

APR Template – Part C (4)

Mississippi
State

**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 2, 2009.

On behalf of the ICC of the State/jurisdiction of _____, I 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 2007 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.

Robin R. Wilkerson
Signature of ICC Chairperson

1/28/09
Date

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¹ Under IDEA Sections 616(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 2, 2009.

Mississippi's Early Intervention System



First Steps

FFY 2007 Annual Performance Report

Prepared for the
United States Department of Education
Office of Special Education Programs

Submitted by the
Mississippi State Department of Health
Health Services,
Office of Child and Adolescent Health
Early Intervention Division

February 2, 2009
Revised April 3, 2009

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Overview of the Annual Performance Report Development:

Mississippi's Annual Performance Report was developed with input from lead agency staff, the State Interagency Coordinating Council (SICC), and stakeholders representing service providers, families, Head Start, and other community leaders. The information was gathered through both informal and formal meetings; during training sessions; conversations with parents, staff, providers, and other stakeholders; and through a comments section added to our family survey. The core group of individuals from the lead agency who compiled the information for the APR attended the Office of Special Education Programs (OSEP) sponsored conferences, participated in the conference calls, sought guidance from Southeast Regional Resource Center (SERRC) and the National Early Childhood Technical Assistance Center (NECTAC), and used the OSEP state contact for guidance and direction. Guidance resulting from the OSEP verification visit in November 2007 and subsequent technical assistance calls are being used to improve Mississippi's early intervention system (EIS).

The guidance and support necessary to design and implement needed changes is being provided by OSEP, SERRC, NECTAC, Mississippi's institutions of higher learning, other state agencies, and experts made available through NECTAC and SERRC. The technical assistance has addressed program improvement strategies, service delivery models, general supervision strategies, fiscal management, and best practices in service provision. This assistance is being used to develop and implement program improvement strategies and to prepare for changes in policy and procedures after the new Part C regulations are released.

Mississippi is moving toward a primary service provider (PSP) model of service delivery. In all related training opportunities, basic information about this model is presented. Since September 1, 2008, a model PSP team has been in place in the largest health district. This team will assist in training other providers in implementing this service delivery model. Plans are currently being made to access the technical assistance necessary to facilitate implementing this model in other areas of the state. Use of the PSP model will enhance our early intervention services and enable us to use our service providers more effectively.

Data reported for this APR were gathered primarily through the First Steps Information System (FSIS) database. Justifications due to exceptional family circumstances and systematic problems for services in other settings and missing the 45-day timeline are gathered through the database. Planned improvements to the database will allow justifications related to service provision and transition to be entered.

The special conditions for the Part C FFY 2008 grant award are to ensure compliance with the timely provision of early intervention service requirements in 34 CFR §§303.340(c), 303.342(e) and 303.344(f)(1). A progress report is due on February 2, 2009 and a final progress report on May 15, 2009.

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
2007 (2007-2008)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

District	# of infants/toddlers	# who received their services on time	# due to System Problem	Timely + Family/Child justifications	
				#	%
I	280	192	66	214	76%
II	255	221	18	237	93%
III	154	82	52	102	66%
IV	194	112	58	136	70%
V	376	167	164	212	56%
VI	193	131	47	146	76%
VII	103	56	34	69	67%
VIII	300	239	42	258	86%
IX	385	297	59	326	85%
State	2240	1497	540	1700	76%

The table below provides state data to aid comparisons between state baseline data from the State Performance Plan (SPP) and data from the APRs.		
Timely Target = 100% for early intervention services in ≤30 days or the delay is due to exceptional family circumstances	≤30 days	≤30 days +Family/Child Justifications
SPP Baseline	<72%	Data not collected
2005 APR data	69%	76%
2006 APR data	70%	77%
2007 APR	67%	76%

Actual Target Data for 2007-2008:

Between July 1, 2007 and June 30, 2008, 2240 children received services on their initial IFSPs and new services on subsequent or revised IFSPs. 1497 children (67%) received all of their initial and new services in a timely manner within 30 days of IFSP development. Data analysis accounted for provision of all services on the initial IFSP and new services. Of the 743 children/families who had at

least one service begin late, 203 were due to exceptional family circumstances documented in the child's record. Five hundred-forty families did not receive all of their services in a timely manner because of problems in the EI system, including lack of providers [Occupational Therapists(OTs), Speech-Language Pathologists (SLPs), and Physical Therapists(PTs)] and problems with scheduling. A total of 1700 (76%) children and families out of 2240 received their services on time or were late because of child and family circumstances. However, with the increase in referral numbers, IFSPs developed, and services rendered, the timely percentage decreased slightly (1%).

Timely Correction of noncompliance identified in FFY 2006:

Verification of correction of noncompliance within the one year timeline occurred in none of the six districts. Improvement activities that are part of a Corrective Action Plan (CAP) have been implemented and revised in each of the six districts to include technical assistance targeted to the weakest areas as well as strengthening the district as a whole. Barriers are being addressed through the CAPs and related technical assistance. In all of the health districts, the demand for services exceeds currently available service provider time. The challenge is greatest in rural areas, which comprise a significant portion of each health district. In most districts, the majority of the service providers are individual contract workers or work in small agencies. The paperwork burden associated with billing Medicaid and other insurance is often cited as the reason for not entering into a contract with First Steps. Increasing and restructuring therapy rates for individual contract providers for FY 2008 is helping with recruitment and retention of individual contract workers while straining the budgets of the districts that rely most on individual contract workers.

District specific issues that have negatively impacted timely services include: in District I, temporary loss of services from a major provider and delays in physician orders; in District II, a limited number of providers willing to provide services in natural environments (NE); in District III, a very limited number of providers; in District IV, a limited number of providers willing to provide services in the NE and a lack of fiscal resources to enter into enough new and/or amended payor of last resort contracts; in District V, a limited number of providers in the rural areas and a lack of fiscal resources to enter into enough new and/or amended payor of last resort contracts; in District VI, a limited number of providers willing to provide services in the NE, a lack of fiscal resources to enter into enough new and/or amended payor of last resort contracts, and a temporary but extended shortage of service coordinators due to staff turnover; in District VII, a limited number of providers willing to provide services in the NE and difficulty getting timely responses from a major provider; in District VIII, a temporary but extended shortage of service coordinators due to medical reasons and difficulty retaining providers due to inability to offer benefit packages competitive with the universities, school districts, and private agencies; and in District IX, a shortage of OTs, PTs, and SLPs due at least in part to the continuing post-Katrina shortage of affordable housing.

First Step's staff is mindful of the need to address in a timely manner the barriers and challenges described above. The steps necessary to be in compliance and meet the special conditions of our Part C FFY 2008 grant award for timely provision of early intervention services require sustained coordinated effort to make the changes necessary to increase and retain enough service providers necessary to meet the current and future demands. To meet this goal we are taking steps to implement a primary service provider model, address concerns associated with third party billing, increase public awareness of the benefits of services in natural environments, recruit service providers, collaborate with other state agencies, and regularly use broad stakeholder input to improve our early intervention program.

Progress Report

The special conditions of the FFY 2008 IDEA Part C grant require the submission of progress reports on February 2, 2009 and May 15, 2009, regarding timely provision of early intervention services.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

The data for FFY 2007 include initial services and new services. Follow-up was conducted and data were verified and quantified. These data are considered to be valid and reliable. The database was changed to link all services to an IFSP date, allowing for calculations of “timely” by the data system for all children and all services from July 1, 2007, forward. This registry feature is the primary means of data collection for this indicator. Technical assistance in this area focused on directing service coordinators to link new services to a revised IFSP date in the database.

Service coordinator training has been ongoing. IFSP training with emphasis on developing integrated outcomes and supporting implementation of a primary service provider service delivery model was provided in all health districts. Technical assistance is ongoing in all the health districts. Topics covered that impact this indicator include, but are not limited to the following: follow-up on service coordinator training; strategies for managing caseloads (scheduling, certificates of medical necessity); recruitment and retention of providers; making interim reimbursements to providers awaiting Medicaid and/or insurance reimbursement; and coaching of providers.

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.

Implementing a primary service provider model; addressing concerns associated with third party billing; increasing public awareness of the benefits of services in natural environments; recruiting service providers; collaborating with other state agencies; and regularly using broad stakeholder input to improve our early intervention program are the steps being taken to improve timely services for our families. The specific strategies/activities are addressed in the individual district's CAPs or improvement plans.

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

light pink	Completed
light orange	Continuing
light blue	Revised
light green	New

The tables also include a reference to the improvement category for each activity, as described in the *APR Checklist: Part C State Annual Performance Report*. The improvement categories are:

- A. Improving data collection and reporting
- B. Improving systems administration and monitoring
- C. Providing training/professional development
- D. Providing technical assistance
- E. Clarifying/developing policies and procedures
- F. Program development
- G. Collaboration/coordination
- H. Evaluation
- I. Increasing/adjusting FTE
- J. Other

SC = Service Coordinator

DC = District Coordinator

C.O. staff = Central Office staff , which includes Part C Coordinator, Branch Director, Quality Monitors, and other central office personnel assisting with particular activities.

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Definition of “timely services”			
A, E	1. The definition of “timely” provision of services was changed to “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.”	FFY 2006 through FFY2010	Part C Coordinator	Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A,E,D	2. Additional guidance given to service providers and service coordinators is if the proposed initiation date of service is greater than 30 days, the service must start before or on the expected date of service delivery. This change is due to the need for all providing consultative services to be a part of the IFSP implementation from the beginning of services or a service change. A justification must be documented for any service initiation over 30 days from the date the parent gave permission for the service.	FFY 2007 through FFY2010	SCs, DC	Revised in FFY 2007 Continuing for FFY 2008
D, A	3. Training on data entry	FFY 2006 through FFY 2010	Data manager, DCs, SCs	New in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Database changes			
A	1. The system was changed to link service provision 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.	FFY 2007 through FFY 2010	Data manager, DCs, SCs	Completed in FFY 2007
A	2. In FFY 2008, a justification screen will be added and justifications will be required for all services that do not meet the definition of “timely.” Central Office staff will have the capacity to qualify the justification as “EI system problem” or “Family/Child reason.”	FFY 2008 through FFY 2010	Data Manager, DCs, SCs	New in FFY 2008
	Provider Recruitment & Training			
F	1. In calendar year 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. In FFY 2008, a similar packet will be sent to OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit	FFY 2008	C.O. staff	New in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	therapists into the EIS.			
F	3. 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.	FFY 2007 through FFY 2008	C.O. staff	Completed in FFY 2007
Retention & Recruitment of District Staff				
F	1. Service Coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in a ~10% raise.	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. Explore realignment or reclassification of District Coordinators	FFY 2008	C.O. staff District staff	New in FFY 2008
Policies & Procedures				
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations
E	2. Revised the Service Coordinator Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making recommendations for services, and changes in forms.	FFY 2006 through FFY 2010	Training & T/A : C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007	Training & T/A : C.O. staff	Completed in FFY 2007
Training/TA for staff & providers				
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007, the staff and providers were familiar with the new format. Follow-up training on the IFSP was provided within the district and included writing integrated outcomes	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	and strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.			
C	3. Training/TA on transdisciplinary play-based assessment	FFY2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
F	4. NECTAC and SERRC will be used to help address best practice issues; such as the PSP model.	FFY 2008 through FFY 2010.	C.O. staff	New in FFY 2008
	SICC			
B,G	1. In August 2006 the SICC requested the Governor to make new appointments to the SICC.	FFY 2007	SICC	Completed in FFY 2007
B,G,	2. The SERRC technical assistant to this program has offered to assist in planning committee meetings and retreats for a new SICC.	FFY 2008	SICC SERRC	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Definition of “timely services”: Additional guidance given to service providers and service coordinators is if the proposed initiation date of service is greater than 30 days, the service must start before or on the expected date of service delivery. This change is due to the need for all providing consultative services to be a part of the IFSP implementation from the beginning of services or a service change. A justification must be documented for any service initiation over 30 days from the date the parent gave permission for the service.

Database changes: In FFY 2008, a justification screen will be added and justifications will be required for all services that do not meet the definition of “timely.” Through the database central office staff will indicate whether the information provided supports a justification “due to exceptional family circumstances” and if more information is needed to make that determination. District staff will be able to access reports that more clearly specify the records needing attention. These changes will facilitate gathering the information, follow-up, and analyzing the justifications.

Provider Recruitment & Training: In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploring realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state

raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Training/TA for staff & providers necessary to address timely provision of services:

Training/TA on transdisciplinary play-based assessment: Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008, there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a primary service provider (PSP) model of service delivery. The PSP as coach model focuses on coaching of the identified learners as the primary intervention strategy to implement jointly-developed, functional, discipline-free IFSP outcomes in natural settings with ongoing coaching and support from other team members. The discipline of the chosen PSP(s) is based on the IFSP outcomes, relationships with the learners, and expertise in the areas of support needed by the learners. Implementation of a PSP model will allow us to improve service delivery while maximizing effective use of our resources. The positive impact is being realized in the limited implementation of this model within the state. NECTAC and SERRC are assisting us with this process.

New service coordinator training will continue to be provided in a two-day format with the IFSP training provided separately using a coaching model. Conducting IFSP training and follow-up within the district allows the training and follow-up to be tailored to meet the district's needs.

Two district coordinators are leading the exploration of options to address the paperwork burden of billing Medicaid and insurance for individual contract workers. This requires addressing Medicaid and insurance guidelines, agency policies and procedures, and fiscal issues related to trained clerical staff. Technical assistance to increase timely submission of Certificates of Medical Necessity is being provided by the quality monitors and includes strategies for establishing relationships with medical providers and pediatricians in their service areas. Medicaid and insurance denials are being addressed by referring providers who are experiencing difficulty to providers who are not experiencing this type of problem. The providers are collaborating and providing technical assistance to each other. Other potential solutions are being explored.

SICC: The SERRC technical assistant to this program has offered to assist in planning committee meetings and retreats for new SICC members. The SICC has many new members and this group has not met outside of the SICC meetings. The SICC needs this activity to train the new members; participate in teambuilding activities; and plan.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
2007 (2007-2008)	95% 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 5% .

Primary Setting for Early intervention Services	#	%
Children served with an IFSP	1790	
Children primarily served in an "other" setting	49	3%
Children primarily served in the home	1572	88%
Children primarily served in community-based setting	169	9%
Total number of children primarily served in natural environments (home or community-based setting)	1741	97%

The table below provides state data to aid comparisons between state baseline from the SPP and data from the APRs

Reporting Period	Natural Environment		NE + child outcome-based justifications	
	Data	Target	Data	Target
SPP Baseline	82%		Data not collected	
2005 APR data	96%	93%	97%	100%
2006 APR data	96%	94%	97%	100%
2007 APR data	97%	95%	97%	100%

Actual Target Data for 2007-2008:

The natural environment (NE) data for the 618 report indicates 1741 out of 1790 children (97%) received their services primarily in the home or in community programs with typically developing children. The primary reason for 49 children (3%) receiving their services primarily in other settings was a lack of service providers [PT, OT, SLP, and special instructor (SI)] available to provide services in natural environments. Mississippi met the state target of 95%.

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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

Recruitment of providers who appreciate the benefits of service provision in natural environments is an ongoing process. Limited numbers of providers in many rural areas, the paperwork burden of billing Medicaid and insurance for individual contract workers, and fluctuating gas prices are challenges faced in the recruitment process. In several districts, technical assistance related to multidisciplinary evaluations and assessments resulted in improved IFSPs that require more OT, PT, and SLP involvement than in previous years.

Service coordinator training, IFSP development training and technical assistance have been ongoing. Topics covered that impact this indicator include, but are not limited to the following: regulations concerning this topic and required documentation; explaining the benefits of services in the NE to parents, pediatricians, and others; service delivery models; writing integrated and function outcomes; and retention and recruitment of providers who will provide services in the NE. 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 EIP plan to continue this collaborative effort, with increased emphasis on serving children with special needs in natural settings.

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 of Information from SLPs willing to serve on multidisciplinary evaluation/ assessment teams and/or to provide services to identified infants/toddlers in natural settings.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008-2009:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Natural Environment brochures			
D, F	A brochure explaining the benefits of services in the NE was developed in FFY 2006, and has been distributed since then by central office and district staff. The brochure was placed on the agency website.	FFY2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
	Database Changes			
A	1. Categories were clearly defined in FSIS to report natural environment (i.e., natural environment=home or community, and other=any other setting). The FSIS field was changed to reflect the federal definition.	FFY 2005	Data Manager	Completed in FFY 2005
A	2. Fields were added in the database to indicate that the justification has been reviewed and appropriately qualified by an administrator.	FFY 2005 through FFY 2010	Data Manager	Completed in FFY 2006 Revised in FFY 2008
A	3. In FFY 2008, the NE justification will be visible on the same screen as the early intervention service and district staff will be able to access reports that more clearly specify the records	FFY2008 through FFY 2010	Data Manager	New in FFY2008

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	needing attention.			
D	4. Technical assistance and training about the database changes are provided on a continuing basis.	FFY 2005 through FFY 2010	C.O. staff	New in FFY2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, C, D	5. In FFY 2008, the data manual will be developed after the major changes are complete.	FFY 2008 through FFY 2010	Data Manager C.O. staff	New in FFY2008
Provider Recruitment & Training				
F	1. Contracts were approved to staff early intervention teams in every district	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
D, F	2. Subsidies/loans/grants (SLGs) were entered into with university programs to provide pre-service training on services in natural settings	FFY 2006 through FFY 2010	C.O. staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
D,F	3. SLGs were increased with some regional mental health centers for contracting with providers in natural settings.	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
F	4. In FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	5. In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the EIS.	FFY 2008	C.O. staff	New in FFY 2008
F	6. 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.	FFY 2007	C.O. staff	Completed in FFY 2007
Retention & Recruitment of District Staff				
F	1. Service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in an approximately 10% raise.	FFY 2008	C.O. staff	Completed in FFY 2007
F	2. Explore realignment/reclassification of district coordinators	FFY 2008	C.O. staff District Staff	New in FFY 2008
Policies & Procedures				
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations
E	2. Revised the Service Coordinator Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making	FFY 2006 through FFY 2010	Training & T/A: C.O. staff	Revised in FFY 2007 Continuing in FFY 2008

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	recommendations for services, and changes in forms.			
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007 through FFY 2010	Training & T/A: C.O. staff	Completed in FFY 2007
	Definition of Natural Environment			
D	1. Guidance questions were provided to determine whether the decision to provide a service outside natural environments meets the criteria for a child outcome-based justification. Decisions are to be documented in FSIS and on the guiding document to be attached to the IFSP.	FFY 2005 through FFY 2010	C.O. staff	Completed in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Training is provided on the following topics: natural environment definition, benefits, and best practices; determining whether the decision to provide services outside natural environments meets the criteria for a child outcome-based justification; service delivery models incorporating best practices that support the provision of early intervention services in natural settings; IFSP development incorporating routines to achieve functional outcomes; cultural diversity; and service coordination	FFY 2005 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
	Training/TA for staff & providers			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007 the staff and providers were familiar with the new format. Follow-up training on the IFSP was provided within the district and included writing integrated outcomes and strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.			
F	3. NECTAC and SERRC will be used to help address best practice issues; such as the PSP model	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008
C	4. The MS EI program held its state conference in collaboration with the 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.	FFY 2007	MSECA C.O. staff	Completed in FFY 2007

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Provider Recruitment & Training: In FFY 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploration of realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Training/TA for staff & providers necessary to address timely provision of services: Training/TA on transdisciplinary play-based assessment: Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008, there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a PSP model of service delivery. The PSP as coach model focuses on coaching of the identified learners as the primary intervention strategy to implement jointly-developed, functional, discipline-free IFSP outcomes in natural settings with ongoing coaching and support from other team members. The discipline of the chosen PSP(s) is based on the IFSP outcomes, relationships with the learners, and expertise in the areas of support needed by the learners. Implementation of a PSP model will allow us to improve service delivery while maximizing effective use of our resources. The positive impact is being realized in the limited implementation of this model within the state. NECTAC and SERRC are assisting us with this process.

New service coordinator training will continue to be provided in a two day format with the IFSP training provided separately using a coaching model. Conducting IFSP training and follow-up within the district allows the training and follow-up to be tailored to meet the district's needs.

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Database changes: In FFY 2008, the NE justification will be visible on the same screen as the early intervention service. Through the database, Central Office staff will indicate whether the information provided supports a justification that the service is being provided outside the NE because early intervention cannot be achieved satisfactorily for the infant or toddler in the NE, or if more information is needed to make that determination. District staff will be able to access reports that more clearly specify the records needing attention. These changes will facilitate gathering the information, follow-up, and analysis of the justifications. The data manual will be developed after the major changes are complete.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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

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

nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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 = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

Measurable and Rigorous Target:

Targets will be set in February 2010.

Overview of Issue/Description of System or Process:

In the First Steps Early Intervention Program, evaluations are completed by teams comprised of two or more of the following: SLPs, PTs, OTs, SIs, and/or early interventionists. 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 who are exiting the early intervention system. 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 database will be modified to collect entry and progress data. Until modifications to the database 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 into the FSIS database 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 in 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;
 - 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;
 - used for purposes for which the assessments or measures are valid and reliable;
 - administered by trained and knowledgeable personnel; and
 - administered in accordance with any instructions in the manual or addendums.
- 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 about the unique developmental needs of the child and the resources the family needs 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 & III (DP II & DP III).

Progress Data for Infants and Toddlers Exiting 2007-2008

Positive social-emotional skills (including social relationships):

District	A	%	B	%	C	%	D	%	E	%
IV	2	12%	3	19%	3	19%	4	25%	4	25%
V	0	0%	2	100%	0	0%	0	0%	0	0%
VII	0	0%	0	0%	0	0%	2	40%	3	60%
IX	0	0%	1	7%	2	14%	9	64%	2	14%
State	2	5%	6	16%	5	14%	15	41%	9	24%

Acquiring and using knowledge and skills (including early language/communication):

District	A	%	B	%	C	%	D	%	E	%
IV	2	12%	3	19%	3	19%	4	25%	4	25%
V	0	0%	2	100%	0	0%	0	0%	0	0%
VII	0	0%	1	20%	0	0%	3	60%	1	20%
IX	0	0%	1	7%	0	0%	11	79%	2	14%
State	2	5%	7	19%	3	8%	18	49%	7	19%

Taking appropriate action to meet needs:

District	A	%	B	%	C	%	D	%	E	%
IV	2	12%	3	19%	2	12%	6	38%	3	19%
V	0	0%	2	100%	0	0%	0	0%	0	0%
VII	1	20%	0	0%	0	0%	1	20%	3	60%
IX	0	0%	1	7%	1	7%	9	64%	3	21%
State	3	8%	6	16%	3	8%	16	43%	9	24%

- A- Percent of infants and toddlers who did not improve functioning
- B- Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning compared to same-age peers
- C- Percent of infants and toddlers who improved functioning to a level nearer to same age peers but did not reach it
- D- Percent of infants and toddlers who improved functioning to reach a level comparable to same-age peers
- E- Percent of infants and toddlers who maintained functioning at a level comparable to same-age peers

Discussion of Progress Data:

Progress data reported in 2010 will be considered baseline data. Using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version, entry data were collected statewide and child

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outcome information was summarized for children referred to the Early Intervention Program with an initial IFSP developed between July 1, 2007, and June 30, 2008. Early Intervention teams and Service Providers will begin to complete this process in every district in FFY 2008. The service coordinators forwarded copies of test protocols and evaluation/assessment reports to the Central Office. Personnel with a developmental background reviewed these documents and completed an Early Childhood Outcome Center 7-point Child Outcome Summary Form (COSF). Four health districts have been trained to complete entry and exit data using the COSF. These four health districts were responsible for completing entry and exit data on children who received services in their health district for at least 6 months. Progress data for FFY 2007 (2007-2008) were gathered on children exiting the program or who had an ECO Center COSF completed upon entry into the program within those health districts. Primary Service Providers from those health districts measured thirty-seven (37) infants and toddlers' development at exit from the program.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

The Part C Early Intervention Program collaborated with Early Intervention teams in four health districts. Those Early Intervention teams and Service Coordinators were trained how to successfully complete the process of measuring child outcomes. Technical assistance is ongoing. A process was developed for completing entry data and measuring progress on child outcomes. Evaluation team members gather entry data by completing the COSF for all children who are eligible for Early Intervention services at the initial IFSP development. Exit data are gathered by the Primary Service provider through updating/completing the COSF of a child who has entry data completed and has been in the program for at least 6 months. In FFY 2008, the remaining five health districts will be trained to successfully complete the process of measuring child outcomes for entry and exit data including completion of the COSF.

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

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database Changes			
A	1. Entry/exit data are being entered into a spreadsheet maintained by C.O. staff.	FFY 2006 through FFY 2007	District Staff C.O. staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008
A	2. Entry/exit data will be entered into the database by service coordinators.	FFY 2008 through FFY 2010	District Staff C.O. staff	New in FFY 2008
	Collection of Data			
A	1. Service providers took a bigger role in gathering the information needed to measure child outcomes.	FFY 2005	Service Providers C.O. staff	Completed in FFY 2005
A	2. Entry data were collected statewide and child outcome information summarized for children referred to the EIP with an initial IFSP developed between July 1, 2006, and June 30, 2007. The SC will forward copies of test protocols and evaluation/assessment reports to the C.O. personnel with a developmental background who will review these documents and complete an ECO Center COSF. Entry data were entered into a spreadsheet maintained	FFY 2006	Service Providers C.O. staff District Staff	Completed in FFY 2006

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	by C.O. staff.			
A	3. Progress data for FFY 2007 (2007-2008) were gathered on children: a) exiting the program (utilizing the criteria above) in five health districts; b) who had an ECO COSF: 7-point version completed upon entry into the program; and c) who received EIS from four health districts being phased-in to this process. The population targeted is representative of the population of the state.	FFY 2007 through FFY 2010	Service Providers C.O. staff District Staff	New in FFY2007 Continuing in FFY 2008
A	4. Progress data for FFY 2008 (2008-2009) will be gathered on children: a) exiting the program (utilizing the criteria above); b) who had an ECO COSF; 7-point version completed upon entry into the program; and c) who received EIS from nine health districts being phased-in to this process. The population targeted is representative of the population of the state.	FFY 2007 through FFY 2010	Service Providers C.O. staff District Staff	New in FFY 2007
A	5. Utilizing the procedures/ activities/strategies that have been developed, entry and progress data will be gathered on all children meeting the entry and exit criteria described above.	FFY 2008 through FFY 2010	Service Providers District Staff	New in FFY 2008
Training and Technical Assistance				
A, C, D	1. Technical assistance will be provided for IFSP teams measuring entry and progress.	FFY 2008 through FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008
A, C, D	2. Quality assurance and monitoring procedures will be implemented to ensure the accuracy and completeness of the outcome data.	FFY 2008 through FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008
A, H	3. Evaluation of data will be used to determine whether adjustments are needed in the activities.	FFY 2008- FFY 2010	Service Providers District Staff C.O. staff ECO Center	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Database changes: In calendar year 2008, a screen was added to capture entry data on all children who receive an IFSP and exit data on all children who have been in the system for at least 6 consecutive months. A note field was added to capture supporting details related to entry/exit data. Service coordinators will enter this data. The screen to capture entry/exit data and notes is in test mode, but it will be implemented in FFY 2008.

Collection of Data: Progress data for FFY 2008 will be gathered on children exiting the program who had an ECO COSF, 7-point version completed upon entry into the program, and who received EIS from a health district that had phased into this process.

Training/Technical Assistance (TA) for staff & providers necessary to address child outcomes:

TA will be provided for each EIP/IFSP team measuring entry and progress data by a quality monitor or other C.O. staff. TA will focus on strengthening the process of collecting reliable and valid child outcome data and will also be conducted when general supervision activities indicate the need for training or coaching. Through conference calls, the ECO center will provide TA to those persons in MS providing TA.

Quality assurance and monitoring procedures will be implemented to ensure accuracy and completeness of the outcome data. Quality monitors and other C.O. staff will randomly check children's records for complete Child Outcome Summary Forms. Accuracy will be checked by reviewing the evaluation summary and the evaluation report. Information from those two sources will be used as a guide to check the validity of the ratings and supporting information provided on the Child Outcome Summary Form. Evaluation of data will be used to determine whether adjustments are needed in the activities.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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	
	Percent of families participating in the Part C Early Childhood Outcomes Center Family Survey who report early intervention services have helped the family	Target:
2006 (2006-2007)	A. Know their rights B. Effectively communicate their children's needs: C. Help their children develop and learn:	83% 84% 85%
2007 (2007-2008)	A. Know their rights: B. Effectively communicate their children's needs: C. Help their children develop and learn:	86% 87% 87%

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FFY	% of surveys returned	Question 16		Question 17		Question 18	
		Target	State data	Target	State data	Target	State data
SPP Baseline (FFY 2006)	26%		80%		81%		82%
2007 APR	25%	86%	84%	87%	87%	87%	88%

ECO Family Outcomes Surveys (7-point scale) Sent/Returned					
District	# sent	% sent compared to the state	# returned	Rate of return for district	Return rate compared to the 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%
State	1875		460	25%	

Race/Ethnicity	Surveys were sent to all families served by Early Intervention				Surveys Returned		
	Mississippi's general population		Served by early intervention		Compared to same race/ethnicity		
Race/Ethnicity	#	%	#	%	# who returned the survey	# / #	%
American Indian	21,815	0.74%	10	0.4%	2	2/10	20%
Asian or Pacific Islander	30,999	1.05%	14	0.9%	2	2/14	14%
Black or African American	1,091,941	37.10%	867	46.2%	169	169/867	19%
Hispanic or Latino	61,558	2.09%	50	2.7%	8	8/50	16%
White	1,736,808	59.01%	934	49.8%	279	279/934	30%
Total	2,943,121	100%	1875	100%	460	460/1875	25%

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Question 16: To what extent has early intervention helped your family know and understand your rights? Target for Question 16= 86%

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

Question 17: To what extent has early intervention helped your family effectively communicate your child's needs? Target for Question 17= 87%

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

Question 18: To what extent has early intervention helped your family be able to help your child develop and learn? Target for Question 18= 87%

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

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. Four 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 met the state target. Three 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. Six of 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. 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. The response rate for both the Black or African American and the white population subgroups is lower than would be expected for these subgroups. Mississippi will work to identify factors contributing to the low return rate for these groups. New activities will be designed to address these factors once they are identified.

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:

The survey reported in the 2006 APR was the survey done during FFY 2007. The results of the survey and information gathered as a result of general supervision activities support the need for enhancing families' knowledge of their rights and comfort in exercising their rights. Offering the incentive for early return of the survey resulted in one family getting a box of educational toys, but did not result in a significant increase in the return rate for the surveys.

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 families whose primary language is Spanish received the Spanish version of the survey. Five surveys were mailed to the Choctaw School to be completed with families whose primary language is Choctaw and two of these surveys were returned.

Results of this survey are reported at the state level and at the health district level if the number of responses is large enough to ensure confidentiality. Reporting at the health district level requires a large enough sample to ensure confidentiality.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008-2009:

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Training and technical assistance on:			
C	1. the purpose of collecting this information;	FFY 2005 through FFY 2010	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Parental Rights (for district personnel, service providers, parents and other stakeholders);	FFY 2005 through FFY 2010	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	3. effective service coordination, IFSP development and provision of services to families is covered in the new service coordinator training and IFSP training is provided within the district rather than being provided the third day of the service coordinator training;	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
C	4. appropriate practices that are responsive to diverse cultures, and	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2008
C	5. advocacy skills for parents/guardians on.	FFY 2008	C.O staff advocacy groups	New in FFY 2008
A	6. Explore and implement strategies to improve gathering of the family outcome data	FFY 2005	C.O. staff District staff	Continued in FFY 2007 Continuing in FFY 2008
A	7. Make available on a network drive the forms used by Service Coordinators to explain due process and complaint procedures to families.	FFY 2007	C.O. staff	Completed in FFY 2007
A, F	8. Analyze results by demographics in far greater detail than reported in the 2007 APR to help identify factors contributing response rates in population subgroups and to facilitate program improvement	FFY 2008	C.O. staff	New in FFY 2008
C	9. Part C will be participating with Mississippi Department of Education in transition training designed to increase awareness and enhance Part B/Part C collaboration at the local level.	FFY 2008	C.O. staff District staff	New in FFY 2008
D	10. Increase service coordinators', parent advisors',	FFY 2008	C.O. staff District staff	New in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	and parents' awareness of advocacy resources			
A, F	11. Investigate and address factors contributing to the lower than expected survey response rates for the Black or African American, and white population subgroups.	FFY 2008	C.O. staff District staff	New in FFY 2008
	Policies and Procedures:			
E	1. Revise the Policies and Procedures	FFY 2005	C.O. staff	Waiting on new federal regulations
F	2. The Infant/Toddler and Family Rights (I/T & Family Rights) were put in a more parent-friendly format and language. The complaint process form, a complaint form, a glossary, and the list of resources were put in a single document.	FFY 2005	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
F	3. Maintain consistency statewide in the packets given to parents. Revised in FFY 2007 to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights.	FFY 2005	District staff	Revised in FFY 2007 Continuing in FFY 2008
F	4. Clearly define all terms contained in parent information materials. This glossary is included in the I/T and Family Rights	FFY 2005	C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
F	5. Make all information accessible to all parents. This is done upon request. Translating the I/T and Family Rights and the forms in Spanish is the most recent request.	FFY 2005	C.O. staff District staff	Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Database Changes			
A	1. The data system, FSIS, will be revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting	FFY 2005	Data manager	Not completed on time Revised in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

1. Analyze the data using the unique identifying number assigned to every survey to make comparisons across years and by demographic information, for individual families, by districts, and for the state as a whole. Use this information to provide the TA necessary to ensure appropriate practices that are responsive to diverse cultures.
2. Utilize advocacy groups within the state to provide training to parents, service coordinators and parent advisors that will enhance their advocacy skills.

3. Analyze results by demographics in far greater detail than reported in the 2007 APR to address factors contributing to the lower than expected survey response rates for the Black/African American and white population subgroups and to facilitate enhance program improvement. Explore ways to improve efforts to provide families with support, information, and resources to enhance their capacity to help their children develop and learn.
4. Part C will be participating with the Mississippi Department of Education on transition training taking place across the state in FFY 2008. This training is designed to increase awareness of the requirements and activities that facilitate seamless transitions and to enhance Part B/Part C collaboration at the local level.
5. Continue to use the results to develop improvement strategies using demographics and provide technical assistance to address appropriate practices that are responsive to diverse cultures.
6. Revise the Service Coordinator Manual when the final Part C Regulations are released.
7. Revise the I/T and Family Rights documents when the final Part C Regulations are released.
8. The I/T and Family Rights, Complaint Process, Complaint Forms, glossary, and list of resources were combined into one document in FFY 2007.
9. Investigate and address factors contributing to the lower than expected survey response rates for the Black, African American, and white population subgroups.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
2007 (2007-2008)	0.60% of infants and toddlers birth to 1 will have IFSPs.

618 DATA for DECEMBER 1, 2007, submitted on 2/1/2008			
Target = .60%			
The district population is based on the 2000 U.S. Census.			
The state population is based on the U.S. Census state estimate for 2007			
District	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
I	4,071	27	0.67%
II	4,605	29	0.63%
III	3,748	21	0.56%
IV	3,573	18	0.50%
V	8,715	38	0.44%
VI	3,515	21	0.60%
VII	2,489	9	0.36%
VIII	4,041	27	0.67%
IX	6,460	33	0.51%
State	45,433	223	0.49%

Revised 618 DATA for DECEMBER 1, 2007 Target = .60%			
The district population is based on the 2000 U.S. Census. The state population is based on the U.S. Census state estimate for 2007			
District	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
I	4,071	27	.66%
II	4,605	29	.63%
III	3,748	21	.56%
IV	3,573	17	.48%
V	8,715	44	.50%
VI	3,515	23	.65%
VII	2,489	9	.36%
VIII	4,041	27	.67%
IX	6,460	30	.46%
State	45,433	227	.50%

618 Data Child Count B-1	Target	State Data
SPP Baseline		0.50%
2005 APR data	0.51%	0.53%
2006 APR data	0.55%	0.53%
2007 APR data	0.60%	0.49% submitted on 2/1/08 (active with an IFSP and at least 1 service started) 0.50% revised data (active with an IFSP)

Actual Target Data for 2007-2008:

For FFY 2007, Mississippi did not meet the state target of 0.60%. The criteria used for the data submitted in the 2006 APR for December 1, 2007 was an unduplicated count of children that had an IFSP in place and at least one service initiated. The revised data reflect an unduplicated count of children birth to 1 who had an IFSP in place. The state average using the revised criteria was 0.50%. Four of the nine health districts performed above 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 for FFY 2007, the state will exceed the target of 0.65 % for FFY 2008. If the 2007 state population estimate is used for this calculation, 0.68% of the birth to 1 population have an IFSP in place.

The national average for the 50 states and D.C. is 0.10% and the average for states with a broad eligibility criteria is 0.14%. Mississippi is considerably below these 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. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

During state FFY 2007, a document was drafted to give additional guidance to service coordinators, evaluation teams and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The document is titled "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss." The use of informed clinical opinion in

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making eligibility determinations was emphasized during stakeholder meetings and service coordinator training.

Focusing on child find activities in districts appears to have contributed to significant progress in two of four districts who were struggling to meet the target . The additional guidance on use of informed clinical opinion appears to have had the greatest impact on this indicator. Referrals being entered primarily by one person has improved relations with referral sources and has resulted in more accurate counts.

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

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database changes			
A, B, F	Create a central referral system at the First Steps Central Office to: <ol style="list-style-type: none"> 1. Data entry 2. Referrals 	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Child Find activities			
G	1. Collaborate more effectively with referral sources from both the state and local levels	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F	2. Disseminate new Child Find materials published in 2005 during professional meetings/conferences; when visiting providers and referral sources; and through mass mail outs to referral sources with personal follow-up	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	3. Work with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and website information. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese. These brochures continue to be provided to referral sources upon request and as part of child find activities. Updates to the website are made as needed.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	4. Visit hospitals and NICUs to discuss processes and procedures for making referrals. Further develop relationships between First Steps and hospital personnel who have contact with infants and	FFY 2005 through FFY 2010	SCs and DCs	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	their families			
F	5. Attend health fairs, local and state conferences and meetings to set up trade show displays; to distribute brochures, developmental checklists and posters; and to answer questions regarding EI.	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Evaluation and Assessment			
F, G	1. Collaborate with DMH, MDE, and with other departments within MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build teams where possible using available providers. Budget constraints prohibited forming the model teams.	FFY 2005	C.O. staff DCs	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C, E, F, G	2. Additional guidance was given to district staff and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed and revised in FFY 2007.	FFY 2007 through FFY 2010	C.O. staff, DCs, SCs, and service providers	New in FFY 2007 Continuing in FFY 2008
	Training and Technical Assistance			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
D, F	2. Increase understanding of providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification	FFY 2007 through FFY 2010	SC,DC, C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	3. Through monitoring, training, and coaching ensure that the multidisciplinary team includes the members needed to identify and address the unique needs of families and children.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	4. Emphasize through monitoring, training, and T/A more effective use	FFY 2007 through	C.O. staff	New in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	of fiscal resources.	FFY 2010		
F	5. Increase the number of teams available to perform evaluations and to provide services.	FFY 2007 through FFY 2010	DCs C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

While conducting general supervision activities and related technical assistance, the central office staff realized the need to give guidance in using informed clinical opinion when evaluating, assessing, and serving premature infants. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed in FFY 2007 by the Part C Coordinator. This guiding document has been covered in training with district staff, Department of Mental Health staff at each of the early intervention programs, staff at most of the Head Start programs, and other service providers within the health districts. Follow-up has been provided upon request and when the need is apparent to district or central office staff.

Child Find responsibilities are covered in detail in the service coordinator training. The topics include, but are not limited to, increased understanding of providers and potential referral sources of their responsibility to refer all children who may need early intervention services within two days of identification, and ensuring that the teams include the members needed to identify and address the unique needs of families and children. This training was shortened to two full days to avoid pulling service coordinators from the district for three consecutive days. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to an actual IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
2007 (2007-2008)	1.68% of infants and toddlers birth to 3 will have IFSPs.

618 DATA for DECEMBER 1, 2007 submitted on 2/1/2008			
Indicator 6, Target = 1.68%			
The district population is based on the 2000 U.S. Census.			
The state population is based on the U.S. Census state estimate for 2007			
District	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
I	12,402	240	1.94%
II	13,557	200	1.48%
III	11,305	175	1.55%
IV	10,631	152	1.43%
V	26,232	310	1.18%
VI	10,391	158	1.52%
VII	7,466	91	1.22%
VIII	12,218	199	1.63%
IX	18,876	265	1.40%
State	133, 879	1790	1.34%

Revised 618 DATA for DECEMBER 1, 2007 Indicator 6, Target = 1.68%			
The district population is based on the 2000 U.S. Census. The state population is based on the U.S. Census state estimate for 2007			
District	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
I	12,402	240	1.94%
II	13,557	202	1.49%
III	11,305	187	1.65%
IV	10,631	149	1.40%
V	26,232	332	1.27%
VI	10,391	161	1.54%
VII	7,466	90	1.21%
VIII	12,218	203	1.66%
IX	18,876	257	1.36%
State	133, 879	1821	1.36%

618 Data Child Count B-3	Target	State Data
SPP Baseline		1.37%
2005 APR data	1.43%	1.26%
2006 APR data	1.53%	1.26%
2007 APR data	1.68%	1.34% submitted on 2/1/08 (active with an IFSP and at least 1 service started) 1.36% revised data (active with an IFSP)

Actual Target Data for 2006-2007:

For this year, Mississippi did not meet the state target of 1.68%. The criteria used for the data submitted in the 2006 APR for December 1, 2007 was an unduplicated count of children that had an IFSP in place and at least one service initiated. The revised data reflect an unduplicated count of children birth to 3 who had an IFSP in place. The state average using the revised criteria was 1.36%. One of the nine health districts performed above 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 for FFY 2007, the state has made significant progress toward meeting the target of 1.78 % for FFY 2008. If the 2007 state population estimate is used for the calculation, 1.57% of the birth to 3 population have an IFSP in place.

The national average for the 50 states and D.C. is 2.52% and the average for states with a broad eligibility criteria is 2.56%. Mississippi is considerably below these averages, but is moving in the right direction.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

During state FFY 2007, a document was drafted to give additional guidance to Service Coordinators, evaluation teams and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The document is titled “Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss.” The use of informed clinical opinion in making eligibility determinations was emphasized during stakeholder meetings and Service Coordinator training.

Focusing on child find activities in districts appears to have contributed to significant progress in two of four districts who were struggling to meet the target . The additional guidance on use of informed

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clinical opinion appears to have had the greatest impact on this indicator. Referrals being entered primarily by one person has improved relations with referral sources and has resulted in more accurate counts.

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

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Database changes			
A, B, F	Create a central referral system at the First Steps Central Office to: 3. Data entry 4. Referrals	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Child Find activities			
G	Collaborate more effectively with referral sources from both the state and local levels	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F	Disseminate new Child Find materials published in 2005 during professional meetings/conferences, by visiting providers and referral sources, and through mass mail outs to referral sources with personal follow-up	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	Work with the Communications Department at MDH to publicize the EI program through media, including newspapers, newsletters, and website information. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese. These brochures continue to be provided to referral sources upon request and as part of child find activities. Updates to the website are made as needed.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F, G	Visit hospitals and NICUs to discuss processes and procedures for making referrals. Further develop relationships between First Steps and hospital personnel who have contact with infants and their families	FFY 2005 through FFY 2010	SCs and DCs	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F	Attend health fairs, local and state conferences (e.g., Mississippi Chapter of the American Academy of Pediatrics, Mississippi Association of Family Practitioners, Mississippi Nurses Association, Nurse Practitioners), and meetings to set up trade show displays; to distribute	FFY 2005 through FFY 2010	SCs DCs C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	brochures, developmental checklists and posters and to answer questions regarding EI.			
	Evaluation and Assessment			
F, G	Collaborate with DMH, MDE, and with other departments within MDH to form model evaluation and assessment teams. In FFY 2006 this plan was revised to build teams where possible using available providers. Budget constraints prohibited forming the model teams.	FFY 2005	C.O. staff DCs	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C, E, F, G	Additional guidance was given to district staff and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies. The guiding document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss" was developed and revised in FFY 2007.	FFY 2007 through FFY 2010	C.O. staff, DCs, SCs, and service providers	New in FFY 2007 Continuing in FFY 2008
	Training and Technical Assistance			
C	New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
D, F	Increase 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	FFY 2007 through FFY 2010	SC,DC, C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	Through monitoring, training, and coaching ensure that the multidisciplinary team includes the members needed to identify and address the unique needs of families and children.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
C, D,	Emphasize through monitoring, training and T/A more effective use of fiscal resources.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
F	Increase the number of teams available to perform evaluations and to provide services.	FFY 2007 through FFY 2010	DCs C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

While conducting general supervision activities and related technical assistance, the central office staff realized the need to give guidance in using informed clinical opinion when evaluating, assessing, and serving premature infants. The guiding document “Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss” was developed in FFY 2007 by the Part C Coordinator. This guiding document has been covered in training with district staff, Department of Mental Health staff at each of the early intervention programs, staff at most of the Head Start programs, and other service providers within the health districts. Follow-up has been provided upon request and when the need is apparent to district or central office staff.

Child Find responsibilities are covered in detail in the service coordinator training. The topics include, but are not limited to, increased 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, and ensuring that the teams includes the members needed to identify and address the unique needs of families and children. This training was shortened to two full days to avoid pulling service coordinators from the district for three consecutive days. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to an actual IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
2007 (2007-2008)	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.

District	# of infants /toddlers	# who received an IFSP in < 45 days	# late with family/child justifications	# late due to system problem	45 days+ f/c justifications (# and %)	
I	217	186	28	3	214	99%
II	233	190	39	4	229	98%
III	155	121	14	20	135	87%
IV	190	143	35	12	178	94%
V	365	285	61	19	346	95%
VI	170	123	31	16	154	91%
VII	103	76	18	9	94	91%
VIII	177	130	29	18	159	90%
IX	351	251	69	31	320	91%
State	1961	1505	324	132	1829	93%

45-day Timeline Target =100%	On Time + F/C Justifications
Baseline from SPP	72%
2005 APR Data	88%
2006 APR Data	88%
February 1, 2008 Progress Report	96%
2007 APR	93%

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Actual Target Data for 2007-2008:

Between July 1, 2007, and June 30, 2008, 1961 eligible infants and toddlers had an evaluation and an initial IFSP meeting. One thousand five hundred and five (77%) IFSPs were developed in 45 days or less. 456 were developed late, with 324 being due to exceptional family circumstances. A total of 1829 (93%) were developed in less than 45 days or had exceptional family circumstances. Of the 456 IFSPs developed in greater than 45 days, 132 were due to problems within the early intervention system, most were due to lack of providers or problems with scheduling. For FFY 2007, the number of new IFSPs entered into the data system is 1961, an increase of 305 IFSPs. The percentage of on time + family/child justifications increased, despite the increase in numbers with no additional funds or personnel.

Timely Correction of noncompliance identified in FFY 2006:

Verification of correction of noncompliance occurred in two of the six districts within one year of notification and in three districts within sixteen months. Improvement activities that are part of a Corrective Action Plan have been implemented and revised in the remaining health district, where increasing the number of providers is a main focus of the CAP.

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

Follow-up was conducted and data were verified and quantified. The data are considered to be valid and reliable. Through service coordinator training, guidance was given related on how to effectively use available resources in order to meet the needs of the family and meet the 45-day timeline. PSP training has been ongoing to increase the number of effective teams.

Although Mississippi is still not in compliance on this indicator, much progress has been made. The primary reason for noncompliance continues to be a lack of service providers to conduct evaluations and develop IFSPs in a timely manner. Efforts are being made to increase the effective use of resources to conduct evaluations and to develop IFSPs in a timely manner through monitoring, training and technical assistance.

More evaluation teams, more providers (SLPs, PTs, OTs, and SIs), continued monitoring and technical assistance are needed to move into compliance on this indicator. Central Office and district personnel are searching all options in order to increase the number of teams available to perform evaluations and to provide services. A search is also in effect to seek providers who have a knowledge of normal development.

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

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Training/TA for staff & providers			
C	1. New service coordinator training was developed. The three day session was shortened to two full days to prevent delays in service coordinator responsibilities. The main content on the third day was IFSP development. IFSP training and follow-up is now provided within the district.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
C	2. Significant changes to the format of the IFSP were made in FFY 2006. By FFY 2007 the staff and providers were familiar with the new format.	FFY2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Follow-up training on the IFSP was provided within the district and included writing integrated outcomes and strengthening transition steps and services. IFSP training for new service coordinators and follow-up continue to be provided within the district. The follow-up is individualized and often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting. IFSP training within the district affords current staff opportunities to enhance their skills.			
C	3. Training/TA on transdisciplinary play-based assessment.	FFY2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
	Database changes			
A	1. Configure the data system to allow for electronic qualification and quantification of the justifications for missing timelines.	FFY 2005	Data manager, District Staff	Completed in FFY 2005
	Provider Recruitment & Training			
F	1. In FFY 2007 information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH).	FFY 2007	C.O. staff	Completed in FFY 2007
F	2. In FFY 2008 a similar packet will be sent to licensed Occupational Therapists and Physical Therapist through MSDH. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the EIS.	FFY 2008	C.O. staff	New in FFY 2008
F	3. 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.	FFY 2007 through FFY 2008	C.O. staff	Completed in FFY 2007
	Retention & Recruitment of District Staff			
F	1. Service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in an approximate 10% raise	FFY 2008	C.O. staff	Completed in FFY 2007

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
F	2. Explore realignment or reclassification of district coordinators	FFY 2008	C.O. staff District Staff	New in FFY 2008
	Policies & Procedures			
E	1. Revision of policies and procedures	FFY 2005		Waiting on the release of the new Part C Regulations
E	2. Revised the Service Coordinator Manual to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility and making recommendations for services, and changes in forms.	FFY 2006 through FFY 2010	Training & T/A : C.O. staff	Revised in FFY 2007 Continuing in FFY 2008
E	3. New forms and procedures have been developed to aid in fiscal monitoring, data verification, and resource management.	FFY 2007 through FFY 2010	Training & T/A : C.O. staff	Completed in FFY 2007

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Training/TA for staff & providers: Service Coordinator training was shortened to two full days. Pulling service coordinators from the district for three consecutive days was stressful for them. IFSP training and follow-up is provided within the district. The IFSP training that used to occur on the third day is now provided within the district. This training is individualized to meet the needs of the district staff and providers. It often includes coaching the individual or team prior to the IFSP meeting, facilitating IFSP development within an IFSP meeting (if necessary), and follow-up after the IFSP meeting.

Training and coaching in FFY 2007 was done upon request or when general supervision activities indicated the need for training or coaching. In 2008 there will be comprehensive training that supports the activities needed to strengthen our transdisciplinary play-based evaluations and assessments, IFSP development, and providing services using a primary service provider (PSP) model of service delivery.

Provider Recruitment & Training: In federal fiscal year 2008, a similar packet will be sent to licensed OTs and PTs. Ads will be developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. A similar activity in FFY 2007 generated both referrals and inquiries about SLP positions in FFY 2007.

Retention & Recruitment of District Staff: Exploration of realignment or reclassification of district coordinators will begin in FFY 2008. In the past seventeen years, the only raises received were state raises. The alignment that occurred yielded a title but no increase in pay. This activity is needed to retain and recruit staff.

Policies & Procedures: The Service Coordinator Manual was revised to include changes in the IFSP directions, additional guidance on use of informed clinical opinion in determining eligibility, and making recommendations for services, and changes in forms. Changes were made to the IFSP directions for clarity of how to complete a functional individualized IFSP. Evaluation teams needed a better understanding of when to rule infants/toddlers eligible for EIS when there no percentage of delay as a result of completing testing protocols. Evaluation teams are now knowledgeable on how to make recommendations that address the needs of the 'whole' child instead of domain or developmental area specific. Forms were changed for user friendly purposes and to gather more information.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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)	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.

Transition Steps & Services: Children turned 2 years, 6 months between 7/1/07 and 6/30/08			
Transition Meeting Date: Children turned 2 years, 9 months between 7/1/07 and 6/30/08			
8A Transition Steps & Services by 2 years, 6 months			
Health District	Total # of children in age range	# of children with transition steps and services	% of children with transition steps and services
I	212	212	100%
II	176	176	100%
III	148	148	100%
IV	131	131	100%
V	266	266	100%
VI	141	141	100%
VII	79	79	100%
VIII	153	153	100%
IX	267	267	100%
State	1573	1573	100%

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8B: Date MDE and/or LEA Contacted (child find information sent within 30 days of when the child is 2 years, 6 months)						
Health District	Total # of children in age range	# sent to MDE	% sent to MDE	# not sent to MDE ? LEA	# sent only to LEA	% sent to MDE and/or LEA
I	228	221	96%	7	3	98%
II	190	184	96%	6	3	98%
III	160	152	95%	8	3	97%
IV	133	129	95%	4	2	98%
V	310	303	98%	7	6	99%
VI	157	149	94%	8	2	96%
VII	96	90	94%	6	0	94%
VIII	153	145	93%	8	6	99%
IX	282	268	95%	14	11	99%
State	1709	1641	96%	68	36	98%

8C Transition Meeting Date at least 90 days before child's third birthday						
Health District	Total # of children in age range	# on time	# late	# of family or child-(F/C)based justifications	# of system-based justifications	% on time or F/C based justifications
I	156	123	33	18	15	90%
II	129	79	50	40	10	92%
III	119	44	75	0	75	37%
IV	107	40	67	18	49	54%
V	201	80	121	8	114	44%
VI	100	55	45	2	43	57%
VII	52	11	41	25	16	69%
VIII	135	64	71	11	60	56%
IX	207	191	16	14	2	99%
State	1206	687	519	136	384	68%

Timely Transition Planning	Target	FFY 2005	FFY 2006	FFY 2007
Transition Steps and Services	100%	83%	90%	100%
The LEA was notified	100%	66%	91%	98%
The Transition Conference occurred	100%	45%	79%	68%

Actual Target Data for 2006-2007:

- A. 100% of the children exiting Part C had an IFSP with transition steps and services.
- B. The LEA was notified for 98% of the children exiting Part C and potentially eligible for Part B.
- C. The transition conference occurred for 68% of the children exiting Part C and potentially eligible for Part B.

For this reporting period, of the 1573 children who were at least 2 years-6 months at the end of the fiscal year, 100% had transition steps and services on their IFSP and the LEA was notified for 98% of the 1709 children who were potentially eligible for Part B. Transition conferences were held for 68% of the 1206 who were at least 2 years- 9 months by the end of the fiscal year. Exceptional family circumstances were given for 26% children for whom the transition conference were late. Not included in the count were children whose family moved out of state; moved without leaving a forwarding address; would not consent participate in a transition conference; declined to participate in

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a transition conference; and children who reached the point of no longer needing early intervention services within the 90 day period before their third birthday.

Electronic transfer of child find contact information to the Mississippi Department Of Education (MDE) was put in place during FFY 2007. In FFY 2007, records were sent when requested by the Part B data manager. Records were not requested for children who turned 2 years, 9 months between May 15, 2008, and June 30, 2008. When this was discovered, documentation of notification of the LEA by service coordinators was checked. Confirmed documentation was included to reach 98% notification of the LEA. The new data manager sent the records for all the children that were missed during that time period in FFY 2007. Record transfer is now being done on a monthly basis.

Timely Correction of Noncompliance: During the onsite monitoring visits conducted in the 2006 calendar year, transition issues were addressed under findings of noncompliance in a category that included other service provision issues. This category was labeled “service provision.” As a result of OSEP’s verification visit in November 2007, the “service provision” category findings were placed under the most appropriate indicator, which was Indicator #1. Since that verification visit, compliance of transition components has been addressed separately for reporting purposes.

Notification of findings of noncompliance was given to four health districts in FFY 2007. Improvement activities that were part of a Corrective Action Plan are being implemented in each district demonstrating noncompliance. Collaboration with Mississippi Department of Education on local level planning for seamless transition; guidance and technical assistance to improve transition plans, and changes to the database are expected to result in significant improvements in transition meetings (conferences).

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

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. Training on data input and emphasis on the components occur at district level staff meetings, during monitoring follow-up with individual staff members, and during 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.

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. Including transition steps and services as part of IFSP development was covered extensively in all IFSP training sessions. Documentation of effort in scheduling transition conferences continues to be emphasized. Challenges involving scheduling difficulties; parents not wanting LEA involvement; transient populations; and differences when a child is served by both an IFSP and IEP before his third birthday need to be more clearly documented.

There are several fields in FSIS that capture information pertaining to transition steps and services. Unnecessary fields have been eliminated and remaining fields are clearly labeled. Transition justifications will be captured in the database to make collecting and analyzing the data manageable.

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

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Issues related to differences in eligibility & services under Part C and Part B			
F	1. Encourage Part B staff to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C. This has been	FFY 2005 through FFY 2010	SC,DC, C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	ongoing in parts of health districts VIII and IX. of the state.			
E, F, G	2. Collaborate with agencies to develop forms that meet the requirements for Part C and Part B evaluations and assessments, IFSP development and service provider documentation	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F, G	3. Develop materials which clearly describe evaluation/assessment procedures, eligibility criteria, service provision, and transition processes, including the differences between Part C and Part B.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
E, F, G	4. Collaborate with MDE to achieve statewide consistency in addressing the transition process, including concerns related to differences between eligibility criteria, family rights, and services under Part C and Part B. In FFY 2008, Part C will be participating with Mississippi Department of Education in transition training designed to increase awareness and enhance Part B/Part C collaboration at the local level.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008
C	5. Provide training and technical assistance on: a. Transition steps and services (the activities, documentation, and data entry): i. When the child qualifies for Part B services; ii. When the child does not qualify for Part B services; and b. The differences between Part C and Part B.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008
	Definition of “potentially eligible for Part B”			
A,G	Potentially eligible for Part B will be defined as “being served with an IFSP until the child’s transition date or until the child is three years old.” 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.”	FFY 2005 through FFY 2010	C.O. staff	Completed in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
	Parent Advisors			

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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
F	Develop a handout which addresses the roles of a parent advisor, including their role in transition, and cover this information in training.	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008
Training & Technical Assistance				
C, F	1. Special emphasis will be placed on improving the quality of Transition Steps and Services:	FFY 2008	C.O. staff	New in FFY 2008
C, F	2. 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.	FFY 2008	C.O. staff	New in FFY 2008
A, D	3. The service coordinators will refer all parents who do not want the LEA involved to the central office. This will allow the central office staff to explain the requirement and allow the service coordinator to maintain rapport with the family	FFY 2007 through FFY 2010	SCs	New in FFY 2007 Continuing in FFY 2008
Database changes				
A	1. Revise FSIS to capture the transition steps and services and meeting date In FFY 2007, FSIS was revised to add calculations for the date the child will be 27, 30, 33, and 36 months and the date that MDE was notified of a child "potentially eligible for Part B." FSIS, will be revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting	FFY 2005 through FFY 2010	Data manager	New in FFY 2005 Revised in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
A, G	2. Work with Part B to revise FSIS and MSIS so that data can be shared electronically. In FFY 2008, the process will change to submit data on a monthly basis and not only when requested by the data manager at MDE.	FFY 2005 through FFY 2010	Data manager	Completed in FFY 2007 Revised in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Special emphasis will be placed on improving Transition Steps and Services for all children exiting Part C services and on providing seamless transitions for children who are eligible for Part B services. This requires collaboration with Part B both at the state and local level to ensure that communication is occurring and the minimal requirements for both Part B and Part C are met. MDE is sponsoring statewide training involving the local school district staff, Part C service coordinators and district coordinators, Department of Mental Health early intervention staff, and Head Start staff. This training provides the basic requirements and encourages collaboration at the local level. Local level staff will be encouraged to

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develop a memorandum of understanding. Collaboration at the state level will encourage problem-solving, designing training to address critical skills and information, and will facilitate transfer of information required for compliance with this indicator.

This joint training will encourage Part B staff to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C. This is the first time that most of the Part B staff will have received information from MDE staff about the option of conducting the multidisciplinary evaluation/assessment in a manner that allows determination of both Part C and Part B eligibility.

Service coordinators and district coordinators are gaining a better understanding of the Part B requirements. This knowledge will help them develop better transition plans and explain more effectively to their families the differences between the programs. In addition to this training, emphasis is being placed on strengthening transition planning, documentation, and the capability to document all relevant information in the database. This is being accomplished in the IFSP update sessions that often are scheduled at the district level; through information given to the district coordinators in a statewide conference call; and through the procedures being used to improve the database.

The improvements to the database include providing the means to enter justifications for delayed transition steps and services and a delayed transition meeting. Service coordinators will be able to indicate if the parent declined LEA involvement in the transition meeting and if the parent declined to participate in a transition meeting. Plans include building reports that allow the district staff to access the information that will be transferred to MDE at the end of the month; to receive reminders of transition activities that need to occur within the next month; and to receive reminders about any justifications that are needed or that need additional information added.

Offering training to parents on their rights and exercising their advocacy skills is being planned. This involves working with service coordinators and parent advisors to strengthen their coaching skills. Plans are to use advocacy groups to enhance this process and to offer specific training to parents throughout the state that will increase their knowledge of and comfort in exercising their rights; allow them to more effectively communicate their child's needs; and enhance their ability to help their child develop and learn.

Parent advisor roles have been determined at the local level. Health Districts III, IV, and IX have a person in this role and either refer to them as a parent advisor or a parent liaison. The parent advisors realized the need to define their roles and increase effective utilization of their skills. They have been instrumental in developing resources about the transition process and plan to be actively involved in strengthening transition steps and services.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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:

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:

Reporting the status of findings at the end of each APR period has been very challenging due to the delay in issuing the written notification of findings of noncompliance for the site visits that occurred in the 2006 calendar year. The following chart summarizes the monitoring activities that occurred between May 8, 2006 and February 2, 2009.

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Mississippi
State

Status of Findings of Noncompliance issued in each Health District (e.g., I, II)		
APR period	FFY 2007 APR (7/1/06 to 6/30/07)	Current status of findings
Timely Services	III, IV, V, VI, VII, VIII	0/6
Natural Environment		
Child Find (Birth -1)	II*, IV, V, VI, VII, VIII	4/6
Child Find (Birth -3)	II*, IV, V, VI, VII, VIII	
45-day timeline	III, IV, V, VI, VII, VIII	2/6
Transition		
Verification of correction within 1 year of notification		6/18
Verification of correction within 1 year, 4 months of notification		3/18
Noncompliant finding remains		9/18
* Correction of the information reported in the June 1, 2008 progress report for Health District II.		

FFY 2006: During the 2006 calendar year, onsite monitoring occurred in all nine health districts. Four of these onsite visits occurred in May and June of 2006, and the remaining five onsite visits occurred in August, September, and October of 2006. The districts were aware of their findings at the end of the onsite visit but did not receive written notification until January, February, or March of 2007.

FFY 2007: The twenty-seven findings of noncompliance from the onsite monitoring visits that occurred during the 2006 calendar year decreased to eighteen when the findings for “referral through enrollment,” “multidisciplinary evaluation and assessment,” and “IFSP development” were combined into one finding “45-day timeline.” The written notification of the findings of noncompliance from these onsite monitoring visits were issued to Health Districts III, IV, V, VI, VII, VIII, and IX in January, Health District I in February, and Health District II in March of 2007. Six findings of noncompliance were verified as corrected within one year of written notification of the finding. These 6 findings included 4 findings involving child find activities in Health Districts II, IV, VI, and VIII, and two findings involving meeting 45-day timelines in Health Districts VI and VII. The chart above includes a correction of information reported in the June 1, 2008, progress report. Health District II provided the evidence necessary to verify correction of noncompliance within 1 year of notification. Three additional findings were verified as having been corrected within 1 year, 4 months of the written notification. These 3 findings involved meeting 45-day timelines in Health Districts IV, V, and VII. Six of the remaining 9 findings involve timely provision of services; one involves meeting 45-day timelines; and two involve the performance indicator of child find. Enforcement actions include training and targeted technical assistance to address recruitment and retention of service providers; maximizing effective use of resources, and strengthening relationships with referral sources.

During OSEP’s verification visit in November 2007, guidance received included the need to use the live data to determine whether health districts are in compliance. The first findings based on the live data were issued on February 13, 2008. Four districts received written notification of findings of noncompliance for transition; one for not meeting 45-day timelines, and one for child find. Focused monitoring occurred in Health Districts I, VI, and IX. Two of the findings issued on February 13, 2008 were in Health District IX and verification of correction of noncompliance for child find occurred in September 2008. After receiving guidance at the National Accountability Conference regarding the need to identify one or more points in time during the SPP/APR reporting period to review compliance data from the database and identify noncompliance, the district coordinators chose December 1 as the annual date for natural environment and child find and September 1 for timely services, 45-day timeline, and transition. The 2008 data on these dates are being used to determine compliance. In the past data were reported at the district level. Since September 2008, data are being reported at the service coordinator level. This level of information is an effective tool for district coordinators and allows technical assistance to be tailored to address more specific needs.

APR Template – Part C (4)

Mississippi
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In FFY 2008, focused monitoring will occur in Health Districts V, VII and one other district to be determined after the progress note data are available for the period between July 1, 2008 and December 31, 2008.

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

In the 2006 APR the results reported in the grid were for the first four of the nine health districts monitored in the 2006 calendar year. Reporting results in this manner proved to be extremely confusing. Since the one-year timeline for correcting all of the findings fell within Focused Monitoring 2007 (FM 2007), the following grid is summary of all the findings issued as a result of the monitoring that occurred in the nine health districts during the 2006 calendar year.

Verifying correction of noncompliance involving timely provision of services has proven to be most challenging. Implementation of the additional guidance to service coordinators, evaluation teams and providers on the use of informed clinical opinion in making eligibility determinations and planning services for premature babies in the document "Guidelines for Premature Infants, PHRM Referrals, and Hearing Loss " has resulted in an increase in the number of children ruled eligible. The two districts that have not yet verified correction of noncompliance Indicator 6 have made significant progress. The district still correcting noncompliance involving the 45-day timeline has significantly improved the quality of their multidisciplinary evaluations and assessments but continues to struggle to find enough OTs, PTs, and SLPs to meet timelines.

Data verification has proven to be a valuable tool for technical assistance when it is used sparingly. Mandating multiple data verifications per year for all district staff, based on multiple reviews of compliance data, resulted in extensive time being on data verification. Staff who had already proven that they were following policies and procedures had multiple data verification visits. The current plan is to conduct at least one data verification annually per service coordinator and increase the number based on the degree of noncompliance. The number of data verifications will be determined at the service coordinator level so that technical assistance may be targeted where it is needed.

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance 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 Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	0
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	4
	Dispute Resolution: Complaints, Hearings	0	0	0
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 Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	2
	Dispute Resolution: Complaints, Hearings	0	0	0
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. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
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 Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

APR Template – Part C (4)

Mississippi
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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance 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: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			18	6

Percent of noncompliance corrected within one year of identification =
(column (b) sum divided by column (a) sum) times 100

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008 – 2009

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
B	Compliance Monitoring	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
B	Focused Monitoring	FFY 2006 through FFY 2010	C.O. staff and other assigned monitors	New in FFY 2006 Revised in FFY 2007 Revised in FFY 2008
D	Technical Assistance	FFY 2005 through FFY 2010	Quality monitors, C.O staff, and other resources	Revised in FFY 2008
A, B	Data Verification	FFY 2007 through FFY 2010	Quality monitors and other C.O staff	Revised in FFY2008
D	Targeted Technical Assistance	FFY2007 through FFY 2010	Quality monitors, C.O staff, and other resources	New in FFY 2007 Revised in FFY 2008
A	Database changes to improve data entry, retrieval, and review.	FFY2007 through FFY 2010	Data manager District staff	Revised in FFY2008
B	Sanctions and Enforcement Actions:	FFY2007	MSDH administration	New in FFY 2007
B	Identify one point in time during the SPP/APR reporting period to review compliance data from the database	FFY2008	District coordinators and C.O staff	New in FFY 2008
B	Verify correction of noncompliance based on a review of updated data to determine if the program is correctly implementing the specific statutory or regulatory requirement(s).	FFY2008	Monitoring teams	New in FFY 2008
B	Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.	FFY2008	DCs	New in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Database Changes

1. Changes to the database will be made to allow data to be entered, accessed, and reviewed in an efficient manner. Staff will be able to tailor reports to meet their needs.
2. First Steps Information System (FSIS):
 - a. Add the function of entering justifications for timely provision of services and transition directly into FSIS.
 - b. Configure FSIS to capture information about

- i. correction of noncompliance and
- ii. correction of systematic performance problems related to monitoring priority areas and indicators.

General Supervision Activities

1. Identify one point in time during the SPP/APR reporting period to review compliance data from the database.
2. Verify correction of noncompliance based on a review of updated data to determine if the program is correctly implementing the specific statutory or regulatory requirement(s).
3. Data verification/Service verification:
 - a. Data Verification: A quality monitor (or other staff from Central Office) will review 10% of each SC's active case records with an IFSP; 1 active cases w/o IFSP; 1 inactive case ; and 1 tracking case. This occurs at least annually (Depending on the CAP/IP). The numbers above are the minimum number of each type of record that will be reviewed. Corrections must be made in a timely manner (in 30 days or less). When possible, data used to verify correction of noncompliance may be used as the annual data verification
 - b. Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.

Training and Technical Assistance

Focused Monitoring 2008 (June 2008– May 2009): Districts most in need of assistance will be monitored instead of following a three year cycle. In FFY 2007, Districts I, VI, and IX had focused monitoring visits. In FFY 2008, focused monitoring will occur in Health Districts V, VII and one other district to be determined after the progress note data are available for the period between July 1, 2008 and December 31, 2008. All districts will be monitored within a six-year cycle.

1. Focus of Training and Technical Assistance:
 - a. Empower district staff to analyze data, analyze the factors contributing to the data, and address the challenges.
 - b. Provide technical assistance to support efforts to make necessary changes to address findings of noncompliance, professional concerns, and other challenges.
 - c. 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.
 - i. Make service coordinators and parent advisors (and liaisons) proficient and comfortable with covering these rights,
 - ii. Offer workshops offered for parents/guardians
 - iii. Train and provide technical assistance for district coordinators
 - iv. Increase awareness of the differences between Part C and Part B programs and how this impacts our families.
 - v. 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;
 - (1) The differences between Part C and Part B services;
 - (2) Their right to accept any of the following:
 - (a) Part C services,
 - (b) Part B services,
 - (c) 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,

APR Template – Part C (4)

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- (3) 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.]
- (4) 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.

vi. Write procedures to address signed written complaints, mediation, and due process hearings.

* 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	2007 APR
I	Needs Assistance	Meets the Requirements	Needs Assistance
II	Needs Assistance	Needs Assistance	Meets the Requirements
III	Needs Substantial Intervention	Needs Intervention	Needs Substantial Intervention
IV	Needs Intervention	Needs Assistance	Needs Intervention
V	Needs Substantial Intervention	Needs Substantial Intervention	Needs Substantial Intervention
VI	Needs Substantial Intervention	Needs Intervention	Needs Assistance
VII	Needs Substantial Intervention	Needs Substantial Intervention	Needs Intervention
VIII	Needs Assistance	Needs Assistance	Needs Assistance
IX	Meets the Requirements	Needs Substantial Intervention	Needs Assistance

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
<p>2006 (2006-2007)</p>	<p>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.</p>

Actual Target Data for 2006-2007:

Three signed written complaints were received during this reporting period and three reports were issued. All three complaints were resolved and two of the complaints were resolved within the 60-day timeline. Resolving two of the three complaints within the timeline yielded a performance of 67%, which was less than the target of 100%. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

All activities are ongoing. Intensive training and technical assistance activities continue to be provided to service coordinators and staff regarding families' rights and procedural safeguards. The Notice of Infant/Toddler and Family Rights was revised on 8/31/07. Changes to make this document family-friendly were made with the assistance of students from the University of Southern Mississippi, Early Intervention Master's program.

The emphasis this year will be on providing parents with opportunities to strengthen their self-advocacy skills. 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 timely provision of services. More providers, evaluation teams, and efficient use of resources are needed to improve these areas.

APR Template – Part C (4)

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008 - 2009

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	Procedural changes			
E	Develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable and empowered to advocate for the rights of families of children in need of and eligible for early intervention services	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
F	Develop communication notebooks, which include among other valuable information, procedural safeguards in a user-friendly format; the MDH/EI toll free #; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.	FFY 2006 through FFY 2010	DCs SCs	Revised in FFY 2006 to be a district option
J	Create and distribute a single document for making informal complaints, written signed complaints, requests for mediation, and requests for due process hearings.	FFY 2005 through FFY 2010	Updating resources: C.O. staff Distribution: SCs	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008
	Recruitment of staff			
F	Explore the possibility of contracting with a Parent Advisor at the state level for monitoring, coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance.	FFY 2005	Part C Coordinator	Not completed
	Database changes			
A	Configure the database to capture information about signed written complaints.	FFY 2005 through FFY 2010	Data manager	Not completed on time Revised in FFY 2008
	Training for			
D	1. Families on the process, procedures, and forms used to exercise rights and to get relief and remedy;	FFY 2005 through FFY 2010	SCs, PTI, Parent advisors/ liaisons	Revised in FFY 2008
D	2. District staff on the process, procedures, forms, and materials to teach families about exercising their rights;	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008
D	3. Providers on the process, procedures, forms, knowledge, and skills families need to exercise their rights;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continuing in FFY 2008

APR Template – Part C (4)

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D	4. Advocacy groups and other stakeholders on the process, procedures, forms, and materials provided to families describing their rights and how to exercise them	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2008
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Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Procedural changes: The I/T and Family Rights, Complaint Process form, Complaint form, Glossary, and Resource list were compiled into one document.

Database changes: We will make changes in the database to facilitate tracking signed written complaint and due process proceedings if necessary.

Training and technical Assistance

1. Our parent advisors will be providing technical assistance on transition that includes increased awareness of the need to empower our parents/guardians. Making parents aware of how they can exercise their rights is a major component. Mississippi Protection and Advocacy has provided IEP checklist brochures and brochures about their services to provide to our parent/guardians.
2. The Mississippi Parent Training Institute (PTI) is conducting workshops across the state that are entitled "Basic Rights: 3Rs: Rights, Recordkeeping and Responsibilities." The PTI staff provides assistance to our parents.
3. In service provider training, emphasize that additional service provider's duties include assisting in the implementation of family outcomes and transition activities.
4. Collaborate with advocacy groups and other stakeholders regarding program improvement.
5. Focus of Training and Technical Assistance: Provide training and technical assistance on I/T and Family Rights for staff, providers, and parent/guardians. This will involve covering both the rights and conflict resolution.
 - a. Make service coordinators and parent advisors (and liaisons) proficient and comfortable with covering these rights,
 - b. Offer workshops offered for parents/guardians
 - c. Train and provide technical assistance for district coordinators
 - d. Increase awareness of the differences between Part C and Part B programs and how this impacts our families.
 - e. 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:
 - (1) The differences between Part C and Part B services;
 - (2) Their right to accept any of the following:
 - (a) Part C services,
 - (b) Part B services,
 - (c) 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,
 - (3) 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.]
 - (4) Parents will be fully aware of the differences between Part C and Part B services on or before the transition conference.

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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
2007 (2007-2008)	100% of due process hearing requests will be fully adjudicated within the 30 day timeline.

Actual Target Data for 2007-2008:

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 2007-2008:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008 - 2009

No revisions were made.

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Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision
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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.
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FFY	Measurable and Rigorous Target
2007 (2007-2008)	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 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2007 (2007-2008)	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 2007-2008: 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 2007-2008:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2008 - 2009

There are no revisions

Part C State Annual Performance Report (APR) for 2007-2008

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

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:
- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
 - b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2007 (2007-2008)	<ol style="list-style-type: none"> a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.

Actual Target Data for 2007 - 2008:

Submission was timely for the 2006 APR and the 618 data for December 1, 2007. The 618 submission due November 1, 2007 was delayed due to illness of key personnel. This represents a lapse of two working days. Revisions to the APR and SPP were submitted on April 14, 2008 to clarify information.

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 database 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 reminders and prompts upon logging into the system. The data manager and other central office staff run frequent reports to determine completeness of data. Follow-up and technical assistance are provided to database users throughout the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 -2008:

Planned improvements to the database will allow all justifications to be captured in the database; make more reports available to the district staff; make entering data more user friendly; and result in less time being spent doing by hand that which can be done much more efficiently through the database. District staff members have made their needs known and the changes are in response to their requests and

APR Template – Part C (4)

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recommendations. Data verification activities described in Indicator 9 activities have been used to verify the data and have proven to be a valuable tool for uncovering technical assistance needs.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2008 (2008-2009):

Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
A	1. Define "timely entry of data." Timely entry of data will be the entry of data no later than 10 calendar days after the event occurs. Stakeholders recommended a weekly schedule for data entry by SCs responsible for each case.	FFY 2005 through FFY 2010	District staff: local procedures for data entry DCs: ensure that report data are accurate	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, F	2. A central referral system:	FFY 2005 through FFY 2010	Referrals:- All referral sources Entry: C.O. staff Awareness: C.O. staff & district staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, B	3. Methods of verifying accuracy of data at the district level: <ul style="list-style-type: none"> ▪ Data Verification (FFY 2007) ▪ Service Verification (FFY 2008) 	FFY 2005 through FFY 2010	Data Verification: C.O. staff Service Verification: DCs	New in FFY 2007 Revised in FFY 2008
A	4. Add fields for all necessary justifications and make input user-friendly	FFY 2006 through FFY 2010	Data manager	New in FFY 2007 Revised in FFY 2008
A	5. Make improvements to database to facilitate data input, retrieval, and review.	FFY 2008	Data manager	New in FFY 2008
Technical Assistance				
A, C	1. Data entry;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	2. Self-assessment;	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	3. The focused monitoring process for districts and the monitoring team members; and	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
C	4. Service coordination and EI procedures effecting data entry and reporting	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2008
A, D	5. Central office staff worked with to	FFY 2005	C.O. staff	Completed in FFY 2006

APR Template – Part C (4)

Mississippi
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Improvement Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status
	District IX staff to rebuild after Hurricane Katrina.			
A, B, D	6. Conduct follow-up through phone calls, emails, data verification checks, and monitoring to ensure child data are accurate	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continuing in FFY 2008
A, B,	7. Improve the reports available to the district staff to check data	FFY 2007 through FFY 2010	Data manager	New in FFY 2007 Continuing in FFY 2008
A, B, D	8. Provide technical assistance to database users	FFY 2007 through FFY 2010	Data manager and other C.O. staff	New in FFY 2007 Continuing in FFY 2008

Explanations for activities revised in FFY 2007 and new activities in FFY 2008

Changes to the database (FSIS) include the following:

1. Enhancing the format to make it much more user-friendly
2. Adding fields for email addresses, cell phone numbers, child outcomes data, and additional information
3. Adding fields for all necessary justifications and locating these justifications with related database information (e.g., the justifications associated with services are on the provider tab)
4. Regrouping information so that related information is under the same tab
5. Creating reports that will facilitate review of information by service coordinators, district coordinators, and central office staff (These reports will facilitate identifying records that need attention)
6. A data user manual will be developed once the major changes are complete

Data verification/Service verification:

Data Verification: A quality monitor (or other staff from Central Office) will review 10% of each SC's active case records with an IFSP; 1 active cases w/o IFSP; 1 inactive case; and 1 tracking case. This occurs at least annually (Depending on the CAP/IP). The numbers above are the minimum number of each type of record that will be reviewed. Corrections must be made in a timely manner (in 30 days or less). When possible, data used to verify correction of noncompliance may be used as the annual data verification.

Service Verification: The district coordinator will review the same active case records reviewed for the data verification to determine if the services are being implemented as specified on the current IFSP.

TABLE 4
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2007-08

SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Written, signed complaints total	3
(1.1) Complaints with reports issued	3
(a) Reports with findings	0
(b) Reports within timelines	2
(c) Reports within extended timelines	0
(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	0
(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)	-9
(a) Settlement agreements	-9
(3.2) Hearings (fully adjudicated) (For all states)	0
(a.1) Decisions within timeline - 30 day Part C Procedures	0
(a.2) Decisions within timeline - 30 day Part B Procedures	-9
(a.3) Decisions within timeline - 45 day Part B Procedures	-9
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures)	-9
(3.3) Resolved without a hearing	0

Family Outcomes Survey

Part C Version

The Family Outcomes Survey is designed to provide a way for you to describe your family and the ways you support your child’s needs.

Instructions:

- This survey should be filled out by the person in your family who has the most interaction with early intervention.
- All of the responses include the word “we” or “our.” This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what “family” means to you when answering.
- On every page, you will be asked to answer questions like the example below:

How much does your family know about dinosaurs?

1	2	3	4	5	6	7
We know a little about dinosaurs		We know some about dinosaurs		We know a good amount about dinosaurs		We know a great deal about dinosaurs

- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the number just to the left or the right. For example if you feel that the statement 5 “We know a **good amount** about dinosaurs” almost describes your family, but not quite—circle the 4.

If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

Family Outcomes Survey

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

1. *Your child is growing and learning. How much does your family understand about your child's development?*

1	2	3	4	5	6	7
We are just beginning to understand our child's development		We understand some about our child's development		We understand a good amount about our child's development		We understand a great deal about our child's development

2. *Some children have special health needs, a disability, or are delayed in their development. These are often referred to as “special needs.” How familiar is your family with your child's special needs?*

1	2	3	4	5	6	7
We are just beginning to understand our child's special needs		We understand some about our child's special needs		We understand a good amount about our child's special needs		We understand a great deal about our child's special needs

3. *Professionals who work with you and your child want to know if the things they do are working. How often is your family able to tell if your child is making progress?*

1	2	3	4	5	6	7
We seldom can tell if our child is making progress		We sometimes can tell if our child is making progress		We usually can tell if our child is making progress		We almost always can tell if our child is making progress

KNOWING YOUR RIGHTS AND ADVOCATING FOR YOUR CHILD

4. *A variety of programs and services may be available to help your child and family. How much does your family know about the programs and services that are available?*

1	2	3	4	5	6	7
We are just beginning to learn about the programs and services that are available		We know some about the programs and services that are available		We know a good amount about the programs and services that are available		We know a great deal about the programs and services that are available

5. *Families often meet with early intervention professionals to plan services or activities. How comfortable is your family participating in these meetings?*

1	2	3	4	5	6	7
We are just beginning to feel comfortable participating in meetings		We are somewhat comfortable participating in meetings		We are generally comfortable participating in meetings		We are very comfortable participating in meetings

6. *Families of children with special needs have rights, including what to do if you are not satisfied. How familiar is your family with your rights?*

1	2	3	4	5	6	7
We are just beginning to understand our rights		We understand some about our rights		We understand a good amount about our rights		We understand a great deal about our rights

HELPING YOUR CHILD DEVELOP AND LEARN

7. *Families help their children develop and learn. How much does your family know about how to help your child develop and learn?*

1	2	3	4	5	6	7
We are just beginning to know how to help our child develop and learn		We know some about how to help our child develop and learn		We know a good amount about how to help our child develop and learn		We know a great deal about how to help our child develop and learn

8. *Families try to help their children learn to behave the way they would like. How much does your family know about how to help your child learn to behave the way your family would like?*

1	2	3	4	5	6	7
We are just beginning to know how to help our child behave the way we want		We know some about how to help our child behave the way we want		We know a good amount about how to help our child behave the way we want		We know a great deal about how to help our child behave the way we want

9. *Families work with professionals to help their children learn and practice new skills at home or in their communities. How often does your family help your child learn and practice these new skills?*

1	2	3	4	5	6	7
We are just beginning to help our child learn and practice these skills		We sometimes help our child learn and practice these skills		We usually help our child learn and practice these skills		We routinely help our child learn and practice these skills

HAVING SUPPORT SYSTEMS

10. Many people feel that talking with another person helps them deal with problems or celebrate when good things happen. How often does your family have someone your family trusts to listen and talk with when they need it?

1	2	3	4	5	6	7
We seldom have someone to talk with about things when we need it		We sometimes have someone to talk with about things when we need it		We usually have someone to talk with about things when we need it		We almost always have someone to talk with about things when we need it

11. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. How often does your family have someone you can rely on for help when your family needs it?

1	2	3	4	5	6	7
We seldom have someone we can rely on for help when we need it		We sometimes have someone we can rely on for help when we need it		We usually have someone we can rely on for help when we need it		We almost always have someone we can rely on for help when we need it

12. Most families have things they enjoy doing. How often is your family able to do the things your family enjoys?

1	2	3	4	5	6	7
We seldom are able to do the things we enjoy		We sometimes are able to do the things we enjoy		We usually are able to do the things we enjoy		We almost always are able to do the things we enjoy

ACCESSING YOUR COMMUNITY

13. All children need medical care. How well does your family’s medical care meet your child’s special needs?

1	2	3	4	5	6	7
Our medical care meets few of our child’s needs		Our medical care meets some of our child’s needs		Our medical care meets many of our child’s needs		Our medical care meets almost all of our child’s needs

14. Many families have a need for quality childcare. By this, we do not mean occasional babysitting, but regular childcare, either part-day or full-day. How well does your family’s childcare meet your child’s needs?

- CHECK HERE IF YOUR FAMILY HAS NOT WANTED CHILD CARE, AND GO TO QUESTION 15.
- CHECK HERE IF YOUR FAMILY HAS WANTED CHILD CARE BUT IT IS NOT CURRENTLY AVAILABLE, AND GO TO QUESTION 15.

1	2	3	4	5	6	7
Our childcare meets few of our child’s needs		Our childcare meets some of our child’s needs		Our childcare meets many of our child’s needs		Our childcare meets almost all of our child’s needs

15. Many families want their child to play with other children or participate in religious, community, or social activities. How often does your child participate in these activities right now?

- CHECK HERE IF YOUR FAMILY HAS NOT WANTED YOUR CHILD TO PARTICIPATE IN SUCH ACTIVITIES AND GO TO QUESTION 16.

1	2	3	4	5	6	7
Our child seldom participates in the activities we want		Our child sometimes participates in the activities we want		Our child usually participates in the activities we want		Our child almost always participates in the activities we want

THE HELPFULNESS OF EARLY INTERVENTION

The next questions ask how well early intervention has helped your family. When answering, think about the early intervention services you have received.

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

1	2	3	4	5	6	7
Early intervention has done a poor job of helping us know our rights		Early intervention has done a fair job of helping us know our rights		Early intervention has done a good job of helping us know our rights		Early intervention has done an excellent job of helping us know our rights

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

1	2	3	4	5	6	7
Early intervention has done a poor job of helping us communicate our child's needs		Early intervention has done a fair job of helping us communicate our child's needs		Early intervention has done a good job of helping us communicate our child's needs		Early intervention has done an excellent job of helping us communicate our child's needs

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

1	2	3	4	5	6	7
Early intervention has done a poor job of helping us help our child develop and learn		Early intervention has done a fair job of helping us help our child develop and learn		Early intervention has done a good job of helping us help our child develop and learn		Early intervention has done an excellent job of helping us help our child develop and learn

Thank you for completing this survey!

Comments:

Encuesta de Resultados de la Familia

Versión parte C

La Encuesta de Resultados de la Familia está diseñada para brindarle a usted una forma de describir a su familia y las formas en que apoya las necesidades de su hijo.

Instrucciones:

- La persona en la familia que tiene la mayor interacción con los servicios de intervención temprana debe llenar esta encuesta.
- Todas las respuestas incluyen la palabra "nosotros" o "nuestro". Esto se refiere a su familia. Por lo general esto significa los padres y otras personas que apoyan y atienden a su hijo. Pero todas las familias son diferentes, así que piense lo que la palabra "familia" significa para usted cuando conteste la encuesta.
- En todas las páginas, se le pedirá que conteste preguntas como el ejemplo a continuación:

¿Cuánto sabe su familia sobre los dinosaurios?

1	2	3	4	5	6	7
Sabemos poco sobre los dinosaurios		Sabemos algo sobre los dinosaurios		Sabemos bastante sobre los dinosaurios		Sabemos mucho sobre los dinosaurios

- Lea cada pregunta y llene el círculo del número que mejor describe a su familia en este momento.
- Si la frase casi describe a su familia, pero no completamente, llene el círculo del número a la izquierda o a la derecha. Por ejemplo, si usted cree que la frase cinco "Sabemos **bastante** sobre los dinosaurios" casi describe a su familia, pero no completamente, llene el círculo del número cuatro.

Si no sabe como contestar una pregunta, o si no se siente cómodo contestándola, no la conteste y siga con la siguiente pregunta.

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Sólo para uso de la oficina

Encuesta de Resultados de la Familia

ENTENDIMIENTO DE LAS CUALIDADES, LAS HABILIDADES Y NECESIDADES ESPECIALES DE SU HIJO

1. *Su hijo está creciendo y aprendiendo. ¿Cuánto entiende su familia sobre el desarrollo de su hijo?*

1	2	3	4	5	6	7
Estamos empezando a entender el desarrollo de nuestro hijo		Tenemos un entendimiento básico del desarrollo de nuestro hijo		Tenemos un buen entendimiento del desarrollo de nuestro hijo		Entendemos muy bien el desarrollo de nuestro hijo

2. *Algunos niños tienen necesidades médicas especiales, alguna discapacidad o retraso en el desarrollo. Estas a menudo se conocen como "necesidades especiales". ¿Qué tan familiarizada está su familia con las necesidades especiales de su hijo?*

1	2	3	4	5	6	7
Estamos empezando a entender las necesidades especiales de nuestro hijo		Tenemos un entendimiento básico de las necesidades especiales de nuestro hijo		Tenemos un buen entendimiento de las necesidades especiales de nuestro hijo		Entendemos muy bien las necesidades especiales de nuestro hijo

3. *Los profesionales que trabajan con usted y su hijo quieren saber si las cosas que ellos hacen están funcionando. ¿Con qué frecuencia puede su familia notar si su hijo está progresando?*

1	2	3	4	5	6	7
Casi nunca podemos notar si nuestro hijo está progresando		A veces podemos notar si nuestro hijo está progresando		Generalmente podemos notar si nuestro hijo está progresando		Casi siempre podemos notar si nuestro hijo está progresando

APR Template – Part C (4)

Mississippi
State

CONOCIMIENTO DE SUS DERECHOS Y DEFENSA DE SU HIJO

4. *Es posible que haya varios programas y servicios para ayudar a su hijo y a su familia. ¿Cuánto sabe su familia sobre los programas y servicios que están disponibles?*

1	2	3	4	5	6	7
Estamos empezando a aprender acerca de los programas y servicios disponibles		Tenemos conocimientos básicos de los programas y servicios que están disponibles		Tenemos un buen conocimiento de los programas y servicios que están disponibles		Conocemos muy bien los programas y servicios que están disponibles

5. *Las familias con frecuencia se reúnen con profesionales de intervención temprana para planear servicios o actividades. ¿Qué tan cómoda se siente la familia al participar en estas reuniones?*

1	2	3	4	5	6	7
Estamos empezando a sentirnos a gusto al participar en las reuniones		Nos sentimos un poco a gusto al participar en las reuniones		Nos sentimos generalmente a gusto al participar en las reuniones		Nos sentimos muy a gusto al participar en las reuniones

6. *Las familias de niños con necesidades especiales tienen derechos, como qué hacer si no están satisfechas con los servicios recibidos. ¿Qué tan bien conoce la familia sus derechos?*

1	2	3	4	5	6	7
Estamos empezando a entender nuestros derechos		Tenemos conocimientos básicos de nuestros derechos		Tenemos un buen entendimiento de nuestros derechos		Entendemos muy bien nuestros derechos

APR Template – Part C (4)

AYUDA PARA QUE SU HIJO SE DESARROLLE Y APRENDA

7. *Las familias ayudan a sus hijos a desarrollarse y a aprender. ¿Cuánto sabe su familia sobre cómo ayudar a su hijo a desarrollarse y a aprender?*

1	2	3	4	5	6	7
Estamos empezando a aprender cómo ayudar a nuestro hijo a desarrollarse y a aprender		Tenemos conocimientos básicos sobre cómo ayudar a nuestro hijo a desarrollarse y a aprender		Tenemos buen conocimiento de cómo ayudar a nuestro hijo a desarrollarse y a aprender		Sabemos muy bien cómo ayudar a nuestro hijo a desarrollarse y a aprender

8. *Las familias tratan de ayudar a sus hijos a aprender a portarse como ellos quieren que lo hagan. ¿Cuánto sabe su familia sobre cómo ayudar a su hijo a aprender a portarse como la familia quiere que lo haga?*

1	2	3	4	5	6	7
Estamos empezando a aprender cómo ayudar a nuestro hijo a portarse como queremos		Tenemos conocimientos básicos sobre cómo ayudar a nuestro hijo a portarse como queremos		Tenemos buen conocimiento de cómo ayudar a nuestro hijo a portarse como queremos		Sabemos muy bien cómo ayudar a nuestro hijo a portarse como queremos

9. *Las familias trabajan con profesionales para ayudar a sus hijos a aprender y a practicar nuevas habilidades en casa o en sus comunidades. ¿Con qué frecuencia ayuda su familia a su hijo a aprender y a practicar nuevas habilidades?*

1	2	3	4	5	6	7
Estamos empezando a ayudar a nuestro hijo a aprender y a practicar estas habilidades		A veces ayudamos a nuestro hijo a aprender y a practicar estas habilidades		Generalmente ayudamos a nuestro hijo a aprender y a practicar estas habilidades		Ayudamos periódicamente a nuestro hijo a aprender y a practicar estas habilidades

FORMACIÓN DE SISTEMAS DE APOYO

10. Mucha gente siente que hablar con otra persona le ayuda a sobrellevar los problemas que está enfrentando o a celebrar cuando ocurren cosas buenas. ¿Con qué frecuencia tiene su familia a alguien de confianza para que los escuche y hable con ustedes cuando lo necesitan?

1	2	3	4	5	6	7
Casi nunca tenemos a alguien con quien hablar cuando lo necesitamos		A veces tenemos a alguien con quien hablar cuando lo necesitamos		Generalmente tenemos a alguien con quien hablar cuando lo necesitamos		Casi siempre tenemos a alguien con quien hablar cuando lo necesitamos

11. A veces las familias tienen que depender de la ayuda de otra persona cuando la necesitan, por ejemplo, para llevarlos a algún lado, hacer una diligencia o cuidar a su hijo por un rato. ¿Con qué frecuencia tiene su familia a alguien de quien pueda depender para recibir ayuda cuando la necesita?

1	2	3	4	5	6	7
Casi nunca tenemos a alguien de quien podemos depender para recibir ayuda cuando lo necesitamos		A veces tenemos a alguien de quien podemos depender para recibir ayuda cuando la necesitamos		Generalmente tenemos a alguien de quien podemos depender para recibir ayuda cuando la necesitamos		Casi siempre tenemos a otra persona de quien podemos depender para recibir ayuda cuando la necesitamos

12. La mayoría de las familias tienen cosas que les gusta hacer. ¿Con qué frecuencia puede su familia hacer cosas que le gusta hacer?

1	2	3	4	5	6	7
Casi nunca podemos hacer cosas que nos gusta hacer		A veces podemos hacer cosas que nos gusta hacer		Generalmente podemos hacer cosas que nos gusta hacer		Casi siempre podemos hacer cosas que nos gusta hacer

ACCESO A LA COMUNIDAD

13. Todos los niños necesitan atención médica. ¿Qué tan bien satisface las necesidades especiales de su hijo la atención médica de su familia?

1	2	3	4	5	6	7
Nuestra atención médica satisface pocas de las necesidades de nuestro hijo		Nuestra atención médica satisface algunas de las necesidades de nuestro hijo		Nuestra atención médica satisface muchas de las necesidades de nuestro hijo		Nuestra atención médica satisface casi todas las necesidades de nuestro hijo

14. Muchas familias necesitan servicios de cuidado de niños de calidad. Con esto no queremos decir una niñera de vez en cuando, sino servicios de rutina de cuidado de niños, ya sea parte del día o el día completo. ¿Qué tan bien cubre el cuidado de niños de la familia las necesidades de su hijo?

- MARQUE AQUÍ SI SU FAMILIA NO HA QUERIDO SERVICIOS DE CUIDADO DE NIÑOS Y PASE DIRECTAMENTE A LA PREGUNTA 15.
- MARQUE AQUÍ SI SU FAMILIA HA QUERIDO CUIDADO DE NIÑOS PERO NO ESTÁ DISPONIBLE EN ESTE MOMENTO Y PASE DIRECTAMENTE A LA PREGUNTA 15.

1	2	3	4	5	6	7
Nuestro cuidado de niños cubre pocas de las necesidades de nuestro hijo		Nuestro cuidado de niños cubre algunas de las necesidades de nuestro hijo		Nuestro cuidado de niños cubre muchas de las necesidades de nuestro hijo		Nuestro cuidado de niños cubre casi todas las necesidades de nuestro hijo

15. Muchas familias quieren que su hijo juegue con otros niños o participe en actividades religiosas, sociales o de la comunidad. ¿Con qué frecuencia participa su hijo en estas actividades en este momento?

- MARQUE AQUÍ SI SU FAMILIA NO HA QUERIDO QUE SU HIJO PARTICIPE EN ESAS ACTIVIDADES Y PASE DIRECTAMENTE A LA PREGUNTA 16.

1	2	3	4	5	6	7
Nuestro hijo casi nunca participa en las actividades que queremos		Nuestro hijo a veces participa en las actividades que queremos		Nuestro hijo generalmente participa en las actividades que queremos		Nuestro hijo casi siempre participa en las actividades que queremos

LA AYUDA QUE BRINDA LA INTERVENCIÓN TEMPRANA

Las siguientes preguntas se refieren a qué tanto ayudó la intervención temprana a su familia. Cuando las conteste, piense en los servicios de intervención temprana que recibió.

16. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a conocer y a entender sus derechos?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado muy poco a conocer nuestros derechos		La intervención temprana nos ha ayudado un poco a conocer nuestros derechos		La intervención temprana nos ha ayudado bastante a conocer nuestros derechos		La intervención temprana nos ha ayudado muchísimo a conocer nuestros derechos

17. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a comunicar eficazmente las necesidades de su hijo?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado muy poco a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado un poco a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado bastante a comunicar eficazmente las necesidades de nuestro hijo		La intervención temprana nos ha ayudado muchísimo a comunicar eficazmente las necesidades de nuestro hijo

18. *¿Hasta qué punto han ayudado a su familia los servicios de intervención temprana a ayudar a su hijo a desarrollarse y a aprender?*

1	2	3	4	5	6	7
La intervención temprana nos ha ayudado muy poco a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado un poco a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado bastante a ayudar a nuestro hijo a desarrollarse y a aprender		La intervención temprana nos ha ayudado muchísimo a ayudar a nuestro hijo a desarrollarse y a aprender

¡Gracias por llenar esta encuesta!

Comentarios