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Part C State Annual Performance Report (APR) for FFY 2005

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

A. Other States with similar eligibility definitions; and

B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

A. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. 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.

FFY	Measurable and Rigorous Target
2005	.62%

Actual Target Data for FFY 2005:

Based on the December 1, 2005 child count, **.51%** of infants and toddlers birth to 1 were served in Virginia's Part C early intervention system in FFY 2005 (data from www.IDEAdata.org).

As a group, states with broad eligibility definitions similar to Virginia's were serving 1.03% of the birth – 1 population in 2005. National data for December 1, 2005 indicated .95% of the birth – 1 population was receiving Part C services nationally.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

Despite implementing a number of improvement activities, the percentage of the birth – 1 population served in Virginia's Part C early intervention system decreased from FFY 2004 to FFY 2005. At this time, there is no data available to indicate possible reasons for this slippage that are related specifically to the birth-1 population. Please see Indicator 6 for discussion of target data and explanation of slippage related to the birth – 3 population, as a whole.

The following improvement activities specifically related to the birth – 1 population were completed in FFY 2005 (additional activities related to the birth – 3 population, as a whole, are discussed in the next indicator):

- The State Lead Agency collaborated with the Virginia Department of Health and a medical intern working with the Part C Office to develop and disseminate information related to the expanded newborn screening program that began in March 2006. The written document clarified that all 28 disorders and diseases included in the newborn screening program fit Virginia's definition of eligibility for Part C early intervention supports and services and provided a fact sheet and links with information about all of the disorders and diseases.
- At regional meetings of local system managers, Part C technical assistance consultants discussed strategies for increasing referrals of potentially eligible infants, birth – 1. Emphasis was placed on establishing relationships with hospital contacts and maintaining that connection through ongoing communication.
- Written clarification regarding parental consent was provided to all local systems to facilitate better communication with the Department of Health's Early Hearing Detection and Intervention Follow-Up Coordinator in determining whether families of children newly

diagnosed with hearing loss, who have been referred to the local Part C system, have made contact and/or begun receiving supports and services.

- An interagency work group 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 obtained grant funding through the Department of Health to implement the Guide By Your Side program. The program matches the trained parent of a child with hearing loss with families of children who are newly diagnosed with hearing loss. The trained guide provides unbiased information on communication options and community resources, supports and services. A flow chart used by the parent guide prompts him/her to check that the family has been referred to the local Part C system and to provide information about the supports and services available through Part C. As of October, 2006, 15 parents have been trained and program implementation is expected in early 2007.
- 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.
- 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.
- Part C staff provided training to Department of Medical Assistance Services (DMAS) state personnel on the supports and services offered through Virginia's Part C early intervention system and the process for referral.
- The 2006 Virginia Early Intervention Conference included break-out sessions related to identifying and evaluating very young infants with disabilities and development delays as well as local collaboration for child find and referral of children identified through the expanded newborn screening program.

In addition, in early FFY 2006 the State Lead Agency has completed the following improvement activities:

- Child find was identified as one of the two areas of focus for monitoring and improvement in FFY 2006. On-site focused monitoring will be completed with the lowest performing local systems and state-level improvement activities associated with this indicator will be a priority for the coming year.
- The analysis of data for development of the APR included identification of the percentage of infants, birth – 1, served in each local Part C system based on the local population of children birth – 1. Based on that data, 16 local systems have been required to develop corrective action plans in order to improve performance on this indicator.
- Part C staff presented information on the supports and services offered through Virginia's Part C early intervention system and the process for referral at regional DMAS trainings attended by managed care case managers and others who work with young children with Medicaid.
- The Virginia Interagency Coordinating Council and the State Lead Agency began consideration of adding cleft lip and cleft palate to the list diagnosed conditions that provide automatic eligibility under Part C in Virginia.
- The State Part C Coordinator initiated dialogue with one of the Commonwealth's regional hospitals in order to better understand the hospital's process for referring families to the Part C early intervention system.
- The State Part C Coordinator met with Care Connection of Virginia staff to ensure understanding of the process for referring children identified through the expanded newborn screening program to the Part C early intervention system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005:
[If applicable]

Improvement activities and timelines in the State Performance Plan have been revised as follows:

- Activities involving drill-down analysis of the birth-one data (e.g., looking at proportionality of race/ethnicity served and infants referred but not in services) were deleted as State-level activities, but will be used, as appropriate, in local Corrective Action Plans to determine how to most effectively increase the percentage of infants served in local Part C systems who did not meet the target.
- The activity related to evaluating the effectiveness of other improvement activities by looking at child count and live birth data was deleted since the Annual Performance Report process ensures such evaluation occurs.
- The activity related to providing written guidance on atypical development was expanded to address considerations in evaluation and assessment, especially related to difficult to measure aspects of development, infant mental health issues, premature infants, and atypical development. The improvement activity has been moved under Indicator 6 (birth – 3) since it is not specific to or limited to the birth – 1 population.
- Timelines associated with activities involving the State interagency agreement were delayed to ensure the agreement supports implementation of the revised Part C Policies and Procedures, which are targeted for completion by April 2007.
- Timelines were modified for other activities to allow for completion of priority projects in 2005 – 2006 associated with transition and enhancements to Virginia's systems of monitoring and supervision and data collection.
- Two improvement activities were added to address referral and follow-up of premature infants and improved collaboration with regional children's hospitals.
- An improvement activity was added to explore the possibility of establishing local system-specific targets for this indicator. The statewide percentage will be used as the target for local systems for at least the next year.

With these revisions, planned improvement activities related to increasing the percentage of the birth – 1 population served in Part C are as follows:

Activity	Timelines	Resources
1. Participate in the activities of the Legislative Subcommittee studying follow-up with children who are born prematurely	Ongoing	Personnel: State Part C Staff
2. Continue existing and begin new dialogues, as appropriate, in order to understand the referral process from regional children's hospitals	Began October 2006	Personnel: State Part C staff
3. 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	December 2007	Personnel: State Part C Staff
4. Continue to collaborate with Care Connection and the Virginia Department of Health in ensuring referrals to Part C for potentially eligible infants identified through Virginia's expanded newborn screening (blood test) program for chronic conditions	Ongoing	Personnel: State Part C staff Other: Care Connection staff

Activity	Timelines	Resources
5. Continue to collaborate with 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.	Development underway Implementation date uncertain	Personnel: State Part C staff, Department of Health staff, Department of Education staff Funding: Through Department of Health
6. 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 (see below).	April 2007	Personnel: State Part C Staff, Head Start staff
7. Revise the State Interagency Agreement for Part C to clarify responsibilities associated with child find and referral to the Part C system.	April 2007	Personnel: State Part C staff; Other Participating State Agencies' staff
8. Explore the possibility of establishing local system-specific targets for the percent of birth – 1 population served in the local Part C system	2008	Personnel: State Part C staff, consultant Other: Input from local stakeholders

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