

VIRGINIA INTERAGENCY COORDINATING COUNCIL
MEETING MINUTES
Via Video-Conferencing
October 08, 2008

The Vice-Chair of the Virginia Interagency Coordinating Council (VICC), Phyllis Mondak, called the October 08, 2008 meeting to order. Karen Durst called the roll. The meeting was conducted via video-conferencing with seven (7) members participating. Seven locations were available for attendance. They included the Virginia Department of Education, George Mason University, James Madison University, Old Dominion University, Virginia Tech and Wise County Schools. Please see the attendance list at the end of the minutes.

Phyllis Mondak then provided information from the September 10, 2008 VICC Retreat. She reported on the top three priorities for the focus of the VICC for the next 18-24 months. They include the following:

- Data Research;
- Communication; and
- The Comprehensive System of Personnel Development (CSPD)/Medicaid Initiative.

Committees were formed during the Retreat to address the priority areas. Membership and the purpose of each committee are listed below:

- Data Research Committee: **Phyllis Mondak (Chair)**, Mary Lou Hutton, Ginny Heuple, with input from Mary Ann Discenza
 - All VICC members will be asked to look at the provided data to understand the numbers and the dollars. Questions and comments will be submitted to the Committee within one week related to the data. Two to three days of meetings will then be scheduled for committee members. Current infrastructure and infrastructure needs will be included. A FAQ will be developed which will likely take 2-3 weeks. The Committee will present information at the November 12, 2008 meeting. Further questions and discussion will occur.
 - Input has been received from two members. A request was made for members to submit their questions and comments as soon as possible.
- Communication Plan Committee: **Joanne Boise (Chair)**, Mary Ann Discenza, Debra Holloway, Delegate Valentine
 - A plan will be developed for providing information related to the transformation of the system, transition of the State Lead Agency and fiscal situation.
 - A phone conference was held with Joanne Boise, Debra Holloway and Mary Ann Discenza participating.
 - A communication plan has been developed and was provided to VICC members. Additional information is provided with the Part C Update. The plan will be widely distributed.
- Comprehensive System of Personnel Development/Medicaid Initiative (CSPD/MI): **Eva Thorp (Chair)**, Delly Greenberg, Mary Lou Hutton, Debra Holloway, Phyllis Mondak
 - Focus on issues of the Comprehensive System of Personnel Development.
 - Understand the Medicaid Initiative and the implications on CSPD.

- The Medicaid Initiative includes a comprehensive system of personnel development and requires that qualified personnel be in the system.
 - Link with the work of the Medicaid Initiative.
- Look at drafts of regulations from Part C.
- Consider the Part C Federal Application and the assurances.
- Consider other resources such as Special Quest, Connecticut's *Help Me Grow*, the Governor's Personnel Development Taskforce, etc.
- Information to be provided at the December 10th VICC meeting.

Information was also shared on the VICC Steering Committee and the Membership Committee.

- The VICC Steering Committee is composed of the VICC Chair, VICC Vice-Chair, VICC Secretary, Parent Representative, identified VICC members to each Standing and/or Special Committee, EIIMT Representative, and Part C Staff Representative.
- The role of the VICC Steering Committee is to conduct all business matters pertaining to the purposes and administration of the VICC and keeping the VICC fully informed of such matters. The Steering Committee shall set the agenda for all VICC meetings. The Steering Committee shall also write letters and position statements on behalf of the VICC.
 - The Membership Committee is a short-term committee with membership vacancies, appointments and reappointments to be addressed by the Steering Committee.

Scheduling for the next VICC Retreat was discussed. Plans will be made at a later date based on new VICC members taking their positions, the transformation of the system and the change in the State Lead Agency.

Mary Ann Discenza then provided the Part C Update. She shared the following:

- Work continues on the Medicaid Initiative.
 - A database is being developed in which all Part C providers will be enrolled.
 - A certification process is to be implemented.
 - Training modules are being created that must be completed as part of the certification requirements.
 - A Decision Memo related to the Initiative has been approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and is under review at the Department of Medical Assistance Services (DMAS).
 - Personnel Regulations will be developed and promulgated by the Virginia Department of Health (VDH) as the new State Lead Agency.
 - The Transition Team will be meeting and will discuss what is required.
 - The regulations will be fast-tracked in order to be in place by July 01, 2009.
 - The State Plan Amendment (SPA) by DMAS is in revision.
 - A teleconference was held with the Center for Medicare and Medicaid Services with support given for the direction of the Initiative.
- Regarding the data system for Part C, two demonstrations of Alaska's data system have been scheduled.
 - Staff is currently working on acquiring the software.
 - Changes will be made to the software to make it Virginia specific.
 - Virginia's Information Technologies Agency (VITA) project approval is needed.
 - An agency sponsor must be designated.

- The Transition Team for the change in State Lead Agencies met last week.
 - Representatives from DMHMRSAS and VDH participated with individuals from each office that will be impacted attending.
 - Work groups were identified to address the areas of the data system; financial planning and management; contracts and procurement; human resource management; legislation and regulations; and outreach and communication.
 - The Transition Team will meet the first Thursday of each month.
 - Invitations have been sent by Secretary Tavenner to individuals to participate on a Stakeholders Transition Group.
 - Stakeholders will represent the Virginia Community Services Board (VACSB). Parents, the Virginia Board for People with Disabilities (VBPD), the ARC of Virginia, etc.
 - A meeting is to be scheduled.
 - The VACSB has identified two members to participate in meetings where information on the work of the Transition Team will be shared.
 - In order to ensure that constituents are fully informed regarding the transition a Communication Plan has been developed. It includes the following:
 - Conference calls;
 - Written updates;
 - It was requested that written updates also be sent to agency heads
 - Presentations;
 - Sessions provided by the Family Involvement Project for families;
 - Meetings with the VACSB;
 - Regional meetings;
 - A Frequently Asked Questions (FAQ) document;
 - Information on the website;
 - Meeting with the Council Coordinators Association (CoCoA); and
 - Teleconferences focusing on specific topics;
 - A recent call was held focusing on the current fiscal situation
 - A call has been scheduled for November 03, 2008 focusing on the Services Pathway.
 - A recent memo was sent to local system managers regarding the revision of the definition of the “timely initiation of services”.
 - The definition has been changed from 21 calendar days to 30 calendar days effective July 01, 2008 with systems being encouraged to strive for 21 calendar days with the focus on serving families as quickly as possible.
 - Local systems had been told that data would be reviewed annually regarding the definition.
 - The “timely initiation of services” has been identified by the Office of Special Education Programs (OSEP) as a compliance issue for Virginia for 3-4 years.
 - Recent data indicated that most children received their services within 30 calendar days.
 - This was a significant increase compared to the 21 calendar day timeline.
 - Based on the 30 calendar day definition, additional systems would meet full compliance.

- Both the data associated with the 21 calendar day definition and the 30 calendar day definition will be sent to OSEP for the Annual Performance Report/State Performance Plan (APR/SPP) which is due February 02, 2009.
 - The hope is that OSEP will be in agreement with the change.
 - Of 54 states and jurisdictions, 30 define “timely” as 30 days.
 - Only six (6) states or jurisdictions define “timely” as less than 30 days.
 - Remaining states and jurisdictions define “timely” as either 45 days, the date on the IFSP or an otherwise specified number.

The following discussion occurred related to the “timely initiation of services”:

- The time from referral that a family actually receives services could be 75 days with 45 days allowed for development of the Individualized Family Service Plan (IFSP) and then the additional 30 days.
- The lack of providers contributes to the delay in the start of services in some localities.
- It is important to look at compliance but the issue of increasing providers needs to be addressed.
- The data includes information on the reasons for delays in starting services. Mitigating circumstances must be reported.
 - In some cases, it may be the family’s decision to delay the start of services.
 - In other situations, the delay may be an absence of providers which counts against compliance.
- There is a concern that families are waiting for services.
- Monitoring data is being gathered regarding the number of provider issues identified. This information will be reported at the next VICC meeting.
- With data indicating that most children are being served within 30 days, this appears to be a reasonable target.
- An emphasis has been placed on providing services as quickly as possible.
- Regarding the Federal Part C Regulations, it is possible that approval may be received by December 2008.
 - Time would then be provided for states to revise state regulations.
 - If the federal regulations are finalized by December, it is anticipated that OSEP will give conditional approvals to states upon submitting the 2009 Federal Application.
- Information has been received from the Social Science Research Center at Old Dominion University (ODU) regarding the Family Survey.
 - Approximately 1,200 surveys have been returned.
 - Eight systems have fewer than 15 families responding in their locality.
 - ODU will wait an additional week for surveys to come in prior to doing follow-up to increase numbers in those areas.

On behalf of Debra Holloway, Heidi Faustini then provided the Family Report from the Family Involvement Project. The following italicized information is verbatim from the written report submitted.

The Family Involvement Project staff continues to be active participants in statewide committees, workgroups, regional and local activities and council meetings. Some of these activities since our last meeting include hosting a local parent representative conference call; we are encouraging every local council to identify a parent to be a local resource for families in their system and to act as a representative participating in our quarterly phone conferences with families. We continue participating in the Early Intervention Training workgroup, the Infant and Child Mental Health Committee, we have facilitated two Waiver workshops one in the Richmond area and one in South Boston. A workshop is also planned for next week in Hanover County. The Family Involvement Project has put together an "Advocacy Package" for families and providers that guide families through the advocacy process and how they can be taking action today. We are also planning regional Family Information Meetings in November. The meetings are intended to bring families together that have children receiving early intervention services to network, talk about family rights and learn how to advocate. The following meetings are planned, more details to come:

Nov 1st The Arc of the Virginia Peninsula

10 a.m. – 12 p.m.

November 7th Leesburg, VA

November 3rd Tuckahoe Library, Henrico, VA

November 22nd, Harrisonburg, VA

10 a.m. – 12 p.m.

Roanoke and Front Royal to be announced soon.

Mary Ann Discenza then continued with the Part C Update. She shared the following additional information:

- Virginia's autism grant application to the National Professional Development Center on Inclusion (NPDCI) through the University of North Carolina's Frank Porter Graham Development Institute was not approved.
 - The grant application had been submitted as a joint application between the Department of Education (DOE), the Partnership for People with Disabilities and the Part C Office.
 - The application can be resubmitted next year.

Information was provided on the status of the Infant & Toddler Connection of the Shenandoah Valley. A letter has been received indicating that the Local Lead Agency, James Madison University (JMU), will be terminating their Part C contract as of December 15, 2008. The contract with the agency providing therapy services ends October 15, 2008.

Mary Ann shared that two meetings have been held with JMU and the Local Interagency Coordinating Council (LICC) regarding the financial needs, the discontinuation of Part C services and the need to identify a local lead agency. Discussions have also been held with the Warren County Special Education Director and the Department of Social Services in that area, as well as local system managers in the surrounding areas, regarding identifying a local lead agency for the program. Plans are also underway to talk with the in-coming director of the Lord Fairfax Health District.

The main question exists as to how to provide services for the children and families. Services are needed for 116 children. Half of those children receive Medicaid. Of the total, 53 children are expected to transition to Part B of the school system. There have also been 28 new referrals to the locality. The VICC will be provided information as the situation progresses.

Concern continues regarding the expectation that some other systems may potentially run out of funds. In order to examine the status of the local systems, a letter was sent to the local system managers asking for two months of data related to expenditures and revenue as well as projections for the remainder of the year and expected shortfalls. Mary Ann has asked to be directly informed by local systems regarding potential financial shortages. She has provided information to the General Assembly staff and Secretary Tavenner's Office regarding the financial situations.

Bonnie Grifa, Part C Monitoring Consultant, then shared information regarding Virginia's determination status by OSEP of "needs assistance" for the last two years. The specific area of noncompliance is the "timely initiation of services". OSEP has issued a directive that states falling in "needs assistance" for two years must access technical assistance and that the February 01, 2009 APR must report what technical assistance was selected and the outcome. The local Part C systems must meet the same requirements. Local technical assistance choices are being addressed through the localities' Corrective Action Plans/Service Enhancement Plans (CAP/SEPs) and local outcomes must also be reported by the State in the APR/SPP. Information will be provided to the VICC on how many local systems have had a determination of "needs assistance" for the last two years.

Bonnie shared that one resource being accessed is a website through the Regional Resource and Federal Center Network at RRFCnetwork.org that is linked to the APR/SPP and to technical assistance options for each indicator. The Regional Resource Centers Program consists of six (6) regional centers funded by OSEP to assist state educational agencies in the systemic improvement of education programs, practices, and policies that affect children and youth with disabilities.

Public comment was then received from three (3) individuals. Alison Standring provided public comment on behalf of CoCoA. Her comments appear in italics and are verbatim from the written public comment provided.

Good Morning. I am Alison Standring, local system manager for the Rappahannock Area and chair of CoCoA. I am speaking to you today on behalf of the CoCoA Steering Committee.

The CoCoA Steering Committee appreciates the opportunity for Local System Manager and CSB Executive Director representation on the Transition Stakeholder Advisory Group that will be meeting quarterly and the Transition Team that will be meeting monthly and looks forward to a collaborative and transparent effort to move the state lead agency from the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Virginia Department of Health.

The CoCoA Steering Committee continues to have significant concerns regarding Virginia's FY09 funding situation. In July we reported to you the results of a survey we conducted highlighting the dire financial picture. I regret having to report that things have not improved. The fiscal needs identified through our survey increased from \$2.1 million in June to \$2.7 million in September. This includes one system reducing its identified need by \$500,000. Since June, the Infant & Toddler Connection of the Shenandoah Valley's local lead agency has announced its intent to relinquish that role effective December 15, 2008; it planned to cease direct service delivery October 15th. Similar discussions are happening in at least three other systems

The CoCoA Steering Committee is particularly concerned about a potential domino effect of local leads giving up their responsibility to Part C in light of the fiscal crisis and also the move to Health. Should this occur, it could be devastating to the early intervention system in Virginia, especially when considering the amount of local funding the local lead agencies contribute. There is a long history in Virginia of strong fiscal and administrative support of early intervention by Community Services Boards and other local leads that none of us take for granted, especially now. The 2007 report to the General Assembly indicates more than \$7 million in local fund revenue. The CoCoA Steering Committee urges that every effort be made by those in DMHMRSAS and especially those in the Department of Health to keep the executive directors of our local leads up to date, involved, and at the table in a leadership role as the transition unfolds.

Local systems are making very difficult choices about how to continue to deliver services to Virginia's youngest citizens with insufficient funding. Local systems are implementing measures to reduce expenses that include limiting transportation and training, providing center based evaluations and services (with IFSP review and justification for center-based services on the IFSP as a temporary measure), negotiating with providers for reduced reimbursement for services and associated costs, staff layoffs, considering reducing hours personnel work, encouraging grouping of visits geographically, looking at establishing group settings in the community where several children might be seen together, using screening information done at the front end or from other sources in the determination of eligibility as a change from the two member team evaluations, reducing the frequency of services, and putting children on wait lists when they do not have the staff or financial resources to provide services.

Local systems are implementing measures to secure additional funds such as billing for MR and MH TCM, private fund raising, looking at grant proposals, soliciting private donations and donations from community organizations, and requesting funds from their local government or CSB.

The VICC has identified child find as a priority, but understand we cannot actively search for children who need services when we know, in some cases, we cannot provide services to the children already in our system. This would only reduce our credibility even more to our referral sources.

During the VICC retreat Sue Mackey Andrews of Solutions presented Resource Distribution information for Virginia representing state and federal funds. She identified that from FY06 to

FY07 there was a 37.7% increase in state and federal funds with a 4.87% increase in child count in 2007 and an 8.02% increase in child count in 2008. This implied that there was a significant percentage increase in funding without a concurrently significant percentage increase in child count, which is not an accurate implication. The CoCoA Steering Committee would like to clarify that while there was an increase of more than \$4 million from 2006 to 2007, these same consultants reported in their 2004 Cost Study that state and federal funds are only approximately 25% of the system funding thus rendering the system funding increase of \$4 million to a system funding percentage increase of 12%, not 37%. This 12% funding increase is consistent with the increased percentages in child count. The infusion of funds in FY07 was preceded by years of steadily reduced allocations of federal funds while state funds increased; at the same time local systems increased their child count. Additionally, since FY03 three local lead agencies have relinquished their local lead role for financial reasons (Shenandoah Valley aka Northwestern, Valley, and Heartland aka PD14), resulting in less local funding in the overall system and increasing the demand for state and federal Part C dollars. Again, we encourage multiple proactive efforts to keep all of our current local lead agencies intact.

Some localities are in the planning process already for fiscal year 2010 and must have additional information about projected revenue from the new Medicaid initiative. Significant concerns were raised about the preliminary figures that were shared with the state in March 2008, and it was requested that clarification and revisions be provided. It is critical that the revised figures be released and reviewed by the localities, since many decisions and local projections about early intervention services will need to be made from these figures.

The CoCoA Steering Committee's fiscal workgroup appreciates very much Mary Ann Discenza's willingness to participate in discussions about the fiscal crisis in Virginia's early intervention system and engage in ongoing collaboration as we work through this challenging year and the significant challenges ahead. Thank you.

Carol Granger, the Local System Manager in Chesterfield, then provided public comment. Her comments appear in italics and are verbatim from the written public comment provided.

Good Morning. I am Carol Granger, the System Manager for the Infant and Toddler Connection of Chesterfield.

I want to express my appreciation for the continued opportunity, on behalf of Chesterfield's youngest citizens, to discuss concerns about the fiscal state of affairs for Chesterfield Early Intervention System.

The Infant and Toddler Connection of Chesterfield is fully in support of serving more infants and families while more efficiently using the potentially available funds. We look forward to integrating the underlying concepts of the Medicaid Initiative for Part C services that will be in effect July 2009. However, we have continued concerns about funding our system prior to the implementation. In order to be able to do planning for FY 10 we need the details of the initiative and projections that are suggested.

With insufficient Part C funding, we have made decisions about how to provide services to infant and toddlers eligible who live in Chesterfield County. We have previously mentioned, that in order to make it through the year, children in Chesterfield may receive fewer services than needed to meet their IFSP goals, may receive services outside of Part C, and will receive services in an office or center and not in the natural environment. As a result, this will present with issues of non-compliance. We have been told there is no “additional funding” available. We only ask that if additional funding is available that careful consideration be made related to its distribution.

Again I echo a question that VICC asked several years ago: How are the children? I would like to think the children in Chesterfield are doing well. But I am concerned that without additional funding many of the families of children in Chesterfield County might say their children do not have access to all early intervention services as described for Part C. Thank you.

The final public comment was from Kathy Phillips, Local System Manager from Middle Peninsula-Northern Neck. Her comments appear in italics and are verbatim from the written public comment provided.

Thank you for the opportunity to share comments today. My name is Kathy Phillips and I am the Local System Manager from the Middle Peninsula and Northern Neck, a rural 10-county region in southeastern Virginia. I am speaking on our locality’s behalf and for Chuck Walsh, executive director of the Middle Peninsula-Northern Neck Community Services Board, which has been our Part C lead agency providing early intervention services for the past 25 years.

Our locality, which covers an area larger than the state of Delaware, has always faced challenges in the delivery of services. Our locality is facing a financial shortfall later this year, which has been shared with the Part C office. We are trying diligently to ensure that all Part C services are in place year round in our locality. Our agency has, in the past, made up any shortfall in early intervention costs, in addition to their annual financial support to ensure that this would happen. Unfortunately, the climate in today’s economy will not allow this to happen this year or in the coming years.

Over the past 10 years, our CSB has contributed well over \$3 million to the provision of early intervention services in this locality, which has helped to make it possible for us to double our number of children enrolled in Part C. Our agency has always provided close to, and in some years more than, half of the funds needed to ensure early intervention services in our locality. Appreciation for our local dollars as well as those from Part C has been expressed strongly by families, community partners and our local legislators. The difference in the lives of the children in our region because of these dollars is significant.

Our specific concerns and questions today are as follows:

1) The amount of funding projected for our locality from the new Medicaid initiative that was shared by the state office in April does not match the amount that we have projected, and this has been shared with the Part C office. Our agency data system is able to track our locality’s Medicaid and private insurance reimbursement, and to account for each local service delivered,

and this is what we have used to for our own projections. Our projections, even with substantial growth, show significantly less revenue than the state projections of revenue in the Consultants' report. Our concern is that if projections from the Medicaid initiative are inflated and are not corrected, then localities such as ours will face an even greater shortfall next year and in the coming years. While our locality believes that billing for special instruction will result in an excellent new revenue source for children with Medicaid, our projections show that this will not alleviate our financial shortfall. We need to have a way to dialogue with the Part C office until we reach closure about these discrepancies.

2) The projection of fees to be collected from families for Part C services also needs to be corrected, since we do not want the burden for revenue shifted to families. The revenue projected from families in the Consultants' report is about 2½ times what it currently is, and that is not acceptable to us.

3) If the formula that will be developed to distribute any Part C dollars is based on inflated projections of Medicaid dollars, then the difficulties that we have faced over the years with the current flawed formula will continue.

4) We continue to have questions about the change in Part C state lead agency, as we have over the past three months, and we would like to have a mechanism to have those questions answered. Our questions relate to information about the move to VDH that has been mentioned but not clarified for us. These include: the continuum of services within VDH, intra-program referrals, and the projected increase in new providers and referrals as a result of the move from DMHMRSAS. As with the other concerns, we need to have a way to receive information and to dialogue with the Part C office about these questions.

Our agency shares the same goal of serving infants and toddlers with disabilities and their families as the state, and we feel that we have demonstrated our commitment to early intervention. We have complied in the past and felt that we operated as partners with the state, and we hope to continue to comply in the future. However, in order to continue to be full partners in this system, we need to have a mechanism for more open sharing of information that we believe is very much needed. We look forward to the opportunity to having the dialogue needed about early intervention services in our locality.

Karen Durst then provided an update on the VICC vacancies. Requests for reappointments were sent to the Appointments Secretary's Office on July 18, 2008 and September 04, 2008 for Rick Beaman, Dr. Eva Thorp, Jeannie Odachowski, Virginia Heuple, and Sheila Nelson. A follow-up phone call indicated that scheduling is needed on the Governor's calendar to finalize the reappointments. Additionally, vacancies exist for the following:

- (1 Position) Individual involved in personnel preparation.
- (3 Positions) Public or private providers of early intervention services who represent the broad geographic cultural diversity of the Commonwealth.
- (1 Position) Individual from a Head Start Agency or program in the Commonwealth.

- (3 Positions) Parents-Including minority parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, who represent the broad geographic cultural diversity of the Commonwealth, with knowledge of, or experience with programs for infants and toddlers with disabilities. At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.

Parents: (1) Southwest Region-Counties of Buchanan, Bland, Carroll, Dickenson, Floyd, Franklin, Giles, Grayson, Lee, Montgomery, Patrick, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe and Cities of Norton, Galax, Bristol, Abingdon and surrounding areas.

(1) Tidewater Region-Counties of Accomack, Essex, Gloucester, Isle of Wight, James City, King & Queen, King William, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Richmond, Southampton, Westmoreland, York and Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg and surrounding areas.

(1) Roanoke Valley Region-Counties of Alleghany, Augusta, Bath, Botetourt, Craig, Highland, Roanoke, Rockbridge, Rockingham and Cities of Buena Vista, Clifton Forge, Covington, Harrisonburg, Lexington, Roanoke, Salem, Staunton, Waynesboro and surrounding areas.

No applications have been received to date from parents or Head Start representatives interested in serving. Members were encouraged to share the vacancy information with individuals who may be interested. Applications are due October 10, 2008.

Agency updates were then provided. On behalf of the Department for the Blind and Vision Impaired, Glen Slonneger provided the following information:

- Due to the state budget cuts, the annual conference to have been held in December has been cancelled.
- A thank you to Part C for providing materials to be distributed to parents of children who are blind or visually impaired.

Phyllis Mondak then provided an update on behalf of the Virginia Department of Education (DOE)

- Quality placement for children is a focus of the Early Childhood Foundation.
 - Training will be held the end of October related to ratings for toddler classrooms.
- Solving the Preschool Puzzle is a Preschool Initiative.
 - Information on dates and locations for regular meetings will be provided.
 - Meetings will be held statewide.
- DOE continues to work on the Part B Annual Performance Report.

Cori Hill provided information on the Communities of Practice in Autism Conference held September 24, 2008 in Charlottesville. There were 180 individuals in attendance. The content of the conference was considered excellent.

The following agenda items were identified for the November VICC meeting:

- Data Committee Report;
- Status of the APR;
- Transformation Update;
- Part C Update;
- Plans and Recommendations from the VICC Retreat; and
- Advocacy Efforts.

The next meeting of the VICC will be held, Wednesday, November 12, 2008 at the Hanover DSS Office from 9:30-3:00.

The meeting was adjourned.

VICC Member Attendance

VICC Members in Attendance

Delly Greenberg
Mary Lou Hutton
Phyllis Mondak
Glen Slonneger
Cindy Sommers for Delegate Shannon Valentine
Dr. Eva Thorp
Tammy Whitlock

VICC Members Absent

Rick Beaman
Joane Boise
Virginia Heuple
Martha Kurgans
Lyndell Lewis
Laura Miller
Sheila Nelson
Jeannie Odachowski
Leslie Hutcheson Prince
Yolanda Tennyson