



Infant & Toddler Connection of Virginia December 2014 Update

December 2014

Note about This Update:

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

Enrollment of Children in the Medicaid Data System (VAMMIS)

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

Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov

Beth Tolley 804-371-6595 beth.tolley@dbhds.virginia.gov

Early Intervention Certification

For questions about certification of practitioners, contact Irene Scott 804-786-4868

irene.scott@dbhds.virginia.gov.

For questions related to completing the online application, contact David Mills 804-371-6593

david.mills@dbhds.virginia.gov



Best Wishes to Mary Anne White

The Department of Behavioral Health and Developmental Services said farewell to Mary Anne White December 15, 2014. Mary Anne has been an integral part of the Infant & Toddler Connection of Virginia for over 15 years. She was instrumental in developing and implementing Virginia's Monitoring and Supervision System, which has been recognized nationally. She has also been our resident expert on family rights, procedural safeguards and dispute resolution. We are grateful for all the work Mary Anne has done to help local systems provide excellent support and services for children and families! While we will miss her, we are happy to report that she will continue to be involved in early childhood services, now at the local level. We look forward to continuing to work and collaborate with Mary Anne.

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Public Reporting

The Office of Special Education Programs (OSEP) requires states to report to the public a compilation of the State’s data on a required set of monitoring indicators for each early intervention system across the Commonwealth of Virginia. This data will be reported to OSEP in the State Performance Plan/Annual Performance Report that will be submitted in February 2015. Each state is required to post the report on the Part C Early Intervention website and share the information with stakeholder groups. The *Summary of FFY13/SFY14 State and Local Results on Virginia’s Monitoring Indicators* will be posted on the Infant and Toddler Connection of Virginia’s website at www.infantva.org by December 19, 2014. The report is a compilation of the data provided by the forty (40) local early intervention systems and reflects a collaborative process over time toward the goal of establishing performance measures that serve to fulfill the expectations of funders and the public for accountability and stewardship.

Local Contract Due Date Reminders:

Due Date	What	To Whom
January 12, 2015	<ul style="list-style-type: none"> • ITOTS Active Users Verification Report • Annual ITOTS/Dec. 1 Child Count and Primary Service Setting signed Data Verification form • Quarterly ITOTS data verification – signed annual verification form • 	Keishia White Fax: 804-371-7959
January 12, 2015	<ul style="list-style-type: none"> • List of ITOTS numbers for children who had new services added October through December 2014 through annual IFSPs or IFSP Reviews 	Beth Tolley Beth.tolley@dbhds.virginia.gov
February 2, 2015	<ul style="list-style-type: none"> • Completed family contact spreadsheet for children with IFSPs December 1, 2014 	SFTP Server, or Encrypted Email to David.Mills@dbhds.virginia.gov , or Compact disc mailed to: David Mills Department of Behavioral Health and Developmental Services 1220 Bank Street Richmond, VA 23219
February 16, 2015	<ul style="list-style-type: none"> • Midyear expenditure report 	Sharon Erdt Sharon.Erdt@dbhds.virginia.gov

State Systemic Improvement Plan (SSIP)

As part of the new State Performance Plan /Annual Performance Report 6-year cycle that begins this year, each state is required to develop and submit to the U.S. Department of Education, Office of Special Education Programs, a State Systemic Improvement Plan (SSIP). The plan will be developed over the first 2 years and then implemented over the remaining four years. The SSIP's focus on evidence-based practices and improving results for children and families will fit perfectly with efforts already underway in Virginia.

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

Here's what's new in the SSIP development process:

- Staff from the Infant & Toddler Connection of Virginia state office presented the proposed coherent broad improvement strategies, identified based on stakeholder input, to the Virginia Interagency Coordinating Council (VICC) at their December 10 meeting. The VICC reviewed and discussed the following broad improvement strategies:
 - Use implementation science in identifying, developing and implementing professional development and technical assistance.
 - Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently conduct initial and ongoing functional assessment that leads to consistent and accurate determination of entry/exit ratings in the area of children using appropriate behaviors to meet their needs.
 - Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently use coaching and natural learning environment practices when planning and delivering early intervention services.
 - Increase local system capacity to determine the extent and fidelity of provider use of evidence-based practices, including the ability to identify and address fiscal and other local system issues that support or hinder full implementation of these practices and the ability to assess the impact of evidence-based practices on results for children and families.

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- Enhance the capacity of the statewide early intervention data system (ITOTS) to efficiently collect and report comprehensive data on child indicator results that helps in evaluation and improvement planning at the state and local levels.
- The VICC also reviewed and discussed a draft theory action, which illustrates how the selected improvement strategies will align and lead to the desired result for children. This theory of action can be reviewed at <http://www.infantva.org/Sup-SSIP.htm>.
- The specific steps necessary to accomplish the broad improvement strategies, including what steps will be initially implemented with a cohort of early implementing local systems prior to statewide replication, will be identified during Phase 2 of the SSIP development. An evaluation plan must also be developed during the next phase. Phase 2 work will begin in January 2015, will include continued stakeholder input, and must be completed by February 1, 2016.

If you have comments or questions about the SSIP, please contact Kyla Patterson at k.patterson@dbhds.virginia.gov.

State Performance Plan (SPP)/Annual Performance Report (APR)

Beginning in 2004, every state was required by the U.S. Department of Education to develop a State Performance Plan (SPP) that identified annual targets for the state's performance on a set of federally required indicators for the next 6 years. Subsequently, the U.S. Department of Education extended the SPP for 2 more years. This year, each state must submit a new SPP/APR that specifies our actual performance on each of the indicators compared to this year's target and must establish new targets for each indicator through Federal Fiscal Year 2018. The SPP/APR is due to the Office of Special Education Programs (OSEP) on February 2, 2015, and a draft of that report will be available by December 19th for your review in the "What's New" section of our website, www.infantva.org. The data and targets already have been discussed with the Virginia Interagency Coordinating Council, and we are accepting any additional written comments through January 2, 2015. Please submit any comments you have on the APR to Kyla Patterson at k.patterson@dbhds.virginia.gov.

Attention Physical Therapists!

On **January 12, 2015 at 8:00 PM**, the **Pediatric Special Interest Group (PSIG) Café** will feature Pamela Lang, PT, DPT presenting an evidence-based approach to assessing infants and toddlers that examines meaningful performance and behaviors. This session will focus on practical strategies to collect, organize, and record the real-life functional competencies of children to improve the planning of a child's program

All interested therapists are invited to participate. To join the online meeting click on this link: <http://www.anymeeting.com/vapsig>. To join on the phone dial 213-416-1560 and enter Attendee Code: 058 5964#

The Decision Tree

Child Indicator Seeds for Success



Mom. Put Down That Smartphone at Dinner

Study finds mothers who are distracted by devices at mealtimes connect less well with kids.



Harried mothers who want to stay close with their kids should put aside their smartphones and tablets at the dinner table, a new study suggests.

Researchers found that mothers who are regularly distracted by mobile devices at mealtimes fare worse at connecting with their children.

The reason? Mealtime exchanges between parent and child decreased because, "the mother's gaze and/or attention was directed at a device," study co-author Dr. Jenny Radesky, clinical instructor in developmental-behavioral pediatrics at Boston University School of Medicine, said in a university news release.

Overall, Radesky's team found that the use of cellphones and other devices during meals was tied with 20 percent fewer verbal and 39 percent fewer nonverbal interactions with their children. Mothers with the highest use of mobile devices during meals were also much less likely to provide "encouragement" to their children, according to the study published online this week in the journal *Academic Pediatrics*.

Experts weren't surprised by the findings.

"This study documents what we clearly see to be true -- that is, that everyone is connected to an electronic interface way too much and ignoring real-time human relations," said Dr. Ron Marino, associate chair of pediatrics at Winthrop-University Hospital in Mineola, N.Y. "Children must have the emotional physical and verbal presence of a loving caretaker," he added. "When a mother is distracted by electronic media, the opportunities to develop language and social cognition are diminished or lost."

Dr. Andrew Adesman is chief of developmental and behavioral pediatrics at Cohen Children's Medical Center of New York, in New Hyde Park, N.Y. He said that, "just as we would not want parents intermittently reading a newspaper or glimpsing a TV program during family meals, parents should make a conscious effort to put away their mobile devices during mealtime. Most text messages and e-mails can wait the 20 minutes or so that families spend together at the dinner table."

The study involved 225 mother-and-child pairs, all from low-income households. Radesky's team videotaped the mom/child pairs when the kids were 6 years old, in a setting where the children were being presented with unfamiliar foods at the family dinner table. According to the researchers, being introduced to new foods can be stressful for young children, but mothers who used mobile devices had 26 percent fewer verbal and 48 percent fewer nonverbal interactions with their youngsters during meals that featured the new foods. This suggests that these mothers were less "available" to help their children through this new experience, Radesky's team said.

"Although this study looked at low-income families in an experimental setting, there is no reason to think that these findings don't reflect what goes in households across America during family meals at dinnertime," Adesman said. "Common sense suggests that parents should make a concerted effort to be 'device-free' during family dinners," he added. "This will likely not only have immediate benefits on the family unit, but it will also set a positive example for children since it will just be a matter of time before these kids as teens likewise have mobile devices with their potential to distract."

SOURCES: Ron Marino, M.D., associate chair of pediatrics, Winthrop-University Hospital, Mineola, N.Y.; Andrew Adesman, M.D., chief of developmental and behavioral pediatrics, Cohen Children's Medical Center of New York, New Hyde Park, N.Y.; Boston University, news release, Dec. 9, 2014

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Happy Holidays from the

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HAPPY HOLIDAYS AND HAPPY NEW YEAR!