

**Mississippi's Part C
Annual Performance Report
FY 2006
(July 1, 2006 - June 30, 2007)**



First Steps

**Mississippi State Department of Health
Health Services
Office of Child and Adolescent Health
Early Intervention Division**

February 1, 2008

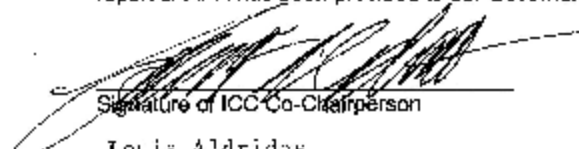
**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2008.

On behalf of the ICC of the State/jurisdiction of Louis Aldridge hereby certify that the ICC is: [please check one]

- 1. Submitting its own annual report (which is attached); or
- 2. Using the State's Part C APR for FFY 2006 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.



 Signature of ICC Co-Chairperson

_____ 1/31/08
 Date

_____ Louis Aldridge

 P.O. Box 2611

 Natchez, MS 38803

 Address or e-mail

_____ (662)342-3560

 Daytime telephone number

¹ Under IDEA Sections 618(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2008.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

The APR was developed by gathering information from a variety of sources. The Child Registry, otherwise known as First Steps Information System (FSIS), is Mississippi's data system. Information is gathered from providers by the Service Coordinators for input in the data system. The Central Office personnel, Service Coordinators and District Coordinators are responsible for accurate and timely input of data. The Part C Data Manager updates, changes, and maintains the system, and runs reports as needed. This information is utilized heavily for monitoring, managing the program, and reporting purposes. Broad stakeholder input is solicited on an on-going basis. Input about the program, including information about barriers and suggestions for activities/strategies, is constantly sought through interagency meetings, including the State Interagency Coordinating Council (SICC). Pertinent information from the SPP/APR is used to plan the agenda for each SICC meeting. Monitoring information was used, as well as complaints.

The Central Office staff consisting of the Part C Coordinator, the Data Manager, the Branch Director for Monitoring, and an Early Interventionist contracted to provide technical assistance and training were largely responsible for analysis of the final data and for writing the narrative of the APR. The State Interagency Coordinating Council met in January, where they viewed a draft version of the APR. The presentation included tables with targets and actual data for the state as well as for each district. Input from the SICC was incorporated into the APR. A revised draft of the APR was emailed to the state Interagency Coordinating Council members for final input. Final changes to the SPP and APR will be posted to the agency's website.

For Indicator 1, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative. Data are taken primarily from the state's First Steps Information System, known as FSIS.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their Individual Family Service Plans (IFSPs) in a timely manner.

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

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.

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for 2006-2007:

Between July 1, 2006, and June 30, 2007, 1471 children were referred, evaluated, determined to be eligible for the program, had an IFSP developed, accepted services, and did not exit the program before services began. 1025 children (70%) received **all of their services** in a timely manner. **Data analysis accounted for provision of all**

services on the initial IFSP, changes in services due to a revision of the IFSP, and provider changes without a revision of the IFSP. Data include gaps in services due to provider changes. Of the 446 children/families who had at least one service begin late, 112 were attributed to family and child reasons. 334 families did not receive all of their services in a timely manner because of problems in the EI system, including lack of providers and problems with scheduling. A total of 1137 (77%) children and families out of 1471 received their services on time or were late because of child and family circumstances. Across the state, there was an increase of 100 children receiving their first early intervention service during the reporting period, compared to the year before. Even with the increase in referral numbers, IFSPs developed, and services rendered, the timely percentage improved slightly (+1%), without additional money or dramatic increases in personnel. More resources, including more providers and more efficient use of resources are needed for the state to comply with this indicator.

The Progress Report seems to indicate additional progress (84%). However, these numbers are relatively small, particularly at the district level. As of February 1, 2008, timelines for IFSP development and Timely Provision of Services have not passed for children referred after November 15. Therefore, data in the current Progress Report should be viewed with caution.

See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.

Timely Correction of Non-Compliance: Zero of nine districts demonstrated compliance on this indicator in 2006. Zero of nine districts demonstrated compliance on this indicator in FFY 2005. In FFY 2005 and FFY 2006, Mississippi did not have a matrix of sanctions and enforcement actions for districts that failed to correct non-compliance within a year of identification of non-compliance. Improvement activities that are part of a Corrective Action Plan were implemented in each district demonstrating non-compliance. Improvement activities are listed below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Most of the activities proposed were initiated and are ongoing. In calendar year 2006, the data system was revised to capture initiation date for all services. The data for FFY 2006 include children referred between July 1, 2006, and June 30, 2007, who were determined to be eligible for services and began receiving their early intervention services. For the 2006 data, much information was requested in writing from Service Coordinators since the registry changes were not in effect for the entire reporting period. Follow-up was conducted and data were verified and quantified, including provider changes without a revision of the IFSP, changes in services due to a change in the IFSP, and justifications for services that were not timely. Data are considered to be valid and reliable.

In some areas of the state the pediatricians are slow or reluctant to write prescriptions for services recommended on the IFSP. For specialized treatment services, therapists cannot work with children without a prescription. This was addressed by working on relationships with pediatricians. The District Health Officer, who is a physician, in the districts most impacted by these issues agreed to write prescriptions when necessary so that eligible infants/toddlers could access EI services. The result of this activity is reflected primarily in District I's data. For timely provision of services, they improved from 65% to 85% in one year.

There continues to be a shortage of available providers with specialized treatment expertise in many areas of the state. Providers who are willing to bill insurance and/or Medicaid are difficult to recruit. Medicaid paperwork requirements are overwhelming for individual contract workers who have to complete all paperwork themselves. Strategies to assist contract workers with this burdensome task are being explored. Even small independent provider companies find the Medicaid requirements to be restrictive and time-consuming. Through technical assistance, emphasis was placed on making interim reimbursements to providers awaiting Medicaid and/or insurance reimbursement. The Medicaid prior authorization system in Mississippi has resulted in additional follow-up paperwork, appeals, and denial of services in community settings.

Medicaid and insurance reimbursement for early intervention services continues to decrease, resulting in more grant monies being used to pay for specialized treatment services. Medicaid continues to deny treatment authorization for some babies born with significant disabilities.

A provider supplied the following information: Documents found on the state Medicaid webpage indicate the Milliman Care Guidelines, which are based on adult norms, are followed for utilization of therapy services. The Medicaid documentation suggests nurses are reviewing therapy requests and making decisions regarding treatment authorization. These documents can be reviewed at

<http://www.hsom.org/PDFs/2007%20OP%20Therapy%20Presentation.pdf> and
<http://www.hsom.org/PDFs/outpatient%20manual/Precertification%20Review%20>.

In essence, reviewers making decisions about frequency, intensity and duration of language therapy (physical therapy, occupational therapy, etc.) for infants/toddlers are not Speech/Language Pathologists (physical therapists, occupational therapists, etc.). It appears that adult norms are being used, resulting in infants/toddlers born with significant disabilities and developmental delays being compared to adults with injuries and illness.

This year Service Coordinators and providers dealt with denials for services in day cares due to the fact parents were not present during service delivery. A baby with Down Syndrome was denied authorization for treatment by a physical therapist twice because of lack of progress during a three month period. A baby with cleft palate, Microcephaly, and cerebral palsy was recently denied treatment authority for physical therapy because of lack of progress during a three month period. Blue Cross/Blue Shield (BC/BS) has reduced coverage for language services for toddlers pursuant to a study by the American Speech and Hearing Association (ASHA) suggesting there is no link between chronic otitis media and language delays in young children. District EI programs are facing fiscal crises because of decreases in third-party reimbursement. In order for this situation to improve, one pediatrician suggests that USDE/OSEP work with Medicaid on a national level to "carve out" Early Intervention in the Medicaid system. At the state level, a new state Interagency Coordinating Council is needed to assist with these issues.

Activities to improve coverage continue. Several contracts were made for therapists to serve rural and other under-served areas of the state. In some instances these providers are driving great distances (as much as 2 hours one way) to serve children. Travel costs are increased, and time for actual services is decreased. In some districts, improvements in timelines did not increase, or decreased significantly (District III). However, the quality of services improved. Historically in District III, the providers were primarily Special Instructors. Now there are providers with specialized treatment backgrounds available to serve some areas. Sometimes this means waiting longer for evaluations to be completed and services to start. But the evaluation teams are better able to identify all of the infants/toddlers' unique needs, to develop IFSPs to address those needs, and to serve families.

Efforts to increase the provider pool are ongoing. Incentives for increased travel, training, and consultation are outlined in Memoranda of Understanding. Efforts to link providers with clerical support for billing will continue to be pursued. A change in rate structure has been recommended for 2008-09 to increase rates, to pay for consultation, to be competitive and consistent with other programs and third-party payment sources.

In the coastal region, effects of Hurricane Katrina continue to impact the EI system, including shifts in population and demographics, increase in the cost of living, and changing needs of children and families. EI providers displaced by the storm have not returned, while new providers have entered the system. Many social/emotional/behavioral issues are becoming evident throughout the coastal population, including the infant/toddler population, with not enough trained personnel to address the growing need.

During this reporting period, the state was under an Improvement Plan to address this Indicator. Progress by district and for the state was monitored on a monthly basis. Technical assistance and training targeted this Indicator. Monitoring of all nine health districts took place during calendar year 2006. Noncompliance was identified, correction plans were written, implementation began, and intensive technical assistance continues to be provided. Determinations for this reporting period were issued based on whether districts cleared their findings from the 2006 monitoring visits, complaints, identified training and technical assistance needs, and performance on Indicators. The benefit of the extensive monitoring activities, corrective action plans, training, and technical assistance should be evident in future data reports.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/ Resources for 2007-2008:

The Office of Special Education Programs (OSEP) did not accept the definition of timely submitted with the SPP in 2005. The new definition is "within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental

and/or therapeutic reasons. If the proposed initiation date is greater than 30 days from the date the parent gives permission for the service, timely is defined as 'starting on or before the proposed initiation date.'

- a. If a later date is specified,
 - i) It cannot be for the primary service(s);
 - ii) The reason(s) for the later date(s) must be stated in writing; and
 - iii) The reason(s) for the later date(s) must be based on the child and family's unique needs (e.g. bi-annual hearing follow-ups for children with hearing impairments)."

This revised definition was accepted. Training and technical assistance have been provided regarding this new definition. Monitoring activities included determining whether districts were meeting the timelines for "Timely Provision of Services."

In calendar year 2007, the system was changed again to indicate when providers changed or when services changed and linked those changes to an IFSP date, allowing for calculations of "timely" by the data system for all children and all services from July 1, 2007, forward. For the 2007 APR, this registry feature will be available as the primary means of data collection for this indicator. In calendar year 2008, a justification screen will be added and justifications will be required for all services that do not meet the definition of "timely," including the ability of Central Office staff to qualify the justification as "EI System problem" or "Family/Child Reason."

In calendar year 2007 information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). The packet included a sample of Early Intervention Public Awareness/Child Find materials, a reproducible referral form, and a Request for Information from SLPs willing to serve on multidisciplinary evaluation/assessment teams and/or to provide services to identified infants/toddlers in natural settings. In calendar year 2008 a similar packet will be sent to Occupational Therapists licensed through MSDH. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the Early Intervention System.

During state fiscal year 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively. Meetings were held in state fiscal year 2008 to explore possible ramifications for EI and other programs. It is anticipated changes will take place in state fiscal year 2009.

A long-standing goal was realized for state fiscal year 2008. Service Coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in a ~10% raise. A new activity for 2008-09 will be to explore realignment or reclassification of District Coordinators.

The Service Coordinator Manual containing the Mississippi EI Policies/Procedures was not revised. Originally, the activity was scheduled to begin in 2005. However, since the new Part C Regulations were not released, the Manual was not revised. When the Part C Regulations are released, the Manual will be revised to incorporate changes to policies and procedures. The Timeline depends on release of the new Part C Regulations. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management. Training and technical assistance is taking place on a continual basis regarding changes to forms and procedures, including best practices for evaluation and service delivery. Many changes were made as a result of requests from Service Coordinators, District Coordinators, and Providers. Revised forms are located on a network drive available to employees of Early Intervention.

New Service Coordinator training was developed in 2007. The training lasts for three days and is limited to a small number of participants (6-8 participants). The training includes a mix of new Service Coordinators, veteran Service Coordinators, District Coordinators, and other stakeholders, including Parent Advisors, Quality Monitors, etc. Topics covered include statute and regulations; policies, procedures and forms; SPP and APR; Payer of Last Resort; Targeted Case Management; Family Educational Rights and Privacy Act; General Supervision; Data collection/entry/analysis; and IFSP development/review/revision/reevaluation. Regulations, policies, procedures, forms, data and IFSP issues regarding Natural Environment are covered throughout the training.

In November 2007, the Office of Special Education Programs conducted a verification visit in Mississippi. The three foci of the visit were General Supervision, Data Management, and Fiscal Responsibilities. A letter from USDE/OSEP is anticipated within the next two months. Improvement activities and strategies based on the

contents of the letter will be developed and implemented to address areas of compliance and non-compliance or areas of improvement identified during the verification visit.

In August 2006 the SICC requested the Governor to make new appointments to the SICC. Most members attending on a regular basis have been on the SICC for a decade or more. Many agencies crucial to the EI system are not currently sending representatives to the meetings. New appointments are anticipated by February 2008. New standing committees will be appointed, including an Executive Committee and a Fiscal Advisory Committee. The SERRC technical assistant to this program has offered to assist in planning Committee meetings and retreats for a new SICC.

The table below is intended to aid comparisons between state baseline from the SPP, data from the APRs, and current Progress Report data.

Timely Target = 100% (≤30 days plus Family/Child Justifications)	≤30 days State Data	≤30 days +Family/Child Justifications State Data
SPP Baseline	<72%	Data not collected
2005 APR data	69%	76%
2006 APR data	70%	77%
February 2008 Progress Report	72%	84%

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

APR data, Referral Dates: July 1, 2006-June 30, 2007

Compliance Indicator 1, Target = 100%

District	# of Infants/Toddlers with services	# who received services on time	# late due to system problem	# late due to Family/Child Justifications	# Timely + F/C Justifications	Timely %
I	175	126	27	22	148	85%
II	137	108	29	0	108	79%
III	154	88	59	7	95	62%
IV	116	84	16	16	100	86%
V	253	146	89	18	164	65%
VI	128	100	23	5	105	82%
VII	60	38	8	14	52	87%
VIII	163	133	22	8	141	87%
IX	285	202	61	22	224	79%
State	1471	1025	334	112	1137	77%

(a)

Did not meet the target, but met/exceeded state average

Below state average and the target

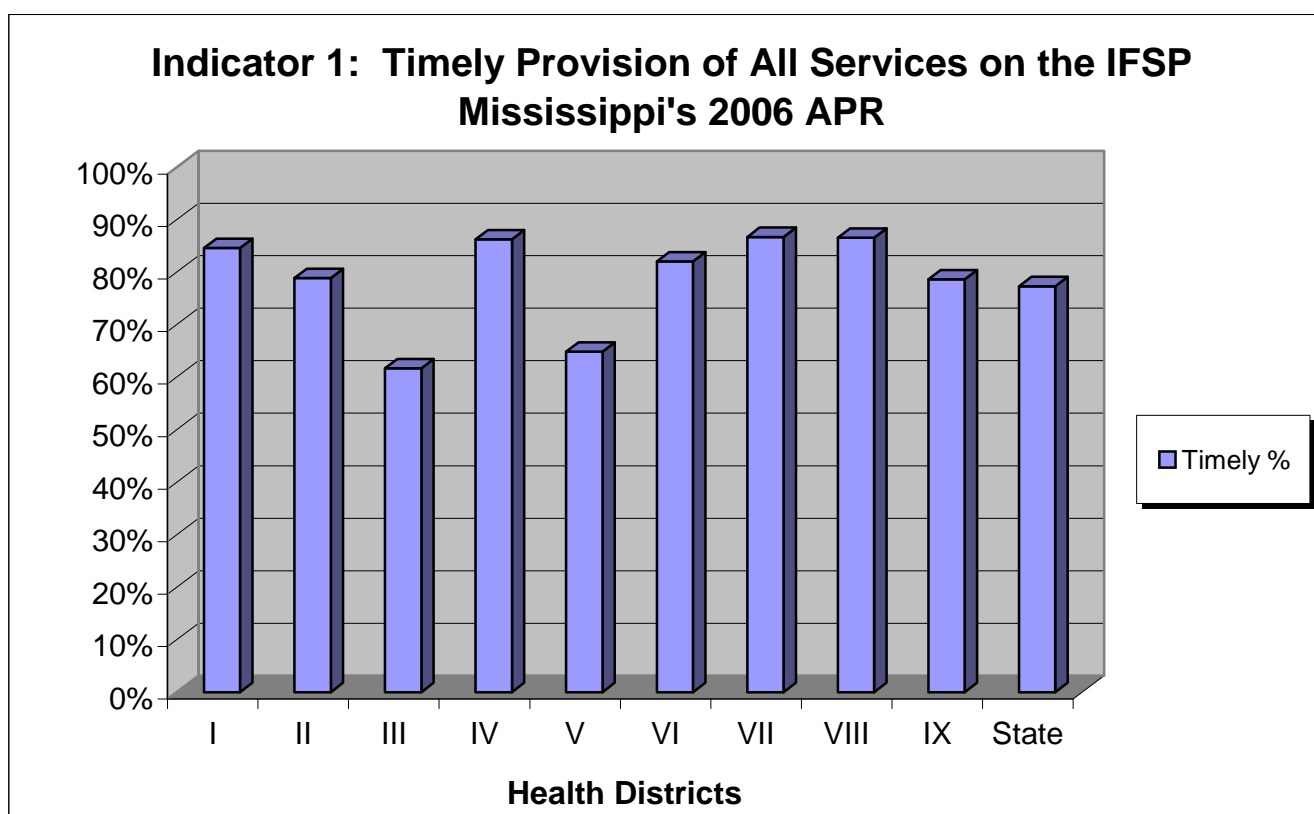
State average

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

APR data, Referral Dates: July 1, 2006-June 30, 2007

Indicator 1, Target = 100%



(b)

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

Progress Report, Referral Dates: July 1, 2007-December 31, 2007

Compliance Indicator 1, Target = 100%

Progress Report	# of Infants/Toddlers with services	# who received services on time	# late due to system problem	# late due to Family/Child Justifications	# Timely + F/C Justifications	Timely %
I	72	60	7	5	65	90%
II	52	45	5	2	47	90%
III	45	23	15	7	30	67%
IV	50	32	6	12	44	88%
V	126	67	31	28	95	75%
VI	58	45	7	6	51	88%
VII	28	22	4	2	24	86%
VIII	65	55	10	0	55	85%
IX	99	80	10	9	89	90%
State	595	429	95	71	500	84%

(a)

Did not meet the target, but met/exceeded state average

Below state average and the target

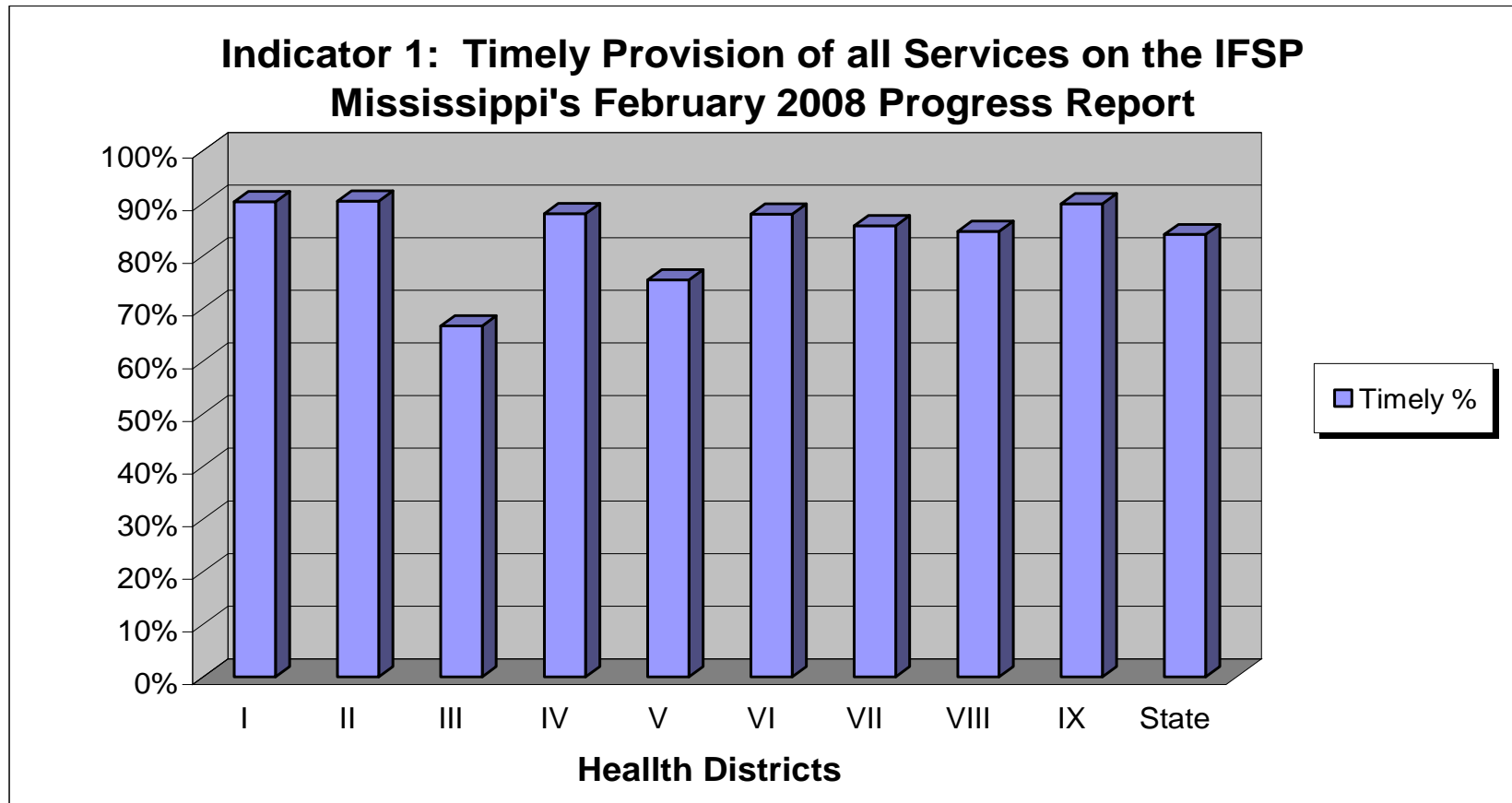
State average

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

Progress Report, Referral Dates: July 1, 2007-December 31, 2007

Indicator 1, Target = 100%



(b)

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 2, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative. Data are taken primarily from the state's First Steps Information System, known as FSIS.

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 programs for typically developing children.¹

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	94% of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with 100% child outcome-based justifications for remaining 6%.

Actual Target Data for 2006-2007:

1465 out of 1509 children (97%) entering the system in FFY 2006 received their services primarily in the home or in community programs with typically developing children. Of the 44 children who received their services primarily in other settings, 3 were for child outcome-based reasons. The total for children receiving their services primarily in natural settings plus the children with child outcome-based justifications for other settings is 1468 children, or 97%. The Natural Environment data for the 618 report indicates 96% of children served on December 1, 2006, received their services primarily in Natural Environments. The state exceeded the goal for the second year in a row for the number of children who received their services primarily in natural settings.

Data were taken from FSIS for children referred between July 1, 2006, and June 30, 2007, whose services were delivered during the reporting period. See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages. In addition, December 2006 618 data were used. Data between the two sources are consistent. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Most of the activities are ongoing. A Natural Environment brochure is distributed to Service Coordinators, Service Providers, and families explaining the regulations, best practices, and benefits regarding Natural Environments. This brochure was placed on the First Steps Early Intervention webpage. Routines and functional outcomes were emphasized in training and technical assistance, especially during IFSP and SC training. Part of the IFSP training includes using the Natural Environment Guiding Document that is part of the IFSP. In monitoring the fiscal aspects of

the program at local levels, it is evident that some children receive multiple therapies per week with multiple providers, in absence of documented need for this amount of direct services. This is not a practice supported by research, nor is it an effective use of resources. A new training on "Scope of Practice for Early Intervention Providers" is currently being developed to address evaluation/assessment, writing functional outcomes based on families' routines in natural settings, implementing a primary service provider model, and coaching/consulting with families and other providers. This training and related documents should provide guidance for providers to write outcomes and recommend providers in a way that meets the unique needs of the child and family while effectively using available resources. This training will be offered beginning in state fiscal year 2009 (July 1, 2008-June 30, 2009).

Contracts were made with individuals and entities willing to provide services in the Natural Environment. Subsidies/loans/grants (SLG's) were entered into with university programs to provide pre-service training on natural settings, routines, and functional outcomes. SLG's were increased with regional Mental Health Centers for contracting with providers in natural settings. Other contracts were not renewed because of problems with compliance and performance issues.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

Changes to the data system continue. Technical assistance and training about the changes are provided on a continuing basis. Because major changes to the data system are still in progress, the Data Manual has not been written.

The MS EI program held its state conference in collaboration with the Mississippi Early Childhood Association (MSECA) in October 2007. Carol Trivette was a keynote and breakout speaker. Her topic centered on the research regarding coaching families to increase activities during natural routines to improve family and child outcomes. The MSECA and EI plan to continue this collaborative effort, with increased emphasis on serving children with special needs in natural settings and routines.

SERRC continues to provide technical assistance and support in addressing the Part C indicators. Additional training on service coordination and family-centered services will be provided during the upcoming year.

**The table below is intended to aid comparisons between
state baseline from the SPP and data from the APRs.**

Reporting Period	Natural Environment State Data	NE + Family/Child Justifications State Data
SPP Baseline	82%	Data not collected
2005 APR data	96% Target = 93% in NE	97% Target = 100%
2006 APR data	96% Target = 94% in NE	97% Target = 100%

EARLY INTERVENTION IN MISSISSIPPI
CHILDREN WHOSE SERVICES ARE DELIVERED PRIMARILY IN
NATURAL ENVIRONMENTS

Referral dates = July 1, 2006-June 30, 2007

Indicator 2, Target = 94% for NE, 100% NE + child outcome-based justifications

District	# of infants/toddlers	# with services primarily in NE	% with services primarily in NE	# outside NE	# outside NE with F/C justification	# outside NE due to system problem	# NE + F/C Justifications	% NE + F/C justifications
I	173	173	100%	0	0	0	173	100%
II	135	131	97%	4	1	3	132	98%
III	144	136	94%	8	0	8	136	94%
IV	105	92	88%	13	1	12	93	89%
V	286	279	98%	7	1	6	280	98%
VI	135	127	94%	8	0	8	127	94%
VII	58	58	100%	0	0	0	58	100%
VIII	169	169	100%	0	0	0	169	100%
IX	304	300	99%	4	0	4	300	99%
State	1509	1465	97%	44	3	41	1468	97%

Met the target

Did not meet the target, but met/exceeded state average

Below state average and target

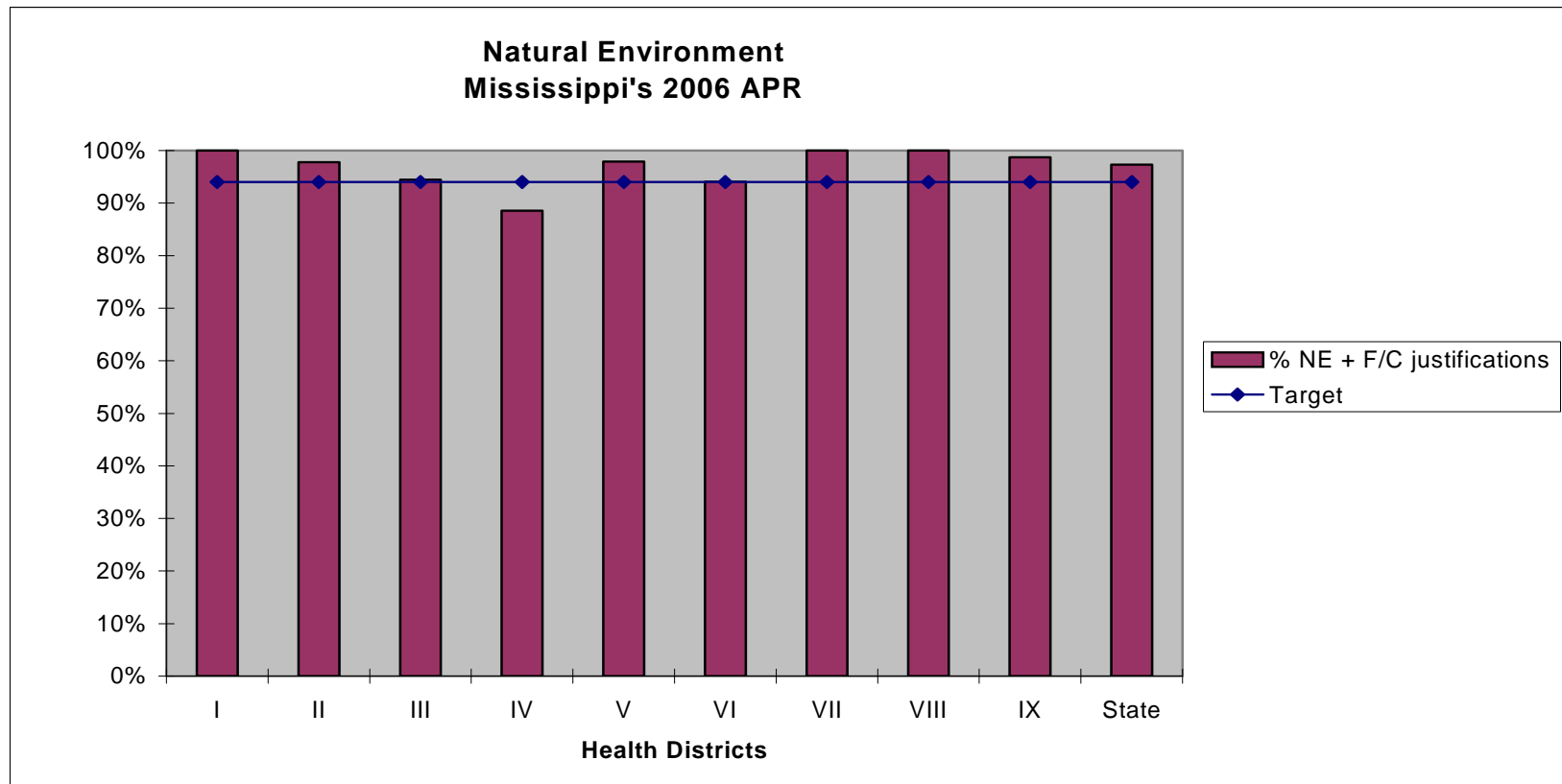
State average

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHOSE SERVICES ARE DELIVERED PRIMARILY IN NATURAL ENVIRONMENTS

Referral dates = July 1, 2006-June 30, 2007

Indicator 2, Target = 94% for NE, 100% NE + child outcome-based justifications



Part C State Annual Performance Report (APR) for 2006-2007

See overview for Indicator 1.

For Indicator 3, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative. Data was gathered through review of protocols, evaluation reports, and developmental histories. Scores were derived using guidance materials from the Early Childhood Outcomes Center. Data are currently kept in a spread sheet but will be moved to the data system next year.

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.

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

Measurement:

A. Positive social-emotional skills (including social relationships):

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

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}}\right]$ times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

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

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

In the First Steps Early Intervention Program, evaluations are most frequently completed by teams comprised of two or more of the following: speech/language pathologists, physical therapists, occupational therapists, special instructors, and/or early interventionists, all of whom meet applicable state licensure and/or personnel qualifications. The composition of the team is based on the unique needs of the child and family. The evaluation team must use more than one procedure and more than one instrument to determine eligibility (e.g. standardized and less formal measures to include play-based assessment, interview, review of records, and observation across settings and people).

The Part C Early Intervention Program is collaborating with Early Intervention teams statewide to develop a process for completing entry data and measuring progress on child outcomes. Barriers to implementation included staff turnover; lack of resources for evaluation, and lack of resources to provide training and technical assistance on the scale required to implement the activities state-wide.

Procedures/activities/strategies for assessment and measurement:

- Entry data will be collected for infants and toddlers entering the early intervention system who have an initial IFSP developed within the reporting period (FFY).
- Progress will be measured no more than 60 days prior to the child's exit from the early intervention program. Progress data will be collected for infants and toddlers with at least 6 months of consecutive service exiting the early intervention system for one of the following reasons: (a) the child no longer needs early intervention services; (b) the child moves out-of-state; or (c) the child is transitioning from the infant/toddler program at three years of age to community or Part B Preschool services. Mississippi will use the ECO Center definition for "comparable to same-aged peers": a child who has been scored as a 6 or 7 on the COSF.

- The EI program will provide training and technical assistance on the purpose of including this indicator and the activities required to address it.
- The FSIS data base will be modified to collect entry and progress data. Until modifications to the data base are complete, data will be maintained in a spread sheet which will be transferred to child records in FSIS when this feature becomes available. The ECO calculation tools will be incorporated in the FSIS data base to calculate data required as part of OSEP's APR reporting requirements.
- No single measure or assessment shall be used as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child.
- Technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors, will be used.
- Assessments and other evaluation materials used
 - are selected and administered so as not to be discriminatory on a racial or cultural basis;
 - are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do developmentally and functionally, unless it is not feasible to do so;
 - are used for purposes for which the assessments or measures are valid and reliable;
 - are administered by trained and knowledgeable personnel; and
 - are administered in accordance with any instructions provided by the producer of such assessments.
- The child is assessed in all areas of suspected delay/disability.
- The instruments chosen must allow an assessment of the unique needs of the child in all developmental areas (i.e., physical including vision and hearing; cognitive; social or emotional; communication; and adaptive), including the identification of services appropriate to meet those needs.
- Assessment tools and strategies must provide relevant information in determining the unique developmental needs of the child and the needs of the family to help their child develop and learn.
- Any adaptations (e.g., for motor or sensory issues) will be described in the eligibility/assessment report.
- Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools by choosing one Criterion Referenced Instrument and one Norm Referenced Instrument from the following list:

Criterion Referenced Instruments

Infant-Toddler Developmental Assessment (IDA)

The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN)

Early Learning Accomplishment Profile (ELAP)

Hawaii Early Learning Profile (HELP)

Norm Referenced Instruments

Developmental Activities Screening Inventory II (DASI-II)
 Battelle Developmental Inventory, Second Edition (BDI-2);
 Developmental Profile II (DP III).

Improvement Activities/Timelines/Resources:**Activities to commence in FFY 2005 (2005-2006):**

Entry data were collected statewide and child outcome information was summarized for 15 children who were referred to the Early Intervention Program and had an initial IFSP developed between July 1, 2005, and June 30, 2006. The entry status data were based on information gathered at the initial evaluation for eligibility to the Part C early intervention program. That information was completed using the 7 point Child Outcome Summary Form (COSF) developed by the Early Childhood Outcome Center. Due to the limited participation by the local programs in collecting entry measurement of infants and toddlers with IFSPs, changes were made in how this process was phased in throughout the state for the following year. The modified process diverts some of the responsibility from the Service Coordinators while allowing existing providers to take a bigger role in gathering the information needed to measure outcomes.

Activities to commence in FFY 2006 (2006-2007):

Using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version, entry data will be collected statewide and child outcome information summarized for children referred to the Early Intervention Program with an initial IFSP developed between July 1, 2006, and June 30, 2007. The Service Coordinator will forward copies of test protocols and evaluation/assessment reports to the Central Office. Personnel with a developmental background will review these documents and complete an Early Childhood Outcome Center 7-point Child Outcome Summary Form. Entry data will be entered into a spreadsheet maintained by Central Office staff.

Activities to commence in FFY 2007 (2007-2008):

Using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version, entry data will be collected statewide and child outcome information summarized for children referred to the Early Intervention Program with an initial IFSP developed between July 1, 2006, and June 30, 2007. The Service Coordinator will forward copies of test protocols and evaluation/assessment reports to the Central Office. Personnel with a developmental background will review these documents and complete an Early Childhood Outcome Center 7-point Child Outcome Summary Form.

Progress data for FFY 2007 (2007-2008) will be gathered:

- a) on children exiting the program (utilizing the criteria above);
- b) who had an ECO Center Child Outcomes Summary Form: 7-point version completed upon entry into the program; and
- c) who received Early Intervention Services from two Early Intervention Programs being phased-in to this process. The population targeted are representative of the population of the state.

Activities to commence in FFY 2008 (2008-2009):

In FFY 2008 (2008-2009) utilizing the procedures/activities/strategies outlined above, entry data will be gathered on all children who receive an initial IFSP during the reporting interval. Utilizing the procedures/activities/strategies outlined above, progress data will be measured in five districts. The four remaining districts will receive training on the use of the Child Outcome Rating Scale to prepare them to begin measuring progress data in FFY 2009. Technical Assistance will be provided for five Early Intervention Programs/IFSP teams measuring progress data and all programs/teams measuring entry data. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data. Evaluation of the 2007 data will determine whether adjustments are needed in the activities.

Activities to commence in FFY 2009 (2009- 2010):

In FY 2009 (2009-2010) utilizing the procedures/activities/strategies outlined above, entry and progress data will be gathered on all children meeting the entry and exit criteria described above. Technical Assistance for measuring child outcomes will be provided for all Early Intervention Programs/IFSP teams. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data. Evaluation of the 2008 data will determine whether adjustments are needed in the activities.

Activities to commence in FFY 2010 (2010-2011):

In FY 2010 (2010-2011) utilizing the procedures/activities/strategies outlined above, entry and progress data will be gathered on all children meeting the entry and exit criteria described above. Technical Assistance for measuring child outcomes will be provided for all Early Intervention Programs/IFSP teams. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data. Evaluation of the 2009 data will determine whether adjustments are needed in the activities.

~~In the First Steps Early Intervention Program, evaluations are most frequently completed by teams comprised of two or more of the following: speech/language pathologists, physical therapists, occupational therapists, special instructors, and/or early interventionists, all of whom meet applicable state licensure and/or personnel qualifications. The composition of the team is based on the unique needs of the child and family. The evaluation team must use more than one procedure and more than one instrument to determine eligibility (e.g. standardized and less formal measures to include play based assessment, interview, review of records, and observation across settings and people.). The Part C Early Intervention Program is collaborating with these Early Intervention teams statewide in order to develop a process for completing entry data and measuring progress on child outcomes. In February 2007, an updated plan was submitted describing how child outcomes data would be gathered in order to report to OSEP through APR/SPP process. Additional changes have been made since the plan for progress data was not completed. Barriers to implementation included staff turnover; lack of resources for evaluation, to and lack of resources to provide training and technical assistance on the scale required to implement the activities state wide. A summary of the background and current approach for measuring child outcomes are presented below, followed by the progress data for 2006-2007.~~

Background

~~In February 2007, Fifteen (15) Child Outcomes Summary Forms were completed by professionals around the state to measure entry functioning of infants and toddlers with initial IFSPs in 2005-2006. The entry status data was based on information gathered at the initial evaluation for eligibility to the Part C early intervention program. That information was completed by using the 7-point Child Outcome Summary Form (COSF) developed by the Early Childhood Outcome Center with "comparable to same aged peers" as a 6 or 7. Due to the limited response in entry measurement of infants and toddlers with IFSPs, changes were made in how this process was phased in throughout the state. This new process took the pressure off the Service Coordinators while allowing existing providers to take a bigger role in gathering the information needed to measure outcomes.~~

~~Entry data were collected statewide and child outcome information was summarized for children who were referred to the Early Intervention Program and had an initial IFSP developed between July 1, 2006, and June 30, 2007, using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version. FY 2008, 472 Child Outcomes Summary Forms were completed by professionals around the state to measure entry functioning of infants and toddlers with initial IFSPs in 2006-2007. The Early Intervention team conducting the comprehensive multidisciplinary evaluation submitted scored protocols, observation notes, and evaluation reports to the Central Office. The protocols submitted by the local health districts were reviewed by a group of professionals within the early intervention system, who met to assign a rating using the ECO Childhood Outcomes Summary Form and the Instrument Crosswalks. All entry data were entered into a Child Outcomes database for analysis and reporting to OSEP in the APR due 2008. No completed ECO Progress Data forms were received. Due to a limited amount of resources for training/technical assistance, each service provider has not been trained to collect progress data using the ECO Summary Form. Therefore, another plan was devised and the SPP has been revised to reflect Mississippi's third attempt to measure outcomes for children.~~

~~Details about the new approach are described below.~~

New Approach

Policies and procedures to guide outcome assessment and measurement practices

- ~~• All infants and toddlers who have had at least 6 months of consecutive service(s) and are exiting the early intervention system will have exit data collected. The exit data point for each child will be gathered no more than 60 days prior to the child's exit from the early intervention program.~~
- ~~• Exit data will be collected when the infant or toddler exits the early intervention program for one of the following reasons: (a) The child is no longer eligible for early intervention because the child no longer meets eligibility criteria; (b) It is anticipated that the child will move out of state; or (c) The child will transition from the infant/toddler program at age three years to community or Part B Preschool services.~~
- ~~• No single measure or assessment shall be used as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child.~~
- ~~• Technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors will be used.~~
- ~~• Assessments and other evaluation materials used

 - ~~○ are selected and administered so as not to be discriminatory on a racial or cultural basis;~~
 - ~~○ are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer;~~
 - ~~○ are used for purposes for which the assessments or measures are valid and reliable;~~~~

- ~~• are administered by trained and knowledgeable personnel; and~~
- ~~• are administered in accordance with any instructions provided by the producer of such assessments.~~
- ~~• The child is assessed in all areas of suspected disability.~~
- ~~• The instruments chosen must allow an assessment of the unique needs of the child in terms of each of the above developmental areas (i.e., physical including vision and hearing; cognitive; social or emotional; communication; and adaptive), including the identification of services appropriate to meet those needs.~~
- ~~• Assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.~~
- ~~• Any adaptations (e.g., for motor or sensory issues) will be described in the eligibility/assessment report.~~
- ~~• Provide training and technical assistance on the purpose of including this indicator and the activities required to address it.~~
- ~~• Ratings from the Child Outcome Summary Forms will be inputted in the Child Outcome Database by Central Office Personnel~~
- ~~• Measurement strategies used to collect data:~~

Phase III

- ~~• **Who will be included in the measurement, i.e. what population of children?**~~
 - ~~• Every child enrolled in First Steps with an initial IFSP will be included in the measurement of child outcomes. Entry data for state FY 2008 (2007-2008) will be gathered on all children with an initial IFSP during the reporting interval. Progress data for FY 2009 (2008-2009) will be gathered on all children who received Early Intervention Services from the two Early Intervention Programs which are being phased in to this process and who had an ECO Center Child Outcomes Summary Form: 7-point version completed upon entry into the program.~~
- ~~• **What assessment/measurement tool(s) and/or other data sources will be used?**~~
 - ~~• Mississippi's Part C system will summarize child outcome information for every child with an initial IFSP during the reporting interval using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version. Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools by choosing one Criterion-Referenced Instrument and one Norm-Referenced Instrument from the following list:~~

~~**Criterion-Referenced Instruments**~~

 - ~~Infant Toddler Developmental Assessment (IDA)~~
 - ~~The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN)~~
 - ~~Early Learning Accomplishment Profile (ELAP)~~
 - ~~Hawaii Early Learning Profile (HELP)~~

~~**Norm-Referenced Instruments**~~

 - ~~Developmental Activities Screening Inventory II (DASI II)~~
 - ~~Battelle Developmental Inventory, Second Edition (BDI-2)~~
 - ~~Developmental Profile II (DP-III)~~
- ~~• **What data will be reported to the state, and how will the data be transmitted?**~~
 - ~~• **Entry Data:** Two EI programs will collect entry and progress data on children in their programs. The rest of the state will continue to send protocols to the Central Office for entry data collection.~~

~~Ratings of completed forms will be entered into the Child Outcomes Spreadsheet by Central Office Personnel.~~

- ~~○ Progress Data: In the two EI programs designated to begin collecting progress data, progress information will be gathered by the infant/toddler's primary service provider within sixty (60) days before the infant/toddler exits the program. At least one of the standardized assessment instrument(s) used to determine the presence of a special need will be re-administered sixty (60) days prior to transition or when a child is determined to no longer need early intervention services. The measurement tools chosen for the entry and progress data will meet IDEA guidelines for selecting assessment and evaluation instruments. The primary service provider will update the child's original Child Outcomes Summary Form by inputting progress data using results from the standardized assessment instrument and progress notes. The completed progress Child Outcomes Summary Form will be submitted to the Central Office and ratings will be entered into the Child Outcomes Spreadsheet by Central Office Personnel.~~

~~○ What data analysis methods will be used to determine the progress categories?~~

- ~~○ The statewide database will be programmed using the ECO Center to calculate the child progress.~~

~~○ What criteria will be used to determine whether a child's functioning was "comparable to same aged peers"?~~

- ~~○ We will be adopting the ECO Center definition for "comparable to same aged peers", a child who has been scored as a 6 or 7 on the COSF.~~

~~○ Measurement strategies used to collect data~~

Phase IV

~~○ Who will be included in the measurement?~~

- ~~○ Every child enrolled in First Steps with an initial IFSP will be included in the measurement of child outcomes. Entry data for state FY 2009 (2008-2009) will be gathered on all children with an initial IFSP during the reporting interval. Progress data for FY 2009 (2008-2009) will be gathered on all children who received Early Intervention Services from four Early Intervention Programs and who had an ECO Center Child Outcomes Summary Form: 7-point version completed upon entry into the program. The two Early Intervention Programs from Phase III will continue to measure outcomes, and two more Early Intervention Programs will be phased in.~~

~~○ What tool(s) will be used?~~

- ~~○ Mississippi's Part C system will summarize child outcome information for every child with an initial IFSP during the reporting interval using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version. Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools by choosing one Criterion Referenced Instrument and one Norm Referenced Instrument from the following list:~~

Criterion Referenced Instruments

~~Infant Toddler Developmental Assessment (IDA)~~

~~The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN)~~

~~Early Learning Accomplishment Profile (ELAP)~~

~~Hawaii Early Learning Profile (HELP)~~

Norm Referenced Instruments

~~Developmental Activities Screening Inventory II (DASI II)~~

~~Battelle Developmental Inventory, Second Edition (BDI-2);~~

~~Developmental Profile II (DP II).~~

~~How will the tool be completed? By whom? When?~~

- ~~Entry Data: Four EI programs will collect entry and progress data on children in their programs. The rest of the state will continue to send protocols to the Central Office for entry data collection.~~
- ~~Progress Data: In the four EI programs designated to begin collecting progress data, information will be gathered by the infant/toddler's primary service provider within sixty (60) days before the infant/toddler exits the program. At least one of the standardized assessment instrument(s) used to determine the presence of a special need will be re-administered sixty (60) days prior to transition or when a child is determined to no longer need early intervention services. The measurement tools chosen for the entry and progress data will meet IDEA guidelines for selecting assessment and evaluation instruments. The primary service provider will update the child's original Child Outcomes Summary Form by inputting progress data using results from the standardized assessment instrument and progress notes. The completed progress Child Outcomes Summary Form will be submitted to the Central Office.~~
- ~~Who will report data to whom, in what form and how often?~~
 - ~~Data will be collected locally and submitted to Central Office bi-monthly as children enter and exit the program.~~
 - ~~Currently data are kept in a spread sheet. In 2008 the data system will be revised to allow reporting in FSIS.~~

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

- ~~In 2007-2008, two districts will be provided opportunities to attend training on the use of completing individualized developmental comprehensive evaluations, assessments, and the Child Outcome Rating Scale.~~
- ~~Technical Assistance will be provided for each of the two Early Intervention Programs/ IFSP tams as they imploment the child outcomes data collection, follow up will be done by monitor visits in order to trouble shoot any difficulties.~~

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

~~Procedures are planned to ensure the accuracy and completeness of the child outcomes data, including:~~

- ~~Currently data are kept in a spread sheet. In 2008 the data system will be revised to allow reporting in FSIS.~~
- ~~Professionals statewide will support local administrators in reviewing a random sample of COSFs for quality and completeness.~~

Baseline Data

EARLY INTERVENTION IN MISSISSIPPI CHILD OUTCOME SUMMARIES COMPLETED

Referral dates: July 1, 2006-June 30, 2007
Completion dates: August 1, 2006-July 31, 2007

Indicator 3: MEASURING CHILD OUTCOMES

District	# of infants/toddlers for whom an ECO Child Outcomes Summary was completed
I	64
II	42
III	74
IV	48
V	77
VI	27
VII	1
VIII	58
IX	81
State	472

Percentages	Infants/Toddlers who entered at age level (6-7 on the COSF)	Infants/Toddlers who entered below age level (1-5 on the COSF)
Positive social-emotional skills	15%	85%
Acquiring and using knowledge and skills	13%	87%
Taking appropriate action to meet needs	15%	85%

Rating	1	2	3	4	5	6	7	Total
Positive social-emotional skills	11	104	118	99	68	69	3	472
Acquiring and using knowledge and skills	13	79	135	106	79	60	0	472
Taking appropriate action to meet needs	16	78	120	101	86	71	0	472

~~Discussion of Baseline Data:~~

~~The state collected entry data on children who were referred to the Early Intervention program during the FFY 2006-2007. The purpose of entry data this reporting period is due to insufficient entry data for our baseline in FFY 2005. The completed standardized instruments, observation notes, and evaluation reports were submitted to the Central Office. A team of professionals used the information in order to complete the Child Outcome Rating Scale. The results were entered into the state Child Outcomes spreadsheet for analysis and reporting. Progress data was not collected due to staff turnover, lack of resources for evaluation, to and lack of resources to provide training and technical assistance on the scale required to implement the activities state-wide. Future data will be collected using the new approach described above.~~

~~Measurable and rigorous Target:~~

~~Targets will be set in 2010.~~

~~Improvement Activities/Timelines/Resources:~~

- ~~1. In 2007-2008, two districts will be provided opportunities to attend training on the use of completing individualized developmental comprehensive evaluations, assessments, and the Child Outcome Rating Scale.~~
- ~~2. Technical Assistance will be provided for each of the two Early Intervention Programs/IFSP teams as they implement the child outcomes data collection, follow-up will be done by monitor visits in order to trouble shoot any difficulties~~

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 4, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative. Data are kept in a spread sheet. The data system, FSIS, will be revised to allow entry of this information on individual child records.

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.

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

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.

FFY	Measurable and Rigorous Target	
2006 (2006-2007)	Percent of families participating in the Part C Early Childhood Outcomes Center Family Survey who report early intervention services have helped the family	Target:
	A. Know their rights	83%
	B. Effectively communicate their children's needs:	84%
	C. Help their children develop and learn:	85%

Actual Data for 2006-2007:

- A. 84% of the 453 families participating in Part C who responded to question 16 of the survey reported that early intervention services have helped the family know their rights. Mississippi exceeded the state target. Seven of nine health districts met or exceeded the state target.
- B. 87% of the 454 families participating in Part C who responded to question 17 of the survey reported that early intervention services have helped the family effectively communicate their children's needs. Mississippi exceeded the state target. Eight of nine health districts met or exceeded the state target.
- C. 88% of the 453 families participating in Part C who responded to question 18 of the survey reported that early intervention services have helped the family help their children develop and learn. Mississippi exceeded the state target. All nine health districts met or exceeded the state target.

The ECO Family Outcomes Survey (7-point scale) was utilized. (See attached copy of Survey.) Questions 16, 17, 18 correspond to A, B, and C of this Indicator. All other responses (Questions 1-15) on the survey will be calculated and evaluated to assist the program in analyzing training and technical assistance needs. (Results of the extended analysis are not yet available for inclusion in this APR, but trend data will be kept. Next year's APR will summarize results and outline activities/strategies developed as a result of analysis.) Answers of 5-7 were considered to meet the criteria for "helped the family...." Approximately 25% of the 1875 surveys mailed were returned in a format that allowed for calculation of results. This return rate is considered to be adequate. Results are considered to be valid and reliable. See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.

Completed surveys were tabulated using a scannable form. Surveys marked with multiple answers for each question were not included in the final results (<10). Some families did not answer all questions, resulting in differences in Total responses.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006-2007:

Forms used by Service Coordinators to explain due process and complaint procedures to families are available to Service Coordinators and District Coordinators on a network drive. Documentation verifying receipt of these documents by parents was checked during monitoring and technical assistance activities in 2006. Due process documents include the following: Written Prior Notice, EI Complaint Process Notification form, Part C Complaint form, Infant/Toddler and Family Rights document, the Advocacy and Support Information, and the form used to verify receipt of the Infant/Toddler and Family Rights. The IFSP contains two pages addressing Family Outcomes. Three prompts on the IFSP correspond to the three Family Outcomes from the APR and the ECO Survey.

Every family with children eligible for early intervention services through First Steps was strongly encouraged to participate in the measurement of family outcomes through completion of the survey. An incentive for early return of the survey was offered. A random drawing was held and one family who returned their survey was awarded with a box of educational toys. The survey was mailed in December. A unique identifying number assigned to every survey allows for comparisons across years and by demographic information, for individual families, by districts, and for the state as a whole.

The survey was mailed to the families with a cover letter explaining the purpose of the survey and provided families with contact information in case they had questions, concerns, or problems completing the survey. When needed, impartial persons were available to assist families whose primary language is not English, or who use another primary mode of communication (e.g., interpreter, reader/scribe). Fifteen Spanish versions were mailed to families whose primary language is Spanish. Five surveys were mailed to the Choctaw School to be completed with families whose primary language is Choctaw. According to the EI contact at the tribal school, the families who speak Choctaw do not read Choctaw, so the written survey was not translated. The EI contact proposed that a translator assist the families in completing the survey by orally translating the Family Survey into the Choctaw language. Two of the Choctaw surveys were returned.

Results of this survey are reported at the state level and health district level, protecting the confidentiality of the respondents. Reporting at the health district level requires a large enough sample to ensure confidentiality.

The Service Coordinator Manual and the Infant/Toddler and Family Rights documents were not revised because final Part C Regulations were not released.

FSIS was not revised to collect data regarding Family Outcomes. This information is still being kept in a spread sheet. Multiple changes to the data system are being phased-in. Because a workable system for collecting and maintaining Family Outcomes data is in place, this change to the data system was given lower priority than other changes being implemented.

A more efficient method of assigning and recording the unique identifier was used this year. An incentive for early return of the survey was offered.

Calls continue to be made by Parent Advisors requesting input regarding satisfaction with the program, assistance needed, self-advocacy, procedural safeguards, and Infant/Toddler/Family Rights. This information is utilized for

monitoring purposes, program management, technical assistance, complaint resolution, and assignment of resources.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007-2008:

The data system, FSIS, will be revised to allow entry of this information on individual child records. In FY 2008 and 2009 the data unit of MSDH will be utilized to analyze results by demographics in far greater detail than reported in the APR. Those results will be used to develop improvement strategies using demographics, which could include primary language/race/ethnicity, health district, age, time spent in EI, etc. For progress to continue on this indicator, the Early Intervention system must continue to provide families with support, information, and resources to enhance their capacity to help their children develop and learn. An increased presence of the Parent Training Institute in Mississippi should help with this indicator. A strengthened relationship between Part B and Part C at the state level will also ensure that training efforts are coordinated, and not duplicated. Part C will be participating with Mississippi Department of Education on some parent training taking place across the state in the Spring of 2008.

EARLY INTERVENTION IN MISSISSIPPI

Indicator 4: Family Outcomes

FAMILY OUTCOME SURVEYS SENT/RETURNED

District	# sent	% Sent compared to state	# returned	Return rate for district	Return rate compared to state
I	248	13%	74	30%	16%
II	206	11%	45	22%	10%
III	187	10%	29	16%	6%
IV	151	8%	38	25%	8%
V	340	18%	91	27%	20%
VI	173	9%	49	28%	11%
VII	93	5%	15	16%	3%
VIII	205	11%	55	27%	12%
IX	272	15%	64	24%	14%
Total	1875		460	25%	

The table below is intended to aid comparisons between state baseline from the 2005 APR and data from the 2006 APR.

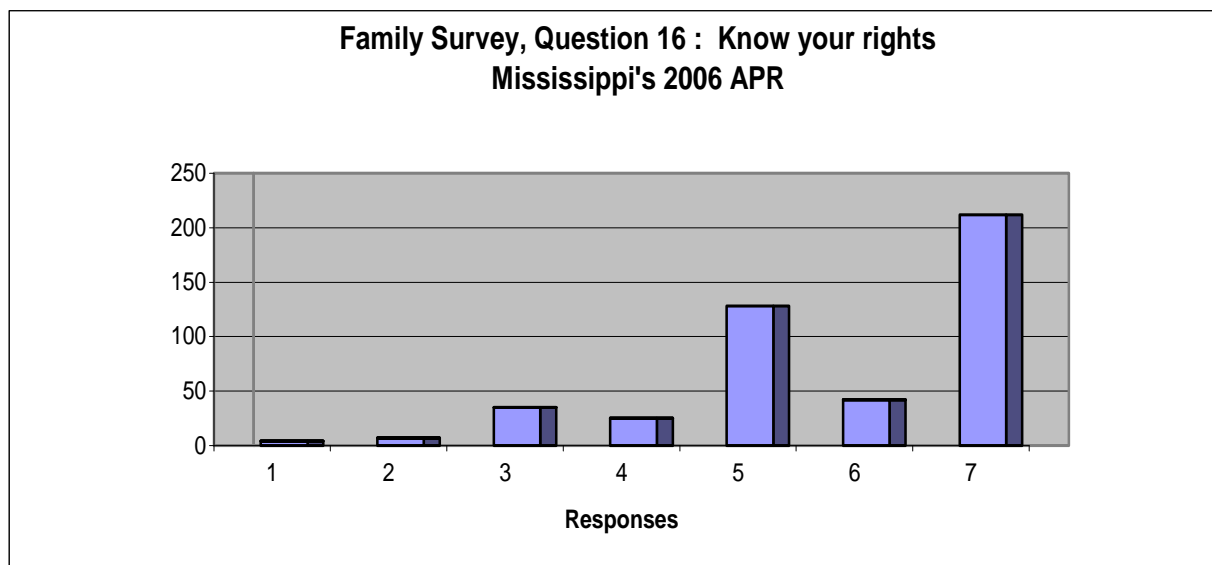
State data	Surveys Returned/Mailed = %	Responses 1-4	Responses 5-7	Baseline/Target	Actual Data for 2006
2005 Baseline data	435/1683= 26%				
2006 data	460/1875=25%				
2005: Question 16		88	339	80%	
2006: Question 16		71	382	83%	84%
2005: Question 17		84	340	81%	
2006: Question 17		60	394	84%	87%
2005: Question 18		82	340	82%	
2006: Question 18		44	399	85%	88%

Met the Target

EARLY INTERVENTION IN MISSISSIPPI FAMILY OUTCOMES

Indicator 4

To what extent has early intervention helped your family know and understand your rights?



Target for Question 16= 83%

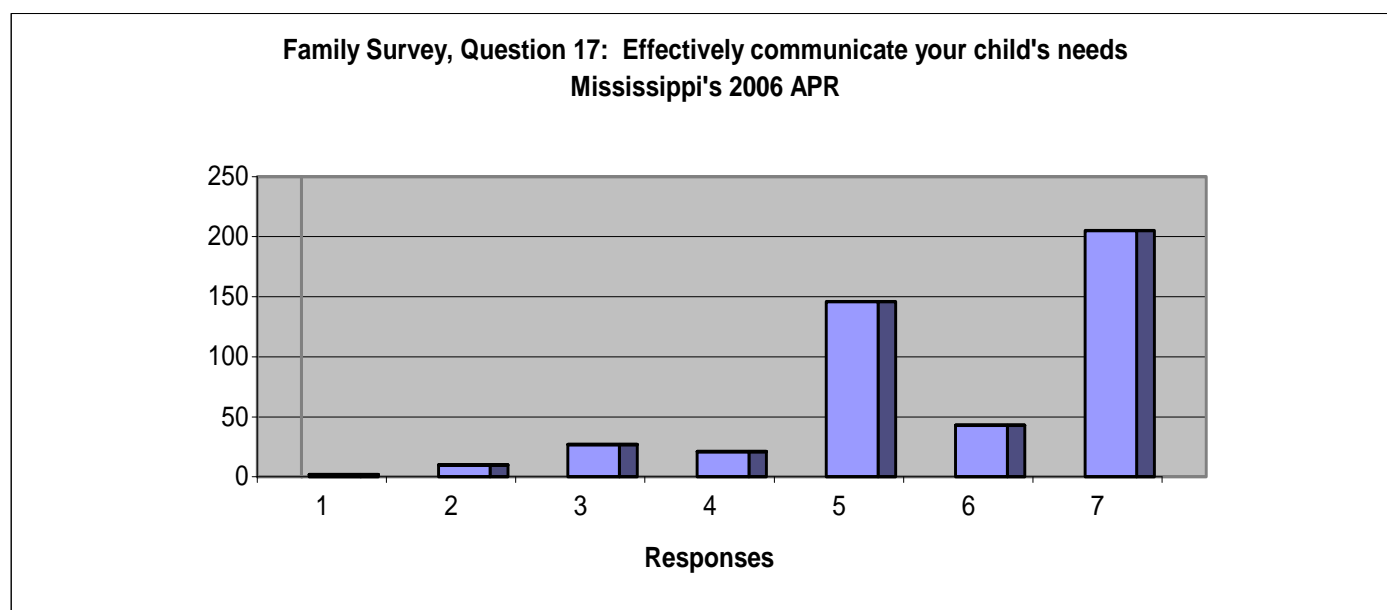
Eighty-four percent (~84%) of the surveys with responses to Question 16 included ratings of 5, 6, or 7.

Question 16 District	Responses								Sum of 5, 6, 7	% + responses	Blank
	1	2	3	4	5	6	7	Total			
I	1	0	6	4	17	8	38	74	63	85%	0
II	0	4	1	4	11	4	20	44	35	80%	1
III	0	0	4	0	7	1	17	29	25	86%	0
IV	0	0	6	4	10	4	13	37	27	73%	1
V	0	1	6	6	30	10	38	91	78	86%	0
VI	1	1	4	1	13	4	23	47	40	85%	2
VII	0	0	2	0	2	0	10	14	12	86%	1
VIII	1	0	3	0	15	4	31	54	50	93%	1
IX	1	1	3	6	23	7	22	63	52	83%	1
Total	4	7	35	25	128	42	212	453	382	84%	7

Met the Target

Did not meet the Target

To what extent has early intervention helped your family effectively communicate your child's needs?



Target for Question 17= 84%

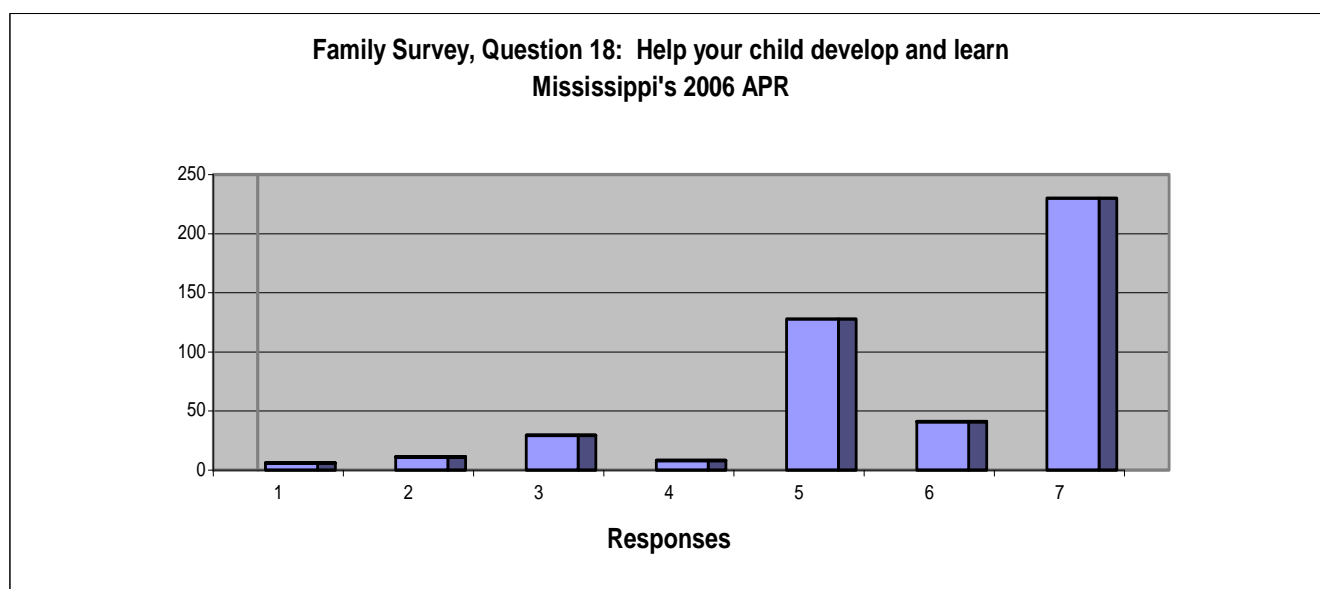
Eighty-seven percent (~87%) of the surveys with responses to Question 17 included ratings of 5, 6, or 7.

Question 17 District	Responses								Sum of 5, 6, 7	% + responses	Blank
	1	2	3	4	5	6	7	Total			
I	0	1	4	2	25	3	39	74	67	91%	0
II	0	2	1	3	13	6	18	43	37	86%	2
III	0	0	3	1	10	1	14	29	25	86%	0
IV	0	1	4	1	14	6	12	38	32	84%	0
V	0	1	5	5	28	11	40	90	79	88%	1
VI	1	3	2	1	14	5	22	48	41	85%	1
VII	0	1	2	0	3	1	7	14	11	79%	1
VIII	0	1	2	3	15	6	27	54	48	89%	1
IX	1	0	4	5	24	4	26	64	54	84%	0
Total	2	10	27	21	146	43	205	454	394	87%	6

Met the Target

Did not meet the Target

To what extent has early intervention helped your family be able to help your child develop and learn?



Target for Question 18= 85%

Eighty-eight percent (~88%) of the surveys with responses to Question 18 included ratings of 5, 6, or 7.

Question 18 District	Responses								Sum of 5, 6, 7	% + responses	Blank
	1	2	3	4	5	6	7	Total			
I	1	2	6	1	21	3	40	74	64	86%	0
II	1	1	1	1	13	4	21	42	38	90%	3
III	1	0	3	0	8	2	14	28	24	86%	1
IV	0	2	3	0	13	6	14	38	33	87%	0
V	0	1	6	4	25	8	46	90	79	88%	1
VI	1	3	2	0	11	2	30	49	43	88%	0
VII	0	1	1	0	3	1	8	14	12	86%	1
VIII	1	1	2	1	16	8	25	54	49	91%	1
IX	1	0	5	1	18	7	32	64	57	89%	0
Total	6	11	29	8	128	41	230	453	399	88%	7

Met the Target

Did not meet the Target

Mississippi

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 5, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative. The data were taken primarily from FSIS, the state's data system.

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
2006 (2006-2007)	0.55% of infants and toddlers birth to 1 will have IFSPs.

Actual Target Data for 2006-2007:

For this year, Mississippi missed the state's target ~~by a total of two infants~~. The state had an IFSP in place and provided services to .54% of the population birth to one year of age. ~~Five~~ Four of the nine health districts performed above the target. ~~Five~~ Three of the nine health districts performed slightly below the target. Two health districts performed significantly below the target. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.) Although Mississippi missed the target, the state is making progress toward the goal.

For other states with broad eligibility categories (excluding at risk), the national average is 1.06%. For the national average (all categories, excluding at risk) the national average is 1.06%. Mississippi is considerably below the national averages, but is moving in the right direction. In order to keep making progress, more providers must be identified for evaluation teams and service delivery, monetary resources must be used more efficiently, and technical assistance/training must continue.

Mississippi

Data for this Indicator include 618 data taken from FSIS for the December 1, 2006, Child Count. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Child find activities were one of the priorities of the monitoring visits. Where the lack of child find activities was a finding, common reasons were lack of understanding by service coordinators of their child find responsibilities. Technical assistance continues to address lack of understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification.

A factor affecting child find numbers in the past was misunderstanding of how to document in the Child Registry when a child was not eligible for early intervention services. Some early intervention staff members were instructed to document that an IFSP meeting had occurred (for ineligible children) to stop the 45-day timeline. This resulted in inflated child find numbers and problems reporting timely provision of services. Through staff meetings and technical assistance, the staff knows how to properly document in the Child Registry when a child is ineligible for early intervention services.

Another reason for slightly inflated child find numbers in the past was the occurrence of duplicate records in the Child Registry. The system was reconfigured to assign a unique identifier to each child. Duplicate checkers were built into the system, and duplicate records were identified and consolidated into single records, rendering more accurate counts.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

During state FY 2008, a document was drafted to guide Service Coordinators, evaluation teams and providers in making eligibility determinations and planning services for premature babies. The use of informed clinical opinion in making eligibility determinations was emphasized during stakeholder meetings and Service Coordinator training. The trend has been for evaluation teams to rule premature infants "ineligible" because they did not demonstrate a delay when adjusting for gestational age. They recommended tracking babies and re-evaluating in three to six months. Many times these children were identified as eligible at two years of age or more. Ineligible determinations were reviewed to see if the infants/toddlers could have been ruled eligible using informed clinical opinion. Technical assistance has been provided to teams to increase the number of premature infants ruled eligible during initial evaluation. Additional technical assistance, "buy in" by evaluation teams, empowerment of Service Coordinators to be a stronger voice on the team, more teams to perform evaluations and to provide services, more effective use of fiscal resources, monitoring and technical assistance are needed for Mississippi to move closer to the national average.

The activities outlined in the guidance document should impact total Child Count, but especially the number of children under the age of one identified for EI services. Benefits of these activities will be seen in future data. Revisions for Indicators 5 and 6 are similar. See Indicator 6 for additional revisions.

Multidisciplinary evaluations were conducted through a teaming process. Composition of teams changed to meet the unique needs of families and children. More work is needed on this activity, since discipline-specific evaluations following the multidisciplinary evaluation continue to be requested. Monitoring activities and technical assistance continue to focus on this issue. The program responded to parent complaints and requests for support involving this issue.

Mississippi

The table below is intended to aid comparisons between state baseline from the SPP and data from the APRs.

618 Data—Child Count B-1	State Data
SPP Baseline	.50%
2005 APR data Target =0.51%	.53%
2006 APR data Target = 0.55%	.53%

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO HAD AN IFSP BEFORE THEIR FIRST BIRTHDAY

618 DATA—DECEMBER 1, 2007

Indicator 5, Target = .55%

This chart replaces the chart originally submitted with the 2006 APR.

District	# of infants/toddlers <1 with IFSP	Population of infants/toddlers <1	Percent of infants/toddlers <1 with IFSP
I	25	4,071	.61%
II	24	4,605	.52%
III	18	3,748	.48%
IV	20	3,573	.56%
V	30	8,715	.34%
VI	32	3,515	.91%
VII	8	2,489	.32%
VIII	30	4,041	.74%
IX	31	6,460	.48%
State	218	41,217	.53%

Met the target

Below state average and target

State average

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 6, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative. The data were taken from FSIS, the state's data system.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 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 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] 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 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	1.53% of infants and toddlers birth to 3 will have IFSPs.

Actual Target Data for 2006-2007:

The national Child Count average is 2.43%. For this year, Mississippi did not meet the state's target of 1.53%. 1.26% of the population under the age of three was identified, had an IFSP developed, and was receiving services on December 1, according to 618 data. ~~Three~~ **Two** of the nine health districts were above the state target. ~~Six~~ **Nine** health districts were below the state average. ~~Two~~ **Three** health districts were significantly below the target. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages. ~~However, the raw number from December 1 Child Count increased this year by 244 children.~~ The cumulative number of children served for the APR reporting period was 2536.

The Central Referral Unit (CRU) was designed and implemented in calendar year 2006. During calendar year 2006, the number of referrals rose by 259, or 10%, over calendar year 2005. During calendar year 2007, the number of referrals rose by 383, or 13%, over calendar year 2006. The increase in referrals is attributed in part to the success of the CRU. The cumulative number of children served in 2006 increased by approximately 350 children over 2005. ~~After slipping below the Child Count baseline in the 2005 APR (a year affected by Katrina), the~~

~~state's numbers this year rose significantly over last year's numbers. Mississippi is making progress toward the target on this indicator.~~

For other states with broad eligibility categories (excluding at risk), the national average is 2.43%. The national average (all categories, excluding at risk) is 2.43%. Mississippi is considerably below the national averages.

Data for this Indicator include 618 data taken from FSIS for the December 1, 2006, Child Count. Data are considered to be valid and reliable.

Further analysis of the data was conducted by calendar year.

Calendar year	2004	2005* Hurricane Katrina *	2006	2007
Total Referrals	2826	2760	3019	3402

The table below is intended to aid comparisons between state baseline from the SPP and data from the APRs.

618 Data—Child Count	State Data
SPP Baseline	1.37%
2005 APR data Target =1.43%	1.26%
2006 APR data Target = 1.53%	1.26%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Child find activities were one of the priorities of the monitoring visits. Where the lack of child find activities was a finding, common reasons included lack of understanding by service coordinators of their child find responsibilities. Technical Assistance continues to address lack of understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification.

Another factor affecting child find numbers in the past was misunderstanding of how to document in the Child Registry when a child was not eligible for early intervention services. Some early intervention staff members were instructed to document that an IFSP meeting had occurred (for ineligible children) to stop the 45-day timeline. This resulted in inflated child find numbers and problems reporting 45-day timelines and timely provision of services. Through staff meetings and technical assistance, the staff knows how to properly document in the Child Registry when a child is ineligible for early intervention services.

Another reason for slightly inflated child find numbers in the past was the occurrence of duplicate records in the Child Registry. The system was reconfigured to assign a unique identifier to each child. Duplicate checkers were

built into the system, and duplicate records were identified and consolidated into single records, rendering more accurate counts.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

During calendar year 2007, a public awareness campaign was developed through the MSDH Communications Department for publication in local newspapers. The newspaper release will be printed statewide once per quarter on an ongoing basis. The state office and local programs have toll-free numbers for Early Intervention.

The program set up a booth at several conferences and health fairs throughout the calendar year, including the Mississippi Chapter of the American Academy of Pediatrics (AAP). Referral forms, posters, brochures, and tear off sheets were distributed, along with an order form for additional public awareness materials. A door prize with Early Intervention "goodies" was donated. These presentations will continue. A letter outlining improvement efforts in the Early Intervention system was mailed to members of the MS Chapter of the AAP. The letter included a referral form, sample of awareness materials, and order form.

The referral form was posted to the MSDH website on the EI homepage. An ordering form for Public Awareness brochures, posters, and developmental tear-off sheets is also available on the website.

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO HAD AN IFSP BEFORE THEIR THIRD BIRTHDAY

618 DATA—DECEMBER 1, 2007

Indicator 6, Target = 1.53%

This chart replaces the chart originally submitted with the 2006 APR.

District	# of infants/toddlers <3 with IFSP	Population of infants/toddlers <3	Percent of infants/toddlers <3 with IFSP
I	185	12,402	1.49%
II	179	13,557	1.32%
III	165	11,305	1.46%
IV	107	10,631	1.01%
V	242	26,232	0.92%
VI	160	10,391	1.54%
VII	78	7,466	1.04%
VIII	189	12,218	1.55%
IX	241	18,876	1.28%
State	1546	123,078	1.26%

Met the target

Did not meet the target, but met/exceeded state average

Below state average and target

State average

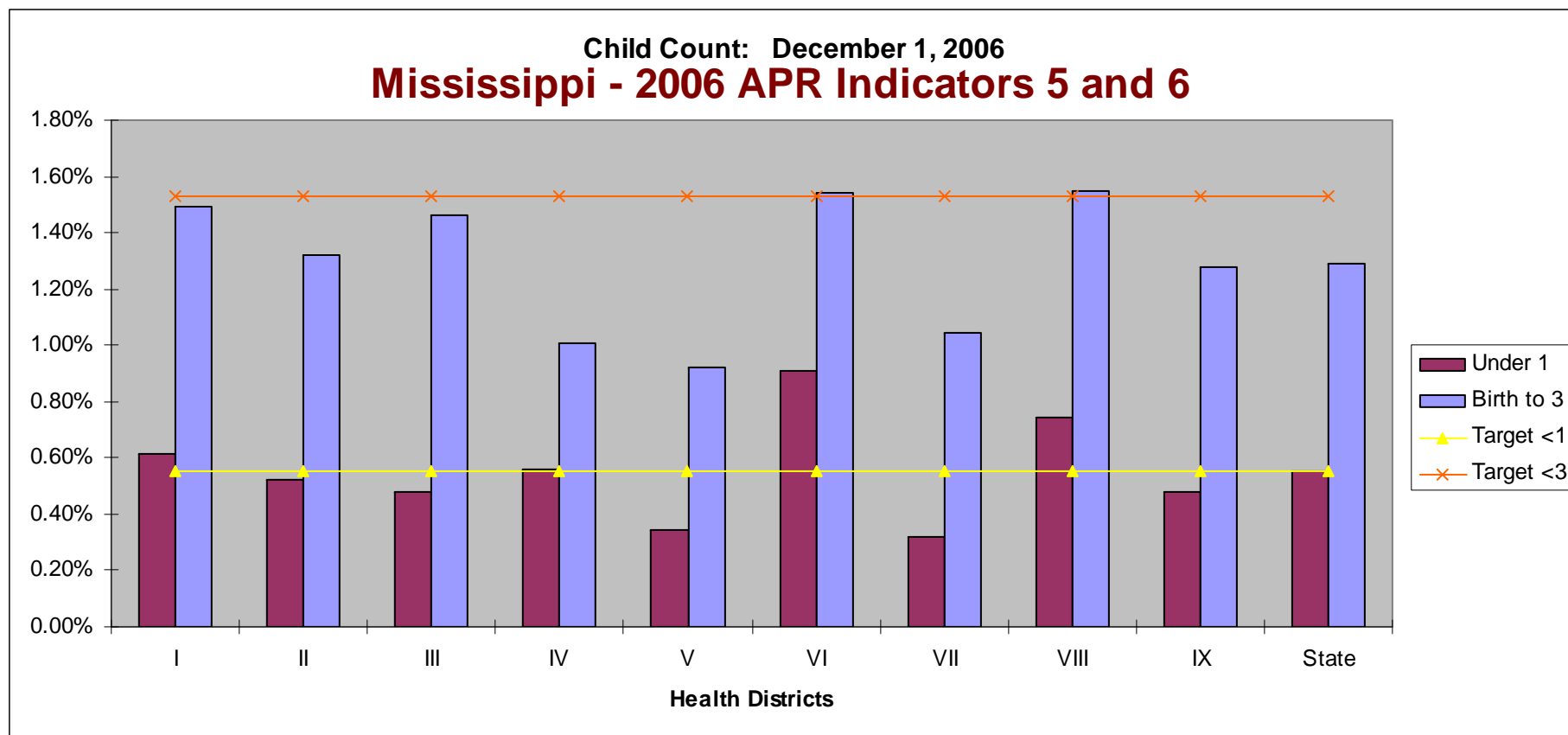
EARLY INTERVENTION IN MISSISSIPPI

618 DATA—DECEMBER 1, 2007

Indicator 5, Children Birth to 1 with IFSPs, Target = .55%, Actual = **.54%**

Indicator 6, Children Birth to 3 with IFSPs, Target = 1.53%, Actual = **1.45%**

This graph replaces the graph originally submitted with the 2006 APR.



Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 7, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative. Data come from the state's First Steps Information System, known as FSIS.

Monitoring Priority: Effective General Supervision Part C / 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.

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

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for 2006-2007:

For this reporting period, 1656 eligible infants and toddlers had an evaluation and assessment and an initial IFSP meeting. 1175 IFSPs were developed in 45 days or less. 481 were developed late, with 280 being due to family and child circumstances. A total of 1455 (88%) were developed in less than 45 days or had family-/child-based justifications. Of the 201 IFSPs developed in greater than 45 days due to problems within the Early Intervention system, most were due to lack of providers or problems with scheduling. The number of IFSPs developed for the 2006 APR reporting period increased by 274, or about 20%, from the previous APR reporting period. For calendar year 2006, the total number of IFSPs developed was 1593. For calendar year 2007, the number of new IFSPs entered into the data system on this date is 1828, a positive change of 235 IFSPs. The number of family-/child-based justifications is given in the data. The percentage of on time + family/child justifications remained the same, despite the increase in numbers with no additional funds or personnel.

Follow-up was conducted to verify data. Written justifications for IFSPs developed **within past** the 45-day timeline were requested from Service Coordinators. Data are considered to be valid and reliable. The data for FFY 2006 include children referred between July 1, 2006, and June 30, 2007. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.)

Data analysis was conducted for 4 calendar years (2004-2007). These calendar years represent data included in the SPP, 2 APRs, and the current Progress Report. For calendar year 2007, the number of IFSPs developed in **<45 days (1227)** was the highest raw number of the four calendar years, despite the fact that more IFSPs were **developed in 2007 than** in other calendar years. Number of "on time" IFSPs for the other three years ranged from 1100-1204.

Additional analysis was used to determine whether the average number of days for IFSP development is improving. Late IFSPs typically occur due to babies who were “re-referred (ineligible during previous evaluation, declined services, moved with no notice),” sick and hospitalized babies, family contact lost and regained, other family-child justifications, as well as problems within the system. Family/Child justifications were not accounted for. (This is a raw number.) For 2007, the average number of days from referral to IFSP development (for all IFSPS) for the state was 39 days. For 2004-06 the average ranged from 59-63 days.

Looking at IFSPs developed in >45 days rendered more encouraging information. For 2004-2006, there was no significant difference in the average number of days for IFSP development for “late” IFSPs (state averages range from 133-148). For 2007 the average number of days for “late” IFSPs was 84. Analysis indicates that Mississippi is providing evaluations to families quicker, although the “45-day” percentage is not reflecting significant improvement.

The Progress Report seems to indicate additional progress (96%). However, these numbers are relatively small, particularly at the district level. As of February 1, 2008, timelines for IFSP development have not passed for children referred after December 15. Therefore, data in the current Progress Report should be viewed with caution.

Timely Correction of Non-Compliance: Three districts demonstrated significant compliance on this indicator. Four additional districts performed above the state average and are moving toward significant compliance. Two districts demonstrated significant non-compliance on this indicator. Zero of nine districts demonstrated full compliance on this indicator. In FFY 2005 and FFY 2006, Mississippi did not have a matrix of sanctions and enforcement actions for districts that failed to correct non-compliance within a year of identification of non-compliance. Improvement activities that are part of a Correction Action Plan were implemented in each district demonstrating non-compliance. Improvement activities are listed below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

All activities are ongoing. Many of the activities that should impact this Indicator were initiated in Spring 2006. The benefits of those activities will be even more evident in future reporting periods. Continuous data audits and reporting took place. Training and technical assistance focused on this area. Although Mississippi is still not in compliance on this Indicator, much progress has been made. Additional changes to the data system have been written to render data that are accurate and easier to analyze. Training and implementation regarding changes to FSIS is ongoing. Components of the New Service Coordinator training address compliance, general supervision, and data entry. Improved reporting by the districts allowed for accurate calculations for this indicator within the existing system.

The primary reasons for non-compliance continue to be lack of available service providers or inefficient use of resources to conduct evaluations and to develop IFSPs in a timely manner. Monitoring examined the processes affecting districts’ abilities to meet timelines. Correction plans were initiated as a result of each districts’ site visit. Implementation, follow-up, and intensive technical assistance are ongoing. Teams for evaluation/assessment and IFSP development are being organized in areas where evaluations and IFSPs have been “piece-milled” in the past.

More teams, more providers with specialized treatment expertise and knowledge of normal development, more efficient use of fiscal resources, continued monitoring and technical assistance are needed to move into compliance on this indicator.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for 2007-2008:

No revisions were made.

45-day Timeline Target =100%	On Time + F/C Justifications
Baseline from SPP	72%
2005 APR Data	88%
2006 APR Data	88%
Progress Report	96%

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED AND AN IFSP DEVELOPED WITHIN THE 45-DAY TIMELINE

Referral Dates: July 1, 2006-June 30, 2007

Indicator 7, Target = 100%

District	# of IFSPS	# completed in ≤45 days	# late with family/child justifications	# late due to system problem	≤45 days + F/C Justifications	% ≤45 days + F/C justifications
I	202	161	34	7	195	97%
II	149	119	16	14	135	91%
III	170	132	30	8	162	95%
IV	129	85	39	5	124	96%
V	300	174	52	74	226	75%
VI	142	111	20	11	131	92%
VII	72	49	18	5	67	93%
VIII	179	151	12	16	163	91%
IX	313	193	59	61	252	81%
State	1656	1175	280	201	1455	88%

95% or above

Did not meet the target, but met/exceeded state average

Below state average and target

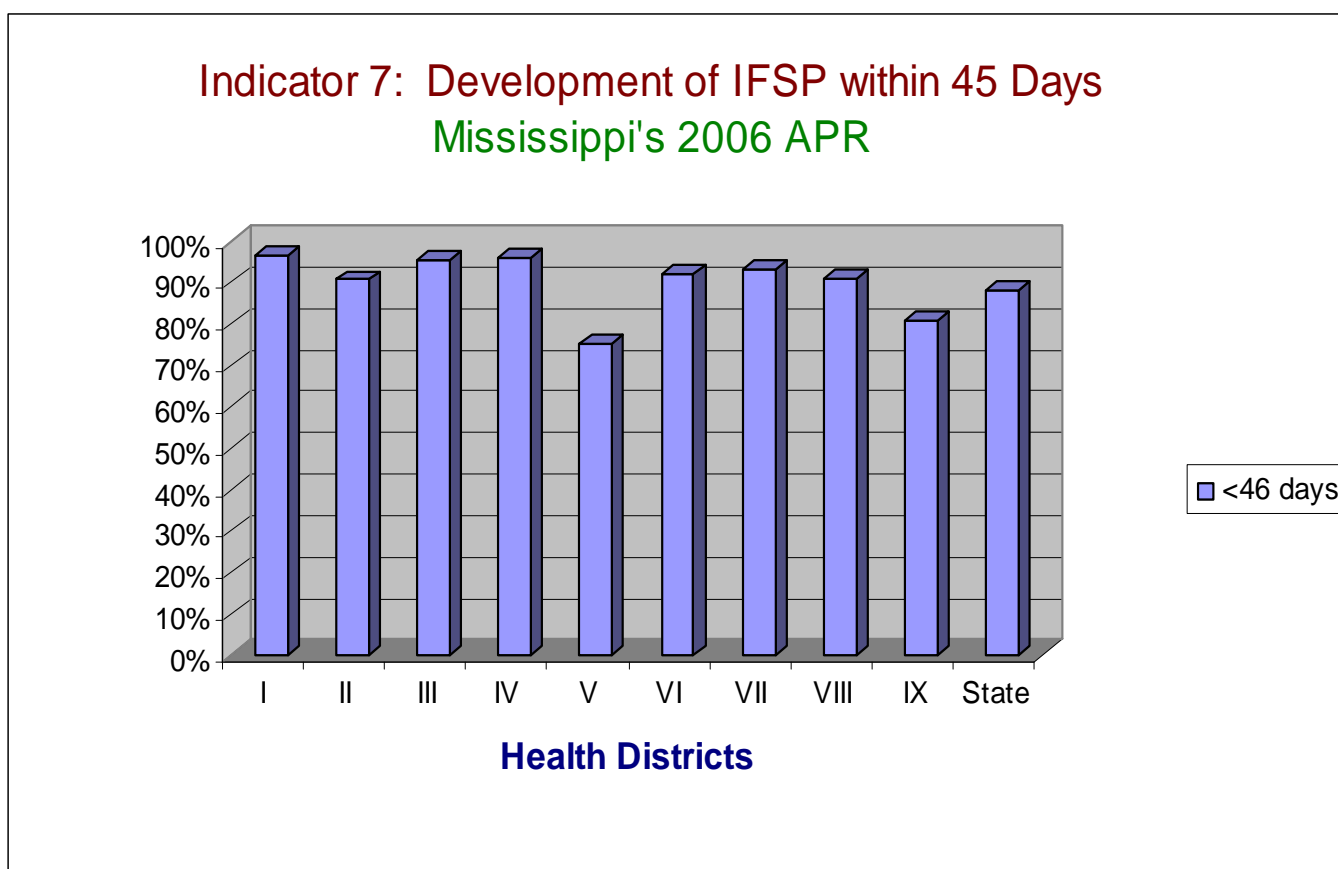
State Average

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED AND AN IFSP DEVELOPED WITHIN THE 45-DAY TIMELINE

Referral Dates: July 1, 2006-June 30, 2007

Indicator 7, Target = 100%



EARLY INTERVENTION IN MISSISSIPPI

CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED
AND AN IFSP DEVELOPED WITHIN THE 45-DAY TIMELINE

Referral Dates: July 1, 2007-December 31, 2007

February 1, 2008, Progress Report =96%

Compliance Indicator 7, Target = 100%

District	# of IFSPS	# completed in <46 days	# late with family/child justifications	# late due to system problem	45 days + F/C Justifications	% 45 days + F/C justifications
I	85	79	6	0	85	100%
II	74	70	4	0	74	100%
III	63	54	2	7	56	89%
IV	61	49	12	0	61	100%
V	160	141	15	4	156	98%
VI	67	54	7	6	61	91%
VII	39	29	8	2	37	95%
VIII	67	57	8	2	65	97%
IX	111	95	6	10	101	91%
State	727	628	68	31	696	96%

95% or above

Below state average and target

State Average

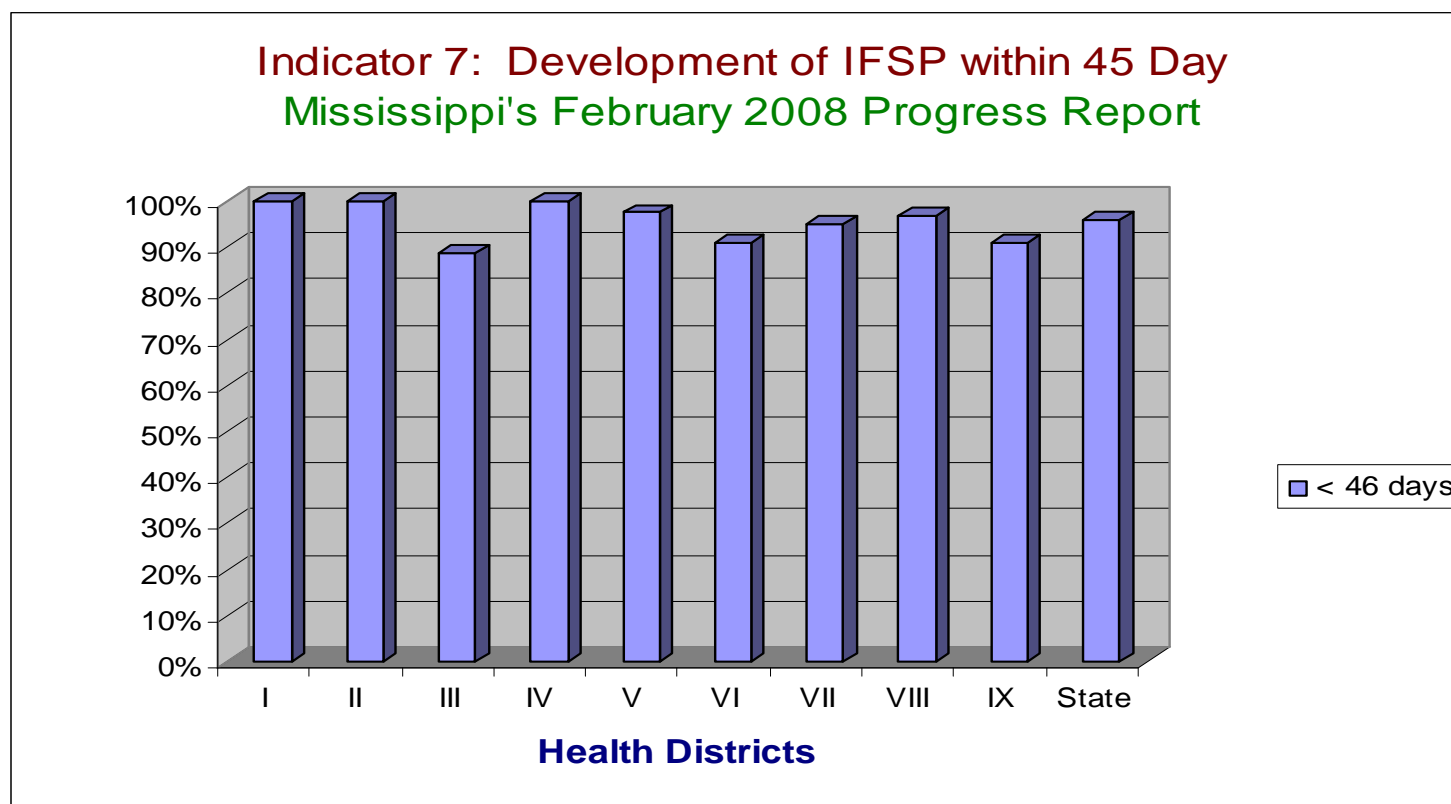
EARLY INTERVENTION IN MISSISSIPPI

CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED AND AN IFSP DEVELOPED WITHIN THE 45-DAY TIMELINE

Referral Dates: July 1, 2007-December 31, 2007

February 1, 2008, Progress Report =96%

Compliance Indicator 7, Target = 100%



This graph replaces a table, which was a duplicate of the table on the previous page.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 8, the Branch Director for Monitoring was primarily responsible for verification and analysis of the data and for writing the narrative. Data come from the state's First Steps Information System, known as FSIS.

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.

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

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	<ul style="list-style-type: none"> A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for 100% of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for 100% of the children exiting Part C and potentially eligible for Part B.

Actual Target Data for 2006-2007:

- A. 90% of the children exiting Part C had an IFSP with transition steps and services.
- B. The LEA was notified for 91% of the children exiting Part C and potentially eligible for Part B.
- C. The transition conference occurred for 79% of the children exiting Part C and potentially eligible for Part B.

Discussions with MDE regarding the electronic transfer of child find contact information led to changing the definition of “potentially eligible for Part B” to include children still receiving Part C services after 2 years and 6 months of age who continue to be served with an IFSP until the child’s transition date or until the child is three years old.” Changes in the data analysis include the following:

1. The data for Transition Steps and Services and Notification of the LEA includes children who exited Part C and were at least 2 years and 6 months of age at the end of the fiscal year.
2. The data for the Transition Conference includes children who exited Part C and were at least 2 years, 9 months of age at the end of the fiscal year.

For this reporting period, of the 1602 children who were at least 2 years-6 months at the end of the fiscal year, 1438 had transition steps and services on their IFSP and the LEA was notified for the 1454 children who were potentially eligible for Part B. Transition conferences were held for 972 of the 1226 who were at least 2 years-9 months by the end of the fiscal year.

Timely Transition Planning	Target	FFY 2005	FFY 2006
Transition Steps and Services.	100%	83%	90%
The LEA was notified	100%	66%	91%
The Transition Conference occurred.	100%	45%	79%

Activities contributing to the improvement include the following: changes in FSIS to facilitate input of the data; training on how to input the data; and emphasis on the importance of each component. These activities took place at district level staff meetings, through monitoring follow-up with individual staff members, and in the new service coordinator training sessions. Data were verified and quantified, including justifications when a transition component was missing. Data are considered to be valid and reliable.

Timely Correction of Non-Compliance: Overall the state performed significantly better in FFY 2006 on Indicators 8A, 8B, and 8C than in FFY 2005. This year, one district demonstrated significant compliance on Indicator 8A. Five of nine districts performed at the same or a higher level this year than last year on Indicator 8A. Four districts demonstrated significant compliance on Indicator 8B. Seven of nine districts performed at a higher level this year than last year on Indicator 8B. None of the districts demonstrated significant compliance on Indicator 8C. However, nine of nine districts performed at a higher level this year than last year on Indicator 8C. In FFY 2005 and FFY 2006, Mississippi did not have a matrix of sanctions and enforcement actions for districts that failed to correct non-compliance within a year of identification of non-compliance. Improvement activities that were part of a Corrective Action Plan were implemented in each district demonstrating non-compliance. Improvement activities are listed below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Transition Steps and Services continue to be covered as part of IFSP training and in the database section of the service coordinator training. Documenting transition has been covered in instructions sent to the district coordinators and in technical assistance with district staff. The entry form for transition information will soon move to a transition tab. Included in the tab is the automatic calculation of the date on which the child will be 27, 30, 33, and 36 months.

Including transition steps and services as part of IFSP development was covered extensively in all IFSP training sessions. A page was added to the IFSP to document transition steps and services. A field in FSIS was added for Service Coordinators to check that transition steps and services were included on the IFSP. Improvement in reporting steps and services is likely due to these activities.

There are several fields in FSIS that capture information pertaining to transition steps and services. Unnecessary fields are being eliminated so only the three required fields remain for determining: "Are there transition steps and services on the IFSP, was the LEA notified, when was a transition conference held?"

The following issues continue to contribute to failure to complete and report the required components for Transition:

- Some parents do not want the LEA to be notified. Service coordinators are hesitant to report the required child find contact information when the parents indicate their position. The Child Find policy in Mississippi is for all children, birth to age 21, who are potentially eligible for Part B services to be reported to the educational agency. Historically reports were made to the local educational agency. Through a GSEG, Part B in Mississippi has been working with Part C to accomplish this exchange of information electronically between MSDH, the lead agency for Part C, and the Mississippi Department of Education. For this purpose, "potentially eligible for Part B" is defined as any child who is receiving services from Part C when they are between 2 years and 6 months and 36 months of age. Service coordinators have been told to inform certain central office staff when this issue arises. This will allow the central office staff to explain the requirement and allow the service coordinator to maintain rapport with the family.

Some service coordinators did not consider the transition conference to have occurred unless both of the following activities occurred: the child was determined to be eligible by Part B services and the LEA attended the transition conference. If the LEA did not determine eligibility before the child's first birthday or the parents would not consent to LEA involvement, these service coordinators did not record the conference that they had with the parents (and those the parent's consented to attending) as a transition conference. Instead they recorded that the parents would not consent to a transition conference or other words to that effect.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007-2008:

1. Special emphasis will be placed on improving Transition Steps and Services:
 - a. Improve strategies for explaining and implementing transition steps and services.
 - b. Develop materials to assist with transition planning (e.g., side-by-side comparing Part C and Part B services).
 - c. Improve documentation of transition steps and services.
 - d. Collaborate with MDE to ensure that children "potentially eligible for Part B" are evaluated in time to allow for a smooth transition to Part B or other programs.
 - e. Refer to indicator 8, Improvement Activities 3 and 4 for 2007 (2007-2008) for activities, regarding explanation of Infant/Toddler and Family Rights and Part B Procedural Safeguards, and issues related to being served with an IFSP and/or an IEP during the birth to 3 years.
2. Service providers will be utilized to address the unique needs of families transitioning from Part C to Part B or other preschool programs.

EARLY INTERVENTION IN MISSISSIPPI TRANSITION

Indicator 8, Target = 100%

Health District	Total # in district— 2 years, 6 months #	Transition Steps & Services	8A Transition Steps & Services %	Date LEA Contacted #	8B Date LEA Contacted %	Total # in district 2 years, 9 months #	Transition Meeting Date #	8C Transition Meeting Date %
I	194	179	92.27%	180	92.78%	149	136	91.28%
II	186	163	87.63%	182	97.85%	134	118	88.06%
III	165	148	89.70%	157	95.15%	130	107	82.31%
IV	126	106	84.13%	96	76.19%	93	59	63.44%
V	274	261	95.26%	219	79.93%	210	128	60.95%
VI	136	101	74.26%	122	89.71%	107	90	84.11%
VII	85	78	91.76%	82	96.47%	67	62	92.54%
VIII	169	154	91.12%	158	93.49%	126	96	76.19%
IX	267	248	92.88%	258	96.63%	210	176	83.81%
State	1602	1438	89.76%	1454	90.76%	1226	972	79.28%

95% or above

Did not meet the target, but met/exceeded state average

Below state average and target

State Average

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 9, the Branch Director for Monitoring was primarily responsible for verification and analysis of the data and for writing the narrative.

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.

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

Measurement:

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] 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.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of identified noncompliance will be corrected as soon as possible but in no case later than one year from identification.

Actual Target Data for 2006-2007:

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

Monitoring On-site visits from May 2006 to October 2006

During FFY 2006 onsite monitoring occurred in five health districts and a focused monitoring process began in two health districts. The deadline for correction of noncompliance is January 22, 2008, for 27 findings and March 31, 2008, for one finding.

Mississippi

One finding of noncompliance and 3 professional concerns were cleared during FFY 2006. Follow-up from the onsite monitoring visits includes technical assistance in small group and individual settings, record reviews, observations, interviews, problem-solving sessions, and assistance recruiting providers. This process is ongoing until all the findings of noncompliance and professional concerns are cleared. The following procedures are used for all types of monitoring activities:

- **Record Reviews:** the service coordinator is not aware of which records are being checked unless the purpose of the review is to check specific records for corrections.
- **Observations:** If possible, the person(s) being observed has no prior knowledge that the observation will occur unless they have requested technical assistance. Permission from the parent or guardian is requested and the observation occurs if permission is granted.
- **Interviews:** These are scheduled at a time convenient for the person being interviewed.

Clearing findings of noncompliance from the onsite visits for each process area (Child Find, Referral to Enrollment, Multidisciplinary Evaluation/Assessment, IFSP Development, and Service Provision) involves demonstrating all the required evidence of change. Action must be taken to correct the errors that could be corrected and the staff must demonstrate that activities and paperwork are completed in a manner that is consistent with the statute, regulations, and state policies and procedures. This is much more involved than reaching the target percentages for the indicators. The Indicator 9 worksheet includes only those districts whose onsite visits occurred during FFY 2006. In this worksheet the findings from the process areas Referral to Enrollment, Multidisciplinary Evaluation/Assessment, and IFSP Development were combined under Indicator 7 since the process areas were subcategories of the activities that occur during the 45-day timeline.

The attached charts detail the current status of the findings and professional concerns. Three systemic findings (in Health Districts III and IV) are no longer systemic but remain at a noncompliant finding level. The definitions follow:

- **Systemic Noncompliant Finding:** A finding involves at least three sources and two different methods. Systemic is defined for these purposes as findings in which the activities occur on a regular basis or over an extended period of time. Systemic noncompliance may occur throughout the district or regularly in the activities of one or more district staff members or service provider(s). The report will specify the reason for a systemic finding.
- **Additional Noncompliant Finding:** A finding involves at least three sources and two different methods. The activities have not occurred on a regular basis or over an extended period of time.
- **Professional Concerns:** Do not meet the criteria for a finding but are negatively impacting early intervention services

In February 2008, the health districts will be notified of their current status and of enforcement actions for any findings remaining to be cleared. A plan will be developed in the health districts to address the remaining findings.

Mississippi

Indicator areas used to categorize the findings for the Indicator C-9 Worksheet					
HD	Child Find I-5 & I-6	Referral to Enrollment I-7	Multidisciplinary Evaluation/Assessment I-7	IFSP Development I-7	Service Provision I-1
III	Professional Concern Cleared 1/22/2008	Noncompliant Finding Cleared 1/22/2008	Systemic 1/22/2008 Noncompliant Finding	Systemic 1/22/2008 Noncompliant Finding	Noncompliant Finding
(FFY 2006)		I-7	I-7	I-7	I-1
V	Systemic Noncompliant Finding	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding	Systemic Noncompliant Finding
(FFY 2006)	I-5 & I-6	I-7	I-7	I-7	I-1
VI	Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding
(FFY 2006)	I-5 & I-6	I-7	I-7	I-7	I-1
VII	Systemic Noncompliant Finding	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding Cleared 1/22/2008	Systemic Noncompliant Finding	Systemic Noncompliant Finding
			Professional Concern Cleared 1/22/2008		
(FFY 2006)	I-5 & I-6	I-7	I-7	I-7	I-1
I-7 Findings will be combined into one finding for purposes of categorizing them for the worksheet but will remain separate for purposes of clearing.					

Indicator areas used to categorize the findings for the Indicator C-9 Worksheet					
HD	Child Find I-5 & I-6	Referral to Enrollment I-7	Multidisciplinary Evaluation/Assessment I-7	IFSP Development I-7	Service Provision I-1
I (FFY 2007)	Professional Concern Cleared 6/15/07	Strength	Strength	Strength	Professional Concern Cleared 6/15/07
II (FFY 2007)	Noncompliant Finding	Professional Concern Cleared 6/1/07	Strength	Strength	Strength
	I-5 & I-6				
IV (FFY 2007)	Systemic Noncompliant Finding Cleared 1/22/2008	Professional Concern Cleared 1/22/2008	Systemic 1/22/2008 Noncompliant Finding	Professional Concern	Noncompliant Finding
	I-5 & I-6		I-7		I-1
VIII	Noncompliant Finding Cleared 1/22/2008	Noncompliant Finding Cleared 1/22/2008	Professional Concern Cleared 1/22/2008	Noncompliant Finding Cleared 1/22/2008	Noncompliant Finding
		Professional Concern Cleared 1/22/2008		Professional Concern	
(FFY 2007)	I-5 & I-6	I-7		I-7	I-1
IX (FFY 2007)	Strength	Professional Concern Cleared 6/11/07	Strength	Strength	Strength
I-7 Findings will be combined into one finding for purposes of categorizing them for the worksheet but will remain separate for purposes of clearing.					

INDICATOR C-9 WORKSHEET

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	4	4	0
	Dispute Resolution (Complaints, due process hearings)			
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, due process hearings)			
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, due process hearings)			
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)			
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	4	3	1
	Dispute Resolution (Complaints, hearings)			
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.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	4	4	1
	Dispute Resolution (Complaints, hearings)			

INDICATOR C-9 WORKSHEET

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
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: IFSPs with transition steps and services ;to preschool and other appropriate community services by their third birthday including: C. IFSPs with transition steps and services;	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)			
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: D. Notification to LEA, if child potentially eligible for Part B	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)			
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: C. Transition conference, if child potentially eligible for Part B.	Monitoring: (Self-Assessment/ Local APR, Data Review/Desk Audit/ On-Site Visit, etc.)	0	0	0
	Dispute Resolution (Complaints, hearings)			
Sum the numbers down Column a and Column b				
Percent of noncompliance corrected within one year of identification = (column b sum divided by column a sum) times 100				

Focused Monitoring 2007 (June 2007 – May 2008)

All health districts submitted self-review documents. Findings from the Focused Monitoring process in Health Districts I, VI, and IX will be determined in March and April of 2008. These health districts were selected because they were thought to be close enough to clearing the onsite professional concerns (I and IX) or making significant progress on the findings (VI). District staff and providers met with central office staff, using data and discussion of the strengths and challenges to identify the focus of the monitoring process. The focus is a change that will have the most significant positive impact on EI services in the health district. The focus is being addressed as a goal and district staff and providers have met to address barriers to achieving the goal. In February and March 2008, monitoring activities will occur to investigate remaining barriers. Data verification information will be included. The results of this process will be determined in by April 30, 2008 of this year and corrective action will be taken if the results warrant a finding.

Health District	Focus for FM 2007 (6/07- 6/08)
I	Service Provision with and emphasis on transition activities and timely revisions to services
VI	Service Provider needs impacting 45 day timelines and timely services
IX	45-day timeline

Three of the remaining health districts will have a focused monitoring process between June 2008 and May 2009 and this will occur in the last three health districts between June 2009 and May 2010.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for (2006)

Improvement Activities/Timelines

◆ **Data Verification (Beginning January 2008):**

A. Data Reports: Data pulled for the APR (7/1/06 to 6/30/07) and two progress notes (7/1/07 to 12/31/08 AND 1/1/08 to 4/31/08) will be used to determine if the districts are in compliance with Indicators 1, 2 (child-based justifications), 7, 8, 9, 11, and 14 and performance indicators 2, 5, and 6. When a compliance indicator is not met, the district will be notified of the finding of noncompliance and the time period in which correction must occur. If progress is not being made toward meeting a performance indicator, the district will develop a plan of correction. If expected progress is not evident by the next reporting period, the district will be notified of a finding of noncompliance and the time period in which correction must occur.

B. Data Verification visits: Data verification is a joint effort including both central office and health district staff. During each quarter at least the following number of records will be compared to FSIS data. The records reviewed by the district coordinator (DC) and the quality monitor (QM) will not overlap.

Type of case record to review each quarter	DC	QM
active case records with an IFSP	10%	10%
active case records without an IFSP	3	3
inactive case records	PRN	3
tracking case records	PRN	3

The verification involves ensuring:

- critical information is in the child's EI record;
- critical information and FSIS data match;
- documentation suggests good service coordination and EI services that meet the unique needs of the child and their family.
- records for the quality monitors' sample of "active cases with an IFSP" are consistent with billing records.

Errors are corrected immediately. If an activity must occur before the data can be entered, the activity will be scheduled in a timely manner. The quality monitor or other central office staff member will check for correction no later than 30 days from the data verification visit. Technical assistance will be provided when an error is found. If extensive technical assistance is needed, this will be scheduled as soon as possible. Follow-up may involve observations and interviews (e.g., when problems involving multidisciplinary evaluation/assessment,

IFSP development, and/or service provision are found). This follow-up will lead to findings if there are at least 3 sources of information and two different methods. Systemic noncompliance will be the finding if the problem occurs throughout the district or regularly in the activities of one or more district staff members or service provider(s).

Information from the data verification will be used to determine if the FSIS data and data reports are valid and reliable. As mentioned under data reports, the results of the data reports may result in findings of noncompliance.

C. Sanctions and Enforcement Actions: Working with MSDH administration, in FFY 2007 Mississippi will develop a matrix of sanctions and enforcement actions.

◆ **Focused Monitoring 2008 (June 2008– May 2009):**

All health districts will submit self-reviews by May 30, 2008. The focused monitoring process in health districts III, V, and VIII will begin in July 2008. District staff and some providers will meet with central office staff to use the data and discussion of the strengths and challenges to identify the focus of the monitoring process. The focus will be a change that will likely have a significant positive impact on EI services in the health district. The focus will be addressed as a goal and district staff and providers will meet to address barriers to achieving the goal. No later than February and March 2009, monitoring activities will occur to investigate remaining barriers. Data reports and verification will be an integral part of this process. If findings of noncompliance are made as a result of the data reports, activities related to correction of noncompliance will begin as soon as the health district is notified of the finding.

Findings of noncompliance resulting from the activities of a particular service provider will result in a report being issued to that service provider. Required evidence of change and timelines for correction will be specified. Findings may result in termination of contracts/agreements. The health districts impacted by the finding will be notified of the finding and required evidence of change. In previous monitoring activities, the findings were for the health district, not for specific service providers.

The results of this process will be determined in by April 30, 2008 of this year and corrective action will be taken if the results warrant a finding other than findings associated with the data verification process.

◆ **Focus of Training and Technical Assistance:**

1. Empower district staff to analyze data, analyze the factors contributing to the data, and address the challenges.
2. Provide technical assistance to support efforts to make necessary changes to address findings of noncompliance, professional concerns, and other challenges.
3. Provide training and technical assistance on Infant/Toddler, and Family Rights for staff, providers, and parent/guardians. This will involve covering both the rights and conflict resolution.
 - a. Making service coordinators and parent advisors (and liaisons) proficient and comfortable with covering these rights,
 - b. Workshops offered for parents/guardians
 - c. Training and technical assistance for district coordinators
4. Increase awareness of the differences between Part C and Part B programs and how this impacts our families.
 - a. Parents of children under 3 years of age who are determined to be eligible for Part B and Part C services will be informed of the following:
 - i. The differences between Part C and Part B services;
 - ii. Their right to accept any of the following:
 1. Part C services,
 2. Part B services,
 3. Both Part B and Part C services that coordinate in a manner that meets their child's unique needs and increases their family's ability to enhance their child's development,

iii. Their right to decline some or all services under Part C.
[Children's records will contain documentation to support that parents were fully informed of the options and chose the option being implemented.]

- b. Parents will be fully aware of the differences between Part C and Part B services on or before the transition conference. Please refer to Indicator 8 activities for 2007.
- c. Write procedures to address signed written complaints, mediation, and due process hearings.

◆ **First Steps Information System (FSIS):**

- 1. Add the function of entering justifications for timely provision of services and transition directly into FSIS.
- 2. Configure FSIS to capture information about
 - a. correction of noncompliance and
 - b. correction of systematic performance problems related to monitoring priority areas and indicators.

* Technical Assistance and follow-up involves assistance at the level necessary to address the challenges. This often starts at the district level and involves small group and individual coaching and follow-up.

Determinations

Meets the requirements	Demonstrates substantial compliance on all compliance indicators	
Needs assistance	Did not demonstrate substantial compliance on one or more of the compliance indicators and has improvement activities to timely correct identified noncompliance	
Needs Intervention	Did not demonstrate substantial compliance on one or more of the compliance indicators, and did not meet all of the requirements of IDEA Part C	
Needs Substantial Intervention	Failed to comply significantly, affecting the core requirements of the program, including delivery of services to children	
District	Determination	
	2005 APR	2006 APR
I	Needs Assistance	Meets the Requirements
II	Needs Assistance	Needs Assistance
III	Needs Substantial Intervention	Needs Intervention
IV	Needs Intervention	Needs Assistance
V	Needs Substantial Intervention	Needs Substantial Intervention
VI	Needs Substantial Intervention	Needs Intervention
VII	Needs Substantial Intervention	Needs Substantial Intervention
VIII	Needs Assistance	Needs Assistance
IX	Meets the Requirements	Needs Substantial Intervention

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 10, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative. Data are kept in a spread sheet.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for 2006-2007:

Eight signed written complaints were received during this reporting period. Seven reports were issued and the complaints resolved within the 60-day timeline. Timelines were extended for exceptional circumstances for the eighth complaint. Following the advice of the agency's legal counsel, a report will not be issued for the eighth complaint. However, an investigation was conducted and the findings put into a written document for internal use. Circumstances of the eighth complaint were previously known to the agency and were addressed through personnel action (including due process) and program improvement strategies. Mississippi did not meet the target for this indicator. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

All activities are ongoing. Intensive training and technical assistance activities are provided to Service Coordinators and staff regarding families' rights and procedural safeguards. The Infant/Toddler and Family Rights document--including Advocacy and Resource information, a Part C Complaint form, and the Complaint Process Notification document—are distributed to families and are available on the EI homepage of the MSDH website. In order to improve families' self-advocacy, more training/technical assistance is needed. The Mississippi Parent Training Institute has a higher profile in the state at this time. Efforts to empower families are being coordinated between the parent training and advocacy groups, the Mississippi Department of Education, the Mississippi Department of Mental Health, and the Mississippi State Department of Health. Most complaints were related to evaluations and timely provision of services. More providers, evaluation teams, and efficient use of resources are needed to improve these areas.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:

There are no revisions.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 11, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative. Data are kept in a spread sheet.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100% of due process hearing requests will be fully adjudicated within the 30 day timeline.

Actual Target Data for 2006-2007:

There were no due process hearing requests during this reporting period. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:

No revisions were made.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 12, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

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

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Not applicable for First Steps because Part B due process procedures have not been adopted by First Steps.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 13, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative. Data are kept in a spread sheet.

<p>Monitoring Priority: Effective General Supervision Part C / General Supervision</p>

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

<p>Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.</p>
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FFY	Measurable and Rigorous Target
2006 (2006-2007)	Based on OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.

Actual Target Data for 2006-2007: No requests for mediation were received during the reporting period. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006-2007:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:

There are no revisions.

Part C State Annual Performance Report (APR) for 2006-2007

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 14, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative. The primary mean for collecting data is through FSIS, the state's data system.

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.

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

- Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:
- 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
 - Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2006 (2006-2007)	<ol style="list-style-type: none"> 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.

Actual Target Data for 2006-2007:

400 ~~82~~% of state reported data, including 618 data, the SPP/APR, the grant application, and information related to the state's Improvement Plan were submitted in a timely ~~and accurate manner~~ during this reporting period. ~~100% of the data are considered to be valid and reliable. No revisions in data were required.~~ Data ~~for reporting requirements~~ are taken from FSIS. Follow-up is conducted through phone calls, emails, data verification checks, and monitoring to ensure child data are accurate. Logical data checks are built into FSIS. Prompts are provided to the data base users as they enter data to remind them to enter data in a logical progression. Automated reports are available in the data system for Service Coordinators and District Coordinators to use in managing their data, including "pop up" reminders and prompts upon logging into the system. The Data manager runs frequent reports to determine completeness of data. Prior to annual data or progress reporting, intense follow-up and technical assistance are provided to data base users.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2006:

All activities are ongoing. ~~The state was in compliance on this Indicator last year. No progress or slippage occurred.~~

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2007:

Refer to the Data Verification activity under Indicator 8.

TABLE 4
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2006-07

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	8
(1.1) Complaints with reports issued	7
(a) Reports with findings	7
(b) Reports within timeline	7
(c) Reports within extended timelines	1
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution meetings (For States adopted Part B Procedures)	N/A
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated) (For all states)	0
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	0
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	0
(3.3) Resolved without a hearing	0