

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

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2010.

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 2008 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.**²

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

Signature of ICC Chairperson

Date

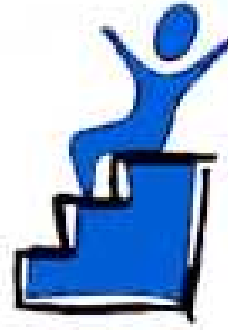
Address or e-mail

Daytime telephone number

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 1, 2010.

Mississippi's Early Intervention System



First Steps

FFY 2008 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

Revised April 12, 2010

Mississippi’s Part C Annual Performance Report (APR) for FFY 2008 (7/1/08 - 6/30/2009)	
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Part C State Annual Performance Report (APR) for 2008 - 2009

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 district staff meetings, training sessions; conversations with parents, staff, providers, and other stakeholders; and through a comment 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 technical support and direction.

The guidance and support necessary to design and implement needed changes are 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, transition components, child and family outcomes, and fiscal management including strategic use of American Recovery and Reinvestment Act of 2009 (ARRA) funds.

Data reported for this APR were gathered primarily through the First Steps Information System (FSIS) database. Improvements to the database have made data entry easier and provided tools to assist the district staff in managing their caseloads. Additional planned changes will enhance caseload management and result in improved service delivery.

The special conditions for the Part C FFY 2009 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). On October 1, 2009, the report on Mississippi’s utilization of technical assistance to address noncompliance on Indicators 1, 7, 8, and 9 was submitted. Reporting required to meet the special conditions include a progress report due February 1, 2010, and a final report due May 15, 2010.

Overview of the Annual Performance Report Development: Refer to page 4.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their 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, including the reasons for delays.

FFY	Measurable and Rigorous Target
2008 (7/1/2008 to 6/30/2009)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2008:

2008 APR (7/1/08 to 6/30/09) Timely Services by Child					
	# of children	# of children with all services on time	# of children with services delayed due to exceptional family circumstances	# of children with all services on time or delayed due to exceptional family circumstances	% of children with all services on time or delayed due to exceptional family circumstances
State	2087	1569	59	1628	78%

During FFY 2008, 2,087 children received new services on their initial IFSPs and/or new services on subsequent IFSPs. Seventy-five percent (75%) of the children received all of their new services in a timely manner. Data analysis accounted for timely initiation of all new early intervention services from both initial IFSPs and subsequent IFSPs. Of the 518 children that had at least one service begin late, the delay for 59 children was due to exceptional family circumstances documented in the child's record. Four hundred fifty-nine (459) children did not receive all of their services in a timely manner because of problems with the Early Intervention System (EIS), including a lack of providers [i.e., Occupational Therapists (OT), Speech-Language Pathologists (SLP), and Physical Therapists(PT)]; difficulty securing paperwork necessary for insurance and Medicaid; and difficulty scheduling the services. A total of 1,628 (78%) of the 2087 children received their services on time or were delayed due to exceptional family circumstances.

This is a significant improvement (67% to 75%) in the number of children who received all their services in a timely manner. The number of children who received their services on time or late due to exceptional family circumstances increased from 76% to 78%. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data is valid and reliable.

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Mississippi
State

Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 78%.

No findings were issued for this indicator for FFY 2007, despite the focused monitoring that occurred in FFY 2007 in Health Districts I, VI, and IX (July, 2007 – January, 2008), due to Mississippi's interpretation of OSEP's guidance at that time. Procedures regarding issuing findings were adjusted after receiving guidance and clarification from OSEP Memorandum 09-02 and OSEP FAQ on Identification and Correction (9.3.08). Mississippi issued findings of noncompliance based on FFY 2007 and FFY 2008 data (February 15, 2008 to September 1, 2008) to Health Districts I, III, IV, V, VI, VII, VIII, and IX on November 18, 2008. Verification of correction for the FFY 2008 data finding in Health District I, VII and VIII was completed in FFY 2009 (November 18, 2009). Verification of correction for the FFY 2008 data finding for timely services in Health District IV was completed in FFY 2009 (April 9, 2010). Mississippi verified that Health Districts I, IV, VII, and VIII (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health III, V, and VI will be reported in the FFY 2009 APR.

In FFY 2005 (May/June, 2006), focused monitoring was completed in Health Districts III, V, VI and VII. In FFY 2006 (August-October, 2006), focused monitoring was completed in Health Districts I, II, IV, VIII, and IX. Findings for all health districts were issued in FFY 2006 (January-March, 2007). This completed our monitoring of all nine health districts. In FFY 2007, none of the FFY 2005 and FFY 2006 findings were verified as corrected due to review of database data. Although record reviews, which may have cleared some findings, were completed, we did not use them because we were using our database data to verify correction.

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	0
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	0
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

1. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0
2. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
3. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

Health Districts III, IV, V, VI, VII, and VIII had findings for this indicator for which notification had been given five months before FFY 2007 began. At this time, the initial focus was to provide technical assistance (TA) needed before verification of correction could occur. In FFY 2007, focused monitoring in Health District I addressed challenges associated with service delivery. Health District I did not receive a finding for timely services in FFY 2006 or in FFY 2007.

Verification of Correction (either timely or subsequent):

During FFY 2007, staff provided technical assistance and targeted intervention to facilitate changes needed before verification of correction could occur for the FFY 2005 and FFY 2006 findings. There were no new findings issued related to this indicator.

In FFY 2007, Health Districts I, II, and IX were given written notification that they had to demonstrate compliance by September 1, 2008, or a finding would be issued. Health Districts I and IX were issued findings for this indicator on November 18, 2008. Identification of noncompliance and verification of correction for Health Districts I and IX will be reported in the FFY 2009 APR. Three of the remaining six health districts have findings from FFY 2005 and FFY 2006, which despite technical assistance and targeted intervention, continue to remain. Correction of this noncompliance will be verified and reported in the FFY 2009 APR.

Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2006 findings of noncompliance noted in OSEP’s June 1, 2009, FFY 2007 APR response table for this indicator	6
2. Number of remaining FFY 2006 findings the State has verified as corrected	3
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	3

Verification of Correction (either timely or subsequent):

In FFY 2009 (November, 2009), verification of correction occurred for the FFY 2005 finding for timely services in Health District VII and for the FFY 2006 finding for timely services in Health District VIII. Verification of correction for the FFY 2006 finding for timely services in Health District IV was completed in FFY 2009 (April 9, 2010). Districts IV, VII and VIII (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. FFY 2005 findings remain in Health Districts III and V, and an FFY 2006 finding remains in Health District VI.

Mississippi has verified that Health Districts III, V, and VI, have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. For Health Districts III, V, and VI, verification of correct implementation of the specific regulatory requirements, consistent with OSEP Memorandum 09-02, will be reported on in the FFY 2009 APR.

Actions Taken if Noncompliance Not Corrected:

- All districts with findings are now required to submit a much more detailed CAP and to report monthly on their progress. The CAP must include the following: strategies/activities; expected results; the timeframe including benchmarks (specific subgoals that will be met by specific dates); and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to Central Office by January 5, 2010 for approval. Submitted plans will either be approved or revised on February 15, 2010.
- Focused monitoring will occur in Districts VI and III in FFY 2009. Necessary enforcement actions will be determined after the onsite visit.
- Targeted technical assistance will occur in Health District V in FFY 2009. If significant progress has not been made by April 30, 2010, on the CAP, an onsite monitoring visit will occur in May or June, 2010. Enforcement actions will be determined, if necessary, after the onsite visits.

Correction of Any Remaining Findings of Noncompliance from FFY 2005 or Earlier (if applicable):

FFY 2005 findings for timely services remain in Health Districts III, V and VI. Written notification of the findings was not issued until FFY 2006 (January, 2007). Current actions being taken to address this

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noncompliance are covered under “Actions Taken if Noncompliance Not Corrected” for FFY 2006. Correction of this noncompliance Health Districts III, V, and VI will be verified and reported in the FFY 2009 APR.

Mississippi has verified that Health Districts III, V, and VI, have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. For Health Districts III, V, and VI, verification of correct implementation of the specific regulatory requirements, consistent with OSEP Memorandum 09-02, will be reported on in the FFY 2009 APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2008-2009:

Progress made in timely service delivery is the result of implementation of the strategies and activities described in the following chart. The new strategies and activities should facilitate progress.

Revisions, with Justification, to Proposed Targets / Improvement Activities/Timelines /Resources for FFY 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.
Data manager

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Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Definition of “timely services”				
A, E	1. The definition of “timely” provision of services was changed in FFY 2006, 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 FFY 2010	Part C Coordinator	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This definition continues to be used.
A, E, D	2. In FFY 2007, additional guidance was given to service providers and service coordinators regarding services when an initial date of service is greater than 30 days from the date the parent/guardian gave informed written consent for the early intervention service(s). The service must start before or on the expected date of service delivery. In FFY 2008, this guidance was revised to require the initial visit to occur within 30 days of the date the parent/guardian gives informed written consent for the early intervention service(s).	FFY 2007 through FFY 2010	SC DC	Revised in FFY 2007 Revised in FFY 2008 Continuing in FFY 2009	The revised guidance has increased collaboration with consultants and continues to be given.
D, A	3. Training on data entry began in FFY 2006.	FFY 2006 through FFY 2010	Data manager DC SC	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Training continues to be offered when there is a change in the database or a request by staff.
	Database changes				
A	1. In FFY 2007, 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. In FFY 2008, fields were added to allow differentiation between new services and existing services that have been adjusted. In FFY 2009, reports will be built to facilitate reporting timely services by child.	FFY 2007 through FFY 2010	Data manager DC SC	Completed in FFY 2007 Revised in FFY 2008 Revise in FFY 2009	The database changes continue to facilitate data collection, review, and reporting.

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Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
A	2. In FFY 2008, database fields were added for documentation of exceptional family circumstances. Central Office staff determined whether the documentation met the criteria for an exceptional family circumstance. In FFY 2009, district staff began selecting the justification type. When data is pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up, as indicated.	FFY 2008 through FFY 2010	Data Manager DC SC	New in FFY 2008 Revised in FFY 2009	The revised process facilitates data entry.
A	3. In FFY 2009, database reports were added for district staff to review and correct missing data. District staff now access reports that more clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner.	FFY 2009 through FFY 2010	Data Manager DC SC	New in FFY 2009	The new reports allow for more efficient data review.
Provider Recruitment & Training					
F	1. In FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Continue in FFY 2009	This activity is an effective tool for recruiting providers.
F	2. In FFY 2008, a similar packet was sent to OTs and PTs. Ads were developed and published in statewide newspapers in an attempt to recruit therapists into the EIS. In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continue in FFY 2009	This activity is an effective tool for recruiting providers.
F	3. During FFY 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. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008 and went into effect in FFY 2009.	FFY 2007 through FFY 2009	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	4. In the last quarter of FFY 2008, a pilot project began in Health District IX. This pilot is a nonprofit group, which contracts with providers and facilitates processing of paperwork required for billing of Insurance and Medicaid. This is why many providers had decided not to contract with EIS. This initial provider group began working with this nonprofit pilot in January 2010 to alleviate this paperwork barrier for providers.	FFY 2008 through FFY 2010	Pilot in Health District IX DC	New in FFY 2008 Continue in FFY 2009	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand.
	Retention & Recruitment of District Staff				
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in 10% raise.	FFY 2007	C.O. staff	Completed in FFY 2007	Staff turnover has decreased.
F	2. Exploring realignment or reclassification of District coordinators began in FFY 2008, and the exploration continues.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Continuing in FFY 2009	Exploration will continue.
	Policies & Procedures				
E	1. Revision of policies and procedures	FFY 2005 through FFY 2010		Waiting on release of the new Part C Regulations	
E	2. In FFY 2007, revisions to the service coordinator manual mainly involved IFSP directions. This included an emphasis on use of informed clinical opinion in determining eligibility and making recommendations for services. Revisions also included changes in forms. In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed	FFY 2006 through FFY 2010	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continuing in FFY 2009	Results include an increase in eligibility determinations and continued improvements to the service coordinator manual.

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
E	3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms will be refined to better capture transition information and other changes to facilitate capturing the relevant information	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revise in FFY 2009	Our data verification process is a very effective tool.
	Training/TA for staff & providers				
C	1. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. 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 Continued in FFY 2008 Continuing in FFY 2009	The revised format is well accepted and continues to be used.
C	2. Significant changes to the format of IFSP were made in FFY 2006. Training on the new format was provided in all health districts in FFY 2006. By FFY 2007, staff and providers were familiar with the new format. Follow-up training on IFSP began to be provided within the districts. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the districts is individualized and includes coaching.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	IFSP training within the districts is open to all service coordinators and affords current staff opportunities to enhance their skills
C	3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Training and technical assistance continue to be offered when requested by staff or providers
F	4. In FFY 2008, NECTAC and SERRC provided technical assistance on the following topics: changing service delivery models, improving child outcome measurement, and improving transition activities. They continue to provide technical assistance related	FFY 2008 through FFY 2010.	C.O. staff	New in FFY 2008 Continuing in FFY 2009	Technical assistance continues to be requested and provided.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	to these topics and will add the topic of increasing provider awareness of typical child development.				
C	5. Typical Child Development training will be offered in FFY 2009.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009	This training will address needs identified by stakeholders and through general supervision activities.
C	6. Evaluation tool training (i.e., IDA, DP III, HELP, Sensory Profile, E-LAP) was held in FFY 2009 (January 19-21, 2010), in Oxford, Jackson, and Hattiesburg.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009	This training addressed needs identified by stakeholders and through general supervision activities.
C, F, J	7. In FFY 2009, ARRA funds used for projects at three universities will result in pre-service and in-service training for staff, providers, and day care workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability includes family members in the training opportunities	FFY 2009 through FFY 2011	University staff	New in FFY 2009	Training will address needs identified by stakeholders and through general supervision activities.
	SICC				
B, G	1. In August 2006, SICC requested the Governor to make new appointments to the SICC. The appointments were made in FFY 2007.	FFY 2007	SICC	Completed in FFY 2007	This resulted in SICC having the required members.
B, G	2. In FFY 2008, the SERRC technical assistant to this program assisted in the pre-planning for a retreat for the SICC. The retreat took place in FFY 2008.	FFY 2008	SICC SERRC	New in FFY 2008	The retreat facilitated addressing current challenges.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4.

Monitoring Priority: 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 community-based settings.

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

Measurement: = [(# 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
2008 (7/1/2008 to 6/30/2009)	96% 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 4%.

Actual Target Data for FFY 2008:

618 data		
Primary Setting for Early intervention Services	#	%
Total children served with an IFSP	2115	
Children primarily served in an "other" setting	186	9%
Children primarily served in the home	1797	85%
Children primarily served in community-based setting	132	6%
% of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children	1929	91%

Ninety-one percent (91%) of the infants and toddlers received early intervention services primarily in the home or community settings. Mississippi did not meet the state target of 96%. The primary reason for 186 children (9%) receiving their services primarily in "other" settings was a lack of service providers available to provide services in natural environments (NE). Factors contributing to the decline in the percent of children served in natural environments include (1) agencies cutting costs by providing clinic-based services and making staff reductions and (2) increased difficulty finding providers willing to travel to rural areas to provide services. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data is valid and reliable

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

Implementation of the strategies and activities described in the chart below should increase the provision of services in natural environments.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Natural Environment brochures				
D, F	1. A brochure explaining the benefits of services in the NE was developed in FFY 2006, and has been distributed since by central office and district staff. The brochure is on the agency website and continues to be used.	FFY2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This brochure continues to be used.
	Database Changes				
A	1. In FFY 2005, service location categories in the database (FSIS) were changed to report natural environment using the terms in the federal definition.	FFY 2005	Data Manager	Completed in FFY 2005	The categories have not changed.
A	2. In FFY 2006, fields were added in the database to indicate that the justification explanation had been reviewed by an administrator, who determined the type of justification. In FFY 2009, district staff began selecting the justification type. When data is pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up, as indicated.	FFY 2006 through FFY 2010	Data Manager DC SC	Completed in FFY 2006 Revised in FFY 2009	The changes made in FFY 2009, have resulted in more detailed explanations supporting the justifications.
A	3. In FFY 2008, the NE justification was put on the same record of the early intervention service. This allowed a justification to be entered for each service, if necessary. Prior to this change, only one NE explanation could be entered per child in FSIS. Reports that more clearly specify the records needing attention were made available to staff in FFY 2009.	FFY2008 through FFY 2010	Data Manager	New in FFY2008 Continuing in FFY 2009	Data entry and review is much more user friendly. District staff are utilizing the reports.
D	4. Technical assistance and training about the database changes have been provided since the database changes in FFY 2005. This has been provided in the health districts.	FFY 2005 through FFY 2010	C.O. staff	New in FFY2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Training/TA on data entry and use of the reports is offered within the district whenever there are changes in the database or training/TA is

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
					requested.
A, C, D	5. The data manual was not developed in FFY 2008 as planned. Major changes in the database were made in FFY 2008, but the work was not completed. The data manual will be developed in FFY 2009 after the changes are completed.	FFY 2008 through FFY 2010	Data Manager C.O. staff	New in FFY2008 Continuing in FFY 2009	The data manual will facilitate data entry for new staff and for those for whom data entry is challenging.
	Provider Recruitment & Training				
F	1. In FFY 2006, contracts were approved to staff early intervention teams in every district. Districts continue to contract with providers to form evaluation teams and to provide services.	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continuing in FFY 2008 Continuing in FFY 2009	Districts design evaluation team/provider arrangements to best meet the needs of the district.
D, F	2. Since FFY 2006, subsidies/loans/grants (SLGs) have been 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 Continued in FFY 2008 Continuing in FFY 2009	This practice continues and has resulted in some graduates becoming providers.
D, F	3. SLGs were increased with some regional mental health centers to enable them to contract with additional providers who are willing to provide services in natural settings. Since FFY 2008, one mental health center has an SLG.	FFY 2006 through FFY 2010	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This SLG allows the mental health center to provide more early intervention services in the NE in their catchment area.
F	4. In FFY 2007, information packets were mailed to SLPs licensed through MSDH. In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Continuing in FFY 2009	This activity is an effective tool for recruiting providers.
F	5. In FFY 2008, a similar packet was sent to licensed OTs and PTs. Ads were developed and published in statewide newspapers in an attempt to recruit therapists into the EIS. In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Continuing in FFY 2009	This activity is an effective tool for recruiting providers.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	6. In FFY 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. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008, and went into affect in FFY 2009.	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.
F	7. In the last quarter of FFY 2008, a pilot project began in Health District IX. This pilot is a nonprofit group, which contracts with providers and facilitates processing of paperwork required for billing of Insurance and Medicaid. This is why many providers had decided not to contract with EIS. This initial provider group began working with this nonprofit pilot in January 2010 to alleviate this paperwork barrier for providers.	FFY 2008 through FFY 2010	Pilot in Health District IX DC	New in FFY 2008 Continuing in FFY 2009	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand
	Retention & Recruitment of District Staff				
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in 10% raise.	FFY 2008	C.O. staff	Completed in FFY 2007	Staff turnover has decreased.
F	2. Exploring realignment or reclassification of district coordinators began in FFY 2008, and the exploration continues.	FFY 2008 through FFY 2010	C.O. staff District Staff	New in FFY 2008 Continuing in FFY 2009	Exploration will continue.
	Policies & Procedures				
E	1. Revision of policies and procedures	FFY 2005 through FFY 2010		Waiting on the release of the new Part C Regulations	
E	2. In FFY 2007, revisions in the service coordinator manual mainly involved IFSP directions. This included an emphasis on use of informed clinical opinion in determining eligibility and making	FFY 2006 through FFY 2010	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continuing in FFY 2009	Results include an increase in eligibility determinations and continued improvements

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	recommendations for services. Revisions also included changes in forms. In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed				to the service coordinator manual.
E	3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms will be refined to better capture transition information and other changes to facilitate capturing the relevant information	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009	Our data verification process is a very effective tool.
	Definition of Natural Environment				
D	1. In FFY 2006, 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 continue to be documented on the IFSP for each outcome. The Natural Environment Attachment must be completed whenever the setting for an outcome is not in a natural environment, and this attachment becomes part of the IFSP.	FFY 2005 through FFY 2010	C.O. staff	Completed in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	The NE attachment continues to be used. It facilitates complete documentation of the decision.
C	2. Since FFY 2006, training and technical assistance have been 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 Continued in FFY 2008 Continuing in FFY 2009	Training/TA on these topics is incorporated in the service coordinator and provider training. Additional training/TA is provided when requested and when the need is apparent from general supervision activities.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training/TA for staff & providers				
C	1. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. 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 Continued in FFY 2008 Continuing in FFY 2009	The revised format is well accepted and continues to be used.
C	2. Significant changes to the format of IFSP were made in FFY 2006. Training on the new format was provided in all health districts in FFY 2006. By FFY 2007, the staff and providers were familiar with the new format. Follow-up training on IFSP began to be provided within the districts. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the districts is individualized and includes coaching.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	IFSP training within the districts is open to all service coordinators and affords current staff opportunities to enhance their skills.
F	3. In FFY 2008, NECTAC and SERRC provided technical assistance on the following topics: changing service delivery models, improving child outcome measurement, and improving transition activities. They continue to provide technical assistance related to these topics and will add the topic of increasing provider awareness of typical child development.	FFY 2008 through FFY 2010.	C.O. staff	New in FFY 2008 Continuing in FFY 2009	Technical assistance continues to be requested and provided.
C	4. In FFY 2007, the Mississippi 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. Since FFY 2007, MSDH has been a	FFY 2007 through FFY 2009	MSECA C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Continued in FFY 2009	More relevant breakout sessions are needed for those serving the birth to three population. This need has been communicated to those organizing the conference.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	sponsor. Some staff, contract workers, and providers have attended this conference.				
C	5. Typical Child Development training will be offered in FFY 2009.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009	This training will address needs identified by stakeholders and through general supervision activities.
C, F, J	6. In FFY 2009, ARRA funds used for projects at three universities will result in pre-service and in-service training for staff, providers, and daycare workers on best practices in providing early intervention services. One component addressing assistive technology awareness and availability includes family members in the training opportunities.	FFY 2009 through FFY 2011	University staff	New in FFY 2009	This training will address needs identified by stakeholders and through general supervision activities.

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

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

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

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

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.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1: Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process:

In the First Steps Early Intervention Program, evaluations for determining eligibility are completed by teams comprised of two or more of the following: SLPs, PTs, OTs, SIs, and/or early interventionists. These team members are service providers who have a contract with the First Steps program. Entry data for child outcomes is collected after the evaluation and IFSP are completed for each child who is eligible for the First Steps program. The evaluation tools that are used to determine eligibility, in addition to observation and parent or caregiver report, are used to complete the Early Childhood Outcomes Center's Child Outcomes Summary Form (COSF). The evaluation team must complete the COSF on the same day as the evaluation.

After the team determines the COSF ratings, the service coordinator records the ratings in the statewide electronic database. The original copy of the COSF remains in the child's file. Each provider who provides First Steps services is required to have a copy of the COSF.

Within the sixty day period before a child transitions out of the First Steps program, exit COSF ratings must be collected by the primary service provider for each child who received First Steps services for at least six consecutive months. The primary service provider is primarily responsible for collecting the data at exit; however, it is advised to gather progress information from the child's other service providers as well. After the primary service provider has completed the exit COSF, the COSF is given back to the service coordinator. The service coordinator is responsible for recording the ratings and supporting details in the database. If a child transitions out of the program without notice, the primary service provider is required to complete the COSF as soon as notification has been given that the child is no longer in the program.

Exit data reported in this APR is the baseline data. Using the COSF: 7-point version, entry data was collected statewide and child outcome information was summarized for children for whom an initial IFSP were developed between July 1, 2008, and June 30, 2009. Early intervention teams and service coordinators were responsible for completing this process in every health district in FFY 2008. The service coordinators were responsible for ensuring that evaluation team members completed this form at the initial evaluation for all children eligible for the early intervention program. Exit data for FFY 2008 (7/1/2008 - 6/30/2009), was gathered on children exiting the program who had a COSF completed upon entry into the program.

Procedures/activities/strategies for assessment and measurement of child outcomes:

- Entry data is collected for infants and toddlers entering the early intervention system who have an initial IFSP developed within the reporting period (FFY). Teams complete the entry COSF on the day that a child is determined eligible for services.
- Exit will be measured no more than 60 days prior to the child's exit from the early intervention program. Exit 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 at a level of 6 or 7 on the COSF.
- Training on measurement of child outcomes; use of the COSF; and related federal and state reporting requirements will be provided to service coordinators and service providers.

APR Template – Part C (4)

Mississippi
State

Baseline Data for FFY 2008 (2008-2009):

Discussion of Baseline Data:

Progress Data for Infants and Toddlers Exiting 2008-2009

A. Positive social-emotional skills (including social relationships):	# of children	% of children
a. Percent of infants and toddlers who did not improve functioning	7	9
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	10	13
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	9	12
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	47	61
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	5
Total	N=77	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	# of children	% of children
a. Percent of infants and toddlers who did not improve functioning	7	9
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	6	8
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	12	15
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	46	60
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	6	8
Total	N=77	100%
C. Use of appropriate behaviors to meet their needs:	# of children	% of children
a. Percent of infants and toddlers who did not improve functioning	7	9
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4	5
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	10	13
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	46	60
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	10	13
Total	N=77	100%

Baseline Data for Infants and Toddlers Exiting 2008-2009

Summary Statements	% of children
Outcome A: Positive social-emotional skills (including social relationships)	
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	76%
2. The percent of children who were functioning with age expectations in Outcome A by the time they turned 3 years of age or exited the program	66%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
1. Of those children who entered or exited the program below age expectation in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	82%
2. The percent of children who were functioning with age expectations in Outcome B by the time they turned 3 years of age or exited the program	68%
Outcome C: Use of appropriate behaviors to meet their needs	
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	84%
2. The percent of children who were functioning with age expectations in Outcome C by the time they turned 3 years of age or exited the program	73%

Discussion of Baseline Data:

Entry and exit data were collected on seventy-seven children to determine baseline progress data. Seventy-six percent (76%) of children who exited First Steps in FFY 2008 made greater than expected progress in their social relationships while they were enrolled. Eighty-two percent (82%) of children made greater than expected progress in acquiring and using knowledge and skills, including early language/communication. Eighty-four percent (84%) of children made greater than expected progress in taking appropriate actions to meet their needs.

In order to understand why 9% of children for each outcome did not make progress, service coordinators were contacted and the data in the database was reviewed. For Outcomes B and C, this group included children with the most severe disabilities and/or degenerative conditions. For Outcome A, this group included children who had significant developmental delays in all areas of development; one child, who did not receive all necessary services because contact with the family was lost; and one child who moved not being developmentally ready to transition out of the program.

Sixty-six percent (66%) of children who exited First Steps in FFY 2008 were functioning at age expectations in their social relationships by the time they exited the program. Sixty-eight percent (68%) of children were functioning at age expectations in acquiring and using knowledge and skills, including early language/communication at exit. Seventy-three percent (73%) of children were functioning at age expectations in taking appropriate actions to meet their needs at exit.

Technical assistance and training are being provided for new service coordinators, new service providers, and for existing staff and providers, as needed, to refine the procedures for obtaining entry and exit data. In FFY 2009, we expect our exit data to be more representative of the state population receiving early intervention services.

APR Template – Part C (4)

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Despite adequate submission of entry data, exit data is lacking. Our baseline exit data does not include many of the children that exited statewide. Factors contributing to the low number of children with exit data include the following: exit ratings not being completed by service providers; exit ratings not entered into the database by service coordinators; failure to implement procedures in a timely manner; lack of understanding of how to correctly rate a child’s functioning using the COSF; staff turnover (service coordinators and service providers); lack of resources for evaluations; and limited resources to provide training and technical assistance on the scale required to implement the activities statewide. These barriers will be addressed by conducting a needs assessment to identify particular issues that service providers or service coordinators are having with this process; providing professional development and TA to early intervention teams statewide; and by collaborating with district staff to develop plans to ensure that exit data is collected at the required time and entered in the database in a timely manner. NECTAC and the ECO center staff will provide technical assistance.

FFY	Measurable and Rigorous Target		
FFY 2009 FFY 2010	Targets for Infants and Toddlers Exiting in FFY 2009 (7/1/2009 to 6/30/2010) and FFY 2010 (7/1/2010 to 6/30/2011) and Reported in February, 2011 and February, 2012		
Targets for the Summary Statements:		FFY 2009	FFY 2010
Outcome A: Positive social-emotional skills (including social relationships)			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program		76%	78%
2. The percent of children who were functioning with age expectations in Outcome A by the time they turned 3 years of age or exited the program		66%	68%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program		82%	84%
2. The percent of children who were functioning with age expectations in Outcome B by the time they turned 3 years of age or exited the program		68%	70%
Outcome C: Use of appropriate behaviors to meet their needs			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program		84%	86%
2. The percent of children who were functioning with age expectations in Outcome C by the time they turned 3 years of age or exited the program		73%	75%

Discussion of Measurable and Rigorous Target Improvement:

We must ensure that all required exit data is collected and entered into the database. Our targets for social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs for FFY 2009 Summary Statement 1 and Summary 2 remain the same as our baseline data because the accuracy and quality of our data must improve. Challenges associated with collecting and entering progress data will be addressed through training, technical assistance, and general supervision activities. Some of our more populous health districts received the child outcomes training in the final phase of implementation of this process, which was completed in FFY 2008. Including data from the districts trained in FFY 2008 will affect the representativeness and quality of data. When foundational skills in child outcomes are understood and implemented statewide, we will be better able to project progress for these outcomes.

APR Template – Part C (4)

Mississippi
State

Our target for social-emotional skills, acquisition of knowledge and skills, and use of appropriate behaviors to meet the needs for FFY 2010 Summary Statement 1 and Summary Statement 2 will increase by 2 percent. Improvement of data accuracy and quality due to training, technical assistance, and new database reports are expected to result in higher quality data. Planned professional development is expected to result in higher quality services being provided to our children and their families. District utilization of the database reports will result in reminders necessary to ensure timely collection and entering of both entry and exit data. During the second year of this process for the entire state, we expect the understanding and completion of the required activities to become more routine.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database Changes				
A	1. In FFY 2006, entry/exit data were entered into a spreadsheet maintained by Central Office staff. In FFY 2008, test fields were added to the database. In FFY 2009, district staff was given the responsibility to enter this data.	FFY 2006 through FFY 2007	District staff C.O. staff District staff	New in FFY2006 Continued in FFY 2007 Revised in FFY 2007 Continuing in FFY 2009	District staff are responsible for entering data. This much more efficient than sending the COSF to Central Office.
A	3. In FFY 2008, reports were developed for districts to use for self check to determine data that has not been entered in the database.	FFY 2009	District staff C.O. staff	New in FFY2009	The new reports allow for more efficient data review.
	Collection of Data				
A	1. In FFY 2006, service providers began gathering the information needed to measure child outcomes. In FFY 2007, entry data was 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 forwarded copies of test protocols and evaluation/assessment reports to the Central Office. Personnel with a developmental background reviewed these documents and completed a COSF. Entry data were entered into a spreadsheet maintained by Central Office staff. In FFY 2007, four health districts received COSF training and assumed the responsibility of gathering the entry and exit data. In FFY 2008, the remaining five health districts received COSF training and assumed the responsibility of gathering the entry and exit data. Training on COSF was provided for new providers and new service coordinators. Training/TA was provided for staff or providers as indicated.	FFY 2006 through FFY 2010	Service Providers C.O. staff District staff	New in FFY2006 Revised in FFY2007 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Since each district has trained staff and providers, the data in the FFY 2009 APR should be representative of the population receiving early intervention services. Training/TA for new staff and providers will be a continuous and mandatory process to maintain the data requirements for this indicator and to continue to improve child outcomes.
A	2. In FFY 2007, exit data was gathered for children in first four health districts after they received COSF training. In FFY 2008, exit data was gathered in the	FFY 2007 through	Service Providers	New in FFY2007 Continued in FFY 2008	Data collection and entry in all nine health districts should result in entry/exit

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	four health districts who received COSF training in FFY 2007 and in the remaining five health districts after they received COSF training. In FFY 2009, child outcomes entry data and exit data will be collected in all nine health districts.	FFY 2010	District staff	Continuing in FFY 2009	data that is representative of the early intervention population served in this state.
	Training and Technical Assistance				
A, C, D	1. In FFY 2008, training/technical assistance was provided for evaluation teams and service providers measuring entry and/or progress. In FFY 2009, this training and technical assistance will continue.	FFY 2008 through FFY 2010	District staff C.O. staff	New in FFY 2008 Continuing in FFY 2009	This practice will continue to maintain the structure needed to measure child outcomes.
A, C, D	2. In FFY 2008, quality monitors began checking for completeness of the outcome data as part of data verifications. In FFY 2009, this process will continue. Observations of the process will be done as indicated.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Continuing in FFY 2009	This practice will continue to maintain the structure needed to measure child outcomes.
A, H	3. In FFY 2008, evaluation of data was used to make adjustments needed to the improvement activities. In FFY 2009, the data will be used for both reporting purposes and to make adjustments in the improvement activities.	FFY 2008 through FFY 2010	Service Providers District staff C.O. staff NECTAC & ECO Center	New in FFY 2008 Continuing in FFY 2009	This practice should result in more effective measurement and improved child outcomes.
A, C, D. F, J	4. Evaluation tool training (i.e., IDA, DP III, HELP, Sensory Profile, E-LAP) was held in FFY 2009 (January 19-21, 2010), in Oxford, Jackson, and Hattiesburg	FFY 2009	C.O. staff	New in FFY 2009	Improved child outcome measurement is expected.
A, C, D	5. In FFY 2009, guidance for professional development will be given by our TA providers at the ECO center and NECTAC.	FFY 2009	C.O. staff, NECTAC & ECO center	New in FFY 2009	Improved child outcome measurement is expected.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4

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	
2008 (7/1/2008 to 6/30/2009)	A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn	89% 89% 90%

Actual Target Data for FFY 2008:

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	236	12%	45	19%	13%
II	251	13%	59	24%	17%
III	161	8%	20	12%	6%
IV	200	10%	36	18%	11%
V	302	15%	49	16%	14%
VI	173	9%	24	14%	7%
VII	118	6%	16	14%	5%
VIII	217	11%	42	19%	12%
IX	349	17%	49	14%	14%
State	2007		340	State return rate =17%	

Surveys were sent to parents of all children in active status with an IFSP.						
	Mississippi's general population		Surveys Sent		Surveys Returned	
Race/Ethnicity	#	%	#	%	# surveys returned	%
American Indian	23,489	1%	7	0.3%	0	0%
Asian or Pacific Islander	32,456	1%	13	0.6%	5	38%
Black or African American	1,098,642	37%	952	47%	124	13%
Hispanic or Latino	67,431	2%	55	3%	2	4%
White	1,744,428	59%	980	49%	209	21%
Total	2,966,446	100%	2007	100%	340	17%

For Questions 16 -18, responses of “5”, “6”, and “7” met the criteria for a positive response.

Question 16: To what extent has early intervention helped your family know and understand your rights? Target for Question 16= 89%											
	Responses								Sum of 5, 6, 7	% of positive responses	Blank
State	1	2	3	4	5	6	7	Total			
Total	7	5	28	25	95	43	132	335	270	81%	5

Question 17: To what extent has early intervention helped your family effectively communicate your child's needs? Target for Question 17= 89%											
	Responses								Sum of 5, 6, 7	% of positive responses	Blank
State	1	2	3	4	5	6	7	Total			
Total	2	6	25	21	75	52	155	336	282	84%	4

Question 18: To what extent has early intervention helped your family be able to help your child develop and learn? Target for Question 18= 90%											
	Responses								Sum of 5, 6, 7	% of positive responses	Blank
State	1	2	3	4	5	6	7	Total			
Total	4	3	19	24	65	62	158	335	285	85%	5

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

Question 16: 81% of the 335 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 did not meet the state target of 89%.

Question 17: 84% of the 336 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 did not meet the state target of 89%.

Question 18: 85% of the 335 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 did not meet the state target of 90%.

APR Template – Part C (4)

Mississippi
State

The ECO Family Outcomes Survey (7-point scale) was utilized. Responses of “5”, “6”, and “7” met the criteria for a positive response. Some families did not answer all questions, resulting in differences in “total” responses.

Approximately 17% of the surveys were returned, and the response rate was low in eight of the nine health districts. Health District II had a response rate of 24%. One hundred thirty-four (134) surveys returned to sender were not corrected and resent as done in FFY 2007. The response rate for Black or African American, American Indian, and the White population subgroups is lower than would be expected.

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

Mississippi will work to identify factors contributing to the low return rate for the African American, American Indian, and the White population groups and the failure to meet the FFY 2008 targets. New activities will be designed to address these factors once they are identified. Implementation of the strategies and activities described in the chart below should improve the family outcomes and improve the representativeness of the data used to measure the family outcomes.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training and technical assistance				
C	1. In FFY 2006, parents, staff, and other stakeholders were given the purpose of collecting this information. Since FFY 2006, the purpose of the survey is explained each year in a cover letter that accompanies the family survey. In FFY 2009, the effectiveness of this method will be reviewed and revised, if indicated.	FFY 2005 through FFY 2010	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009	This activity will be reviewed and revised, if indicated.
C	2. Since FFY 2006, training on parental rights (for district personnel, service providers, parents and other stakeholders). has been provided. In FFY 2007, the complaint process form began being used to explain the complaint process to parents. Parent training is done by their service coordinator. Training for service coordinators includes covering this information with families. In FFY 2009, opportunities for parents to receive additional training on their rights and related issues will increase through collaboration with the Mississippi Parent Training and Information Center (MSPTI) and advocacy groups. The current training for service coordinators on this topic will be reviewed and revised, if indicated.	FFY 2006 through FFY 2010	C.O. staff	Continued in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.
C	3. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. 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 Continued in FFY 2008 Continuing in FFY 2009	This revised format is well accepted and continues to be used.
C	4. In FFY 2008, appropriate practices that are responsive to diverse cultures was included in service provider and service coordinator training. In FFY 2009, more emphasis will be placed on addressing these practices.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2008 Revised in FFY 2009	Better rapport with families and improved child/family outcomes are expected results of the focus on these issues.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C, D	<p>5. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009	<p>The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>
	6. In FFY 2007, Part C staff and some providers participated in the Mississippi Department of Education in transition training designed to increase awareness and enhance Part B/Part C collaboration at the local level. Staff continues to attend this training.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Continuing in FFY 2009	Increased collaboration with local school districts has resulted in more seamless transitions.
A	7. In FFY 2007, forms and documents used by the service coordinators to explain due process and complaint procedures to families were included in Infant/Toddler and Family Rights document.	FFY 2007 through FFY 2010	District staff	Completed in FFY 2007 Continued in FFY 2008 Continued in FFY 2009	These documents continue to be used.
Analysis of the Survey Results					
A, F	2. In FFY 2009, we will analyze results by demographics in far greater detail than reported in the	FFY 2008	C.O. staff	New in FFY 2008	The impact of Millsaps College involvement is

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	2007 APR to help identify factors contributing to low response rates in population subgroups and to facilitate program improvement. Millsaps College students and staff will assist in this project.	through FFY 2010		Revised in FFY 2009	expected to significantly improve data analysis and our activities for program improvement.
A, F	3. In FFY 2008, we planned to investigate and address factors contributing to the lower than expected survey response rates for the Black or African American, and White population subgroups. In FFY 2009, this activity is a priority. A low response rate from our Hispanic population warrants investigation in addition to the other subgroups. Millsaps College students and staff will assist in this project.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Revised in FFY 2009	The impact of Millsaps College involvement is expected to significantly improve data analysis and development of improvement activities.
	2. In FFY 2007, a “Comment” section was added to the end of the family survey. In FF 2009, the information given by respondents in the “Comment” section at the end of the survey to improve program.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2008 Continuing in FFY 2009	This information will continue to be used for program improvement.
	Policies and Procedures:				
E	1. Revise the Policies and Procedures	FFY 2005 through FFY 2010	C.O. staff	Waiting on new federal regulations	
F	2. In FFY 2007, the Infant/Toddler and Family Rights (I/T & Family Rights) document was 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. This document has been used since FFY 2007.	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This document continues to be used.
F	3 In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This was revised in FFY 2007, to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights document. In FFY 2008, district staff continued to decide what to include beyond the I/T & Family Rights document. In FFY 2009, resources	FFY 2005 through FFY 2010	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009	The expected result is to make our best resources available to all of our Parents.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	found to be effective in certain health districts will be made available in the other health districts , and by FFY 2010, parents need to know what is available and receive the resources they request				
F	4. In FFY 2007, an activity was to clearly define all terms contained in parent information materials. This glossary is included in the I/T and Family Rights document.	FFY 2005 through FFY 2010	C.O. staff	Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This document continues to be used.
F	5. In FFY 2006, there was a renewed effort to make 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. We held off waiting on the release of the new federal regulations so that we could incorporate the changes. In FFY 2009, the Infant/ Toddler and Family Rights will be translated into Spanish.	FFY 2005 through FFY 2010	C.O. staff District staff	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009	Increased access to information will improve rapport with parents, increase their involvement, and empower them.
	6. In FFY 2010, we will move mail out of the Family Outcome Survey to February. The next mail out will be in February, 2011. This change will allow improvement activities directly tied to the survey mail out to be implemented in February rather than waiting until November.	FFY 2009 through FFY 2010	Central Office staff	New in FFY 2009	An increase in the response rate is expected.
	Database Changes				
J	1. In FFY 2009, the Central Directory will be revised to make it web-based and user-friendly. Millsaps College students and staff will assist in this project.	FFY 2009 through FFY 2010	Data Manager	New in FFY 2009	Improvements to the Central Directory will empower our parents , guardians, etc.

APR Template – Part C (4)

Mississippi

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Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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
2008 (7/1/2008 to 6/30/2009)	0.65% of infants and toddlers birth to 1 will have IFSPs.

Actual Target Data for FFY 2008:

618 Data for DECEMBER 1, 2008			
	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
State	45,305	299	0.66%

For FFY 2008, Mississippi met the state target of 0.65%. Compared to the national average of 1.04%, the percentage of infants and toddlers birth to 1 with IFSPs in Mississippi is low. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data is valid and reliable.

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

The increase in the number of infants and toddlers birth to 1 with IFSPs is the result of implementation of the strategies and activities described in the following chart.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A, B, F	1. In FFY 2006, the central referral unit (CRU) at the First Steps Central Office was created to take referrals and enter referral data.	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	The CRU continues to be used for these purposes
	Child Find activities				
G	1. In FFY 2005, a renewed effort to collaborate more effectively with referral sources from both the state and local levels began.	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This effort continues to date.
E, F	2. In FFY 2005, new child find materials were published. These materials were disseminated at professional meetings and conferences; when visiting providers and referral sources; and through mass mail outs to referral sources with personal follow-up. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese.	FFY 2005 through FFY 2010	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	These brochures continue to be provided to referral sources upon request and as part of child find activities.
F, G	3. In FFY 2005, the Part C Coordinator worked with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and the website.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2009	This work has continued with most of the emphasis being on the website.
F, G	4. In FFY 2005, effort was made by both state and local level staff to visit hospitals and NICUs to discuss processes and procedures for making referrals and further develop relationships between	FFY 2005 through FFY 2010	SC DC	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007	This practice continues at the health district level and serves to increase referrals.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	First Steps and hospital personnel who have contact with infants and their families. Since FFY 2006, this activity has been carried out by district staff.			Continued in FFY 2008 Continuing in FFY 2009	
F	5. Since FFY 2005, district and state level staff have attended 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	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This practice continues at both the state and local level and serves to increase awareness.
	Evaluation and Assessment				
F, G	1. In FFY 2005, effort was made to collaborate with Department of Mental Health (DMH), Mississippi Department of Education (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 and provider shortages prohibited forming the model teams.	FFY 2005 through FFY 2010	C.O. staff DC	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This revised plan continues to be implemented.
C, E, F, G	2. In FFY 2007, guidance was given to district staff and providers on 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 DC SC Service providers	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This guidance continues to be given and the 2007 revision of the document continues to be used.
	Training and Technical Assistance				
C	1. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	The revised format is well accepted and continues to be used.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	training and follow-up is now provided within the district.				
D, F	<p>2. In FFY 2007, effort was made through personal contact to 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. In FFY 2008, this effort continued.</p> <p>In FFY 2009, the scope has broadened to include seeking increased support of the primary medical providers in making timely referrals; encouraging families to access and use early intervention services; and completing the required paperwork in a timely manner</p>	FFY 2007 through FFY 2010	SC DC, C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	Renewed efforts to increase support of primary medical providers is expected to result in more families accepting services and remaining in the program until their child is ready to exit from Part C.
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. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	This combination of strategies serves to strengthen the team's skills.
C, D	4. Emphasize through monitoring, training, and T/A more effective use of fiscal resources. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	This combination of strategies serves to increase effective use of fiscal resources.
F	5. Increase the number of teams available to perform evaluations and to provide services in timely manner. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	DC C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	Recruitment of providers occurs regularly at both the state and local levels.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Measurement:

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
2008 (7/1/2008 to 6/30/2009)	1.78% of infants and toddlers birth to 3 will have IFSPs.

Actual Target Data for FFY 2008:

618 Data for DECEMBER 1, 2008			
	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
State	135,506	2,115	1.56%

The percentage of the birth to three population served increased from 1.36 % in FFY 2007 to 1.56% in FFY 2008. This increase was not enough to meet Mississippi’s state target of 1.78%. Compared to the national average of 2.66%, the percentage of infants and toddlers birth to 3 with IFSPs in Mississippi is low. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data is valid and reliable.

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

The increase in the number of infants and toddlers birth to 3 with IFSPs is the result of implementation of the strategies and activities described in the following chart. Renewed efforts to increase support of primary medical providers is expected to result in more families accepting services and remaining in the program until their child is ready to exit from Part C.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A, B, F	1. In FFY 2006, the central referral unit (CRU) at the First Steps Central Office was created to take referrals and enter referral data.	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	The CRU continues to be used for these purposes
	Child Find activities				
G	1. In FFY 2005, a renewed effort to collaborate more effectively with referral sources from both the state and local levels began.	FFY 2005 through FFY 2010	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This effort continues to date.
E, F	2. In FFY 2005, new child find materials were published. These materials were disseminated at professional meetings and conferences; when visiting providers and referral sources; and through mass mail outs to referral sources with personal follow-up. The year range brochures and tear-off sheets (1-12, 13-24, 25-36 months) are available in English, Spanish, and Vietnamese.	FFY 2005 through FFY 2010	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	These brochures continue to be provided to referral sources upon request and as part of child find activities.
F, G	3. In FFY 2005, the Part C Coordinator worked with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and the website.	FFY 2005 through FFY 2010	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continuing in FFY 2009	This work has continued with most of the emphasis being on the website.
F, G	4. In FFY 2005, effort was made by both state and local level staff to visit hospitals and NICUs to discuss processes and procedures for making	FFY 2005 through	SC DC	New in FFY 2005 Continued in FFY 2006	This practice continues at the health district level and serves to increase

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	referrals and further develop relationships between First Steps and hospital personnel who have contact with infants and their families. Since FFY 2006, this activity has been carried out by district staff.	FFY 2010		Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Referrals.
F	5. Since FFY 2005, district and state level staff have attended 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	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This practice continues at both the state and local level and serves to increase awareness.
	Evaluation and Assessment				
F, G	1. In FFY 2005, effort was made to collaborate with Department of Mental Health (DMH), Mississippi Department of Education (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 and provider shortages prohibited forming the model teams.	FFY 2005 through FFY 2010	C.O. staff DC	New in FFY 2005 Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This revised plan continues to be implemented.
C, E, F, G	2. In FFY 2007, guidance was given to district staff and providers on 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 DC SC Service providers	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This guidance continues to be given and the 2007 revision of the document continues to be used.
	Training and Technical Assistance				
C	1. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. The main content	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008	The revised format is well accepted and continues to be used.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	on the third day was IFSP development. IFSP training and follow-up is now provided within the district.			Continuing in FFY 2009	
D, F	<p>2. In FFY 2007, effort was made through personal contact to 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. In FFY 2008, this effort continued.</p> <p>In FFY 2009, the scope has broadened to include seeking increased support of the primary medical providers in making in timely referrals; encouraging families to access and use early intervention services; and completing the required paperwork in a timely manner</p>	FFY 2007 through FFY 2010	SC DC, C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	Renewed efforts to increase support of primary medical providers is expected to result in more families accepting services and remaining in the program until their child is ready to exit from Part C.
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. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	This combination of strategies serves to strengthen the team's skills.
C, D	4. Emphasize through monitoring, training, and T/A more effective use of fiscal resources. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	This combination of strategies serves to increase effective use of fiscal resources.
F	5. Increase the number of teams available to perform evaluations and to provide services in timely manner. This activity began in FFY 2007, and continues to date.	FFY 2007 through FFY 2010	DC C.O. staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	Recruitment of providers occurs regularly at both the state and local levels.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: : Refer to page 4.

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 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 infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2008 (7/1/2008 to 6/30/2009)	100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for FFY 2008:

	# who received an IFSP	# who received an IFSP on time	# IFSP late with exceptional family circumstances	# of children with IFSP on time or with exceptional family circumstances	% on time or with exceptional family circumstances
State	1516	997	328	1325	87%

In FFY 2008, 1516 eligible infants and toddlers had an evaluation and an initial IFSP meeting. Nine hundred and ninety-seven (66%) IFSPs were developed in 45 days or less. Five hundred and nineteen were developed late, with 328 being due to exceptional family circumstances. A total of 1325 (87%) were developed in less than 45 days or had exceptional family circumstances. Of the 519 IFSPs developed more than 45 days from referral, 191 were due to problems within the early intervention system (i.e., mainly due to lack of providers and problems with scheduling). Fifty-two (52) children did not receive a multidisciplinary evaluation and assessment. Family reasons (e.g., declined, no response) accounted for 26 of these children. Twenty-three of the remaining 26 children are in Health District VI, which has had frequent turnover of staff in service coordinator positions. This reporting is based entirely on data entered in the database and not documentation contained in the children's paper record. Lack of documentation about failure to meet the 45-day timeline is being addressed through monitoring activities. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data reporting is valid and reliable.

Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 87%

No findings were issued for this indicator as a result of the focused monitoring that occurred in FFY 2007 in Health Districts I, VI, and IX (July, 2007 – January, 2008), due to Mississippi’s interpretation of OSEP’s guidance at that time. Procedures regarding issuing findings were adjusted after receiving guidance and clarification from OSEP Memorandum 09-02 and OSEP FAQ on Identification and Correction (9.3.08). Mississippi issued a finding of noncompliance based on FFY 2007 data (July 1, 2007 to December 31, 2007) to Health District IX in FFY 2007 (February 13, 2008). Verification of correction for Health District IX was completed in FFY 2009 (November 18, 2009). Mississippi verified that Health District IX (1) is correctly implementing the specific regulatory requirements; and (2) has provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Health Districts III, V, VI, and VII had findings from FFY 2005 and Health Districts IV and VIII had findings from FFY 2006. In FFY 2007, findings from FFY 2005 and FFY 2006 were verified as corrected based on a review of database data. Although record reviews, which may have cleared some findings, were completed, we did not use them because we were using our database data to verify correction. In FFY 2007, verification of correction was completed for Health Districts VI and VIII on January 31, 2008 and for Health Districts IV, V, and VII on June 3, 2008. Verification of correction for Health District III was completed in FFY 2009 (November 18, 2009). Mississippi verified that Health Districts III, IV, V, VI, VII, and VIII are (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Mississippi issued a finding of noncompliance based on FFY 2007 and FFY 2008 data (February 15, 2008 to September 1, 2008) to Health Districts III, IV, V, VI, VII, VIII, and IX on in FFY 2008 (November 18, 2008). Verification of correction for Health Districts III, V, VII, VIII, and IX was completed in FFY 2009 (November 18, 2009). Verification of correction for Health District IV was completed in FFY 2009 (April 9, 2010). Mississippi verified that Health Districts III, IV, V, VII, VIII, and IX (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health VI will be reported in the FFY 2009 APR.

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	1
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	0
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

1. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	1
2. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
3. Number of FFY 2007 findings <u>not</u> verified as corrected [(1) minus (2)]	0

Verification of Correction (either timely or subsequent):

In FFY 2009 (November 18, 2009), the 45-day timeline finding for FFY 2007 in Health District IX was verified as corrected. Health District IX (1) is correctly implementing the specific regulatory

APR Template – Part C (4)

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requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2006 findings of noncompliance noted in OSEP's June 1, 2009, FFY 2007 APR response table for this indicator	1
2. Number of remaining FFY 2006 findings the State has verified as corrected	1
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction (either timely or subsequent):

In FFY 2009 (November 18, 2009), the 45-day timeline finding for FFY 2005 in Health District III was verified as corrected. This finding was reported under FFY 2006 corrections because written notification to the district was given in FFY 2006 (1/16/2007). Health District III (1) is correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Correction of Any Remaining Findings of Noncompliance from FFY 2005 or Earlier (if applicable):

The last remaining finding was corrected in FFY 2009 (November, 2009) in Health District III. Please refer to the section above.

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

45-day timelines challenges (i.e., periodic loss of service providers and turnover of staff in service coordinator) will be addressed using the strategies and activities described in the following chart.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training/TA for staff & providers				
C	1. In FFY 2006, new service coordinator training was developed. In FFY 2007, the three day session was shortened to two days to prevent delays in service coordination. 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 Continued in FFY 2008 Continuing in FFY 2009	The revised format is well accepted and continues to be used.
C	2. Significant changes to the format of IFSP were made in FFY 2006. Training on the new format was provided in all health districts in FFY 2006. By FFY 2007, staff and providers were familiar with the new format. Follow-up training on IFSP began to be provided within the districts. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the districts is individualized and includes coaching.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	IFSP training within the districts is open to all service coordinators and affords current staff opportunities to enhance their skills
C	3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Training and technical assistance continue to be offered when requested by staff or providers
C	4. In FFY 2009, Typical Child Development training will be offered.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009	This training will address needs identified by stakeholders and through general supervision activities.
	Database changes				
A	1. In FFY 2005, the database was configured to allow for electronic qualification and quantification of the justifications for missing timelines. In FFY 2008, database fields were added for documentation of exceptional family circumstances.	FFY 2005 through FFY 2010	Data manager, District staff	Completed in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY 2008	The database changes continue to facilitate data collection, review, and reporting.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Central Office staff determined whether the documentation met the criteria for an exceptional family circumstance. In FFY 2009, district staff began selecting the justification type. When data is pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up, as indicated.			Revised in FFY 2009	
A	2. In FFY 2009, database reports were added for district staff to review and correct missing data. District staff now access reports that more clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner.	FFY 2009 through FFY 2010	Data Manager DC SC	New in FFY 2009	The new reports allow for more efficient data review.
	Provider Recruitment & Training				
F	1. In FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2007 through FFY 2010	C.O. staff	Completed in FFY 2007 Continue in FFY 2009	This activity is an effective tool for recruiting providers.
F	2. In FFY 2008, a similar packet was sent to OTs and PTs. Ads were developed and published in statewide newspapers in an attempt to recruit therapists into the EIS. In FFY 2009, this activity will be repeated as a tool for recruiting providers.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continue in FFY 2009	This activity is an effective tool for recruiting providers.
F	3. During FFY 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. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008 and went into effect in FFY 2009.	FFY 2007 through FFY 2009	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.
C	4. Evaluation tool training (i.e., IDA, DP III, HELP, Sensory Profile, E-LAP) was held in FFY 2009	FFY 2009 through	C.O. staff	New in FFY 2009	This training addressed needs identified by

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	(January 19-21, 2010), in Oxford, Jackson, and Hattiesburg.	FFY 2010			stakeholders and through general supervision activities.
F	5. In the last quarter of FFY 2008, a pilot project began in Health District IX. This pilot is a nonprofit group, which contracts with providers and facilitates processing of paperwork required for billing of Insurance and Medicaid. This is why many providers had decided not to contract with EIS. This initial provider group began working with this nonprofit pilot in January 2010 to alleviate this paperwork barrier for providers.	FFY 2008 through FFY 2010	Pilot in Health District IX DC	New in FFY 2008 Continue in FFY 2009	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand.
C, F, J	6. In FFY 2009, ARRA funds used for projects at three universities will result in pre-service and in-service training for staff, providers, and day care workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability includes family members in the training opportunities.	FFY 2009 through FFY 2011	University staff	New in FFY 2009	Training will address needs identified by stakeholders and through general supervision activities.
Retention & Recruitment of District Staff					
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in 10% raise.	FFY 2007	C.O. staff	Completed in FFY 2007	Staff turnover has decreased.
F	2. Exploring realignment or reclassification of district coordinators began in FFY 2008, and the exploration continues.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Continuing in FFY 2009	Exploration will continue.
Policies & Procedures					
E	1. Revision of policies and procedures.	FFY 2005 through FFY 2010		Waiting on the release of the new Part C Regulations	
E	2. In FFY 2007, revisions to the service coordinator	FFY 2006	C.O. staff	Revised in FFY 2007	Results include an

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>manual mainly involved IFSP directions. This included an emphasis on use of informed clinical opinion in determining eligibility and making recommendations for services. Revisions also included changes in forms.</p> <p>In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed</p>	through FFY 2010		<p>Revised in FFY 2008</p> <p>Continuing in FFY 2009</p>	increase in eligibility determinations and continued improvements to the service coordinator manual.
E	<p>3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms will be refined to better capture transition information and other changes to facilitate capturing the relevant information</p>	FFY 2007 through FFY 2010	C.O. staff	<p>Completed in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Revised in FFY 2009</p>	Our data verification process is a very effective tool.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to Page 4.

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.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2008 (7/1/2008 to 6/30/2009)	<ul style="list-style-type: none"> A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for 100% of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for 100% of the children exiting Part C and potentially eligible for Part B.

Actual Target Data for FFY 2008:

8A: children exiting Part C who have an IFSP with transition steps and services	State
# of children exiting Part C	1367
# of children exiting Part C who have an IFSP with transition steps and services	1340
% of children exiting Part C who have an IFSP with transition steps and services	98%

8B: children exiting Part C and potentially eligible for Part B where notification to the LEA occurred	State
# of children exiting Part C who were potentially eligible for Part B	1197
# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred	1149
% of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred	96%

8C: Transition conference, if child potentially eligible for Part B	State
# of children exiting Part C who were potentially eligible for Part B for whom a Transition Conference should have been held	727
# of children exiting Part C and potentially eligible for Part B where the transition conference occurred on time	464
# of children exiting Part C who were potentially eligible for Part B for whom the Transition Conference late due to exceptional family circumstances	68
# of children exiting Part C who were potentially eligible for Part B for whom the Transition Conference occurred on time or was late due to exceptional family circumstances	532
% of children exiting Part C who were potentially eligible for Part B for whom the Transition Conference either was on time or late due to exceptional family circumstances	73%

During the FFY 2008 reporting period, 98% of children exiting Part C had an IFSP with transition steps and services; the LEA was notified for 96% of children exiting Part C who were potentially eligible for Part B; and the transition conference occurred on time or the delay was due to exceptional family circumstances for 73% of children exiting Part C and potentially eligible for Part B. The transition conference was late due to non-exceptional family circumstances for 87 children. The database contained no documentation of a transition conference and no justification for 108 children. This reporting is based entirely on data entered in the database and not documentation contained in the children’s paper record. District personnel have reports in the database that facilitate identifying missing data. Missing transition information is being addressed through monitoring activities.

Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 8A (98%), 8B (96%), and 8C (73%)

No findings were issued for this indicator as a result of the focused monitoring that occurred in FFY 2007 in Health Districts I, VI, and IX (July, 2007 – January, 2008), due to Mississippi’s interpretation of OSEP’s guidance at that time. In FFY 2005 and FFY 2006, transition was addressed under findings for IFSP development. When the finding categories used in Mississippi were placed under specific APR indicators, the findings containing transition issues were put under Indicator 7. Procedures regarding issuing findings were adjusted after receiving guidance and clarification from OSEP Memorandum 09-02 and OSEP FAQ on Identification and Correction (9.3.08).

Mississippi issued a finding of noncompliance based on FFY 2007 data (July 1, 2007 to December 31, 2007) to Health Districts II, IV, V, and VI in FFY 2007 (February 13, 2008). Verification of correction for Health District II and IV was completed in FFY 2008 (February 13, 2009), in FFY 2009 (November 18, 2009) for Health District V, and in FFY 2009 (April 9, 2010) for Health District VI. Mississippi verified that Health Districts II, IV, V and VI (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Mississippi issued a finding of noncompliance based on FFY 2007 and FFY 2008 data (February 15, 2008 to September 1, 2008) to Health Districts I, II, III, IV, V, VI, VII, VIII, and IX in FFY 2008 (November 18, 2008). Verification of correction for Health Districts II, IV and IX was completed in FFY 2008 (February 13, 2009), in FFY 2009 (November 18, 2009) for Health District I, III, V, and VIII, and in FFY 2009 (April 9, 2010) for Health District VI. Despite technical assistance and targeted intervention, the

APR Template – Part C (4)

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FFY 2008 data finding in Health District VII remains. Mississippi verified that Health District VII has provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health District VII will be reported in the FFY 2009 APR.

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	4
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	2
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	2

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

1. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	2
2. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	2
3. Number of FFY 2007 findings <u>not</u> verified as corrected [(1) minus (2)]	0

Actions Taken if Noncompliance Not Corrected:

Verification of Correction (either timely or subsequent):

Verification of correction for Health District II and IV was completed in FFY 2008 (February 13, 2009), in FFY 2009 (November 18, 2009) for Health District V, and in FFY 2009 (April 9, 2010) for Health District VI. Mississippi verified that Health Districts II, IV, V, and VI (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2006 findings of noncompliance noted in OSEP's June 1, 2009, FFY 2007 APR response table for this indicator	0
2. Number of remaining FFY 2006 findings the State has verified as corrected	0
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2005 or Earlier (if applicable):

In FFY 2005 and FFY 2006, transition was addressed under findings for IFSP development. When the finding categories used in Mississippi were placed under specific APR indicators, the findings containing transition issues were put under Indicator 7. Procedures regarding issuing findings were adjusted after receiving guidance and clarification from OSEP Memorandum 09-02 and OSEP FAQ on Identification and Correction (9.3.08).

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

This reporting is based entirely on data entered in the database and not documentation contained in the children's paper record. Decrease in the percentages for transition steps and services and notification of the LEA are likely accounted for by this change. District personnel have reports in the database that facilitate identifying missing data. The missing data is being addressed through monitoring activities. The improvement in transition conferences occurring is less than expected. Basing this reporting entirely on data entered in the database may have affected this component, also. Implementation of the strategies and activities described in the following chart will strengthen transition activities and significant improvement is expected in the FFY 2009 APR.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
Issues related to differences in eligibility & services under Part C and Part B					
F	1. In FFY 2005, Part B staff was encouraged to participate on the multidisciplinary teams to facilitate determining eligibility for Part B concurrently with Part C. This has been ongoing in parts of Health Districts VIII and IX and in other areas of the state.	FFY 2005 through FFY 2010	SC DC C.O. staff Part B staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This practice serves to support seamless transitions.
E, F, G	2. In FFY 2005, collaboration with agencies resulted in a set of forms that met requirements for Part C and Part B evaluations and assessments. Collaboration with the Department of Mental Health (DMH) EIP has resulted in forms and procedures used for IFSP development and service provider documentation for DMH.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Collaboration continues to be used to address current issues related to services or documentation.
E, F, G	3. Since FFY 2005, effort has been made to develop materials which clearly describe evaluation/assessment procedures, eligibility criteria, service provision, and transition processes, (including the differences between Part C and Part B). To date, materials developed have been used for training purposes and not to disseminate to parents. In FFY 2009, this effort to develop materials will expand to include materials for parents.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY2009	These materials help all concerned with transitions from Part C.
E, F, G	4. Since FFY 2005, a goal of collaboration with MDE has been 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 participated with Mississippi Department of Education in transition training	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008 Continuing in FFY 2009	This collaboration is key to seamless transitions from Part C to Part B.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	designed to increase awareness and enhance Part B/Part C collaboration at the local level. Participation in joint training offered by MDE and collaborative efforts at local levels continues to date. In the interagency agreement with MDE signed on 6/15/2009, the roles and responsibilities of Part C and Part B are clearly described.				
C	<p>5. Since FFY 2005, training and technical assistance have addressed the transition components.</p> <p>In FFY 2008, the definition for “potentially eligible for Part B” changed in the interagency agreement with MDE.</p> <p>In FFY 2009, the training and TA reflect the current transition requirements.</p>	FFY 2005 through FFY 2010	C.O. staff	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Revised in FFY2008</p> <p>Continuing in FFY 2009</p>	In district training/TA for Part C staff is necessary to address local challenges.
	Definition of “potentially eligible for Part B”				
A,G	<p>1.In FFY 2005, potentially eligible for Part B was defined as “being served with an IFSP until the child’s transition date or until the child is three years old.”</p> <p>In FFY 2006, 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.”</p> <p>In the interagency agreement with MDE signed on 6/15/2009, the definition of “potentially eligible for Part B” was revised to include “children still receiving Part C services after 2 years and 3 months of age who continue to be served with an IFSP until the child’s transition date or until the</p>	FFY 2005 through FFY 2010	C.O. staff	<p>Completed in FFY 2005</p> <p>Revised in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continuing in FFY 2009</p>	The revision in the definition of “potentially eligible for Part B” allows more time for eligibility determination by Part B and more time to prepare for the transition from Part C services.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>child is three years old.</p> <p>The MDE data transfer will continue to occur by the last day of the month for each child who reaches the age of thirty (30) months during the month of submission, who is eligible under Part C, and who has “active” status in the MSDH data system. For children who are referred to Part C after the age of thirty (30) months, MSDH will give data to MDE by the last day of the month in which MSDH received the referral.</p>				
	Parent Advisors				
F	<p>1. In FFY 2008, parent advisors met and began to explore developing a handout which would address the roles of a parent advisor, including their role in transition. This task is difficult because the role of each parent advisors varies depending on the needs of their help district. In FFY 2009, this group will continue this process.</p>	FFY 2005 through FFY 2010	C.O. staff	<p>Revised in FFY 2008</p> <p>Continuing in FFY 2009</p>	This process will continue.
	Recruitment of staff				
F	<p>1. In FFY 2005, we began exploring 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/technical assistance.</p> <p>In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008 and the first half of 2009, this quality monitor met with staff in each district to begin assessing the needs and planning how to</p>	FFY 2005 through FFY 2010	Part C Coordinator	<p>Not completed</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected impact is increased activities to address family outcomes.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	address them. Coordination of training with advocacy groups will occur in FFY 2009.				
	Training & Technical Assistance				
C, F	1. In FFY 2008, special emphasis was placed on improving the quality of Transition Steps and Services: This effort continues in FFY 2009.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Continuing in FFY 2009	This continues to be emphasized in both IFSP and transition training.
E	2. In FFY 2006 the process began to develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable of how to advocate for the rights of families of children in need of and eligible for early intervention services. Since FFY 2006, training on parental rights (for district personnel, service providers, parents, and other stakeholders). has been provided. In FFY 2007, the complaint process form began being used to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was 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. This document has been used since FFY 2007.	FFY 2006 through FFY 2010	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.
C, D	3. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several	FFY 2008 through FFY 2010	C.O. staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them. Service coordinators and parent advisors will learn

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010</p>				how to better inform and empower parents.
C, D	<p>4. In the transition training with Mississippi Department of Education (MDE); technical assistance offered at district staff meetings; and in written instructions, district staff were given basic instructions on the purpose of the transition conference; the new procedures to address the child and family's unique transition needs, and methods that could be used to document the meeting. In FFY 2009, special emphasis will be placed on improving the quality of Transition Conference</p>	FFY 2008 through FFY 2010	C.O. staff	<p>New in FFY 2008</p> <p>Revised in FFY 2008</p>	Continued improvement in the effectiveness of transition conferences is expected.
A, D	<p>5. In FFY 2009, local staff was instructed to refer all parents who do not want the LEA involved to the central office. This has allowed central office staff to explain the requirement and allow the service coordinator to maintain rapport with the family.</p>	FFY 2007 through FFY 2010	SC	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continuing in FFY 2009</p>	This practice continues to date.
	Database changes				
A	<p>1. FFY 2005, revisions to the database included fields for transition steps and services and the</p>	FFY 2005	Data manager	New in FFY 2005	The database changes continue to facilitate data

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>transition conference.</p> <p>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.”</p> <p>In FFY 2008, the database was revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting. In addition, a report was built to notify the staff of children who will meet the criteria for “potentially eligible for Part B” next month, if their status does not change. This report includes the children referred to Part C after 27 months of age. Reports were built to facilitate entry of missing data.</p> <p>In FFY 2009, the available reports will be refined to better serve their purpose.</p>	<p>through FFY 2010</p>		<p>Revised in FFY 2006 Revised in FFY 2007 Revised in FFY 2008 Revised in FFY 2009</p>	<p>collection, review, and reporting.</p>
<p>A, G</p>	<p>2. In FFY 2007, work with Part B resulted in revisions that allowed data to be shared electronically between MSDH (FSIS) and MDE (MSIS).</p> <p>In FFY 2008, the process changed to submit data on a monthly basis and not only when requested by the data manager at MDE.</p>	<p>FFY 2005 through FFY 2010</p>	<p>Data manager</p>	<p>Completed in FFY 2007 Revised in FFY 2008 Continuing in FFY 2009</p>	<p>This process continues to be implemented.</p>

Part C State Annual Performance Report (APR) for FFY 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4.

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.

States are required to use the “Indicator C 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
<p>2008 (7/1/2008 to 6/30/2009)</p>	<p>A. 100% of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification.</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.</p>

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Actual Target Data for FFY 2008:

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	0	0	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
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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
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	1	1	0
	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	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: A. 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: B. 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
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	4	4	2
	Dispute Resolution: Complaints, Hearings	0	0	0

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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
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			6	3
Percent of noncompliance corrected within one year of identification= Note: [column (b) sum divided by column (a) sum] times 100			50%	

Describe the process for selecting EIS programs for Monitoring:

FFY 2005 and FFY 2006: In FFY 2005 (May/June, 2006), focused monitoring was completed in Health Districts III, V, VI and VII. In FFY 2006 (August-October, 2006), focused monitoring was completed in Health Districts I, II, IV, VIII, and IX. Findings for all health districts were issued in FFY 2006 (January-March, 2007). Monitoring of all nine health districts occurred in FFY 2005 (May/June, 2006) or FFY 2006 (August - October, 2009). Prior to the OSEP visit, Mississippi's general supervision system (including monitoring, complaints, hearings, etc.) was not identifying and correcting noncompliance as soon as possible but in no case later than one year from identification as specified in 20 U.S.C. 1416(a)(3)(B) and 1442. Findings for all health districts were issued in FFY 2006 (January-March, 2007). The finding categories used in Mississippi were Child Find, Referral to Enrollment, Multidisciplinary Evaluation/Assessment, IFSP Development, and Service Provision. Twenty-seven findings of noncompliance were issued. When these 27 findings were adjusted to fit under the APR indicators, the 27 findings became 18 findings. Findings under the original categories of Referral to Enrollment, Multidisciplinary Evaluation/Assessment, and IFSP Development were combined into one finding and placed under Indicator 7.

In FFY 2007, none of the FFY 2005 and FFY 2006 findings were verified as corrected due to review of database data. Although record reviews, which may have cleared some findings, were completed, we did not use them because we were using our database data to verify correction. In FFY 2007 (January/June 2008), five of six findings for 45-day timeline were verified as corrected, and in FFY 2009 (November 18, 2009), the remaining FFY 2005 finding for 45-day timeline in Health District III was verified as corrected. In FFY 2007 (January/March 2008), four of six findings for child find were verified as corrected. Verification of correction of the two remaining findings for Child Find occurred in Health District VII in FFY 2008 (April 2009) and in Health District V in FFY 2009 (December 2009). In FFY 2009 (November 2009), verification of correction for the FFY 2005 finding for timely services in Health District VII and the FFY 2006 finding for timely services in Health District VIII was completed. In FFY 2009 (April 9, 2010), verification of correction for the FFY 2006 finding for timely services in Health District IV was completed. Mississippi has verified that Health Districts III, V, and VI have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. For Health Districts III, V, and VI, verification of correct implementation of the specific regulatory requirements, consistent with OSEP Memorandum 09-02, will be reported on in the FFY 2009 APR.

FFY 2007: In FFY 2007, the districts chosen were those who would most benefit from focused monitoring soon after the comprehensive monitoring that occurred in all nine health districts in FFY 2005 or FFY 2006. In FFY 2007, the Health Districts chosen were I, VI, and IX. The goal of the Focused Monitoring (FM) 2007 was to address a challenge or related set of challenges in a way that would have a significant impact on early intervention services. The problem-solving process was to occur at the district level in a way that encouraged district staff and service providers to take ownership of the process and learn to address challenges on their own. In determining the focus, factors considered included the district self-review; the status of the FFY 2005 and FFY 2006 monitoring visit findings (i.e., findings of noncompliance and professional concerns); current data related to compliance and performance indicators; uncorrected noncompliance from other sources; and other relevant information. No findings were issued as a result of the focused monitoring that occurred in FFY 2007 in Health Districts I, VI, and IX (July, 2007 - January, 2008), due to Mississippi's interpretation of OSEP's guidance at that time. Procedures regarding issuing findings were adjusted after receiving guidance and clarification from OSEP Memorandum 09-02 and OSEP FAQ on Identification and Correction (9.3.08).

Mississippi issued a finding of noncompliance based on FFY 2007 live data (July 1, 2007 to December 31, 2007) in FFY 2007 (February 13, 2008). Health Districts II, IV, V, and VI were issued findings of noncompliance for transition; Health District IX was issued findings for 45-day timeline and a lack of child find activities,

Verification of correction for the FFY 2007 transition findings for Health District II and IV was completed in FFY 2008 (February 13, 2009), in FFY 2009 (November 18, 2009) for Health District V, and in FFY 2009 (April 9, 2010) for Health District VI. Mississippi verified that Health Districts II, IV, V and VI (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

In FFY 2009 (November 18, 2009), the 45-day timeline finding for FFY 2007 in Health District IX was verified as corrected. Health District IX (1) is correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Verification of correction of the FFY 2007 child find finding was completed in FFY 2008 (September 1, 2008). Mississippi verified that Health District IX is conducting child find activities necessary to implement the child find system.

FFY 2008: Mississippi issued findings of noncompliance based on FFY 2007 and FFY 2008 data (February 15, 2008 to September 1, 2008) in FFY 2008 (November 18, 2008). Health Districts III, IV, V, VI, VII, VIII, and IX, were issued findings for 45-day timeline; Health Districts I, III, IV, V, VI, VII, VIII, and IX were issued findings for Timely Services; and Health Districts I, II, III, IV, V, VI, VII, VIII, and IX were issued findings for Transition.

Verification of correction of the FFY 2008, 45-day timeline data findings for Health Districts III, V, VII, VIII, and IX was completed in FFY 2009 (November 18, 2009). Verification of correction of the FFY 2008, 45-day timeline data finding for Health District IV was completed in FFY 2009 (April 9, 2010). Mississippi verified that Health Districts III, IV, V, VII, VIII, and IX (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health VI will be reported in the FFY 2009 APR.

Verification of correction for the FFY 2008 timely services data findings for in Health District I, VII and VIII was completed in FFY 2009 (November 18, 2009). Verification for the FFY 2008 timely services data finding Health District IV was completed in FFY 2009 (April 9, 2010). Mississippi verified that Health Districts I, IV, VII, and VIII (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health III, V, VI, and IX will be reported in the FFY 2009 APR.

Verification of correction of the FFY 2008 transition data findings for Health Districts II, IV and IX was completed in FFY 2008 (February 13, 2009). Verification for Health Districts I, III, V, and VIII was completed in FFY 2009 (November 18, 2009). Verification for Health District VI was completed in FFY 2009 (April 9, 2010). Despite technical assistance and targeted intervention, the FFY 2008 data finding in Health District VII remains. Mississippi verified that Health District VII has provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. Verification of correction for Health District VII will be reported in the FFY 2009 APR.

In FFY 2008 (May/June, 2009), focused monitoring was completed in Health Districts V, VI, and VII. Health districts chosen were those most needing assistance to affect needed changes. This was determined by reviewing the data as required from the 2/13/08 data report and information from general supervision activities and technical assistance. One new finding would have been issued for Health District VII, but the staff member left his position before the finding could be issued. The district had taken action to correct the problems. This focused monitoring served to help these districts refine their strategies and activities before the 11/18/2009 deadline verification of correction occurred for Transition in Health District V; 45-day timeline in Health District VII; and timely services in Health District VII.

Note: For this indicator, report data on the correction of findings of noncompliance the State made during FFY 2007 (July 1, 2007 through June 30, 2008).

Correction of FFY 2007 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	6
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	3
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	3

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

1. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	3
2. Number of findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	3
3. Number of findings <u>not</u> yet verified as corrected [(1) minus (2)]	0

Verification of Correction (either timely or subsequent):

Verification of correction for the FFY 2007 transition findings for Health District II and IV was completed in FFY 2008 (February 13, 2009), in FFY 2009 (November 18, 2009) for Health District V, and in FFY 2009 (April 9, 2010) for Health District VI, Health Districts II, IV, V and VI (1) are correctly implementing the specific regulatory requirements; and (2) have conducted the transition conference, although late, unless the child is no longer within the jurisdiction of the EIS programs, consistent with OSEP Memorandum 09-02.

In FFY 2009 (November, 2009), verification of correction of the finding for the FFY 2007 finding for 45-day timeline occurred in Health District IX. Health District IX (1) is correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP

meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Verification of correction of the child find finding in Health District IX was completed in FFY 2008 (September 1, 2008). Mississippi verified that Health District IX is conducting child find activities needed to implement the child find system.

Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable)

If the State reported <100% for this indicator in its FFY 2006 APR and did not report that the remaining FFY 2006 findings were subsequently corrected, provide the information below:

1. Number of remaining FFY 2006 findings noted in OSEP’s June 1, 2009 FFY 2007 APR response table for this indicator	9
2. Number of remaining FFY 2006 findings the State has verified as corrected	6
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	3

Verification of Correction (either timely or subsequent):

In FFY 2009 (November 2009), verification of correction for the FFY 2005 findings for timely services in Health District VII and the FFY 2006 finding in Health District VIII was completed. In FFY 2009 (April 9, 2010), verification of correction for the FFY 2006 finding for timely services in Health District IV was completed. Health Districts IV, VII and VIII (1) are correctly implementing the specific regulatory requirements; and (2) have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

In FFY 2009 (November, 2009), the FFY 2005 finding for 45-day timeline was verified as corrected in Health District III. Health District III (1) is correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02.

Verification of correction of the child find finding for Health District VII occurred in FFY 2008 (April 2009) and in Health District V in FFY 2009 (December 2009). Verification of correction required evidence of child find activities occurring on a regular basis throughout the health district and a significant increase in the districts child count.

Actions Taken if Noncompliance Not Corrected:

Findings from FFY 2005 for timely services remain in Health Districts III, V, and VI. Mississippi has verified that Health Districts III, V, and VI, have provided the required services, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. For Health Districts III, V, and VI, verification of correct implementation of the specific regulatory requirements, consistent with OSEP Memorandum 09-02, will be reported on in the FFY 2009 APR.

- Data verifications; technical assistance in the district with staff and providers; development and monthly updates of corrective action plans (CAP); meetings with the district coordinators, and focused monitoring in Health Districts VI are the method that have been used to investigate the root causes of the noncompliance. Two common challenges in the four health districts are addressing the issues that deter providers from providing early intervention services and move to effectively utilize the OTs, PTs, and SLPs. Increased support of the medical providers regarding making timely referrals; encouraging families to access and use early intervention services; and completing the required paperwork in a timely manner are issues of focus in District III and are likely a contributing factor in the other three districts. Frequent turnover of staff in service coordinator positions and a reluctance to advertise for providers are contributing factors that are

unique to Health District VI. Targeted technical assistance will focus exploring more creative ways to address these challenges.

- All districts with findings are now required to submit much more detailed CAPs and report monthly on their progress. The CAP must include the following: strategies/activities; expected results; the timeframe including benchmarks (specific subgoals that will be met by specific dates); and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to Central Office by January 15, 2010 for approval. Submitted plans will either be approved or corrected on February 15, 2010.
- Focused monitoring will occur in Districts VI and III. Necessary enforcement actions will be determined after the onsite visit.
- Targeted technical assistance will occur in Health District V. If significant progress has not been made by April 30, 2010, an onsite monitoring visit will occur in May or June 2010. Necessary enforcement actions will be determined, if necessary, after the onsite visits.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2008:

Implementation of the strategies and activities described in the following chart will strengthen general activities and result in significant improvement in correction of noncompliance in a timely manner.

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Revisions, with Justification, to Improvement Activities / Timelines / Resources for FFY 2008 (if applicable):

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Monitoring Activities				
B	<p>1. In FFY 2006, the monitoring done in four health districts, which we called “focused monitoring” ,was closer to the definition of comprehensive monitoring.</p> <p>During FFY 2007, this same type of monitoring was done in the remaining five districts.</p>	FFY 2005 through FFY 2010	C.O. staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p>	Findings were issues in 7 of 9 Health Districts.
B	<p>2. At the end of FFY 2007, focused monitoring began in three health districts. The districts chosen were those who would most benefit from focused monitoring soon after the comprehensive monitoring that occurred in all nine health districts in FFY 2005 and FFY 2006.</p> <p>In FFY 2008, the districts chosen for focused monitoring were those most needing assistance to effect needed changes. This method of selecting districts for focused monitoring continues to be used in FFY 2009.</p> <p>Focused monitoring will occur in Districts VI and III in FFY 2009. Targeted technical assistance will occur in Health Districts IV and V. If significant progress has not been made by April 30, 2010, an onsite monitoring visit will occur in May or June 2010. Necessary enforcement actions will be determined, if necessary, after the onsite visits. In addition to these districts, Health Districts II and VIII will have a focused monitoring visit in either FFY 2009 or FFY 2010, since their last onsite monitoring was in FFY 2006.</p>	FFY 2006 through FFY 2010	C.O. staff and other assigned monitors	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continuing in FFY 2009</p>	Selection for focused monitoring shifted to being based on need rather than a rotation schedule. The result is much more effective use of available resources for addressing noncompliance.
B	<p>3. In FFY 2008, we identified one point in time during the SPP/APR reporting period to review compliance data from the database.</p>	FFY 2008 through	District coordinators and C.O staff	<p>New in FFY 2008</p> <p>Revise in FFY2009</p>	The change is expected to result in more timely correction of

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>4. In FFY 2009, data pulled for compliance will be pulled for a specified period that is less than one year.</p> <p>In FFY 2009, data findings were issued on December 18, 2009. The date and timeframe for the next data findings will be determined after receiving technical assistance from OSEP and SERRC.</p>	FFY 2010			noncompliance.
A, B	<p>5. In FFY 2008, data verification was used as a tool to ensure valid and reliable data; determine TA needs; and to determine if the TA was successful.</p> <p>In FFY 2009, data verification forms will be refined to better capture transition information and other changes to facilitate capturing the relevant information. This process will continue to be used for the purposes listed under FFY 2008.</p>	FFY 2007 through FFY 2010	Quality monitors and other C.O staff	<p>Revised in FFY2008</p> <p>Revised in FFY 2008</p>	Our data verification process is a very effective tool.
B	<p>6. In FFY 2007, potential sanctions and enforcement actions were drafted. In FFY 2009, necessary enforcement actions will be determined after the onsite visit.</p>	FFY2007 through FFY 2010	MSDH administration	<p>New in FFY 2007</p> <p>Revise in FFY2009</p>	More effective use of sanctions/ enforcement actions will result in more timely correction of noncompliance.
B	<p>7. In FFY 2008, one component of verifying correction of noncompliance was based on a review of updated data to determine if the program is correctly implementing the specific statutory or regulatory requirement(s).</p> <p>In FFY 2009, this process will continue to be used along with implementation of CAP and accounting for all children involved with the finding.</p>	FFY 2008 through FFY 2010	Monitoring teams	<p>New in FFY 2008</p> <p>Revised in FFY2009</p>	The change has resulted in more timely correction of noncompliance.
B	<p>8. In FFY 2008, we identified one point in time during the SPP/APR reporting period to review compliance data from the database.</p> <p>In FFY 2009, data pulled for compliance will be</p>	FFY 2008 through FFY 2010	District coordinators and C.O staff	<p>New in FFY 2008</p> <p>Revise in FFY2009</p>	The change is expected to result in more timely correction of noncompliance.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	pulled for a specified period that is less than one year.				
B	<p>9. Service Verification:</p> <p>In FFY 2008, the district coordinators agreed to 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. Coordinating this activity proved to be too challenging to occur consistently in FFY 2008.</p> <p>In FFY 2009, service verification will be redesigned and implemented.</p>	FFY 2008 through FFY 2010	DC	<p>New in FFY 2008</p> <p>Revise in FFY2009</p>	This tool is expected to be a valuable tool once fully implemented.
Training & Technical Assistance					
D	<p>1. Technical Assistance:</p> <p>In FFY 2008, TA was more targeted.</p> <p>In FFY 2009, new reports in the database are facilitating targeted TA.</p> <p>Also, evidence of change must be apparent within a reasonable period of time or additional monitoring activities will be conducted.</p>	FFY 2005 through FFY 2010	Quality monitors, C.O staff, and other resources	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p>	Use of the new reports by the quality monitors will greatly facilitate targeted technical assistance.
Database changes					
A	<p>1. In FFY 2008, fields were added to allow entry of justifications for each instance in which they may be needed. In FFY 2009, database changes described in Indicator 14 have improved data entry, retrieval, and review.</p>	FFY 2007 through FFY 2010	Data manager District staff	<p>Revised in FFY2008</p> <p>Revised in FFY2009</p>	These changes have facilitated corrective action within the districts and the data verification process.
A, B	<p>2. In FFY 2009, a general supervision (monitoring) module that allows us to track correction of noncompliance will be developed. This system will allow tracking correction at three levels: service coordinator, district, and state.</p>	FFY 2009 through FFY 2010	Data manager	New in FFY 2009	This module will facilitate tracking of correction of noncompliance.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Corrective Action Plans				
B, E, H	1. All districts with findings are now required to submit much more detailed CAPs and report monthly on their progress. The CAPs must include the following: strategies/activities; expected results; the timeframe including benchmarks (specific subgoals that will be met by specific dates); and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to Central Office by a specified date for approval. Submitted plans will either be approved or corrected by a specified date. Monthly updates on action taken must be documented in the plan.	FFY 2009 through FFY 2010	DCs C. O. staff	New in FFY 2009	The changes are expected to result in more timely correction of noncompliance.

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to page 4.

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
2008 (7/1/2008 to 6/30/2009)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2008:

Between July 1, 2008 and June 30, 2009, 23 written, signed complaints were received. Three (3) complaints were withdrawn, and reports were issued for 20 of the findings, which were resolved within the timeline. Mississippi met the 100% target.

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

The significant increase in written complaints was due to the closing of a Department of Mental Health early intervention program, which was the main provider in Health District IX. The closure came with short notice, and services were disrupted until providers were found and put under contract.

Implementation of the strategies and activities described in the following chart is expected to strengthen families, staff, and providers' knowledge of how to effectively advocate for the rights of families of children in need of and eligible for early intervention services.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Procedural changes				
E	<p>1. In FFY 2006 the process began to develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable of how to advocate for the rights of families of children in need of and eligible for early intervention services. Since FFY 2006, training on parental rights (for district personnel, service providers, parents, and other stakeholders), has been provided.</p> <p>In FFY 2007, the complaint process form began being used to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was 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. This document has been used since FFY 2007.</p>	FFY 2006 through FFY 2010	C.O. staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revise in FFY 2009</p>	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revise in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010				
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; 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.</p> <p>Several districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2009, this tool will be reintroduced to the other districts by district staff whom continue to use them.</p>	FFY 2006 through FFY 2010	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.
F	<p>4. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This was revised in FFY 2007, to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights document. In FFY 2008, district staff continued to decide what to include beyond the I/T & Family Rights document. In FFY 2009, resources found to be effective in certain health districts will be made available in the other health districts; and by FFY 2010, parents need to know what is available and receive the resources they request.</p>	FFY 2005 through FFY 2010	District staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Recruitment of staff				
F	<p>1. In FFY 2005, we began exploring 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/technical assistance.</p> <p>In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008 and the first half of 2009, this quality monitor met with staff in each district to begin assessing the needs and planning how to address them. Coordination of training with advocacy groups will occur in FFY 2009.</p>	FFY 2005 through FFY 2010	Part C Coordinator	<p>Not completed</p> <p>Completed in FFY 2008</p> <p>Revise in FFY 2009</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	<p>1. Configure the database to capture information about signed written complaints. This will occur in FFY 2009 as part of the general supervision module described in Indicator 14.</p>	FFY 2005 through FFY 2010	Data manager	<p>Not completed on time</p> <p>Revised in FFY 2008</p> <p>Revise in FFY 2009</p>	This module will facilitate tracking of corrections.
	Training and Technical Assistance				
C	<p>1. Since FFY 2006, training on parental rights (for district personnel, service providers, parents and other stakeholders) has been provided. In FFY 2007, the complaint process form began being used to explain the complaint process to parents. Parent training is done by their service coordinator. Training for service coordinators includes covering this information with families. In FFY 2009, opportunities for parents to receive additional training on their rights and related issues will increase through collaboration with the</p>	FFY 2006 through FFY 2010	C.O. staff	<p>Continued in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revise in FFY 2009</p>	The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Mississippi Parent Training and Information Center (MSPTI) and advocacy groups. The current training for service coordinators on this topic will be reviewed and revised, if indicated.				
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010.</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revise in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Mississippi

State

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to Page 4.

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
2008 (7/1/2008 to 6/30/2009)	100% of due process hearing requests will be fully adjudicated within the 30 day timeline.

Actual Target Data for FFY 2008:

Between July 1, 2008 and June 30, 2009, no hearing requests were filed.

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

Implementation of the strategies and activities described in the following chart is expected to strengthen families, staff, and providers' knowledge of how to effectively advocate for the rights of families of children in need of and eligible for early intervention services.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Procedural changes				
E	<p>1. In FFY 2006 the process began to develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable of how to advocate for the rights of families of children in need of and eligible for early intervention services. Since FFY 2006, training on parental rights (for district personnel, service providers, parents, and other stakeholders) has been provided.</p> <p>In FFY 2007, the complaint process form was implemented and used to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was 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. This document has been used since FFY 2007.</p>	FFY 2006 through FFY 2010	C.O. staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010.</p>				
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; 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.</p> <p>Several districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2009, this tool will be reintroduced to the other districts by district staff who continues to use them.</p>	FFY 2006 through FFY 2010	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.
F	<p>4. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This was revised in FFY 2007, to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights</p>	FFY 2005 through FFY 2010	District staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	document. In FFY 2008, district staff continued to decide what to include beyond the I/T & Family Rights document. In FFY 2009, resources found to be effective in certain health districts will be made available in the other health districts, and by FFY 2010, parents need to know what is available and receive the resources they request.				
	Recruitment of staff				
F	<p>1. In FFY 2005, we began exploring 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/technical assistance.</p> <p>In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008 and the first half of 2009, this quality monitor met with staff in each district to begin assessing the needs and planning how to address them. Coordination of training with advocacy groups will occur in FFY 2009.</p>	FFY 2005 through FFY 2010	Part C Coordinator	<p>Not completed</p> <p>Completed in FFY 2008</p> <p>Revise in FFY 2009</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	1. Configure the database to capture information about due process hearing requests. This will occur in FFY 2009 as part of the general supervision module described in Indicator 14.	FFY 2005 through FFY 2010	Data manager	<p>Not completed on time</p> <p>Revised in FFY 2008</p> <p>Revise in FFY 2009</p>	This module will facilitate tracking of corrections.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training and Technical Assistance				
C	<p>1. Since FFY 2006, training on parental rights (for district personnel, service providers, parents and other stakeholders) has been provided. In FFY 2007, the complaint process form began being used to explain the complaint process to parents. Parent training is done by their service coordinator. Training for service coordinators includes covering this information with families. In FFY 2009, opportunities for parents to receive additional training on their rights and related issues will increase through collaboration with the Mississippi Parent Training and Information Center (MSPTI) and advocacy groups. The current training for service coordinators on this topic will be reviewed and revised, if indicated.</p>	FFY 2006 through FFY 2010	C.O. staff	<p>Continued in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revise in FFY 2009</p>	The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revise in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010.				

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to Page 4.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2008 (7/1/2008 to 6/30/2009)	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 2008 - 2009

Overview of the Annual Performance Report Development: Refer to Page 4.

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
2008 (7/1/2008 to 6/30/2009)	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 FFY 2008:

Between July 1, 2008 and June 30, 2009, no mediation requests were received.

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

Implementation of the strategies and activities described in the following chart is expected to strengthen families, staff, and providers' knowledge of how to effectively advocate for the rights of families of children in need of and eligible for early intervention services.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Procedural changes				
E	<p>1. In FFY 2006 the process began to develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable of how to advocate for the rights of families of children in need of and eligible for early intervention services. Since FFY 2006, training on parental rights (for district personnel, service providers, parents, and other stakeholders) has been provided.</p> <p>In FFY 2007, the complaint process form began being used to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was 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. This document has been used since FFY 2007.</p>	FFY 2006 through FFY 2010	C.O. staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010.				
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; 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.</p> <p>Several districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2009, this tool will be reintroduced to the other districts by district staff who continues to use them.</p>	FFY 2006 through FFY 2010	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.
F	<p>4. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This was revised in FFY 2007, to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights document. In FFY 2008, district staff continued to decide what to include beyond the I/T & Family Rights document. In FFY 2009, resources found to be effective in certain health districts will be made available in the other health districts, and by FFY 2010, parents need to know what is available and receive the resources they request.</p>	FFY 2005 through FFY 2010	District staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected result is to make our best resources available to all of our parents.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Recruitment of staff				
F	<p>1. In FFY 2005, we began exploring 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/technical assistance.</p> <p>In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008 and the first half of 2009, this quality monitor met with staff in each district to begin assessing the needs and planning how to address them. Coordination of training with advocacy groups will occur in FFY 2009.</p>	FFY 2005 through FFY 2010	Part C Coordinator	<p>Not completed</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	<p>1. Configure the database to capture information about mediation requests. This will occur in FFY 2009 as part of the general supervision module described in Indicator 14.</p>	FFY 2005 through FFY 2010	Data manager	<p>Not completed on time</p> <p>Revised in FFY 2008</p> <p>Revised in FFY 2009</p>	This module will facilitate tracking of corrections.
	Training and Technical Assistance				
C	<p>1. Since FFY 2006, training on parental rights (for district personnel, service providers, parents and other stakeholders) has been provided. In FFY 2007, the complaint process form began being used to explain the complaint process to parents. Parent training is done by their service coordinator. Training for service coordinators includes covering this information with families. In FFY 2009, opportunities for parents to receive additional training on their rights and related issues will increase through collaboration with the Mississippi Parent Training and Information Center</p>	FFY 2006 through FFY 2010	C.O. staff	<p>Continued in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p>	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.

APR Template – Part C (4)

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	(MSPTI) and advocacy groups. The current training for service coordinators on this topic will be reviewed and revised, if indicated.				
C, D	<p>2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several districts by staff from the MSPTI.</p> <p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we will utilize the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parent's advocacy skills. The training will take place in at least one location in each health district in FFY 2009 or FFY 2010.</p>	FFY 2008 through FFY 2010	C.O staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revise in FFY 2009</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

Part C State Annual Performance Report (APR) for 2008 - 2009

Overview of the Annual Performance Report Development: Refer to Page 4.

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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
2008 (7/1/2008 to 6/30/2009)	<ul 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 FFY 2008: Part C Indicator 14 Data Rubric

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 1, 2010)		5
	Grand Total		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/___	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/___	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/___	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/___	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5)		35
Indicator # 14 Calculation					
			A. APR Total	35	35
			B. 618 Total	35	35
			C. Grand Total	70	70
Percent of timely and accurate data = (C divided by 70 times 100)			(C) / (70) X 100 =		100%

Submission was timely for the 2007 APR and the 618 data for November 1, 2008 and December 1, 2008. Revisions to the APR and SPP were submitted on April 4, 2009, to clarify information.

Data for reporting requirements are taken from FSIS. Data review, data verification, and follow-up, when indicated, are tools used to ensure that data is valid and reliable. 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. New reports that are end-user friendly facilitate management of data by service coordinators and district coordinators. Staff is encouraged to use the reports to determine completeness of data. Training on database changes and technical assistance are provided in the health districts for the database users throughout the reporting period.

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

Strategies and activities described in the following chart include recent and planned database changes which are facilitating data entry and review. Procedures for checking validity and reliability are included.

APR Template – Part C (4)

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

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Procedural changes				
A	1. In FFY 2005, “timely entry of data” was defined as entry of data no later than 10 calendar days after the event occurs. Stakeholders recommended a weekly schedule for data entry by the SC responsible for each case. District staff has local procedures for data entry, and the district coordinator ensures that report data are accurate.	FFY 2005 through FFY 2010	District staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Entering data soon after the event increases the likelihood that the data will be complete.
A, F	2. In FFY 2006, the central referral unit (CRU) at the First Steps Central Office was created to take referrals and enter referral data.	FFY 2005 through FFY 2010	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	The CRU continues to be used for these purposes.
A, B	3. In FFY 2008, data verification was used as a tool to ensure valid and reliable data; determine TA needs; and to determine if the TA was successful. In FFY 2009, data verification forms will be refined to better capture transition information and other changes to facilitate capturing the relevant information. This process will continue to be used for the purposes listed under FFY 2008.	FFY 2007 through FFY 2010	Quality monitors and other C.O staff	Revised in FFY2008 Revised in FFY 2008	Our data verification process is a very effective tool.
A, B, D	6. Follow-up to ensure valid and reliable data has been done through phone calls, emails, and other monitoring activities since FFY 2007. Data review, data verification, and follow-up, when indicated, are tools used to ensure that data is valid and reliable.	FFY 2007 through FFY 2010	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	These tools continue to be effective.
	Database changes				
A, B	1. In FFY 2007, reports were made available to the district staff through the database to check data. In FFY 2009, the process began to make adjustments in the database to facilitate entry of justifications for late	FFY 2007 through FFY 2010	Data manager	New in FFY 2007 Revised in FFY 2008 Revised in FFY 2009	These changes facilitate data input, retrieval, review, and correction.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>evaluations, services, and transition activities. Significant progress was made at the beginning of FFY 2009. Improvements to the Children 2009 Database include:</p> <ul style="list-style-type: none"> (a). The tabs were reworked to include all the fields required for reporting related information (e.g., the fields necessary to report the services that a child is receiving are on the provider tab). (b). The formats of the tabs were adjusted to clearly display the information. Some fields were added and some were adjusted to allow one to view all of the information entered. (c). The provider tab was adjusted to allow justifications to be entered for <u>each</u> early intervention service for which a justification is needed. Justifications are required for each untimely service and any service delivered outside of a natural environment. Prior to this adjustment, only one justification could be entered for all untimely services and only one justification could be entered for all services outside of the natural environment. (d). The settings of fields were adjusted to allow justifications to be entered before the activity occurred. This is necessary to account for children for whom the multidisciplinary evaluation has not occurred or a service has not been initiated. (e). Two new tabs were added: one tab for entry of data associated with IFSPs and a Summary tab to include information that does not fit into one of the other fields. <p>Reports built: For APR indicators 1, 7, and 8 and the 618 data, the reports developed include both reports to identify missing data and reports needed</p>				

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>to complete the federal reporting. These reports are available at the service coordinator level, district level, and state level, and serve to facilitate data review and corrections. Improvements will continue to be made in FFY 2009. Each of these report areas is functioning but needs adjustments. Our reports that grow smaller as missing data is entered are preferred over the reports in which the list remains the same length. In FFY 2009, we will continue to work on improving these reports and to build the following reports:</p> <p>(a). An APR reports that allows reporting the timeliness of services <u>by child</u></p> <p>(b). 618 data reports necessary to report Natural Environment data for a specific date or for a given period of time greater than one day.</p>				
A	2. In FFY 2009, we will Improve the means by which we report district level data on the website. In the past this data was included in the APR.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009	Expected is more stakeholder input on program improvement.
A	3. In FFY 2009, we will convert our race/ethnicity data collection to meet the new requirements for the 7 Race/Ethnicity categories. We will need to re-identify all the currently active children.	FFY 2009 through FFY 2010	Data manager	New in FFY 2009	This is necessary to meet reporting requirements.
A, D	4. In FFY 2009, we will rework the Central Directory to make it web-based and user-friendly. The goal is to make it accessible to all persons needing to identify services, support groups, and other types of resources available at the city, county, health district, or state level. The goal is to make the Central Directory usable by individuals with a broad range of abilities and disabilities.	FFY 2009 through FFY 2010	C.O. staff	Revised in FFY 2009	Improvements to the Central Directory will empower our parents , guardians, etc.
A, B	5. In FFY 2009, we will develop a general supervision	FFY 2009	Data	New in FFY 2009	This module will facilitate

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	(monitoring) module that allows us to track correction of noncompliance.	through FFY 2010	manager C.O. staff		tracking of correction of noncompliance.
A, B	6. In FFY 2009, we will build a tickler system for our service coordinators that will serve as calendar and remind service coordinators of deadlines (e.g., notifying the LEA about a child; 45-day timelines; a deadline for a timely service; a deadline for a child’s transition conference) and other activities to occur within the time span the service coordinator selects.	FFY 2009 through FFY 2010	Data manager	New in FFY 2009	This tickler system will provide reminders needed to facilitate completion of service coordination activities in a timely manner.
A, G	7. In FFY 2009 and FFY 2010, we will make the adjustments necessary to facilitate effective use of the tablet PCs when they become available for use by the service coordinators.	FFY 2009 through FFY 2010	Data manager	New in FFY 2009	
	Technical Assistance				
A, C	1. Technical Assistance for data entry began in FFY 2006 and continues to be provided in FFY 2009.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This is necessary to insure data validity and reliability.
C	2. Technical Assistance for self-assessment began in FFY 2006 and continues to be provided in FFY 2009.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	
C	3. Technical Assistance related to the focused monitoring process for districts and the monitoring team members begun in FFY 2006 and continues to be provided in FFY 2009. This T/A focuses on reviewing data and on correcting data entry errors and addressing underlying problems.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	This is necessary to insure effective review of the data and correction of data entry errors.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C	4. Technical assistance for service coordination and EI procedures affecting data entry and reporting began in FFY 2006 and continues to be provided in FFY 2009.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Provision of this TA results in more effective service coordination and more efficient data entry.
A, D	5. Central Office staff worked with District IX staff to rebuild after Hurricane Katrina in FFY 2005 and FFY 2006.	FFY 2005 through FFY 2006	C.O. staff	Completed in FFY 2006	
A, B, D	8. Technical assistance to database users has been provided by phone, in meetings, and through coaching since FFY 2007.	FFY 2007 through FFY 2010	Data manager C.O. staff	New in FFY 2007 Continued in FFY 2008 Continuing in FFY 2009	Provision of this TA results in more efficient data entry.