009 (Completed)	<u>Personnel</u> : State Part C staff, Part B staff, Integrated Training Collaborative <u>Funding</u> : Already in State Part C budget <u>Other</u> – VICC CSPD Committee, Personnel/Training Stakeholder Group
15. Finalize the Part C Practice Manual, which addresses specific requirements associated with transition	July 1, 2009 (Completed)	<u>Personnel</u> – State Part C staff, DMAS staff <u>Funding</u> – None <u>Other</u> – Stakeholder reviewers
16. Include day-to-day management tools in the ITOTS Expansion Project to provide reminders to service coordinators about completion of required transition activities and deadlines	2011 (Activity changed to #22)	<u>Personnel</u> : State Part C staff, IT staff <u>Funding</u> : ARRA funds <u>Other</u> : ITOTS Stakeholder Group
17. Explore a data exchange agreement with the Virginia Department of Education and necessary data system programming to facilitate electronic exchange of data and information that will support smooth transitions and longitudinal study of outcomes	2011 (Revised to 2012)	<u>Personnel</u> : State Part C staff, IT staff, Part B staff <u>Funding</u> : ARRA funds <u>Other</u> : ITOTS Stakeholder Group
18. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning October 2010	<u>Personnel</u> : State Part C Staff <u>Other</u> : Technical assistance to state staff from Data Accountability Center (DAC)

Activity	Timelines	Resources
19. Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the transition practices measured by this indicator	April 2011	<u>Personnel:</u> State Part C Staff
20. Develop written materials and/or a web-based training module for new local system managers to quickly introduce Part C requirements and expectations for oversight	June 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds, if a module is developed
21. Provide statewide training on documentation requirements related to transition	June 2011	<u>Personnel:</u> State Part C staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds
22. Explore day-to-day management tools in any comprehensive data system developed for the Health and Human Services Secretariat to provide reminders to service coordinators about completion of required transition activities and deadlines	2012	<u>Personnel:</u> State Part C staff, IT staff <u>Funding:</u> To be determined

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9 – General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

Measurement:

a. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

- i. # of findings of noncompliance made related to priority areas
- ii. # of corrections completed as soon as possible but in no case later than one year from identification

Percent = ii divided by i times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

b. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- i. # of findings of noncompliance made related to such areas
- ii. # of corrections completed as soon as possible but in no case later than one year from identification

Percent = ii divided by i times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

c. Percent of noncompliance identified through other mechanisms (complaints, local performance plans or annual performance reports, data reviews, desk audits, etc.) corrected within one year of identification:

- i. # of EIS programs in which noncompliance was identified through other mechanisms;
- ii. # of findings of noncompliance made
- iii. # of corrections completed as soon as possible but in no case later than one year from identification

Percent = iii divided by ii times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

Virginia's general supervision system for Part C includes several components:

- the Local Contract for Continuing Participation in Part C, which specifies the scope of work, deliverables and compliance requirements for local lead agencies;
- the Monitoring and Improvement Measurement System (MIMS), a cyclical self-assessment and state review process;
- the Infant and Toddler Online Tracking System (ITOTS), the State's Part C data system;
- a Family Survey;
- a system of technical assistance; and

- a system for dispute resolution.

During an April 2005 verification visit to the Commonwealth, OSEP representatives determined that Virginia has a monitoring system that is reasonably designed to identify, and has identified, noncompliance across the range of Part C requirements and Part C service providers. However, OSEP also determined that Virginia's supervision system does not ensure correction of State-identified noncompliance within a reasonable period of time, not to exceed one year from the time an improvement plan is approved. In particular, OSEP noted that State monitoring reports do not specify areas of noncompliance that the local lead agency must correct, there is no formal process for approving local improvement plans, there are no systematic procedures for determining whether a local lead agency has corrected noncompliance, and the State has never imposed any sanctions if a local lead agency did not correct noncompliance. In August 2005, the State Lead Agency submitted to OSEP a plan of improvement to address these issues.

Baseline Data for FFY 2004 (2004-2005):

- Noncompliance related to monitoring priority areas and indicators:
The only indicator for which findings were made in FFY 2004* was #7 (45-day timeline). All 40 local systems were monitored for compliance with this requirement through ITOTS data review.
 - There were 20 findings of noncompliance related to the 45-day timeline.
 - The percent of the noncompliance corrected for this indicator cannot be determined since the deadline for correction has not been reached yet.
- Noncompliance related to areas not included in monitoring priorities and indicators:
In FFY 2004* Virginia monitored all 40 local systems through record reviews for compliance with the Part C requirement that each child's IFSP documents the frequency and intensity for each needed early intervention service listed on the IFSP.
 - There were 32 findings of noncompliance with the requirement to document frequency and intensity for each needed early intervention service on the IFSP
 - The percent of the noncompliance corrected for this indicator cannot be determined since the deadline for correction has not been reached yet
- Noncompliance identified through other mechanisms
In FFY 2004 Virginia received two administrative complaints and one request for mediation. One of the administrative complaints and the mediation involved the same local system and the same issue.
 - Noncompliance was identified in 2 local systems based on other mechanisms (complaints, mediation)
 - There were 2 findings of noncompliance made: 1 finding in 1 local system related to provision of early intervention services in accordance with the frequency specified on the IFSP and 1 finding in 1 system related to use of procedural safeguards forms
 - 2 corrections were made as soon as possible and within one year from identification of the noncompliance
 - 2/2 = 100% of noncompliance identified through other mechanisms was corrected within one year of identification

* Since only those monitoring reports developed after OSEP's April verification visit to Virginia have specifically identified areas of noncompliance and timelines for correction, the baseline data for (a) and (b) only reflect findings as of May 1, 2005.

Discussion of Baseline Data:

Virginia's baseline data for FFY 2004 is as follows:

- Percent of noncompliance related to monitoring priorities and indicators that has been corrected cannot be calculated since the deadline for correction has not been reached
- Percent of noncompliance not related to monitoring priorities and indicators that has been corrected cannot be calculated since the deadline for correction has not been reached
- 100% of noncompliance identified through other mechanisms (e.g., complaints, mediation) has been corrected within one year.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2006 (2006-2007)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2007 (2007-2008)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2008 (2008-2009)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2009 (2009-2010)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2010 (2010-2011)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2011 (2011-2012)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification
2012 (2012-2013)	100% of identified noncompliance is corrected as soon as possible and in no case later than 1 year from identification

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Develop and implement procedures to ensure that all monitoring reports resulting from any State monitoring activity (including, but not limited to, MIMS, complaint investigations, review of ITOTS data and record reviews) specify any areas of noncompliance that the local lead agency must correct, as well as the required timelines for correction.	October 2005 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff
2. Develop and implement procedures to ensure that all local plans of improvement that must be developed as a result of State monitoring activities are	October 2005 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff

Activity	Timelines	Resources
approved by the Part C Office prior to local implementation of the plan.		
3. Establish effective sanctions and use when necessary to correct local noncompliance that persists for more than one year.	Establish range of sanctions – April 2006 (Completed) Explore development and implementation of incentives for achieving and/or continuing compliance – April 2006 (Completed) Include sanctions (and any incentives) in SFY-07 Local Contract for Continuing Participation in Part C – June 2006 (Completed) Establish procedures to evaluate effectiveness of sanctions – September 2006 (Completed)	<u>Personnel:</u> State Part C staff, State Monitoring Task Force <u>Other:</u> Information from other States, technical assistance from experts
4. Develop and implement procedures for the Part C Office to use in determining, for every local lead agency with a plan of improvement, whether the local lead agency has corrected non-compliance no later than one year after that local plan of improvement was approved by the Part C Office.	August 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff <u>Funding:</u> Already in Part C budget
5. Conduct training and follow-up technical assistance on the collection and use of data for ongoing local oversight and monitoring as well as improvement planning	Training: January – February 2007 (Completed) TA: Ongoing	<u>Personnel:</u> State Part C and IT Staff <u>Funding:</u> Already in Part C Budget
6. Conduct statewide training for local system managers on oversight and management of the local Part C system to both prevent and correct noncompliance	June 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff; Integrated Training Collaborative <u>Funding</u> – Already in Part C Budget
7. Provide technical assistance and follow-up to local systems on the implementation of corrective action plans	Ongoing	<u>Personnel:</u> State Part C Staff
8. Provide statewide monitoring and technical assistance teleconference calls, as needed, to deliver consistent information to all local system managers	Ongoing	<u>Personnel:</u> State Part C staff

SPP Template – Part C (3)

Virginia – amended February 2011

State

Activity	Timelines	Resources
9. Finalize the format and process for annual public reporting on each local system	February 2007 <i>(Completed)</i> Implementation – annually in March	<u>Personnel</u> : State Part C Staff
10. Implement the process for making an annual determination about the status of each local system	Annually in April	<u>Personnel</u> – State Part C Staff
11. Review, revise (as needed), and disseminate annual record review forms and instructions annually	Annually by January	<u>Personnel</u> : State Part C staff
12. Review and revise (as needed) data verification tools and processes annually	Annually in July	<u>Personnel</u> : State Part C staff
13. Pilot a modified process for focused monitoring by using the principles of focused monitoring in a desk audit of one local system's data related to identification of all eligible children, birth to three	February 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff
14. Convene the General Supervision and Monitoring Advisory Committee to provide recommendations to the State Lead Agency for implementation of enforcements	March 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff <u>Other</u> : Advisory Committee
15. Review and revise the process for reviewing data and notifying local systems of non-compliance to ensure that written notification is sent more quickly after data indicates non-compliance	March 2008 <i>(Completed)</i>	<u>Personnel</u> : State Part C staff
16. Disseminate the Investigative Questions guidance package to all local systems to assist in the identification of effective local improvement strategies in FFY 2008 Corrective Action Plans	January 2009 <i>(Completed)</i>	<u>Personnel</u> : State Lead Agency Staff
17. Acquire and customize the Alaska data system for use in Virginia	Acquire system – February 2009 <i>(Completed)</i>	<u>Personnel</u> : State Part C Staff, IT Staff <u>Funding</u> : Already in Part C budget

Activity	Timelines	Resources
	Implement with all basic data elements and reports – July 1, 2009 Implement additional data elements and reports for monitoring and supervision – 2010 All implementation delayed until 2011 (Activity changed to #27)	<u>Other:</u> Stakeholder group
18. Implement the revised monitoring calendar to ensure that written notification is sent more quickly after data indicates non-compliance	January 2009 (Completed)	<u>Personnel:</u> State Part C Staff
19. Finalize development and begin implementation of the process established for Quality Management Reviews (QMR)	January 2010 (Completed)	<u>Personnel:</u> State Lead Agency staff, Department of Medical Assistance staff
20. Hold leadership training for all local system managers	April 2010 (Completed)	<u>Personnel:</u> State Part C staff <u>Funding:</u> ARRA Funds <u>Other:</u> Integrated Training Collaborative, stakeholder group
21. Establish and implement additional fiscal monitoring procedures at the state and local level	October 1, 2010 (Revised to December 2011)	<u>Personnel:</u> State Part C staff <u>Other:</u> NECTAC consultant, stakeholder group
22. Require all local corrective action plans to include a rigorous data analysis process prior to identification of other improvement activities	Beginning October 2010	<u>Personnel:</u> State Part C Staff <u>Other:</u> Technical assistance to state staff from Data Accountability Center (DAC)
23. Review the technical assistance sources available on the SPP/APR Calendar website to identify any additional strategies for improving the timely correction of noncompliance	April 2011	<u>Personnel:</u> State Part C Staff
24. Develop written materials and/or a web-based training module for new local system managers to	June 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative

Activity	Timelines	Resources
quickly introduce Part C requirements and expectations for oversight and correction of noncompliance		<u>Funding:</u> ARRA funds, if a module is developed
25. Explore options to expand personnel resources in order to ensure monitoring and supervision responsibilities are all fulfilled in a timely manner	June 2011	<u>Personnel:</u> State Part C Coordinator <u>Funding:</u> ARRA funds, initially
26. Explore contracting with an individual who can assist with more in-depth data analysis for improvement planning and evaluation of the effectiveness of improvement activities	June 2011	<u>Personnel:</u> State Part C Coordinator <u>Funding:</u> ARRA funds, initially
27. Develop a series of online training modules to support local system use of a consistent and rigorous data analysis process for system improvement	October 2011	<u>Personnel:</u> State Part C Staff, Integrated Training Collaborative <u>Funding:</u> ARRA funds <u>Other:</u> Consulting support from Data Accountability Center
28. Participate in the development of any comprehensive data system developed in the Health and Human Resources Secretariat	2012	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> To be determined

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10 – Percent of signed written complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.

Measurement: See rows in Attachment 1. Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100

Overview of Issue/Description of System or Process:

When disputes arise, local systems are encouraged to resolve those disputes locally using informal mechanisms. Virginia’s Part C Family Involvement Program (FIP) is also available and used by families to assist in resolving disputes informally. When disputes cannot be successfully resolved at the local level, a signed written complaint may be submitted to the State Lead Agency. State staff members work closely with local systems and families within the first 10 days after receipt of a complaint to determine whether an informal resolution can be reached. In most cases, the local system and family are able to reach a mutually acceptable resolution in the first 10 days, and the complaint is withdrawn by the family.

If the complaint cannot be resolved within the first 10 days, an investigation is completed by the State Lead Agency. Following the investigation of each complaint, issues identified in the complaint are addressed through a “Findings Report.” The “Findings Report” outlines each alleged violation and states the findings of facts related to the violation; whether the finding is “founded” or “unfounded.” The report also includes the conclusion that is reached and the reason for this conclusion, citing applicable regulations and law as appropriate. The final part of the report outlines the procedure for implementation of the final decision. For other issues identified through the investigation but not identified in the complaint, a separate report is sent to the locality with a Plan of Improvement designed to correct the deficiencies.

Since 1994, Virginia has received 13 signed written complaints (eight were withdrawn). All complaints were resolved within the 60-day timeline or beyond the 60-day timeline with exceptional circumstances and parent agreement. As noted in OSEP’s letter following an April 2005 verification visit to Virginia, State Lead Agency staff have provided extensive follow-up with local systems involved in administrative complaints in order to ensure implementation of corrective actions that the State has required in those complaint decisions.

Baseline Data for FFY 2004 (2004-2005):

As indicated on Attachment 1, 100% of signed written complaints received between July 1, 2004 and June 30, 2005 were resolved with reports issued within the 60-day timeline, including a timeline extended for exceptional circumstances.

$$\begin{aligned} \text{Percent} &= (1.1(b) + 1.1(c)) \text{ divided by } (1.1) \text{ times } 100 \\ &= ((1 \text{ within timeline} + 1 \text{ within extended timeline}) / 2 \text{ complaints}) \times 100 \\ &= 2 / 2 \times 100 = 100\% \end{aligned}$$

Discussion of Baseline Data:

Virginia’s baseline data for FFY 2004 is 100%.

FFY	Measurable and Rigorous Target
2005	100% of signed written complaints with reports issued are resolved within 60 days or within a

(2005-2006)	timeline extended for exceptional circumstances with respect to a particular complaint
2006 (2006-2007)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2007 (2007-2008)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2008 (2008-2009)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2009 (2009-2010)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2010 (2010-2011)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2011 (2011-2012)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint
2012 (2012-2013)	100% of signed written complaints with reports issued are resolved within 60 days or within a timeline extended for exceptional circumstances with respect to a particular complaint

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
In collaboration with the Family Involvement Project, develop a dispute resolution handbook with information about the three formal ways of resolving disputes in Virginia (administrative complaint, mediation, due process hearing), for use by service providers and families	2009 (Met through other mechanisms – activity discontinued 2009)	<u>Personnel:</u> State Part C staff, Family Involvement Project
Develop and implement a mechanism to collect data on the number of potential complaints that are resolved informally through the efforts of the Part C Office or the Family Involvement Project to determine whether there are trends in the concerns expressed by families and to document that the family was informed of their options for formal resolution. <ul style="list-style-type: none"> Explore tracking options used in other states 	2009 (Revised to December 2011)	<u>Personnel:</u> State Part C staff, Family Involvement Project

Activity	Timelines	Resources
<ul style="list-style-type: none"> Determine best electronic option for tracking 		
<p>Review with staff of the Family Involvement Project and the Virginia Interagency Coordinating Council the results of the PEATC parent survey conducted prior to the 2009 OSEP verification visit to:</p> <ul style="list-style-type: none"> Determine why the concerns expressed by respondents did not lead to complaints; Compare to any comments received on the more recent statewide family survey; and If necessary, develop additional strategies to ensure parents are aware of and empowered to use their dispute resolution options 	<p>June 2010 (Revised to March 2011)</p>	<p><u>Personnel</u>: State Part C staff, Family Involvement Project staff</p> <p><u>Other</u>: VICC</p>
<p>Explore options to expand personnel resources in order to ensure dispute resolution responsibilities are fulfilled in a timely manner</p>	<p>June 2011</p>	<p><u>Personnel</u>: State Part C Coordinator</p> <p><u>Funding</u>: ARRA funds, initially</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11 – Percent of due process hearing requests fully adjudicated within the applicable timeline.

Measurement: Percent = (3.2.(a) + 3.2.(b)) divided by (3.2) times 100

Overview of Issue/Description of System or Process:

When disputes arise, local systems are encouraged to resolve those disputes locally using informal mechanisms. Virginia’s Part C Family Involvement Program (FIP) is also available and used by families to assist in resolving disputes informally. If a dispute relating to the identification, evaluation or placement of the child, or provision of appropriate early intervention services cannot be successfully resolved at the local level, the family may request a due process hearing. A due process hearing is completed and a written decision is mailed to all parties within 30 days of receipt by the State Lead Agency of the request for the due process hearing. Upon receipt of a request for a due process hearing, the State Lead Agency notifies the local lead agency about the request and ensures appointment of a hearing officer within 5 days. Following the hearing and written decision, the State Lead Agency is also responsible for contacting the local system to check on the implementation of the hearing officer’s decision.

To date, Virginia has received only 1 request for a due process hearing, and that request was withdrawn because the disagreement was subsequently resolved informally.

Baseline Data for FFY 2004 (2004-2005):

There were no requests for a due process hearing in FFY 2004.

Discussion of Baseline Data:

There were no requests for a due process hearing in FFY 2004.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of due process hearing requests are fully adjudicated within the applicable timelines
2006 (2006-2007)	100% of due process hearing requests are fully adjudicated within the applicable timelines
2007 (2007-2008)	100% of due process hearing requests are fully adjudicated within the applicable timelines
2008 (2008-2009)	100% of due process hearing requests are fully adjudicated within the applicable timelines
2009 (2009-2010)	100% of due process hearing requests are fully adjudicated within the applicable timelines

<p>2010 (2010-2011)</p>	<p>100% of due process hearing requests are fully adjudicated within the applicable timelines</p>
<p>2011 (2011-2012)</p>	<p>100% of due process hearing requests are fully adjudicated within the applicable timelines</p>
<p>2012 (2012-2013)</p>	<p>100% of due process hearing requests are fully adjudicated within the applicable timelines</p>

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
<p>In collaboration with the Family Involvement Project, develop a dispute resolution handbook with information about the three formal ways of resolving disputes in Virginia (administrative complaint, mediation, due process hearing), for use by service providers and families</p>	<p>2009 (See Indicator 10)</p>	<p><u>Personnel</u>: State Part C staff, Family Involvement Project</p>
<p>Develop and implement a mechanism to collect data on the number of potential complaints that are resolved informally through the efforts of the Part C Office or the Family Involvement Project.</p>	<p>2009 (See Indicator 10)</p>	<p><u>Personnel</u>: State Part C staff, Family Involvement Project</p>

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12 – Percent of hearing requests resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

Measurement: Percent = 3.1(a) divided by (3.1) times 100

Overview of Issue/Description of System or Process:

Virginia has not adopted Part B due process procedures

Baseline Data for FFY 2004 (2004-2005):

N/A

Discussion of Baseline Data:

N/A

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A
2008 (2008-2009)	N/A
2009 (2009-2010)	N/A
2010 (2010-2011)	N/A
2011 (2011-2012)	N/A
2012 (2012-2013)	N/A

Improvement Activities/Timelines/Resources (through FFY 2012): N/A

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13 – Percent of mediations resulting in mediation agreements.

Measurement: Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100

Overview of Issue/Description of System or Process:

Local systems are encouraged to resolve disputes locally using informal mechanisms. Virginia’s Part C Family Involvement Program (FIP) is also available and used by families to assist in resolving disputes informally. If a dispute relating to the identification, evaluation or placement of the child, or provision of appropriate early intervention services cannot be successfully resolved at the local level, the family may request mediation (either alone or simultaneously with a due process hearing). The purpose of mediation is to facilitate the resolution of a family-provider disagreement in an informal, non-adversarial atmosphere. It offers an opportunity to resolve differences either before entering or during a hearing process.

Both parties to the dispute must agree to participate in mediation. Once the State Lead Agency is notified that both parties agree to mediation, the State Lead Agency appoints a mediator within 5 days. Mediation is conducted by a qualified and impartial mediator who is trained in effective mediation techniques and on Part C requirements. The mediation, including a written mediation agreement reflecting agreements reached by the parties to the dispute, must be completed within 15 calendar days of the receipt by the State Lead Agency of the notice that both parties agreed to mediation. If resolution is not reached within 15 days, parents must be informed in writing of the right to a due process hearing.

To date, Virginia has received 2 requests for mediation. Both were resolved within the 15-day timeline, except when the timeline was extended at parent request, and both resulted in mediation agreements that were implemented in a timely manner.

Baseline Data for FFY 2004 (2004-2005):

As indicated on Attachment 1, 100% of mediations between July 1, 2004 and June 30, 2005 resulted in mediation agreements.

$$\text{Percent} = (2.1(a)(i) + 2.1(b)(i)) \text{ divided by } (2.1) \text{ times } 100$$

$$((0 \text{ mediation agreements related to due process} + 1 \text{ not related to due process}) / 1 \text{ agreement}) \times 100$$

$$1/1 \times 100 = 100\%$$

Discussion of Baseline Data:

Virginia’s baseline data for FFY 2004 is 100%. Because Virginia has had so few mediation requests, it is difficult to predict the percentage that will result in agreements in future years. One would not expect all mediations to result in agreements, and failure to reach a mediation agreement does not necessarily imply a negative outcome.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A until the number of mediations requested totals 10 or more
2006 (2006-2007)	N/A until the number of mediations requested totals 10 or more

<p>2007 (2007-2008)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>
<p>2008 (2008-2009)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>
<p>2009 (2009-2010)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>
<p>2010 (2010-2011)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>
<p>2011 (2011-2012)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>
<p>2012 (2012-2013)</p>	<p>N/A until the number of mediations requested totals 10 or more</p>

Improvement Activities/Timelines/Resources (through FFY 2012):

No improvement activities are required until the number of mediations requested totals 10 or more in a reporting period.

Overview of the State Performance Plan Development:

Same as for the first Indicator

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14 – State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Measurement: Appropriate 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 (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Data for reporting to OSEP on child count, services, settings and exiting are collected through the Infant and Toddler Online Tracking System (ITOTS), a web-based individual record data system first implemented in 2001. Each local lead agency is responsible for entering individual child data into ITOTS for each child referred to the local Part C system. OSEP's letter to Virginia after their April verification visit to the Commonwealth notes the following concerns about the accuracy of data reported:

- The State Lead Agency has no systematic procedures for monitoring the accuracy of data reporting (such as comparing, as part of an on-site visit, the data in a child's IFSP against the data reported in ITOTS for that child);
- While there are procedures that a local lead agency can choose to use to review the accuracy of its data, the State does not require local lead agencies to implement such procedures or to certify the accuracy of its data;
- The State Lead Agency has no way to determine the extent of inaccurate copying of data into ITOTS or other data entry errors (beyond the edit checks for illogical data that are built into the ITOTS software); and
- The only services and settings data entered into ITOTS are the data from the child's initial IFSP and are not in accordance with Section 618 requirements and OSEP reporting instructions that the data be from the child's most recent IFSP.

In order to address these findings, Virginia was required to submit to OSEP procedures for reviewing and requiring data accuracy by local lead agencies to ensure that the data the State collects, analyzes and submits to OSEP are accurate. Those procedures were submitted to OSEP in August 2005 and are described in the Baseline Data and in the Improvement Activities.

Baseline Data for FFY 2004 (2004-2005):

- a. For data due between July 1, 2004 and June 30, 2005 Virginia submitted all OSEP-required data on or before their due dates, except for child count data:
 - Child count data was submitted late on February 23, 2005 (due February 1, 2005)
 - Services, settings, and exiting data were submitted on February 13, 2004 (due November 1, 2004)
 - Personnel data were submitted on October 28, 2004 (due November 1, 2004)
 - The Annual Performance Report, including dispute resolution data, was submitted on March 31, 2005 (due March 31, 2005)
- b. The following mechanisms were used to verify the accuracy of the data being submitted in this State Performance Plan:
 - Indicator 1 (Services begin in a timely manner): The State Lead Agency compiled a spreadsheet for each local system reflecting the data on "timely" submitted through record reviews completed in January – February 2005. The local system manager was required to compare the data in the spreadsheet with the data in the child's record to confirm the accuracy and then submit corrections. The data reported for indicator 1 reflects the confirmed and corrected data.

- Indicator 2 (Services primarily in the home and community settings): The 2004 data reported as baseline data is the most accurate data available at this time. The individual child data collected through ITOTS and reported to OSEP in Virginia’s Annual Performance Reports and annual 618 *Reports of Program Settings Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance With Part C* have, to date, reflected only the services planned on each child’s initial IFSP. The State Lead Agency is unable to pinpoint the extent of inaccuracy in this data. The Section 618 settings data for children enrolled in Virginia’s Part C system as of December 1, 2005 will reflect the primary service setting listed on the IFSP in effect on December 1, 2005 for every eligible child. Once this December 1, 2005 Section 618 settings data is available, the baseline data reported will be updated as appropriate, and an amended State Performance Plan will be submitted to OSEP.
- Indicators 3 & 4: New indicators; no data reported.
- Indicators 5 & 6 (Number of children served): The SFY-05 Local Contract for Continuing Participation in Part C required the local lead agency to review ITOTS data, update as needed and confirm by January 10, 2005. Data on children under three served through the public schools was verified by the Department of Education. DOE edited, as needed, to ensure an unduplicated count and then required a signed verification from all local school divisions.
- Indicator 7 (45-day timeline): Local system managers were required to review their 45-day timeline data quarterly with their Technical Assistance Consultant and to submit copies of local documentation that confirms the reasons for instances in which the 45-day timeline was exceeded.
- Indicator 8 (Transition): This data was collected through local record reviews. Each local system manager was required to submit a signed statement confirming the accuracy of the data submitted via these record reviews.
- Indicators 9 – 14 (General supervision system): This data was confirmed through documentation kept at the State Lead Agency.

Discussion of Baseline Data:

- a. Virginia’s baseline data reflects that 83% of required data (5 out of 6 reports) were submitted to OSEP in a timely manner in FFY 2004.
- b. Methods are in place to confirm the accuracy of baseline data for 13 of the 14 State Performance Plan indicators (93%). Baseline data for the remaining indicator (settings) will be corrected and an amended State Performance Plan will be submitted to OSEP as soon as possible. For Section 618 data, procedures were in place in FFY 2004 to confirm the accuracy for only the child count data (1 out of 6 reports, 17%).

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2006 (2006-2007)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2007 (2007-2008)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2008 (2008-2009)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2009 (2009-2010)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2010	100% of State reported data (Section 618 and Annual Performance Reports) are timely and

(2010-2011)	accurate
2011 (2011-2012)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate
2012 (2012-2013)	100% of State reported data (Section 618 and Annual Performance Reports) are timely and accurate

Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources
1. Conduct a detailed data requirements analysis and develop a “master plan” for the technology solutions needed by the State Lead Agency to meet federal and State reporting requirements related to Part C in an accurate and timely manner.	<p>Contract with professional who will facilitate completion of this activity – October 2005 (Completed)</p> <p>Project plan, including timelines, is developed – November 2005 (Completed)</p> <p>Analysis is completed – March 2006 (Completed)</p>	<p><u>Personnel</u>: Part C Data Analyst, Data Project Team</p> <p><u>Funding</u>: Already in Part C budget</p> <p><u>Other</u>: Stakeholder input</p>
2. Implement the following procedures: On at least a quarterly basis, each local system generates the following new ITOTS reports for their local system: Children Active, Children Discharged, Children Evaluated Eligible – Will Receive Ongoing Part C Services. The local lead agency reviews and confirms in writing (and with signature of the local system manager) that the data is accurate. This quarterly confirmation of accuracy is kept on file at the local lead agency and is available for review upon request of the State Lead Agency. On an annual basis, the local lead agency submits to the State Lead Agency confirmation on data accuracy signed by the local system manager.	<p>Reports are available for use through ITOTS – January 2006 (Completed)</p> <p>Local systems begin using new reports – April 2006 (Completed)</p>	<p><u>Personnel</u>: State Part C staff, Welligent (ITOTS contractor)</p> <p><u>Funding</u>: For addition of new ITOTS reports – already in Part C budget</p>
3. Develop and implement procedures to ensure that the Section 618 services and settings data reported to OSEP reflect the most current IFSP for each eligible child.	<p>Develop and implement manual collection of the settings data for each child – January 2006 (Completed)</p> <p>Enhance the ITOTS system to</p>	<p><u>Personnel</u>: The Part C staff, DMHMRSAS MIS staff, contractor to conduct detailed requirements analysis and develop “master plan” for needed technology solutions</p>

Activity	Timelines	Resources
	require services and settings data be updated for each child at the time of each IFSP review and annual IFSP – January 2008 (Completed)	<u>Funding:</u> For contractor – already in Part C budget
4. Implement procedures to require that submission of data from all record reviews required by the State Lead Agency and conducted by the local system is accompanied by a signed certification by the local system manager confirming the accuracy of the data.	Standard form for signature developed – September 2005 (Completed) Local contract for SFY-2007 includes language reflecting this process of data confirmation – May 2006 (Completed) Implementation - Ongoing	<u>Personnel:</u> State Part C staff
5. Conduct an annual on-site record review to confirm randomly selected data (e.g., Section 618 and other data collected through ITOTS and data from annual record reviews conducted by the local system), in June 2006, December 2006, and every December thereafter,.	Specific procedures for sampling are determined – December 2005 (Completed) Role of existing personnel and/or need for additional personnel to complete this task are determined – January 2006 (Completed) Specific process for conducting the record reviews is determined – March 2006 (Completed) Pilot implementation – May/June 2006 (Completed) Statewide implementation – December 2006 and annually thereafter (Completed)	<u>Personnel:</u> Existing and/or additional State Part C staff <u>Funding:</u> To hire additional personnel if needed – already in Part C budget <u>Other:</u> Consultation with experts on sampling
6. Confirm data on 2-year-olds served through the public schools by annual receipt of a confirmation statement from the Department of Education	Begin receiving annual confirmation statement - January 2006 (Completed)	<u>Personnel:</u> Staff Part C staff, State Part B staff
7. Develop and implement procedures to determine local compliance with submission of data in accordance with local contract timelines and assist local systems in implementing steps to ensure immediate correction of noncompliance.	Procedures developed – February 2007 (Completed) Implementation begins - March 2007 (Ongoing)	<u>Personnel:</u> State Part C staff

Activity	Timelines	Resources
8. Implement training for State Part C staff and all local users on ITOTS, including improvements made to screens and reports	For State staff – December 2006 <i>(Completed)</i> Regional trainings for local users – January – February 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C and IT Staff <u>Funding</u> – Already in Part C budget
9. Develop and disseminate an ITOTS User’s Manual, including a data dictionary	February 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C and IT Staff
10. Move ITOTS into the State Lead Agency to facilitate better control of data integrity and a streamlined process for making future enhancements to the system	March 1, 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C and IT Staff
11. Determine the process for selecting sites and data elements for annual on-site data verification	June 2007 <i>(Completed)</i>	<u>Personnel</u> – State Part C Staff
12. Identify and make necessary enhancements to ITOTS to ensure the data system allows for timely and accurate collection and reporting of all State and federally required data as well as financial data related to service provision	Complete an ITOTS functionality analysis – December 2007 <i>(Completed)</i> Stakeholder Meeting – January 2008 <i>(Completed)</i> Additional steps and timelines will be identified based on the results of the functionality analysis	<u>Personnel</u> – State Part C and IT staff, national consultant <u>Funding</u> – Already in Part C budget for the analysis; further funding to be determined based on the needs identified in the analysis <u>Other</u> : Stakeholder group
13. Develop and implement reports that flag large changes or unusual findings in local data that are then discussed with local systems to determine if errors occurred	2009 (Revised to 2011) <i>(Activity changed to #21)</i>	<u>Personnel</u> – State Part C and IT Staff
14. Acquire and customize the Alaska data system for use in Virginia – now called the ITOTS Expansion Project	Acquire system – February 2009 <i>(Completed)</i> Implement with all basic data elements and reports – July 1, 2009 Implement additional data elements and reports for monitoring and supervision – 2010 All implementation revised to 2011	<u>Personnel</u> : State Part C Staff, IT Staff <u>Funding</u> : Already in Part C budget <u>Other</u> : Stakeholder group

Activity	Timelines	Resources
	(Activity changed to #19)	
15. Implement Part C practitioner database to track and manage the process of early intervention certification and support “family choice” of providers and service coordinators	July 1, 2009 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> Already in Part C budget <u>Other:</u> Stakeholder group
16. Complete the Data Exchange Project, which will facilitate data exchange between state and local data systems and across state agency data systems.	2011 <i>(Activity changed to #20)</i>	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> ARRA funds <u>Other:</u> Stakeholder group
17. Complete the Data Warehousing and Reporting Project, which will allow Part C data to be integrated with data from other programs at the State Lead Agency for outcome and other reporting purposes.	2011 <i>(Activity deleted)</i>	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> ARRA funds <u>Other:</u> Stakeholder group
18. Develop a series of online training modules to support local system use of a consistent and rigorous data analysis process for system improvement	October 2011	<u>Personnel:</u> State Part C Staff, Consultant, Partnership for People with Disabilities <u>Funding:</u> ARRA funds <u>Other:</u> Consulting support from Data Accountability Center
19. Participate in the development of any comprehensive data system developed in the Health and Human Resources Secretariat	2012	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> To be determined <u>Other:</u> Stakeholder group
20. Explore options for interagency data exchange as part of any comprehensive data system developed in the Health and Human Resources Secretariat	2012	<u>Personnel:</u> State Part C Staff, IT Staff <u>Funding:</u> To be determined <u>Other:</u> Stakeholder group
21. Within any comprehensive data system developed within the Health and Human Resources Secretariat, explore development of reports that flag	2012	<u>Personnel</u> – State Part C and IT Staff

SPP Template – Part C (3)

Virginia – amended February 2011

State

Activity	Timelines	Resources
large changes or unusual findings in local data that are then discussed with local systems to determine if errors occurred		