

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, 2012.

On behalf of the ICC of the State/jurisdiction of Mississippi, I hereby certify that the ICC is: [please check one]

- 1. [] Submitting its own annual report (which is attached); or
2. [X] Using the State's Part C APR for FFY 2010 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

Smiller@mac.dmh.ms.gov

Daytime telephone number

601-823-5700

1 Under IDEA Sections 616(b)(2)(C)(ii)(I) 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, 2012.

Mississippi's Early Intervention System



First Steps

FFY 2010 Annual Performance Report

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

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

February 1, 2012

Mississippi Part C Annual Performance Report (APR) for FFY 2010 7/1/10 - 6/30/2011	
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Part C State Annual Performance Report (APR) for 2010 - 2011**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, Child care, Head Start, and other community leaders. The information was gathered through both informal and formal meetings; during health district staff meetings, training sessions; conversations with parents, staff, providers, and other stakeholders; and through a comment section added to EIS family survey. Based on the informal and formal information, Stakeholders reviewed data and set new targets and developed improvement strategies. 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, are sought guidance from the Southeast Regional Resource Center (SERRC) and the National Early Childhood Technical Assistance Center (NECTAC). The OSEP state contact was also used 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. 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 the 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 2010 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, 2010, 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, 2012, and a final report due May 15, 2012.

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

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 2010	Measurable and Rigorous Target
8/1/2010 to 10/31/2010	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 2010:

2010 APR (8/1/2010 to 10/31/2010) Timely Services by Child				
A	B	C	D	E
Total child records reviewed	Children with IFSPs receiving early intervention services in a timely manner	Children with IFSPs not receiving early intervention services in a timely manner due to documented exceptional family circumstances	% children with IFSPs who received early intervention services on their IFSPs in a timely manner or there was a documented exceptional family circumstance that prevented timely service delivery (B + C) / A X 100 = D	Total children not receiving timely service delivery for reasons other than documented exceptional family circumstances (A - B - C = E)
513	390	57	87%	45

REPORT OF PROGRESS - INDICATOR 1			
	Measurable and Rigorous Target 2010 – 2011	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	100%	76%	87%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The percent of children with all new services on time or delayed due to exceptional family circumstances increased from 76% to 87%. The dates chosen for reporting purpose are an appropriate representation of EIS in our state. Data clean up reports have been used by district staff as well as central office staff to ensure accuracy and timely entry of data. Tickler reports are also available to remind district staff to secure services for children in a timely manner. Efforts have been made in each health district to secure specialized services. Lack of providers [i.e., Occupational Therapists (OT), Speech-Language Pathologists (SLP), Physical Therapists(PT)] and Special instructors (SI); difficulty securing paperwork necessary for insurance and Medicaid; Medicaid changing to managed care without prior notification to providers; and difficulty scheduling the services were the most common reasons for delays. Physicians not completing Certificate of Medical Necessity (CMN) forms or prescriptions in a timely manner for initiation of services are the causes of many late services. These data include all new early intervention services from both initial IFSPs and subsequent IFSPs during FFY 2010. Mississippi’s criteria for “timely” receipt of early intervention services is “within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons.” Intense data review and follow-up, when indicated, were tools used to ensure that these data are valid and reliable.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 76%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	9
2. Number of FFY 2009 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding)	7
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0*

**The one year timeline has not ended for two of the remaining findings.*

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

Verification of correction was done using data collected through on-site monitoring. The data collected were record reviews on a randomly selected set of records. This set was 10% of the subset of children

within the health district who should have had services initiated within a specific period of time (a 2-3 month span). In the smaller health districts at least 5 records were reviewed even if that number exceeded the ten percent. The verification of correction process included ensuring that the corrective action plan was being implemented and verifying that the health district had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

In June 2011 and September 2011, Verification of correction was completed in Health Districts I, IV, V, VI, VII, VIII, and IX. These Health Districts (1) are correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or a State data system; and (2) have initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Record reviews were done on a randomly selected set of records. This set was 10% of the subset of children within the health district who should have had all services started on their IFSP within 30 days. Data used to verify correction was based on a 2-3 month time span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

Correction of Remaining FFY 2008 Findings of Noncompliance: NA

1. Number of remaining uncorrected FFY 2008 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2008 findings: NA

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008: NA

Correction of Any Remaining Findings of Noncompliance from FFY 2007: NA

1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 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

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the State is in compliance with the timely service provision requirements in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>The percent of children with all new services on time or delayed due to exceptional family circumstances increased from 76% to 87%. The reporting period for this indicator was changed from a year of data to 3 months of data. Lack of providers [i.e., Occupational Therapists (OT), Speech-Language Pathologists (SLP), Physical Therapists(PT)] and Special instructors (SI); difficulty securing paperwork necessary for insurance and Medicaid; and difficulty scheduling the services were the most common reasons for delays. Physicians not completing (CMN) forms or prescriptions in a timely manner for initiation of services are the causes of a few services being late.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator: (1) is correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Mississippi verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance with OSEP Memo 09-02. Health Districts I, II, III, IV, V, VI, VII, VIII, and IX have corrected non-compliance.</p>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>The chart below provides Mississippi’s reviewed and revised improvement activities.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011

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 the Part C Coordinator, Branch Director, Quality Monitors, and other central office personnel assisting with particular activities.

Data Manager

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Definition of “timely services”				
A, E	<p>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.”</p> <p>In FFY 2011, the definition of 30 days will be changed to 30 working/business days, instead of 30 calendar days.</p>	FFY 2006 through FFY 2012	Part C Coordinator	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	This definition will be used to improve timely services definition and service delivery due to loss of weekend days and holidays.
A, E, D	<p>2. In FFY 2007, additional guidance was given to service providers and service coordinators regarding 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). In FFY 2011, this guidance will be revised to require the initial visit to occur within 30 business days of the date the parent/guardian gives informed written consent for the early intervention service(s).</p>	FFY 2007 through FFY 2012	SC DC	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	The revised guidance and definition of timely services will increase collaboration with consultants. This guidance will continue to be given as needed to improve timely services.
D, A	<p>3. Training on data entry began in FFY 2006.</p>	FFY 2006 through FFY 2012	Data Manager DC SC	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training continues to be offered when there is a change in the database or when requested by staff. A data manual has been developed and been provided electronically for SC to access it at all times on correct procedures and

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
					definitions of each field.
	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 to current. In FFY 2008, fields were added to allow differentiation between new services and existing services. In FFY 2009, reports were built to facilitate reporting timely services by child’ s name.	FFY 2007 through FFY 2012	Data Manager DC SC	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The database changes continue to facilitate data collection, review, and reporting.
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 are pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up as indicated.	FFY 2008 through FFY 2012	Data Manager DC SC	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This process facilitates proper data entry.
A	3. In FFY 2009, database reports were added for district staff to review and correct missing data. District staff access reports that clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner.	FFY 2009 through FFY 2012	Data Manager DC SC	Completed in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The new reports allow for more efficient data review and data correction.
A	4. In FFY 2010, all forms will be accessed on the tablet PCs. All entries made on the forms will be automatically entered in the database.	FFY 2010 through FFY 2012	C.O. staff DC SC	New in FFY 2010 Continuing in FFY 2011	This will decrease time being spent on data entry and increase time dedicated to service coordination.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Provider Recruitment & Training				
F	1. In FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). This activity was not completed in FFY 2010 due to an inadequate amount of staff. This activity will resume when new staff is hired.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This activity is an effective tool for recruiting providers and will be re-implemented when additional staff is hired.
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 2010, this activity was discontinued due to a lack of staff at CO. This activity will resume when new staff is hired.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This activity is an effective tool for recruiting providers and will be re-implemented when additional staff is hired.
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. Training rates were added in FFY 2008 and went into effect in FFY 2009. In FFY 2011, therapy rates were reduced due to the economical conditions.	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.
F	4. In the last quarter of FFY 2008, a pilot 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. The initial provider group began working with this nonprofit pilot in January 2010 to alleviate the paperwork barrier for providers.	FFY 2008 through FFY 2012	Pilot in Health District IX DC	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	After the process is in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will expand.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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 a 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 continued in FFY 2009. In FFY 2010, District Coordinator positions have not been realigned. Exploration of this will resume when the economic conditions improve statewide.	FFY 2008 through FFY 2012	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 Revised in FFY 2010 Continuing in FFY 2011	This activity has been suspended due to statewide budget restrictions and lack of funds.
	Policies & Procedures				
E	1. Due to the new regulation, policies and procedures will be revised.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2011	Expected impact is program improvement.
E	2. In FFY 2007, revisions were made to the Service Coordinator Manual regarding 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. In FFY 2011, the IFSP instructions were revised to include revisions made to the form.	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	Expected impact includes an increase in eligibility determinations and continued improvements to the service coordinator manual. These revisions will also contribute to the quality of IFSP development.
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 were refined to better capture transition information and other changes. In FFY 2010, this tool was further refined and referred to as	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Revised in FFY 2010 Continuing in FFY 2011	Our data verification process is a very effective tool for identifying training and TA needs. The revisions to the IFSP are expected to be more family friendly and efficient.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	the data review/service review tool.				
E	4. In FFY 2010, changes to the eligibility criteria were considered. This is an ongoing activity.	FFY 2010	C.O. staff	New in FFY 2010 Continuing in FFY 2011	Expected impact is a more rigorous definition of developmental delay.
A, E, F	5. In FFY 2010, the IFSP was revised.	FFY 2010 through FFY 2012	C. O. staff	New in FFY 2010 Continuing in FFY 2011	This will make the IFSP more effective, efficient and family friendly.
	Training/TA for staff & providers				
C	1. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three days sessions were 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 are now provided within the health district.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.
C	2. Significant changes to the format of the 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 the IFSP began to be provided within the health districts. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the health districts is individualized and includes coaching. In FFY 2010, the IFSP was revised.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	IFSP training within the health districts is open to all service coordinators, service providers and affords current staff opportunities to enhance their skills.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C	3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model. TA continues to be provided for evaluation team members on this model.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training and technical assistance continue to be offered when requested or needed 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 to these topics and will add the topic of increasing provider awareness of typical child development. In FFY 2009, SERRC provided technical assistance onsite during a focused monitoring visit in which the focus was on timely services. The TA addressed timely service issues and improving our general supervision activities. SERRC and NECTAC continue to link the state with resources to address timely service issues.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Technical assistance continues to be requested and provided.
C	5. This training was offered in FFY 2010. It is made available through trainers within each district.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This training addressed 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. Technical Assistance on the administration of these tools continue is an ongoing process.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This training addressed needs identified by stakeholders and through general supervision activities.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C, F, J	7. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, and childcare workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability include family members in the training opportunities. These training are provided in a digital format for staff to use as needed.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training will address needs identified by stakeholders and through general supervision/monitoring of service providers
A, B, C, D	8. In FFY 2010, tablet PCs and portable printers were made available to staff. In FFY 2011, district staff will begin using the tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes more effective service coordination and user-friendly data entry.
C	9. In FFY 2009, a designated CO staff member conducted statewide onsite TA related to Medicaid issues.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009 Completed in FFY 2010	Current issues/problems specific and unique to each health district were identified and addressed.
C	10. In FFY 2010, Training Modules were developed to cover the First Steps process from enrollment to transition from Part C services. These modules continue to be used for targeted TA purposes.	FFY 2010 through FFY 2012	C.O. staff	New in FFY 2010 Continuing in FFY 2011	The use of these training modules will provide targeted technical assistance.
	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 and FFY 2009, the SERRC technical assistant to this program assisted in the pre-planning for a retreat for the SICC. The retreat was revised to be a stakeholder meeting and this took place in FFY 2010 (October, 2010).	FFY 2008 through FFY 2010	SICC SERRC	New in FFY 2008 Continued in FFY 2009 Completed in FFY 2010	The stakeholder meeting facilitated addressing current challenges.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
G	3. In FFY 2010, a pediatrician was solicited as a member of the SICC. This member was solicited in FFY 2010, but due to other obligations, this individual was not able to fulfill this position. Efforts will be made to solicit a pediatrician in FFY 2011.	FFY 2010 through FFY 2012	SICC	New in FFY 2010 Continuing in FFY 2011	This will give us a voice with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely service delivery.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY 2010	Measurable and Rigorous Target
(1/1/2010 to 12/31/2010)	97% 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 the remaining 3%.

Actual Target Data for FFY 2009:

618 data		
Primary Setting for Early intervention Services	#	%
Total children served with an IFSP	2358	
Children primarily served in an “other” setting	75	3%
Children primarily served in the home	2250	95%
Children primarily served in community-based setting	33	1%
% of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children		97%

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

Ninety-seven percent (97%) of the infants and toddlers received early intervention services primarily in the home or community settings. Mississippi is 1% away of reaching its target of 98%. Data review, data verification, and follow-up, when indicated, were tools used to ensure that these data are valid and reliable. Implementation of the strategies and activities described in the chart below will assure that infants and toddlers will continue to receive early intervention services primarily in the home or community settings.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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 to families and providers by central office and district staff. This brochure is on the agency website and continues to be used.	FFY 2006 through FFY 2012	C.O. staff District Staff	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This brochure continues to be used to explain benefits of services in natural environments.
	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 same categories continue to be used for reporting purposes.
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 are pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up, as indicated.	FFY 2006 through FFY 2012	Data Manager DC SC	Completed in FFY 2006 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The changes have continued to contribute to more detailed explanations supporting justifications

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A	3. In FFY 2008, the NE justification was put on the same record as 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 specify the records needing attention were made available to staff in FFY 2009.	FFY2008 through FFY 2012	Data Manager	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	Data entry and review are more user friendly. District staff are utilizing the reports to improve data entry.
D	4. Technical assistance and training about the database changes have been provided since the database changes in FFY 2005. These have been provided in the health districts.	FFY 2005 through FFY 2012	C.O. staff	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	Training/TA on data entry and use of the reports are offered within the health district when there are changes in the database or when training/TA is 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 process of developing the data manual began in FFY 2009. Due to several needed changes in the database, the development of this manual will be continued. In, FFY 2010, the data manual was completed. It includes guidance on entering justifications for services outside of the natural environment and guidance of choosing a justification type. As improvement is made to the database, the manual will be updated accordingly.	FFY 2008 through FFY 2012	Data Manager C.O. staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The data manual will facilitate data entry for staff and will be used as a guide for data entry.
A,C,D	6. A committee of one QM and two DCs was formed to address the improvement of reliability of data. Activities involved Central Office providing 10% sampling to be reviewed, 10% of files per staff were reviewed, a QM monitored providers for accuracy and quality and a QM visited DCS to review districts quarterly.	FFY 2011 through FFY 2012	QM, DCs	<p>New in FFY 2011</p>	This activity will improve data by quarterly data report updates. The visiting DC/central office staff will meet with DC and SCs to identify district strengths and concerns, and the

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					team of DC, QM will identify provider strengths and weaknesses.
	Provider Recruitment & Training				
F	1. In FFY 2006, contracts were approved to staff early intervention teams in every health district. Health districts continue to contract with providers to form evaluation teams and to provide services.	FFY 2006 through FFY 2012	C.O. staff District Staff	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Health districts contract with providers to best meet the specific needs.
D, F	2. Since FFY 2006, subsidies/loans/grants (SLGs) were awarded to university programs to provide pre-service training on services in natural settings.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice continues and has resulted in some graduates becoming providers for the EIS.
D,F	3. A component of the grants awarded to Universities included a follow up of training on Technology Assistance awareness and availability. The University of Mississippi has established a digital module that provides continuous training on services in the Natural Environment. Mississippi State University has a lending library that provides assistive technology.	FFY 2010 through FFY 2012	University staff	New in FFY 2011	Lending libraries will continue to provide resources for children and families in order to assist in their needs.

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D, F	4. 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, two mental health center has an SLG.	FFY 2006 through FFY 2012	C.O. staff District Staff	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This SLG allows the mental health center to provide more early intervention services in the NE in their catchment area.
F	5. In FFY 2007, information packets were mailed to SLPs licensed through MSDH. In FFY 2009, this activity was repeated as a tool for recruiting providers. This effort will continue to be used as a tool for recruiting providers. In FFY 2010, this activity was not sent due to shortage of staff. This activity will resume when new staff is hired.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This activity is an effective tool for recruiting providers.
F	6. 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 was repeated as a tool for recruiting providers. This effort will continue to be used as a tool for recruiting providers. In FFY 2010, these packets were not sent due to shortage of staff. This activity will resume when new staff is hired.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This activity is an effective tool for recruiting providers.
F	7 In FFY 2007, the Part C Coordinator requested that Human Resources 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 were implemented in FFY 2009. In FFY 2011, therapy rates were reduced due to the economic	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 of service providers. Interest in attending training sessions has increased since the

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	conditions.				training rates went into effect.
F	8. In the last quarter of FFY 2008, a pilot 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. The initial provider group began working with this nonprofit pilot in January 2010 to alleviate the paperwork barrier for providers.	FFY 2008 through FFY 2012	Pilot in Health District IX DC	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	After this process is in place, tested, refined, and has shown the intended result of increasing the pool of providers, this pilot will likely expand.
F	9. During the last year, several districts have investigated Excel by Five to explore this as a tool for providing services in the natural environment. Excel by Five is part of the Race to the Top Grant to give communities an opportunity to pull together all resources available that are child development related to create a certified networking for child development activities.	FFY 2009 through FFY 2012	District Coordinator	New in FFY 2011	Excel by Five will provide an opportunity for the children in our program to receive services in group settings in the Natural Environment that will enhance their development and provide parents with suggestions as to how to better work with their child.
	Retention & Recruitment of District Staff				
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr. This resulted in a 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 continued in FFY 2009. Exploration will resume when the economic conditions improve statewide.	FFY 2008 through FFY 2011	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 This activity has been suspended until funds are available.	This activity has been suspended due to statewide budget restrictions and lack of funds.
	Policies & Procedures				
E	1. Due to new regulations, policies and procedures	FFY 2005	C.O. staff	New in FFY 2011	Program

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	will be revised.	through FFY 2012			improvement.
E	<p>2. In FFY 2007, revisions in the service coordinator manual mainly regarding 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> <p>The new service coordinator manual has been completed and can be found on the M drive. The M drive is set up through the First Steps database so that staff can access manuals, forms, documents and instructions for forms and documents.</p>	FFY 2006 through FFY 2012	C.O. staff	<p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Revised in FFY 2011</p>	<p>Results include an increase in eligibility determinations and continued improvements to the service coordinator manual.</p> <p>This makes the manual easily accessible for users.</p>
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 were refined to better capture transition information and other changes. In FFY 2010, this tool was further refined and referred to as the data review/service review tool.</p> <p>In FFY 2010, the IFSP was revised.</p>	FFY 2007 through FFY 2012	C.O. staff	<p>Completed in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Revised in FFY 2010</p> <p>Complete in FFY 2011</p>	<p>The revisions to the IFSP are more family friendly and effective.</p>
	Definition of Natural Environment				
D	<p>1. In FFY 2006, guidance questions were provided to determine whether the decision to provide a service outside natural environments met the criteria for a child outcome-based justification. Decisions continue to be documented on the IFSP for each outcome. The Natural Environment justification form must be completed whenever the setting for an outcome is not in a natural</p>	FFY 2005 through FFY 2012	C.O. staff	<p>Completed in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Revised in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The NE attachment continues to be used. It facilitates complete documentation of the decision.</p> <p>Documentation of outcomes being addressed outside of</p>

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	environment and this attachment becomes part of the IFSP. In FFY 2010, an IFSP was developed which required a justification of why the outcome is addressed outside of the natural environment.				the natural environment will be provided through a statement instead of a two page form that is separate from the IFSP.
C	2. Since FFY 2006, training and technical assistance were 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 2012	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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.
	Training/TA for staff & providers				
C	1. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three days training sessions were 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 are now provided within the health district.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.
C	2. Significant changes to the format of the 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 the IFSP began within the health districts. IFSP training continues for each new service coordinator. Follow-up provided within the health	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	IFSP training within the health districts is open to all service coordinators and affords current staff opportunities to enhance their skills.

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	districts is individualized and includes coaching. In FFY 2010, the IFSP was revised. In FFY 2011, the new IFSP was revised and implemented with Service Coordinators, District Coordinators, and local providers throughout the state. Follow up training/technical assistance will be provided to districts that need assistance.				
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.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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 Mississippi Early Childhood Association (MsECA) in October 2007. Carol Trivette was a keynote and breakout speaker. Her topic centered on the research regarding coaching families to increase activities during natural routines to improve family and child outcomes. The MsECA and EI plan to continue this collaborative effort, with increased emphasis on serving children with special needs in natural settings and routines. Since FFY 2007, MSDH has been a sponsor.	FFY 2007 through FFY 2012	MSECA C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	More relevant breakout sessions are needed for those serving the birth to three population. This need has been communicated to those organizing the conference. Provision of more EI sessions have been included in these conferences.
C	5. In FFY 2010, SERRC collaborated with the ECO Center to develop and offer a Typical Child Development training statewide to Service Providers and Service Coordinators within the program. This training provided examples of case studies that emphasized Natural Environment guidelines. Following the trainings, SERCC and ECO selected specific staff to “Train the Trainer”. This training gave instructions on techniques to captivate and hold the attention of audiences that require training concerning provision of services on typical child development.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This training addressed needs identified by stakeholders through general supervision activities.

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C, F, J	6. In FFY 2009, ARRA funds were used for projects at three universities resulted in pre-service and in-service training of staff, providers, and childcare workers on best practices in providing early intervention services. One component was assistive technology awareness and availability which included family members in the training opportunities. These trainings are provided in a digital format for staff to use as needed.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This training will address needs identified by stakeholders and through general supervision activities. This will continue to impact the knowledge of staff on how to provide family education.
A, B, C,D	7. In FFY 2010, district staff will began using tablet PCs and portable printers to facilitate paperwork and service coordination. Training and technical assistance were provided for district staff. This procedure was not initiated due to forms not being approved. In FFY 2011, tablet PCs will be used as a mean to complete necessary paperwork during service coordination activities.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes more effective service coordination and efficient data entry.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Measurement:

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

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

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

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.

Targets and Actual Data for Part C Children Exiting in FFY 2010 (2010-11)

Summary Statements	Actual FFY 2009 (% and # children)	Actual FFY 2010 (% and # children)	Target FFY 2010 (% 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 exited the program. Formula: $c+d / a+b+c+d$	87%	90%	78%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: $d+e / a+b+c+d+e$	70%	64%	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 exited the program. Formula: $c+d / a+b+c+d$	86%	88%	84%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: $d+e / a+b+c+d+e$	69%	63%	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 exited the program. Formula: $c+d / a+b+c+d$	88%	89%	86%

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<p>2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: $d+e / a+b+c+d+e$</p>	<p>72%</p>	<p>69%</p>	<p>75%</p>
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Progress Data for Part C Children FFY 2010

<p>A. Positive social-emotional skills (including social relationships):</p>	<p>#</p>	<p>%</p>
<p>a. Percent of children who did not improve functioning</p>	<p>12</p>	<p>1%</p>
<p>b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</p>	<p>46</p>	<p>7%</p>
<p>c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach</p>	<p>168</p>	<p>28%</p>
<p>d. Percent of children who improved functioning to reach a level comparable to same-aged peers</p>	<p>325</p>	<p>39%</p>
<p>e. Percent of children who maintained functioning at a level comparable to same-aged peers</p>	<p>195</p>	<p>25%</p>
<p>Total</p>	<p>746</p>	<p>100%</p>
<p>B. Acquisition and use of knowledge and skills (including early language/communication):</p>		
<p>a. Percent of children who did not improve functioning</p>	<p>11</p>	<p>1%</p>

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b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	66	8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	195	28%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	316	41%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	160	22%
Total	748	100%
C. Use of appropriate behaviors to meet their needs:		
a. Percent of children who did not improve functioning	9	1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	60	7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	167	23%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	328	44%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	187	24%
Total	751	100%

The target was met for all children who entered or exited the program below age expectations in each outcome and then substantially increased their rate of growth by the time they exited the program. In comparison to FFY 2009, data from FFY 2010 indicated progress for all children who entered or exited the program below age expectations in each outcome and then substantially increased their rate of growth by the time they exit the program. There is slight slippage of children who were functioning within age expectations in each outcome by the time they exited the program. Plans to address slippage are discussed below.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

Entry and exit data were collected on 757 children to determine progress data. These numbers are significantly higher than the numbers used to calculate the baseline a year ago. Ongoing 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. There were improvements in the districts regarding several factors. Some of these included: reports were designed to remind users to enter entry and exit child outcome data in the data base and staff meetings were held within the districts to emphasize the importance of entering the data appropriately. The reliability of data has increased, also. Child Development training was provided and ongoing Child Outcome training has been offered consistently within each health district. Child Outcome reporting has been embedded within the IFSP development.

The program will continue to work with Districts to increase the number of children with exit data. Challenges include:

- exit ratings not being completed by service providers or exit ratings not entered into the database by service coordinators which contributes to missing data
- Lack of more timely implementation of procedures
- Lack of understanding of how to correctly rate a child's functioning
- staff turnover (service providers)
- Lack of knowledge in scoring/development of evaluation outcome ratings
- Lack of staff and time to provide training and technical assistance on the scale required to implement the activities statewide

These barriers are being addressed by continuing to conduct 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 are collected at the required time and entered in the database in a timely manner. The revised IFSP has child outcome ratings and present levels of development embedded in it which makes it easier for staff/provider to complete this data and improve IFSP development. SERRC and the ECO center staff collaborated to provide Child Development training to statewide EI staff and providers. These technical assistance resources provide ongoing support to staff and providers.

Challenges associated with collecting and entering progress data are being addressed through training, technical assistance, and general supervision activities added within IFSP form. When foundational skills in child outcomes are understood and implemented statewide, we will be able to project more progress for these outcomes.

Improvement of data accuracy and quality due to training, technical assistance, and new database reports are expected to result in quality data. Continued professional development is expected to result in quality services being provided to EI children and their families. Health district utilization of the database reports will result in reminders necessary to ensure timely collection and entering of entry and exit data. EI expect the understanding and completion of the required activities to become routine.

Mississippi Part C chose Indicator 3C – Child Outcome C: Taking action to meet needs, for its Result Focus. Summary Statement 1: Showed greater than expected growth. Summary Statement 2: Exited the program within age expectations.

To establish procedures on how Mississippi would develop procedures and strategies to improve child outcome, the Result Focus Team, with the assistance of Eric Dickson from the Data Accountability Center (DAC), determined what measurable data and resources were available. The team also established the techniques used to ensure valid data. These resources, strategies, and methods include: Multiple Data Sources (Mississippi FSIS Child Registry, First Steps Child Record, Quality Monitoring, Data Verification Visits) and Data Validation (QM Visits, DATA Aggregation, Analysis for Annual Performance).

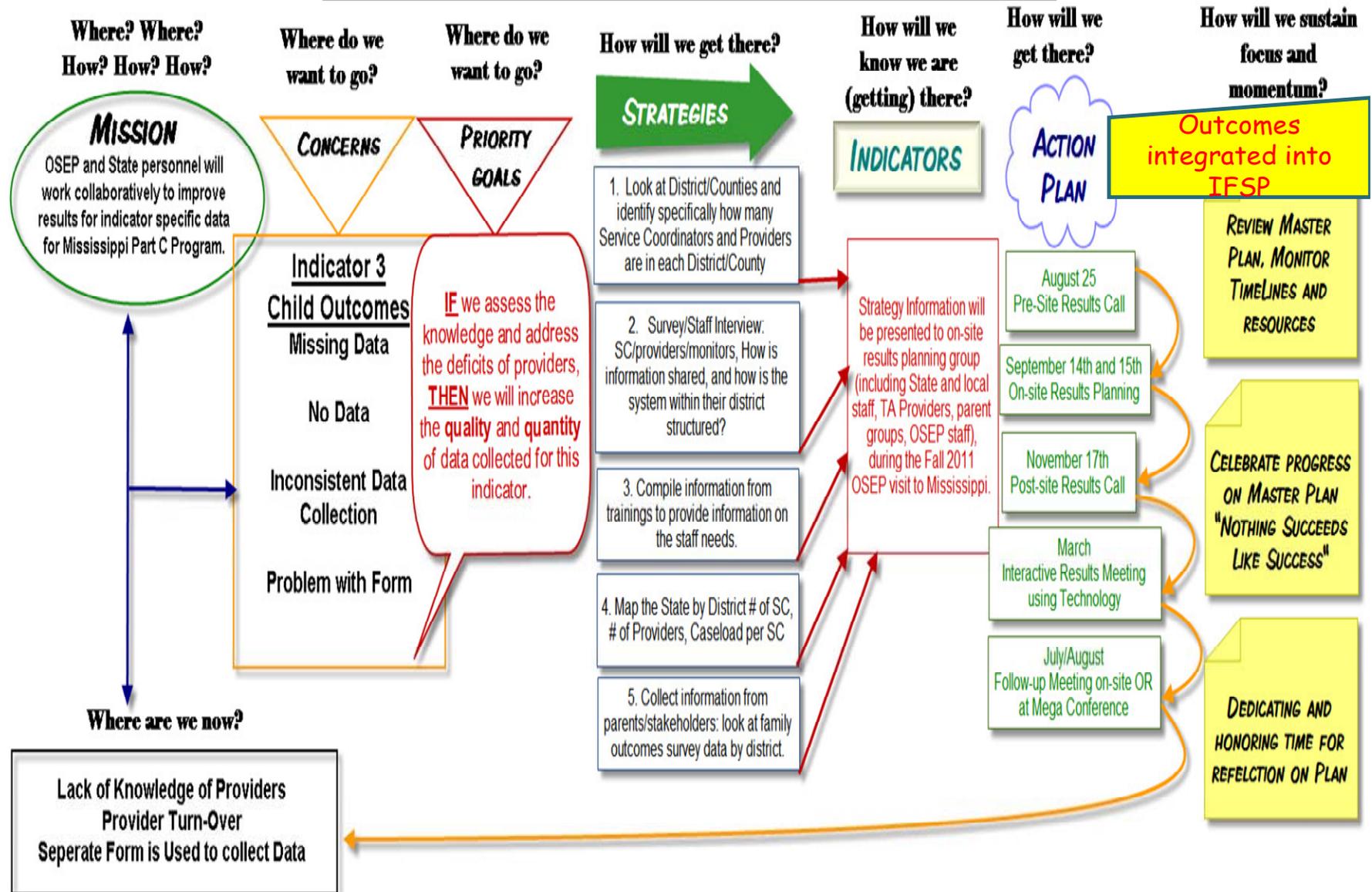
Mississippi Chose and Developed the Result Focus using the following steps:

1. A State Interagency Council Committee Board Meeting was held with Grace Kelley, (SERRC), consulting to develop the Result Focus area desired in Mississippi.
2. Once the topic was chosen, a Result Focus Team was established to research and structure procedures and methods to develop the EIS plan.
3. First Steps scheduled a two day training session with Mr. Eric Dickson of the Data Accountability Center (DAC) to assist Mississippi in developing its strategies and procedures. He directed the team to determine, develop, and test its Mississippi's data sources available to carry out the Result Focus chosen. The EIS tested its hypothesis through the SMART process (specific, measurable, accuracy, realistic, timely).
4. The Mississippi team presented a PowerPoint presentation in Washington, DC on August, 2011 for the DAC Focus Result Meeting held with OSEP, SERRC, DAC, and other TA resources.
5. Through extensive discussion and analysis of the Mississippi Early Intervention Program concerns, the team determined its major issues. It was determined that improving the child outcome data was to begin with review of current service providers in the area of service delivery, provider monitoring, fiscal management and handling of provider issues/concerns at the district level.
6. The Result Focus Team members were delegated specific areas from the service provider issues list to research and gather more inclusive information/data to analyze and present at the upcoming OSEP visit for the Result Focus Meeting.
7. An updated Mississippi Result Focus PowerPoint was presented to SICC members and other statewide stakeholders on September 14, 2011 following the OSEP Continuous Improvement visit. During the presentation, SICC members and stakeholders were given the opportunity to assist in identifying issues/barriers and resources available to implement the procedures. Participants were also invited to a Work Group Meeting to be held the following day.
8. The Work Group Meeting on September 15, 2011 was held to create strategies, goals/targets and benchmarks to ensure progress would be made to meet the EIS Result Focus. The three work groups consisted of District Coordinators, Central Office Staff, Mississippi Department of Education Representative, and OSEP staff. Each group worked independently to set up work plans.
9. After review of the work plans, they were consolidated to remove duplicate targets/goals or activities. The revised targets/goals were presented to the District Coordinator/Quality Monitor joint meeting and were assigned to each QM & DC. Target/goal teams were established and strategies/plans with timelines were developed and guidelines on target/goal completed. Progress activities were incorporated in these targets/goals to measure ongoing development and progress.
10. Quarterly reporting on the Result Focus targets/goals will be made to ensure progress activities are occurring to meet benchmarks and also to provide quarterly updates to the SICC board and stakeholders.

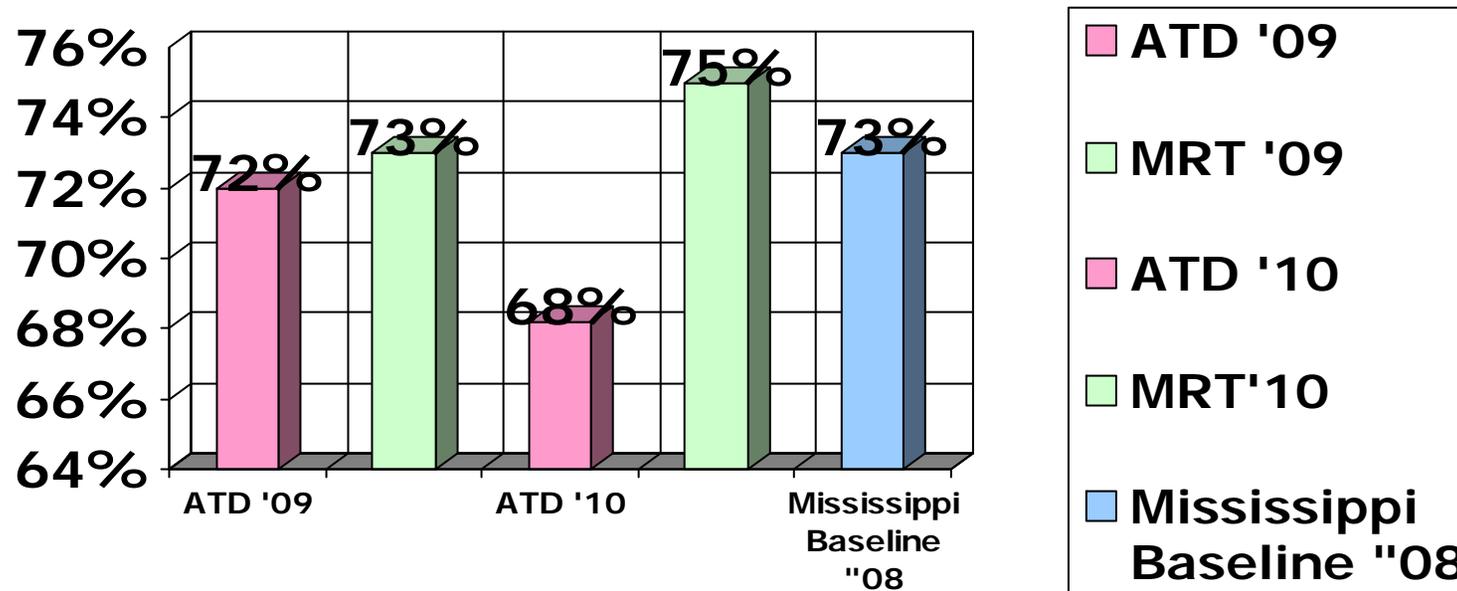
Mississippi Result Focus Targets/Goals are:

- Increase Service Providers to serve in the Natural Environment
- Connect with colleges to inform students and programs about First Steps
- Increase advertising regarding EI services
- Increase Transition Steps and Services
- Increase Providers use of Assistive Technology through Technology Awareness
- Increase Timely Services
- Increase LEA notification
- Improve State Reliability of Data
- Conduct Child Outcomes Training in Spring 2012
- Educate parents about EI and the benefits of EI for their children
- Increase 45 day timeline

Mississippi Part C Results Overview Plan 2011



Accountable: Mississippi did not meet its target for the last two years.



APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database Changes				
A	1. In FFY 2006, entry/exit data was entered into a spreadsheet maintained by Central Office staff. In FFY 2008, test fields were added to the database. In FFY 2009, district staff were given the responsibility to enter this data. This effort will continue in FFY 2011.	FFY 2006 through FFY 2012	District staff C.O. staff	New in FFY 2006 Continued in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	District staff are responsible for entering data. This is more efficient than sending the Child Outcome form to Central Office.
A	2. In FFY 2008, reports were developed for health districts to use for self check to determine data that have not been entered in the database. These reports will continue in FFY 2011	FFY 2009 through FFY 2012	District staff C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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 were collected statewide and child outcome information summarized for children referred to the EIS 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 was 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.	FFY 2006 through FFY 2012	Service Providers C.O. staff District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Since each health district continues to train staff and providers, the data in the FFY 2010 APR data represents 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 measure improved

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>Training on the child outcome process and reporting on child outcomes was provided for new providers and new service coordinators.</p> <p>Training/TA was provided as needed in FFY 2010. Training and TA will continue to be provided in FFY 2011, as needed.</p>				child outcomes.
A	<p>2. In FFY 2007, exit data was gathered for children in four health districts after they received COSF training. In FFY 2008, exit data were gathered in the 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 were collected in all nine health districts. Child outcome entry and exit data will continue to be collected in all nine health districts.</p>	FFY 2007 through FFY 2012	Service Providers District staff	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	Data collection will result in entry/exit data that represent the early intervention population served in this state.
	Training and Technical Assistance				
A, C, D	<p>1. In FFY 2008 and FFY 2009, training/technical assistance was provided for evaluation teams and service providers to measure entry and/or progress levels of a child's development. This training and technical assistance will continue.</p>	FFY 2008 through FFY 2012	District staff C.O. staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	This practice will continue to maintain the structure needed to measure child outcomes.
A, C, D	<p>2. In FFY 2008, quality monitors began checking for completeness of the outcome data as part of data verifications. In FFY 2009, this process was continued. Observations of the process were done as indicated. This process will continue and it will become a part of general supervision through data reviews.</p>	FFY 2008 through FFY 2012	C.O. staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	This practice will continue to maintain the structure needed to measure child outcomes.
A, H	<p>3. In FFY 2008, evaluation of data was used to make adjustments needed to the improvement activities.</p>	FFY 2008 through	Service Providers District staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p>	This practice will result in effective measurement and improved child

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	In FFY 2009, the data were used for both reporting purposes and making adjustments in the improvement activities. This effort will continue.	FFY 2012	C.O. staff NECTAC & ECO Center	Continued in FFY 2010 Continuing in FFY 2011	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. These trainings are now being provided in a digital format.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Improved child outcome measurement is expected.
A, B, C,D	5. In FFY 2010, district staff were given tablet PCs and portable printers to facilitate paperwork and service coordination. Training was done on the new IFSP, which included service coordinators and providers. The new IFSP includes the outcome information within the IFSP document that will eliminate any confusion about rating child outcomes or identifying present levels of development.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes effective service coordination, user-friendly data entry and more child outcome data developed and entered into database.
	Policies and Procedures				
E	1. 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 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. In FFY 2010, revisions were made to the present IFSP to include reporting of Child Outcomes entry/exit data	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Results include an increase in eligibility determinations and continued improvements to the service coordinator manual.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	and present levels of development.				

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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 2010	Measurable and Rigorous Target	
7/1/2010 to 6/30/2011	A. Know their rights: B. Effectively communicate their children's needs C. Help their children develop and learn:	95% 95% 95%

Actual Target Data for FFY 2010:

Target Data and Actual Target Data	FFY 2010 Target	FFY 2010 Actual	
		#	%
A. Know their rights	95%	540	85%
B. Effectively communicate their children's needs	95%	531	88%
C. Help their children develop and learn	95%	535	85%

Some families did not answer all questions on the survey, resulting in differences in “total” responses.

Questions Q1- Q5 -85.4% of the 540 families participating in Part C that responded to the questions of the survey reported that early intervention services have helped the family know their rights. Mississippi did not meet the state’s target of 95%.

Questions Q6-Q11 87.6% of the 531 families participating in Part C that responded to the questions 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 95%.

Questions Q12-Q17 85.4% of the 535 families participating in Part C that responded to the questions 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 95%.

Comparison of response rates among families in the target population and families who responded by Public Health Districts

Health Department Districts	Number of families sent to survey	Number of families who responded	Response rate
I	239	80	33%
II	229	59	26%
III	162	25	15%
IV	226	48	21%
V	436	100	23%
VI	169	23	14%
VII	185	56	30%
VIII	278	73	26%
IX	370	78	21%
Total	2294	542	24%

Most health districts were within the same range of return rates. Two Districts however did have a very low rate of return Districts III and VI had the lowest return rate. In order to improve the overall rate of return for the State, Service Coordinators will be trained to emphasize the importance of completing and returning the survey. Service Coordinators will hand deliver to families the surveys to families in FFY 2011. This should substantially increase the rate of return of surveys.

Comparison of response rates among families in target population and families who responded by race/ethnicity

Race/Ethnicity	Number of families sent the survey	Number of families who responded	Response rate
American Indian or Alaskan	3	0	0
American Indian/Alaskan/Asian	1	0	0
American Indian/Alaskan/White	1	0	0

American Indian/ Asian/Black/ Hawaiian/White	1	0	0
Asian	15	3	20%
Asian/Pacific Islander	5	2	40%
Black or African American	1087	223	21%
Black/ White	24	4	17%
Hawaiian Islander	2	0	0
Hispanic	38	5	16%
White	1114	298	27%
2 or more races	3	1	33%

The rate of return across most races/ethnic groups in the State is within 20-30%. Service Coordinators will hand deliver and explain the surveys to families in FFY 2011. This should greatly increase the return rate in all races and ethnic groups. EI will also include a flyer from the MsPTI, Mississippi Parent Training and Information Center, with contact information offering parents assistance in completing the survey. EI includes a Spanish translator’s contact information with the survey to assist EI Spanish speaking families in completing their surveys. EI also has an American Indian contact information to include with family surveys.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

In FFY 2010, Mississippi changed to the Early Childhood Outcomes Center parent survey, Family Outcomes Survey- Revised Version. This new version is more family friendly and should assist in increasing the return rate.

In FFY 2010, Family Outcome Surveys that were returned by mail were then hand delivered by Service Coordinators. In FFY 2011, EI plans to hand deliver all Family Outcome Surveys in order to increase the rate of return. At the time of delivery, EI plans to have Service Coordinators emphasize the importance of completing and returning the Family Outcome Surveys.

In comparison of data reported in FFY 2009 and FFY 2010, there is an increase of 2.4% of families that reported early intervention services have assisted them in knowing their rights; 1.6% of families that reported early intervention services have assisted their family in effectively communicating their children’s needs; however, there is a decrease in 2.6% of families who reported that early intervention services have educated the family to help their children develop and learn.

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State’s Response
<p>OSEP looks forward to the State’s data demonstrating improvement in performance in the FFY 2010 APR, due February 1, 2012.</p> <p>The State reported that the data for this indicator were based on a response group that was not representative of the population. In the FFY 2010 APR, the State must report whether its FFY 2010 data are based on a response group that is representative of its population, and if not, the actions the State is taking to address this issue.</p>	<p>In FFY 2010 the population served by First Steps based upon the number of surveys sent out was 47% black, (1087 of 2294), and 49% white, (1114 of 2294). The State of Mississippi statistics based upon the 2010 census showed the State having a population of 37% black and 59% white. As for the American Indian population within the State, the number of surveys sent out was .008% (4 of 2294). In comparison to the State population, 2010 census, .5% of the population is American Indians. We have established activities to improve these response rates within these populations.</p>

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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 requirements of collecting family outcomes information. Since FFY 2006, the requirements of the survey are explained each year in a cover letter that accompanies the family survey. The effectiveness of this method will be reviewed and revised, as needed. In FFY 2010, a new Family Survey was implemented.	FFY 2005 through FFY 2012	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Revised in FFY 2010 Continuing in FFY 2011	There has been an increase of return rate due to ongoing training of this procedure. A new form was adopted that should be more family friendly to increase survey return.
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 Service Coordinators began using the Complaint Process form to explain this procedure to parents/caregivers. Service Coordinator were trained to provide this information to families. In FFY 2010, opportunities for parents to receive additional training on their rights and related issues will continue to be increased through collaboration with the Mississippi Parent Training and Information Center (MSPTI) and advocacy groups.	FFY 2006 through FFY 2012	C.O. staff	Continued in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.
C	3. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three days sessions were 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 are now provided within the health district. In FFY 2011 the IFSP was revised, approved and implemented on October 1, 2011. Statewide Service Coordinator and Service Provider training	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	were completed in October 2011 on the new form.				
C	4. In FFY 2008, appropriate practices that are responsive to diverse cultures were included in service provider and service coordinator training. In FFY 2009, more emphasis was placed on addressing these practices.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Better rapport with families and improved child/family outcomes were the results of these practices.
C, D	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 health 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 health districts by staff from the MSPTI. Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars. In FFY 2009, the MSPTI and advocacy groups within the state were utilized to provide training to parents, service coordinators and parent advisors. This served to enhance our parents' advocacy skills. The training took place in at least one location in FFY 2009 and continued in FFY 2010. In FFY 2011, MSPTI and First Steps will develop a family guide to early intervention in Mississippi and incorporate the assistance of MSPTI in the family survey process to assist with assuring all EI families understand the survey and how to accurately answer the questions.	FFY 2008 through FFY 2012	C.O staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	The expected impact is increasing parents' knowledge of their rights and comfort level in exercising their rights. Service coordinators and parent advisors will learn how to better inform and empower parents.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
A	6. 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 2012	District staff	Completed in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	These documents continue to be disseminated to families to explain the complaint process.
A	7. In FFY 2011, Parent Surveys will be hand delivered to parents by Service Coordinators in an attempt to improve the return rate. Interpreters will be accessed to assist families that use a language other than English. We are establishing a contact for the American Indian families.	FFY 2011 through FFY 2012	C.O. staff District staff	New in FFY 2011	There has been a low percentage of returned surveys. This is an attempt to improve the return rate and have SCs explain how important it is for families to complete and return these surveys..
C, D	9. MSPTI will review identified issues related to low responses from minority groups.	FFY 2011 through FFY 2012	MSPTI	New in FFY 2011	This will increase response rates from minority groups.
Analysis of the Survey Results					
A, F	1. In FFY 2009, we analyzed results by demographics in far greater detail than reported in the 2007 APR to help identify factors contributing to low response rates in population subgroups and to facilitate program improvement. In FFY 2010, a student at Millsaps College and staff continued to assist in this project.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The impact of Millsaps College involvement is expected to significantly improve data analysis and our activities for program improvement in regards to family outcomes.
A, F	2. 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.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010	The impact of Millsaps College involvement is expected to significantly improve data analysis

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	In FFY 2009, this activity was a priority. A low response rate from our Hispanic population warranted investigation in addition to the other subgroups. In FFY 2010, a student at Millsaps College and staff assisted in this project. In FFY 2011, Spanish interpreters will be used to assist with survey delivery.			Continuing in FFY 2011	and development of improvement activities for program improvement in regards to family outcomes.
A,F	3. In FFY 2007, a “Comment” section was added to the end of the family survey. In FFY 2009, the information given by respondents in the “Comment” section at the end of the survey was to improve the program.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This information will continue to be used for additional program improvement.
	Policies and Procedures:				
E	1. Due to new regulations, policies and procedures will be revised.	FFY 2011 through FFY 2012	C.O. staff	New in FFY 2011	Expected impact is program improvement.
F	2. In FFY 2007, the Infant/Toddler and Family Rights (I/T & Family Rights) document was put in a parent-friendly format and language. The complaint process form, with directions, a glossary, and a list of resources were put in a single document a new Parent Survey developed by ECO was distributed to families.	FFY 2005 through FFY 2012	C.O. staff	Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This document continues to be disseminated and explained to families during the enrollment process. This new parent survey should give better explanation and answers to questions posed to families and increase the response rate.
F	3. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This	FFY 2005 through	District staff	New in FFY 2006 Revised in FFY 2007	The expected result is to make our best resources

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	activity 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 were made available in the other health districts. In FFY 2010, resources were available upon request.	FFY 2012		Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	available to all of our parents.
F	4. In FFY 2007, an activity was developed to define all EIS terms contained in the parent information materials. This glossary is included in the I/T and Family Rights document.	FFY 2005 through FFY 2012	C.O. staff	Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This document continues to be disseminated to families during the enrollment process.
F	5. In FFY 2006, there was a renewed effort to translate information to all parents when needed. Translating the I/T and Family Rights and the forms in Spanish were the most recent requests. In FFY 2009, the I/T and Family Rights were translated into Spanish. Interpreters are accessible to families, as needed, in order to assist with reviewing this document.	FFY 2005 through FFY 2012	C.O. staff District staff	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Increased access to information will improve rapport with parents, increase their involvement and empowerment to advocate for their children.
F	6. In FFY 2009, the mail out of the Family Outcome Survey was rescheduled to February. This activity was continued in FFY 2010.	FFY 2009 through FFY 2012	C. O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	An increase in the response rate is expected. This change will allow improvement activities directly tied to the survey mail out to be implemented in February rather than waiting until

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
					November.
A, B, C, D	7. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination. In FFY 2011, all forms will be added to PCs.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes more effective service coordination for families and user-friendly data entry.
A	8. In FFY 2011, service coordinators will hand deliver the parent surveys and use interpreters as needed.	FFY 2011 through FFY 2012	District staff	New in FFY 2011	The rate of return for parent surveys should increase with better understanding by parents completing the surveys.
	Database Changes				
J	1. In FFY 2009, the Central Directory revisions were initiated to make it web-based and user-friendly. Millsaps College students and staff assisted in this project. Due to technical issues between MSDH and Millsaps College, this project was not completed. However, in FFY 2010, this project was continued. A revised Central Directory has been added to the website. In FFY 2011, continued updating and monitoring of the Central Directory will occur.	FFY 2009 through FFY 2012	Data Manager	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Improvements to the Central Directory will be easily accessible and empower our parents, guardians, etc. and provide a valuable resource to provide ongoing/updated resources.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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 toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

Actual Target Data for FFY 2010:

FFY 2010	Measurable and Rigorous Target
	75% of infants and toddlers birth to 1 will have IFSPs.

618 Data for DECEMBER 1, 2010			
	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
State	40,260	345	0.86%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

For FFY 2010, Mississippi met the state’s target of 0.75%. Compared to the national average of 1.03%, 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 are valid and reliable. The increase in the number of infants and toddlers ages birth to 1 with IFSPs is the result of implementation of the strategies and activities described in the following chart.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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 2012	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The CRU continues to receive referrals, enter referral data, and notify the health districts of referrals in a timely manner.
	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. Referral sources include: local churches, daycares, clinics, PHRM teams, Head Start Centers, CAPTA and school districts.	FFY 2005 through FFY 2012	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The EIS continues to collaborate with the referral sources via child find activities.
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 2012	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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 2012	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007	A provider newsletter is sent out quarterly to providers/agencies within the state to provide child

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
				Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	find awareness.
F, G	4. In FFY 2005, an effort was made by both state and local level staff to visit hospitals and neo-natal intensive care units (NICUs) to discuss processes and procedures for making 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 2005 through FFY 2012	SC DC	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice continues at the health district level and serves to increase referrals.
F	5. Since FFY 2005, district and state level staff have attended health fairs, local and state conferences, and meetings to set up displays to distribute brochures, developmental checklists and posters, and to answer questions regarding EIS.	FFY 2005 through FFY 2012	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice continues at both the state and local level and serves to increase awareness of the EIS program and the services it offers.
	Evaluation and Assessment				
F, G	1. In FFY 2005, an effort was made to collaborate with the Department of Mental Health (DMH), the Mississippi Department of Education (MDE), and with other department programs within the MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build evaluation/assessment teams where possible. In FFY 2009, budget constraints and provider shortages prohibited the forming of model teams statewide. However, in FFY 2010, efforts to continue this activity were initiated.	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 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The development of “model evaluation teams” will contribute to the identification of children who are eligible for EIS.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 2012	C.O. staff DC SC Service providers	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This guidance continues to be given to district staff and providers.
Training and Technical Assistance					
C	1. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three days sessions were 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 are now provided within the health district.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.
D, F	2. In FFY 2007, an 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. In FFY 2008, this effort continued. In FFY 2009, the scope broadened to include 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.	FFY 2007 through FFY 2012	SC DC, C.O. staff	New in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Renewed efforts to increase support of the primary medical providers are 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. EIS ensures through monitoring, training, and coaching 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 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010	This combination of strategies serves to strengthen the team’s skills.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
				Continuing in FFY 2011	
C, D	4. EIS emphasizes through monitoring, training, and T/A an effective use of fiscal resources. This activity began in FFY 2007 and continues to date. EIS follows Health Department and Federal required guidelines on monitoring/auditing of all contracts.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This combination of strategies serves to increase effective use of fiscal resources. FFY 2010 statewide audits of all providers/contractors was implemented
F	5. EIS increases the number of teams available to perform evaluations and to provide services in a timely manner. This activity began in FFY 2007 and continues to date.	FFY 2007 through FFY 2012	DC C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Recruitment of providers occurs regularly at both the state and local levels.
	Policies and Procedures:				
E	1. In FFY 2010, changes to the eligibility criteria were considered. These changes have been put on hold due to publication of new Part C Regulations.	FFY 2010	C.O. staff	New in FFY 2010	Expected impact is a more rigorous definition of developmental delay.
E	2. Due to new regulation, policies and procedures will be revised.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2011	Expected impact is program improvement. New Part C Regulations will be revised and implemented July 1, 2012.
	SICC:				
G	1. In FFY 2010, a pediatrician was solicited as a member of the SICC. This member was solicited in FFY 2010, but due to other obligations, this individual was not able to fulfill this position. Efforts will be made to solicit a pediatrician in FFY 2011.	FFY 2010 through FFY 2012	SICC	New in FFY 2010 Continuing in FFY 2011	This will give us a voice with the medical community to increase awareness of our EIS program.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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 toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY 2010	Measurable and Rigorous Target
	1.98% of infants and toddlers birth to 3 will have IFSPs.

Actual Target Data for FFY 2010:

618 Data for DECEMBER 1, 2010			
	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
State	125,257	2,358	1.88%

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

The percentage of the birth to three population served increased from 1.66% in FFY 2009 to 1.88% in FFY 2010. 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. Continued efforts to increase support of primary medical providers are expected to result in more families accepting services and remaining in the program until their children are ready to exit from Part C. This increase was not enough to meet Mississippi’s state target of 1.98%. Compared to the national average of 2.82%, 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 these data are valid and reliable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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 2012	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The CRU continues to receive referrals, enters referral data, and notifies the health districts of the referrals in a timely manner.
	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. Referral sources include: local churches, childcare centers, clinics, PHRM teams, Head Start Center, CAPTA and school districts.	FFY 2005 through FFY 2012	All staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The EIS continues to collaborate with referral sources via child find activities.
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 2012	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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. In FFY	FFY 2005 through FFY 2012	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007	A provider newsletter is sent out quarterly to providers/agencies within the state to provide child

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	2011, due to a lack of staff, the quarterly newsletter to providers has been suspended until Spring 2012. At that time, a provider work group will be developed to increase EI awareness and re-implement the provider newsletter.			Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	find awareness. The development of a provider workgroup will increase EI awareness and be an additional resource to provide EI information and best practice procedures.
F, G	4. In FFY 2005, an effort was made by both state and local level staff to visit hospitals and Neo-natal Intensive Care Units (NICUs) to discuss processes and procedures for making 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 2005 through FFY 2012	SC DC	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice continues at the health district level and serves to increase referrals.
F	5. Since FFY 2005, district and state level staff have attended health fairs, local and state conferences, and meetings to set up displays to distribute brochures, developmental checklists and posters, and to answer questions regarding EIS.	FFY 2005 through FFY 2012	SC DC C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice continues at both the state and local level and serves to increase awareness of the EIS program and the services it offers.
	Evaluation and Assessment				
F, G	1. In FFY 2005, an effort was made to collaborate with the Department of Mental Health (DMH), the Mississippi Department of Education (MDE), and with other department programs within the MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build	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 Continued in FFY 2009	The development of model evaluation will contribute the identification of children who are eligible for EIS.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	evaluation/assessment teams where possible. In FFY 2009, budget constraints and provider shortages prohibited the forming of model teams statewide. However, in FFY 2010, efforts to continue this activity were resumed.			Continued in FFY 2010 Continuing in FFY 2011	
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 2012	C.O. staff DC SC Service providers	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This guidance continues to be given to district staff and providers.
Training and Technical Assistance					
C	1. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three day sessions were 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 are now provided within the health district.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.
D, F	2. In FFY 2007, an 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. In FFY 2008, this effort continued. In FFY 2009, the scope broadened to include 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	FFY 2007 through FFY 2012	SC DC, C.O. staff	New in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Renewed efforts to increase support of the primary medical providers are 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)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	manner.				
C, D	3. EIS ensures through monitoring, training, and coaching 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 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This combination of strategies serves to strengthen the team's skills.
C, D	4. EIS emphasizes through monitoring, training, and T/A an effective use of fiscal resources. This activity began in FFY 2007 and continues to date.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This combination of strategies serves to increase effective use of fiscal resources.
F	5. EIS increases the number of teams available to perform evaluations and to provide services in a timely manner. This activity began in FFY 2007 and continues to date.	FFY 2007 through FFY 2012	DC C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Recruitment of providers occurs regularly at both the state and local levels.
	Policies and Procedures:				
E	1. In FFY 2010, changes to the eligibility criteria were considered. These changes are still being considered in FFY 2011. This procedure has been postponed due to new Part C Regulation guidelines.	FFY 2010	C.O. staff	New in FFY 2010 Continuing in FFY 2011	Expected impact is a more rigorous definition of developmental delay.
E	2. Due to new regulation, the policy and procedures will be revised.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2011	Expected impact is program improvement. These new Par C Regulations will be written and implemented.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	SICC:				
G	1. In FFY 2010, a pediatrician was solicited as a member of the SICC. This member was solicited in FFY 2010, but due to other obligations, this individual was not able to fulfill this position. Efforts will be made to solicit a pediatrician in FFY 2011.	FFY 2010 through FFY 2012	SICC	New in FFY 2010 Continuing in FFY 2011	This will give us a voice with the medical community to increase awareness of our EI program.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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 2010	Measurable and Rigorous Target
8/1/2010 to 10/31/2010	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 2010:

	# 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	467	322	119	441	94

Infants Evaluated and Assessed and provided an Initial IFSP meeting within Part C’s 45-day timeline:

Data are from the state’s database and include data for a quarter (August 1, 2010 thru October 31, 2010). During the reporting period, 467 eligible infants and toddlers had an initial IFSP meeting. Three hundred and twenty-two (69%) IFSPs were developed within the 45 day timeline. One hundred and forty-five were developed late, with 119 being due to exceptional family circumstances and 26 were due to systemic issues (i.e., mainly due to lack of providers, problems with scheduling, Medicaid changing to managed care without prior notification to providers and service coordinator staff turnover). A total of 441 (94%) were developed in less than 45 days or had exceptional family circumstances. Stimulus funds were used in FFY 2010 to hire administrative staff/clerical staff, PTs, OTs, SLPs, SIs, and SCs. This assisted in more timely evaluations and IFSP development as well as data entry. EI is currently researching a plan to continue these services. This reporting is based on data from the state’s database. More intense data review, data verification, and follow-up, when indicated, were tools used to ensure that this data reporting is valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

The state’s percentage increased from 92% in FFY 2009 to 93% in FFY 2010. Timely IFSP development was emphasized by Central Office and Quality Monitors in the field during district staff meetings and technical assistance. Staff were hired in districts to improve 45 day timelines. Additional district evaluation teams were created to improve and maintain 45 day timelines.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance): NA

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 92%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	9
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected: NA

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected: NA

Verification of Correction of FFY 2009 noncompliance (either timely or subsequent):

Verification of correction was completed in June 2011 and September 2011 for Health Districts I, II, III, IV, V, VI, VII, VIII, and IX. These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) have conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Record reviews were done on a randomly selected set of records. This set was 10% of the subset of children within the health district who should have had an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline. Data used to verify correction was based on a 2-3 month time period. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

APR Template – Part C (4)

Mississippi
State

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable): NA

Verification of Remaining FFY 2008 findings: NA

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008: NA

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier (if applicable): NA

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the State is in compliance with the 45-day timeline requirements in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p> <p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator: (1) is correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.</p> <p>In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>MS verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02. Health Districts II, IV, V, VI, VIII, and IX corrected non-compliance within a year from written notification of the finding. MS verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02.</p>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Mississippi has reviewed and revised the improvement activities. Please refer to the chart below.</p>

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training/TA for staff & providers				
C	1. In FFY 2006, a new service coordinator training was developed. In FFY 2007, these three days sessions were 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 are now provided within the health district.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The revised format is well accepted and continues to be used to enhance service coordination.
C	2. Significant changes to the format of the 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 the IFSP has been provided within the health districts since 2007. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the health districts is individualized and includes coaching. In FFY 2010, the IFSP was revised. In FFY 2011, the new IFSP was revised and introduced to DCs, SCs, and service providers throughout the state. The IFSP has been loaded onto the new tablet PC. Follow-up training/technical assistance will be provided to districts that need assistance.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	IFSP training within the health districts is open to 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. In FFY 2011, TA is being provided as needed for implementation of this activity.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training and technical assistance continue to be offered when requested by staff or providers.
F	4. In FFY 2008, NECTAC and SERRC provided	FFY 2008	C.O. staff	New in FFY 2008	Technical assistance

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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. TA was provided by NECTAC and SERRC on typical child development and improving child outcome measurement in FFY 2010. This will be continued in FFY 2011.	through FFY 2012		Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	continues to be requested and provided.
C	5. A Typical Child Development training was scheduled in FFY 2009 but did not occur until FFY 2010. This training was provided throughout the state to Service Coordinators and service providers. SERCC and ECO Center collaborated to present this training. In FFY 2010, following these trainings, SERCC and ECCO provided EI staff with "Train the Trainer" which gave instructions on techniques to captivate and hold the attention of audiences that require training concerning provision of services. SERRC and the ECO Center will collaborate to provide a child outcomes training to all EI service providers, potentially in FFY 2011.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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. Technical Assistance on the administration of these tools continued in FFY 2010. This TA will continue in FFY 2011 as needed.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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 resulted in pre-service and in-service training for staff, providers, and child care workers on best practices in providing early	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training will address needs identified by stakeholders and through general supervision

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Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	intervention services. One component addressed assistive technology (AT) awareness and availability included family members in the training opportunities. These trainings were provided in a digital format for staff to use as needed in FFY 2011. A digital format of this training is available for staff to access as needed.				activities.
A, B, C,D	8. In FFY 2010, tablet PCs were distributed to service coordinators. Statewide training was provided on the use of PCs. The tablet PCs will be utilized in IFSP development and data collection.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes more effective service coordination and user-friendly data entry.
C	9. In FFY 2009, a designated CO staff member conducted statewide onsite TA related to Medicaid issues. In FFY 2010, staff responsible for this task resigned and have not been replaced. In FFY 2011, a provider workgroup will be established to address Medicaid issues	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	Current issues/problems specific and unique to each health district are identified and addressed.
C	10. In FFY 2010, Training Modules were developed to cover the First Steps process from enrollment to transition from Part C services. Joint training with MDE will be conducted in FFY 2011.	FFY 2010 through FFY 2012	C.O. staff	New in FFY 2010 Continuing in FFY 2011	The use of these training modules will provide targeted technical assistance.
	Database changes				
A	1. 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 are pulled for reporting and compliance purposes, Central Office staff check justifications	FFY 2008 through FFY 2012	Data Manager DC SC	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This process facilitates proper data entry and accuracy.

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Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	and provide follow up, as indicated.				
A	2. In FFY 2009, database reports were added for district staff to review and correct missing data. Health district staff accesses reports of records that has discrepancies (i.e., missing data) and follow up to address issues in a timely manner. In FFY 2011, review of data reports will be conducted to implement needed changes and to comply with new Part C Regulations.	FFY 2009 through FFY 2012	Data Manager DC SC	Complete in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The new reports allow for efficient data review and data correction. This shoUld our ability to collect more valued and reliable data and meet new Part C requirements/guidelines.
A	3. In FFY 2010, tablet PCs were disseminated to all Service Coordinators. In FFY 2011, tablet PCs will electronically download data into the child registry for improved timelines and accuracy.	FFY 2010 through FFY 2012	C.O. staff DC SC	New in FFY 2010 Continuing in FFY 2011	This will decrease time being spent on data entry and increase time dedicated to service coordination.
A	4. In FFY 2010, a data collection person will be employed to identify health districts that are not meeting the timelines. This person will also develop a timeline tickler system. This position was temporarily filled. In FFY 2011, EI will continue to pursue a data manager to complete this objective.	FFY 2010 through FFY 2012	C.O. staff	New in FFY 2010 Continuing in FFY 2011	This will allow us to identify areas where service providers are needed to complete timely evaluations. The tickler system will allow SCs to be aware of and meet timelines.

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Mississippi State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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 was repeated as a tool for recruiting providers. In FFY 2010, this activity was discontinued due to a lack of staff at CO. This activity will resume when new staff is hired.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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 was repeated as a tool for recruiting providers. In FFY 2010, this activity was discontinued due to a lack of staff at CO. This activity will resume when new staff is hired.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	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. In FFY 2011 therapy rates were reduced due to economic conditions.	FFY 2007 through FFY 2011	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009 Revised in FFY 2011	Rate reductions will affect our program by making it more difficult to encourage providers who are willing to work with EIP children.
C	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. Technical Assistance on the administration of these tools continued in FFY 2010.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This training addressed needs identified by 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	FFY 2008 through	Pilot in Health District IX	New in FFY 2008 Continued in FFY 2009	After the processes are in place, tested, refined, and

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	group, which contracts with providers and facilitates processing of paperwork required for billing of Insurance and Medicaid. Processing Medicaid and Insurance is a challenge for many providers that are interested in contracting with the EIS. The initial provider group began working with this nonprofit pilot in January 2010 to alleviate Medicaid and Insurance paperwork barrier for providers.	FFY 2012	DC	Continued in FFY 2010 Continuing in FFY 2011	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 resulted in pre-service and in-service training for staff, providers, and child care workers on best practices in providing early intervention services. One component addressed assistive technology (AT) awareness and availability included family members in the training opportunities. These trainings will continue to be made available in a digital format.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training will address needs identified by stakeholders and through general supervision activities.
F	7. In FFY 2009, some health districts used ARRA funds to contract with Service Providers to cover areas which did not have the adequate amount of staff to complete comprehensive evaluations in order to determine eligibility. In FFY 2011 plans are being developed to continue Service Provider coverage.	FFY 2009 through FFY2012	District staff	New in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	This addressed the timely comprehensive evaluation/initial IFSP development needs by employing additional Service Providers.
	Retention & Recruitment of District Staff				
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr. This resulting in a 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 continued in FFY 2009. Exploration	FFY 2008 through	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009	This activity has been suspended due to statewide budget

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	will resume when the economic conditions improve statewide.	FFY 2012			restrictions and lack of funds.
	Policies & Procedures				
E	1. Due to new regulations, policies and procedures will be revised.	FFY 2011 through FFY 2012	C.O. staff	New in FFY 2011	Expected impact is program improvement.
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. In FFY 2010, the IFSP instructions were revised. On the revised IFSP direction, Informed Clinical Opinion is explained in greater detail with improved guidelines given to evaluation teams.	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Revised in FFY 2010 Continued in FFY 2011	Expected impact includes an increase in eligibility determinations and continued improvements 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 were refined to better capture transition information and other changes. In FFY 2010, this tool was further refined and referred to as the data review/service review tool.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Revised in FFY 2010 Continuing in FFY 2011	Our data verification process is a very effective tool for identifying training, fiscal and TA needs.
	SICC				
G	1. In FFY 2010, a pediatrician was solicited as a	FFY 2010	SICC	New in FFY 2010	This will give us a voice

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	member of the SICC. This member was solicited in FFY 2010, but due to other obligations, this individual was not able to fulfill this position. Efforts will be made to solicit a pediatrician in FFY 2011.	through FFY 2012		Continuing in FFY 2011	with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely multidisciplinary evaluations.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8A: 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

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

Measurement: 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.

Actual Target Data for FFY 2010:

FFY2010	Measurable and Rigorous Target
8/1/2010 to 10/31/2010	A. 100% of children exiting Part C will have an IFSP with transition steps and services.

Children Exiting Part C who Received Timely Transition Planning:

a. Number of children exiting Part C who have an IFSP with transition steps and services	117
b. Number of children exiting Part C	117
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 (Percent = [(a) divided by (b)] times 100)	100%

Data are from the state’s database and include data for a quarter (August 1, 2010 thru October 31, 2010). For FFY 2010, Mississippi met the state’s target of 100%. All of the 117 children exiting Part C received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

In FFY2010, consistent technical assistance through collaborative meetings, verbal and written updates was provided to service coordinators on how to initiate discussion on transition steps and services and to appropriately document and update the child registry with this data.

Correction of FFY 2009 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 100%

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State**Correction of Remaining FFY 2009 Findings of Noncompliance: NA**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	0
2. Number of FFY 2009 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 FFY 2009 findings NOT verified as corrected within one year [(1)minus(2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected: NA

4. Number of FFY 2009 findings not timely corrected	0
5. Number of FFY 2009 findings that State had verified as corrected beyond the one year timeline ("subsequent correction")	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4)minus(5)]	0

Actions Taken if Noncompliance Not Corrected: NA**Verification of Correction of FFY 2009 noncompliance (either timely or subsequent): NA**

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009: NA

Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	3
2. Number of remaining FFY 2008 findings the State has verified as corrected	3
3. Number of remaining FFY findings the State has NOT verified as corrected [(1)minus(2)]	0

Verification of Remaining FFY 2008 findings: NA**Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier: NA**

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8B: 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;

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

Measurement: Percent = [(# of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY2010	Measurable and Rigorous Target
8/1/2010 to 10/31/2010	B. The LEA will be notified for 100% of the children exiting Part C and potentially eligible for Part B.

Actual Target Data for FFY 2010:

Children Exiting Part C who Received Timely Transition Planning (Notification to LEA):

a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	98
b. Number of children exiting Part C who were potentially eligible for Part B	98
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 (Notification to LEA) (Percent = [(a) divided by (b)] times 100)	100%

Data are from the state’s database and include data for a quarter (August 1, 2010 thru October 31, 2010). LEA notification increased from 98% in FFY 2009 to 100% in FFY 2010; Mississippi did meet the state’s target of 100%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

In FFY2010, consistent technical assistance through collaborative meetings, verbal and written updates was provided to service coordinators on notifying the LEA of potentially eligible children for Part B and to appropriately document and update the child registry with this data.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2009 findings of noncompliance noted in OSEP’s June 2010, APR response table for this indicator. (July 1, 2010)	3
2. Number of remaining FFY 2009 findings the State has verified as corrected	3
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year time line (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected: NA

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

Verification of correction was completed June 2011 and September 2011 for Health Districts V, VIII, and IX. These Health Districts have provided timely notification to the LEA of potentially eligible children for Part B (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or a State data system; and (2) have initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Verification of correction was done using data collected through on-site monitoring. The data collected were record reviews on a randomly selected set of records. This set was 10% of the subset of children within the health district who should have had services initiated within a specific period of time (a 2-3 month span). In the smaller health districts at least 5 records were reviewed even if that number exceeded the ten percent. The verification of correction process included ensuring that the corrective action plan was being implemented and verifying that the health district had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

Correction of Any Remaining FFY 2008 Findings of Noncompliance (Findings of noncompliance identified in FFY 2008): NA

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (either timely or subsequent): NA

Correction of Any Remaining Findings of Noncompliance from FFY 2008: NA

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP's June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier: NA

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2011, FFY 2008 APR response table for this indicator	0
2. Number of remaining FFY 2007 findings the State has verified as corrected	0
3. Number of remaining FFY 2007 findings the State has verified as corrected	0

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State's Response
<p>OSEP appreciates the State's efforts and looks forward to reviewing in the FFY 2010 APR, due February 1, 2012, the State's data demonstrating that it is in compliance with the LEA notification requirements in 34 CFR §303.148(b)(1). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p> <p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(1) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of the EIS program (i.e., the child has exited the State's Part C program due to age or other reasons), consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Findings based on a compliance data pull were issued to Health Districts II and VI in FFY 2009 (12/18/2009). Verification of correction occurred in April, 2010 for Health District VI and in June 2010, for Health District II. Mississippi verified that Health Districts II and VI are correctly implementing the LEA notification requirements (i.e., achieved 100% compliance) in IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.148(b)(1) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) have provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.</p>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Mississippi has reviewed and revised the improvement activities.</p>

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8C: 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.

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

Measurement: Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties, at least nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY2010	Measurable and Rigorous Target
8/01/2010 to 10/31/2010	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 2010:

Children Exiting Part C who Received Timely Transition Planning (Transition Conference)

a. The number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	49
b. Number of children exiting Part C who were potentially eligible for Part B	50
c. 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 (Transition Conference) (Percent = [(a) divided by (b)] times 100)	98%

Data are from the state’s database and include data for a quarter (August 1, 2010 thru October 31, 2010). The transition conference occurred on time or the delay was due to exceptional family circumstances for 98% of children exiting Part C and potentially eligible for Part B. Non-exceptional family circumstances were the reason for two transition conferences being late. The contributors to transition conferences being late include difficulties with scheduling.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2010:

During district collaborative meetings, technical assistance was given on planning transition meetings with school districts and other transition placement options were provided. Service Coordinators have established working relationships with their prospective LEA evaluation teams, resulting in an increase of transition meeting dates held within required timelines. Emphasis has been placed on accurate and timely data entry for transition conferences.

Correction of FFY 2009 Findings of Noncompliance:

Level of compliance (actual target) State reported for FFY 2009 for this indicator: 79%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) template	9
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2009 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected: NA

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

In June and September 2011 Mississippi verified that Health District I, II, III, IV, V, VI, VII, VIII and IX (1) are correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Verification of correction was done using data collected through on-site monitoring. Record reviews were done on a randomly selected set of records. This set was 10% of the subset of children within the health district exiting Part C within a specific period of time and potentially eligible for Part B who should have had a transition conference. Data used to verify correction was based on a 2-3 month time period. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

APR Template – Part C (4)

Mississippi
State

Correction of Remaining FFY 2008 Findings of Noncompliance: NA

1. Number of remaining FFY 2008 findings of noncompliance noted in OSEP’s June 2011, FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2008 findings: NA

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008: NA

Correction of Any Remaining Findings of Noncompliance from FFY 2007 or Earlier: NA

APR Template – Part C (4)

Mississippi
State

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2010 APR, due February 1, 2012, that the State is in compliance with the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>The percent of children with a timely transition conference or delayed due to exceptional family circumstances increased from 79% to 96%. The reporting period for this indicator was changed from a year of data to 3 months of data. The dates chosen for reporting purpose are an appropriate representation of transition conference.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the State reported for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Mississippi verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02, Health Districts V and IX have corrected non-compliance.</p>
<p>If the State does not report 100% compliance in the FFY 2010 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Mississippi has reviewed and revised the improvement activities.</p>

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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 were 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 2012	SC DC C.O. staff Part B staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This practice serves to support seamless transitions.
E, F, G	2. In FFY 2005, collaboration with agencies resulted in the development of forms that meet requirements for Part C and Part B evaluations and assessments. The Department of Mental Health (DMH) EIS and EI have collaborated to revise forms and procedures used for the IFSP development and service provider documentation for the DMH. In FFY 2010, plans were made to revise the developmental history. Due to the loss of staff, this document was not revised. Efforts to collaborate with DMH and MDE to revise this form will resume in FFY 2011.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Revised in FFY 2010 Continuing in FFY 2011	Collaboration continues to be used to address current issues related to services or documentation.
E, F, G	3. Since FFY 2005, an effort has been made to develop materials that clearly describe the evaluation/assessment procedures, eligibility criteria, service provision, and transition processes for Part B and Part C, (including the differences between Part C and Part B). In FFY 2011, an EI manual will be developed to cover early intervention, detailing the enrollment to transition process. It also includes information concerning family rights. A contract was developed with MSTI	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY2011	These materials will explain the “transition” process from Part C and give parents the needed information and advocacy support.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	to produce this product.				
E, F, G	<p>4. Since FFY 2005, a goal with MDE has been to achieve statewide consistency in addressing the transition process, including concerns relating to differences between eligibility criteria, family rights, and services under Part C and Part B.</p> <p>In FFY 2008, Part C participated with MDE in statewide transition trainings designed to increase awareness and enhance Part B/Part C collaboration at the local level. Participation in joint training offered by MDE and EIS increased ongoing collaborative efforts at local levels. In the interagency agreement with MDE signed on 6/15/2009, the roles and responsibilities of Part C and Part B are clearly described.</p> <p>If FFY 2010, joint meetings were continued with MDE to address any policy/procedure changes.</p> <p>In FFY 2011, joint MDE and Part C statewide transition meetings will be initiated. Information that MDE and First Steps have discussed, such as the policies/procedures and responsibilities of each agency, will be discussed at each training. Also, new interagency agreements will be developed to incorporate New Part C Regulations.</p>	FFY 2005 through FFY 2012	C.O. staff	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	This collaboration is key to seamless transitions from Part C to Part B.
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 reflected the current transition requirements.</p>	FFY 2005 through FFY 2012	C.O. staff	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Revised in FFY 2010</p> <p>Continuing in FFY 2011</p>	District training/TA for Part C staff is necessary to address local challenges and policy/procedure changes between Part B and Part C.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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 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> <p>The transfer of information occurs once a month between the 18th and 25th of the month from Central Office. In FFY 2011, this procedure will change to reflect New Part C Regulations.</p>	FFY 2005 through FFY 2012	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>Continued in FFY 2009</p> <p>Revised in FFY 2010</p> <p>Revise in FFY 2011</p>	<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.</p> <p>This will allow our state to adhere to new Part C Regulations</p>

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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 was difficult because the role of each parent advisor varies depending on the needs of their health district. Due to the lack of parent advisors, this activity did not continue in FFY 2009. However, this activity was supplemented by collaborating with MSPTI.</p> <p>In FFY 2011, collaboration continues with MSPTI to develop this component. Also, an EI manual will be developed to provide parents with needed information concerning their rights and the early intervention process within the state. This also provides parents with resources of advocate groups that can assist them.</p>	FFY 2008 through FFY 2012	C.O. staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	This tool will educate parents on the resources that are available to help them further their children’s development. This will increase parent knowledge and advocacy resources.
	Recruitment of staff				
F	<p>1. In FFY 2005, EI 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, training and technical assistance. This quality monitor also covered two health districts. In late FFY 2008, early FFY 2009, this quality monitor met with staff in each health district to begin assessing needs and planning on how to address</p>	FFY 2005 through FFY 2012	C.O. Staff MSPTI Advocacy Groups	<p>New in FFY 2005</p> <p>Continuing in FFY 2006</p> <p>Continuing in FFY 2007</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Revise in FFY 2011</p>	The expected impact is to prepare parents/guardians for the “transition process” from Part C services. This will increase resource accessibility for parents on support groups/advocacies/parent liaisons.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>them. Coordination of training with advocacy groups did not occur in FFY 2009 due to resignation of this quality monitor.</p> <p>In FFY 2010, this activity was restructured to better address the areas of coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. EIS collaborated with PTI to address this area.</p> <p>In FFY 2011, this area was assigned to MSPTI to develop activities for coordination of training with advocacy groups. Current training opportunities offered by the PTI include onsite training, TA, and webinars.</p>				
	Training & Technical Assistance				
C, F	<p>1. In FFY 2008, special emphasis was placed on improving the quality of Transition Steps and Services. This effort continues in FFY 2011.</p>	FFY 2008 through FFY 2012	C.O. staff	<p>New in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	This continues to be emphasized in the IFSP and transition trainings.
E	<p>2. In FFY 2006, a training was developed to ensure that families, guardians, caregivers, and providers are knowledgeable on 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 developed to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was revised to a family-friendly format and language. The complaint process form, a glossary, and a list of</p>	FFY 2006 through FFY 2012	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> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	resources were put in a single document. This document has been used since FFY 2007.				
C, D	<p>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 health 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 health 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 of whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, EI utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This served to enhance our parent's advocacy skills. The training occurred in at least one location in each health district in FFY 2009. This training will continue in FFY 2011.</p>	FFY 2008 through FFY 2012	C.O. staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parent's knowledge of their rights and comfort levels in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>
C, D	<p>4. In the transition training with MDE, technical assistance offered at district staff meetings included 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 was placed on improving the quality of transition conferences. This training continued in FFY 2010.</p>	FFY 2008 through FFY 2012	C.O. staff	<p>New in FFY 2008</p> <p>Revised in FFY 2008</p> <p>Continued FFY 2009</p> <p>Continued in FFY 2010</p> <p>Revise in FFY 2011</p>	<p>Continued collaboration and improvement in the effectiveness of transition conferences are expected.</p> <p>This revision is a requirement to meet new Part C Regulations.</p>

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	A new training module has been created to include updated federal and state regulations. The new IFSP implemented by First Steps is included in this training with emphasis placed on seamless transition conferences between the two agencies. In FFY 2011, new Part C Regulations will be implemented in policy/procedures and statewide training will be provided.				
A C E,F	5. In FFY 2011, the IFSP was revised and approved in July, 2011. Statewide implementation occurred on October 1, 2011. The new IFSP includes a transition component designed to improve the transition process by providing a detailed guide to document transition steps and services, notification of the LEA and transition conference. Statewide training will continue in FFY 2011.	FFY 2010 through FFY 2012	C.O. staff District staff	New in FFY 2011	The revised IFSP will contribute to meeting transition timelines and impact the goal of a seamless transition process.
A, D	6. In FFY 2009, local staff were instructed to refer all parents who do not want the LEA involved, to Central Office. This has allowed Central Office staff to explain the requirement and allow the service coordinator to maintain rapport with the family. This activity was discontinued and the district staff will direct and guide families through this process.	FFY 20011 through FFY 2012	SC	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This will allow more collaboration at the local level.
	Database changes				
A	1. FFY 2005, revisions to the database included fields for transition steps and services and the transition conference. 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.” In FFY 2008, the database was revised to allow	FFY 2005 through FFY 2012	Data manager	New in FFY 2005 Revised in FFY 2006 Revised in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Revised in FFY 2010	The database changes continue to provide data collection, review, and reporting. These data base revisions will improve validity and timely data entry.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>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 2010, these available reports were refined to better serve their purpose.</p> <p>In FFY 2011, the data base will be set up to automatically remind users of upcoming LEA notifications, transition steps/services and transition conferences which are due within 30 days from timeline. Also, new Part C Regulations requirements will be added to the database to ensure implementation of new federal guidelines.</p>			Revise in FFY 2011	
A, G	<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>	FFY 2005 through FFY 2012	Data manager	<p>Completed in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>This process continues to be implemented to share data with MDE in a timely manner.</p>
A,F	<p>3. In FFY 2010, a data collection person was employed to identify health districts that are not meeting the transition timelines. This person had the responsibility of developing a timeline tickler system. In FFY 2011, the database manager will develop this tickler system within the database.</p>	FFY 2010 through FFY 2012	CO staff	<p>New in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>This process will allow us to identify areas where SC’s are not properly implementing the transition process.</p> <p>The tickler system will allow the SCs to know their timelines so that they can better meet</p>

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
					timelines.
A C E,F	<p>4. The IFSP was revised and approved in July, 2011. Statewide implementation occurred on October 1, 2011.</p> <p>The new IFSP includes a transition page(6) designed to improve the transition process by providing a detailed timeline to document transition steps and services, notification of the LEA and transition meeting date. Statewide training occurred in October to include all districts. The tablet pc will help with the transmission of data. In FFY 2011, revisions will be made , as needed, to reflect the new Part C Regulations.</p>	FFY 2011 Through FFY 2012	CO Staff	New in FFY 2011	The new IFSP will help with meeting transition timelines and positively impact the goal of a seamless transition process. Part C to Part B transition process will be updated to follow new Federal Regulations.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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:

of findings of noncompliance.

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 9 Worksheet” to report data for this indicator (see Attachment A).

FFY2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	<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>

Actual Target Data for FFY 2009:

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009(7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009(7/1/09 through 6/30/10)	(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	9	9	7
	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	0	0	0
	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	0	0	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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or	9	9	9

APR Template – Part C (4)

Mississippi
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009(7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009(7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
conducted within Part C's 45-day timeline.	Other			
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday:	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 toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the child resides at least 90 days prior to the toddler's third birthday for toddlers birthday for toddlers potentially eligible for Part B preschool services: and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of toddlers with disabilities exiting Part C with timely transition planning whom the Lead Agency has: C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
	Dispute Resolution: Complaints, Hearings	0	0	0

APR Template – Part C (4)

Mississippi
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009(7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009(7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
toddler S third birthday for toddlers potentially eligible for Part B preschool services.				
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			30	28
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	93.33%

Describe the process for selecting EIS programs for Monitoring:

In FFY 2010(April-June, 2011), the health districts with long standing findings for timely services were chosen for focused monitoring and/or who have not been monitored within the last four years. The onsite visits occurred during April and May for Health District II, during March and April for Health District VIII, and during May and June for Health District IX.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010: Please refer to activity chart below.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) (Sum of Column a on the Indicator C 9 Worksheet)	30
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)	28
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0*

**The one year timeline for the two remaining findings have not occurred.*

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. *Number of FFY 2009 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Verification of Correction for findings of noncompliance identified in FFY 2009 (either timely or subsequent):

Timely Services:

Verification of correction was completed in Health Districts I, IV, V, VI, VII, VIII, and IX in June 2011 and September 2011. These Health Districts (1) are correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or a State data system; and (2) have initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

45-Day Timeline:

Verification of correction was completed in Health Districts I, II, III, IV, V, VI, VII, VIII, and IX in June 2011 and September 2011. These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) have conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Indicator 8A - Transition Steps and Services: NA

Indicator 8B - Notification to LEA, if child potentially eligible for Part B

Verification of correction was completed in Health Districts V, VIII, and IX has provided timely notification to the LEA of potentially eligible children for Part B (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or a State data system; and (2) have initiated services, although late, for any child whose

services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Indicator 8C - Transition Conference:

Verification of correction was completed in Health Districts I, II, III, IV, V, VI, VII, VIII and IX in June 2011 and September 2011. These Health Districts (1) are correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Describe the specific actions that the State took to verify the correction in FFY 2010 of findings of noncompliance identified in FFY 2009:

Verification of correction was done using data collected through on-site monitoring. Record reviews were done on a randomly selected set of records. This set was 10% of the subset of children within the health district who should have had a particular activity occurs (e.g., an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline or a transition component). Data used to verify correction was based on a 2-3 month time period. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent

Correction of Remaining FFY 2008 Findings of Noncompliance: NA

1. Number of remaining FFY 2008 findings noted in OSEP's June 2011 FFY 2009 APR response table for this indicator	0
2. Number of remaining FFY 2008 findings the State has verified as corrected	0
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance identified in FFY 2007 or Earlier: NA

Description of the specific actions that the State took to verify the correction of Remaining FFY 2008 of Noncompliance: NA

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from the Response Table	State’s Response
<p>The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2010 APR, due February 1, 2012, demonstrating that the State timely corrected findings of noncompliance identified in FFY 2009 in accordance with IDEA section 635(a)(10)(A), 34 CFR §303.501, and OSEP Memo 09-02.</p> <p>In reporting on correction of findings of noncompliance in the FFY 2010 APR, the State must report that it verified that each EIS program with noncompliance identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Mississippi has reviewed and revised the improvement activities. Please review activities in chart below.</p>
<p>In addition, in reporting on Indicator 9 in the FFY 2010 APR, the State must use the Indicator 9 Worksheet.</p> <p>Further, in responding to Indicators 1, 7, 8B, and 8C in the FFY 2010 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>Please refer to the Indicator 9 Worksheet and the sections in this indicator.</p>

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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 EI called “focused monitoring”, was similar to the definition of comprehensive monitoring.</p> <p>During FFY 2007, focused monitoring was done in the remaining five health 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> <p>See # 2 below for current process.</p>	Findings were issued in 7 of 9 Health Districts.
B	<p>2. At the end of FFY 2007, focused monitoring began in three health districts. The health 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 health districts chosen for focused monitoring were those most needing assistance to affect needed changes. This method of selecting health districts for focused monitoring continues to be used in FFY 2009.</p> <p>Focused monitoring occurred in Health Districts VI and III in FFY 2009. Targeted technical assistance occurred in Health Districts IV and V. In FFY 2010, Health Districts II and VIII had focused monitoring visits. Health Districts II and VIII onsite monitoring was in FFY 2006.</p> <p>Targeted technical assistance occurred in Health Districts I, III, IV and V.</p>	FFY 2006 through FFY 2012	C.O. staff and other assigned monitors SERRC ECO	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Revised in FFY 2011</p>	Selection for focused monitoring shifted to being based on need rather than a rotation schedule. The result is an effective use of available resources for addressing noncompliance. The guidelines for completing a focused monitoring visit will be included in the upcoming General Supervision manual.
B	<p>3. In FFY 2008, we identified a time during the SPP/APR reporting period to review compliance data from the database.</p> <p>In FFY 2009, data pulled for compliance was pulled for a specified period which was less than one year.</p>	FFY 2008 through FFY 2012	District coordinators and C.O staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Revised in FFY 2011</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
	In FFY 2009, data findings were issued on December 18, 2009. In FFY 2011, data findings will be issued based on the November 1 compliance data pull. The timeframe will cover a 12 month period.				
A, B	4. In FFY 2008, data verification was used as a tool to ensure valid and reliable data to determine TA needs, and to determine if the TA was successful. In FFY 2009, data verification forms were refined to better capture transition information and other changes to facilitate the relevant information. In FFY 2011, the data verification forms will be revised after receiving technical assistance from OSEP and SERRC and include any new Part C Regulations.	FFY 2007 through FFY 2012	Quality monitors and other C.O staff	New in FFY 2008 Revised in FFY 2009 Revised in FFY 2010 Revise in FFY 2011	Our data verification process is a very effective tool for identifying training and TA needs. New forms will be inclusive and will meet the new Part C Regulations/guidelines
B	5. In FFY 2007, potential sanctions and enforcement actions were drafted. In FFY 2009, necessary enforcement actions were determined after the onsite visit. In FFY 2011 a General Supervision manual will be developed and will identify sanctions and enforcement actions. OSEP and SERRC will provide TA for the development of this manual.	FFY2007 through FFY 2012	MSDH administration	New in FFY 2007 Revised in FFY2009 Continued in FFY 2010 Continuing in FFY 2011	More effective use of sanctions/ enforcement actions will result in more timely correction of noncompliance. Correct policy and procedures will be implemented statewide and reflect new Part C Regulations.
B	6. 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). In FFY 2009, this process continued and was used along with implementation of CAP and accounting for all children involved with the finding. This process continued in FFY 2010.	FFY 2008 through FFY 2012	Monitoring teams	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	The change has resulted in a timely correction of noncompliance.

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	In FFY 2011, the process to verify correction of noncompliance and implementation of required procedures will be revised in the upcoming General Supervision manual. OSEP and SERRC will provide TA with the General Supervision manual.				
B	7. In FFY 2008, we identified a time during the SPP/APR reporting period to review compliance data from the database. In FFY 2009, data pulled for compliance was for a specified period that is less than one year. In FFY 2010, this process of pulling data continued. In FFY 2011, this process of pulling data for compliance will be for a specific 12 year period.	FFY 2008 through FFY 2012	District coordinators C.O staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	The change is expected to result in a timely correction of noncompliance.
B	8. Service Verification: In FFY 2008, the district coordinators agreed to review the same active case records reviewed for the data verification to determine if the services were being implemented as specified on the current IFSP. In FFY 2009, service verification was redesigned and implemented.	FFY 2008 through FFY 2012	DC	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This data verification tool is very effective for identifying training and TA needs.
Training & Technical Assistance					
D	1. Technical Assistance: In FFY 2008, TA was more targeted. In FFY 2009, new reports in the database provided targeted TA. Also, evidence of change must be apparent within a reasonable period of time or additional monitoring activities will be conducted.	FFY 2005 through FFY 2012	Quality monitors, C.O staff, and other resources	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Use of the new reports by the quality monitors will facilitate individualized technical assistance.
A,B,D,F	In FFY 2009, SERRC provided technical assistance onsite during a focused monitoring visit	FFY 2009 through	C.O. staff	New in FFY 2009	This TA helped improve our focused monitoring

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	in which the emphasis was timely services. The TA addressed timely service issues and improving EIS general supervision activities. SERRC and OSEP will assist with developing a General Supervision manual.	FFY 2012		Continued in FFY 2010 Revise in FFY 2011	process and strategies for addressing timely service issues. Technical assistance will assist in implementing correct Part C procedures/guidelines and will incorporate new federal regulations.
	Database changes				
A	1. In FFY 2008, justification fields were added in the database for service coordinators to document. In FFY 2009, database changes described in Indicator 14 have improved data entry, retrieval, and review.	FFY 2007 through FFY 2012	Data manager District staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	These changes have facilitated corrective actions within the health districts and improve the data verification process.
A, B	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: local, health district, and state. The module was developed in August 2010, and will be used with the next compliance data findings and focused monitoring findings. This monitoring module will be refined in accordance with the new procedures that will be outlined in the General Supervision Manual.	FFY 2009 through FFY 2012	Data manager	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This module will facilitate tracking of correction of noncompliance and implementation of new federal regulations.
	Corrective Action Plans				
B, E, H	1. All health districts with findings are now required to submit more detailed CAPs and report monthly on their progress. The CAPs must include the following: strategies/activities; expected results; the timeframe including benchmarks (specific sub-goals that will be met	FFY 2009 through FFY 2012	DCs C. O. staff	New in FFY 2009 Continued in FFY 2010 Revise in FFY 2011	The changes are expected to result in a timely correction of noncompliance. The revised procedures will better meet the needs of

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>by specific dates); and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to the 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.</p> <p>The General Supervision procedures for the CAP and the format of the CAP will be revised.</p>				<p>the district and be a more effective tool to measure progress.</p>

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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 2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	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 2010:

Between July 1, 2010 and June 30, 2011, 2 written, signed complaints were received and resolved within the 60-day timeline. Mississippi met its 100% target.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 eligible for early intervention services. Joint training with PTI and MDE at the Annual MDE Parent Training Conference were held with an emphasis on Policy and Procedures and parent support/advocacy groups.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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 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 used to explain the complaint process to parents. The I/T & Family Rights document was put revised to a parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. This document will continue to be used.</p> <p>In FFY 2011, CADRE will provide TA to assist with the development of more efficient and effective policies/procedures.</p>	FFY 2006 through FFY 2012	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> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parent’s knowledge of their rights and comfort levels in exercising their rights.</p> <p>The revisions will correct previous procedures so that our state complies with new Part C Regulations and the implementation of the new Part C regulations.</p>
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 health districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI).</p> <p>Training on advocacy skills for parents and guardians was offered in several health 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. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, the MSPTI and advocacy groups within the</p>	FFY 2008 through FFY 2012	C.O staff MSPTI Advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parents’ knowledge of their rights and comfort level in exercising their rights.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	state were utilized to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parents' advocacy skills. The training will continue.				
F	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. Several health districts consider the notebook to be a valuable tool and have continued to use them. This tool continues to be reintroduced to the other health districts by district staff who continues to use them.	FFY 2006 through FFY 2012	DC SC	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	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 were made available in the other health districts. The availability of these resources will continue.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	5. In FFY 2011, technical assistance is being provided by Cadre to assist in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation.	FFY 2011 through FFY 2012	Part C Coordinator	New in FFY 2011	This will clarify, define, and provide MS with a clear and concise a dispute resolution process.

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Mississippi
State

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 was also covering two health districts. In late FFY 2008 and early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. EIS will continue to coordinate trainings with advocacy groups.</p>	FFY 2005 through FFY 2012	Part C Coordinator	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	<p>1. The database will be configured to capture information about signed written complaints. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. This activity is pending due to inadequate amount of staff, but will be completed in FFY 2011.</p>	FFY 2010 through FFY 2012	Data manager	<p>New in FFY 2010</p> <p>Continuing in FFY 2011</p>	This module will initiate 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 service coordinators began using the Complaint Process form to explain this procedure to parents/caregivers. Parent training is provided by service coordinators and/or parent advisors. Service Coordinator training included providing this information to families. Opportunities for parents to receive additional training on their rights and related issues will continue to be increased through collaboration with the Mississippi</p>	FFY 2006 through FFY 2012	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> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>Parent Training and Information Center (MSPTI) and advocacy groups. The current training for service coordinators on this topic will be reviewed and revised, as needed.</p>				
<p>C, D</p>	<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 health 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 health 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. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This served to enhance our parents' advocacy skills. These trainings will continue.</p> <p>In FFY 2011, This activity has been enhanced through a contract with PTI. A flyer has been developed to provide families at enrollment with PTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution.</p>	<p>FFY 2008 through FFY 2012</p>	<p>C.O staff MSPTI advocacy groups District staff</p>	<p>New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Revised in FFY 2011</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 FFY 2010
Overview of the Annual Performance Report Development:

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.

Actual Target Data for FFY 2010:

FFY 2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	100% of due process hearing request will be fully adjudicated within the 30 day timeline.

Between July 1, 2010 and June 30, 2011, no hearing requests were filed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 eligible for early intervention services.

APR Template – Part C (4)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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 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 used to explain the complaint process to parents. The I/T & Family Rights document was put in a more parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. This document will continue to be used.</p> <p>In FFY 2011, CADRE will provide TA to assist with development of more efficient and effective policies/procedures.</p>	FFY 2006 through FFY 2012	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> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parent’s knowledge of their rights and comfort levels in exercising their rights.</p> <p>The revisions will correct previous procedures so that our state complies with new Part C Regulations and the implementation of the new Part C regulations.</p>
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 health districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI).</p> <p>Training on advocacy skills for parents and guardians was offered in several health 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. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p>	FFY 2008 through FFY 2012	C.O staff MSPTI Advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parents’ knowledge of their rights and comfort level in exercising their rights.</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, the MSPTI and advocacy groups within the state were utilized to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parents' advocacy skills. The training will continue.				
F	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. Several health districts consider the notebook to be a valuable tool and have continued to use them. This tool continues to be reintroduced to the other health districts by district staff who continues to use them.	FFY 2006 through FFY 2012	DC SC	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	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 was made available in the other health districts. The availability of these resources will continue.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	5. In FFY 2011, technical assistance is being provided Cadre to assist in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation.	FFY 2011 through FFY 2012	Part C Coordinator	New in FFY 2011	This will clarify, define, and provide MS with a clear and concise a dispute resolution process.

APR Template – Part C (4)

Mississippi
State

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 was also covering two health districts. In late FFY 2008 and early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. EIS will continue to coordinate trainings with advocacy groups.</p>	FFY 2005 through FFY 2012	Part C Coordinator	<p>New in FFY 2005</p> <p>Continued in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	<p>1. The database will be configured to capture information about signed written complaints. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. This activity is pending due to inadequate amount of staff, but will be completed in FFY 2011.</p>	FFY 2010 through FFY 2012	Data manager	<p>New in FFY 2010</p> <p>Continuing in FFY 2011</p>	This module will initiate 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 service coordinators began using the Complaint Process form to explain this procedure to parents/caregivers. Parent training is provided by service coordinators</p>	FFY 2006 through FFY 2012	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 levels in exercising their rights.

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	and/or parent advisors. Service Coordinator training included providing this information to families. Opportunities for parents to receive additional training on their rights and related issues will continue to be increased 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, as needed.			Continued in FFY 2010 Continuing in FFY 2011	
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 health 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 health 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. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, EI utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This served to enhance our parents' advocacy skills. These trainings will continue.</p> <p>In FFY 2011, This activity has been enhanced through a contract with MSPTI. A flyer has been developed to provide families at enrollment with MSPTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution.</p>	FFY 2008 through FFY 2012	C.O staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Revised in FFY 2011	<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 FFY 2010
Overview of the Annual Performance Report Development:

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 2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	Not applicable for First Steps because the Part B due process procedures have not been adopted by First Steps.

Part C State Annual Performance Report (APR) for FFY 2010
Overview of the Annual Performance Report Development:

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.

Actual Target Data for FFY 2010:

FFY2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	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.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 eligible for early intervention services.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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 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 was used to explain the complaint process to parents. The I/T & Family Rights document was revised to a parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. This document will continue to be used.</p>	FFY 2006 through FFY 2012	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> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	The expected impact is increasing parent's knowledge of their rights and comfort levels in exercising their rights.
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 health 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 health districts by staff from the MSPTI. Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars. In FFY 2009, we utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. This will serve to enhance our parents' advocacy skills. The training</p>	FFY 2008 through FFY 2012	C.O. staff MSPTI Advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort level in exercising their rights.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	will continue.				
F	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. Several health districts consider the notebook to be a valuable tool and have continued to use them. This tool continues to be reintroduced to the other health districts by district staff who continues to use them.	FFY 2006 through FFY 2012	DC SC	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	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 was made available in the other health districts. The availability of these resources will continue.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Families will have access to resources and information related to their child's specific needs.
F	5. In FFY 2011, technical assistance is being provided by Cadre to assist in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation.	FFY 2011 through FFY 2012	Part C Coordinator	New in FFY 2011	This will clarify, define, and provide MS with a clear and concise a dispute resolution process.
	Recruitment of staff				

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	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. 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, early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. EIS will continue to coordinate trainings with advocacy groups.	FFY 2005 through FFY 2012	Part C Coordinator	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Completed in FFY 2008 Revised in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The expected impact is increased activities to address family outcomes.
F	2. Impartial hearing officers and mediators will be hired to carry out impartial hearings and mediation processes as needed.	FFY 2011 through FFY 2012	Central Office	New in FFY 2011	Trained and knowledgeable hearing officers will be available to carry out appropriate impartial hearing and mediation processes.
	Database changes				
A	1. EI will configure the database to capture information about signed written complaints. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. This activity is pending due to inadequate amount of staff, but will be completed in FFY 2011.	FFY 2010 through FFY 2012	Data manager	New in FFY 2010 Continuing in FFY 2011	This module will initiate tracking of corrections.
	Training and Technical Assistance				
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 Service Coordinators began using the Complaint Process form to explain this procedure to parents/caregivers. Parent training is provided by service coordinators and/or Parent Advisors. Service	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continued in FFY 2010	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Coordinator training included providing this information to families. Opportunities for parents to receive additional training on their rights and related issues will continue to be increased 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, as needed.			Continuing in FFY 2011	
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 health 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 health 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. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, the MSPTI and advocacy groups within the state were utilized to provide training to parents, service coordinators and parent advisors. This served to enhance EIS parents' advocacy skills. These trainings will continue.</p> <p>This activity has been enhanced through a contract with MSPTI. A flyer has been developed to provide families at enrollment with MSPTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution.</p>	FFY 2008 through FFY 2012	C.O. staff MSPTI advocacy groups District staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continued in FFY 2010</p> <p>Continuing in FFY 2011</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 FFY 2010
Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:
Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
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).

Actual Target Data for FFY 2010:

FFY2010	Measurable and Rigorous Target
7/1/2010 to 6/30/2011	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.

Part C Indicator 14 Data Rubric

2010 SPP/APR Data - Indicator 14			
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 - If the FFY 2010 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		35

618 Data - Indicator 14

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Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/2/11	1	1	1	N/A	3
Table 2 - Program Settings Due Date: 2/2/11	1	1	1	N/A	3
Table 3 - Exiting Due Date: 11/2/11	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/2/11	1	1	1	N/A	3
				Subtotal	12
618 Score Calculation			Grand Total (Subtotal X 2.5) =		30

Indicator #14 Calculation	
A. APR Grand Total	35.00
B. 618 Grand Total	30.00
C. APR Grand Total (A) + 618 Grand Total (B) =	65.00
Total NA in APR	0.00
Total NA in 618	4.00
Base	70.00
D. Subtotal (C divided by Base*) =	.92
E. Indicator Score (Subtotal D x 100) =	92.0

Data for reporting requirements are taken from FSIS. Data review, data verification, and follow-up, when indicated, are tools used to ensure that data are 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 were developed are user friendly and facilitate management of data by service coordinators and district coordinators. Staff are 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 2010:

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.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Policies:				
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. Health district staff has local procedures for data entry, and the district coordinator ensures that report data are accurate.	FFY 2005 through FFY 2012	District staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Entering data soon after the event increases the likelihood that the data will be complete.
A, B, 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 2012	C.O. staff All referral sources	New in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The CRU continues to receive referrals, enters referral data, and notifies the health districts of the referral in a timely manner.
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 were refined to better capture transition information and other changes. This process will continue to be used for the purposes listed under FFY 2008.	FFY 2007 through FFY 2012	Quality monitors and other C.O staff	New in FFY 2008 Revised in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Our data verification process is a very effective tool for identifying training and TA needs.
A, B, D	4. Follow-up to ensure valid and reliable data has	FFY 2007	C.O. staff	New in FFY 2007	Our data

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>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 are valid and reliable.</p>	<p>through FFY 2012</p>		<p>Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011</p>	<p>verification process is a very effective tool for identifying training and TA needs.</p>
	<p>Database changes</p>				
<p>A, B</p>	<p>1. In FFY 2007, reports were made available to the district staff through the database to check data. In FFY 2009, there were changes in the database to facilitate entry of justifications for late evaluations, services, and transition activities. Significant progress was made at the beginning of FFY 2009. Improvements to the Children 2009 Database include:</p> <p>(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).</p> <p>(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.</p> <p>(c). The provider tab was adjusted to allow justifications to be entered for <u>each</u> early</p>	<p>FFY 2007 through FFY 2012</p>	<p>Data manager</p>	<p>New in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010 Continuing in FFY 2011</p>	<p>These changes facilitate data input, retrieval, review, and correction.</p>

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>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.</p> <p>(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.</p> <p>(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> <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 to complete the federal reporting. These reports are available at the local level, health district level, and state level, and serve to facilitate data review and corrections. Improvements were made in FFY 2009. Each of these report areas is functioning but needs adjustments. EI reports that grow smaller as</p>				

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>missing data is entered are preferred over the reports in which the list remains the same length. In FFY 2010, EI improved these reports and built the following reports:</p> <p>(a). An APR report 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, EI began reporting health district level data on the website.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This is necessary to meet reporting requirements.
A	3. In FFY 2009, EI converted its race/ethnicity data collection to meet the new requirements for the 7 Race/Ethnicity categories. EI identified all the currently active children.	FFY 2009 through FFY 2010	Data manager	New in FFY 2009 Completed in FFY 2009	This was necessary to meet reporting requirements.
A, D	4. In FFY 2009, EI updated the Central Directory to make it web-based and user-friendly. In FFY 2010, the goal is to continue 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.	FFY 2009 through FFY 2010	C.O. staff	Revised in FFY 2009 Continuing in FFY 2010 Completed in FFY 2010	Improvements to the Central Directory will empower our parents , guardians, etc.
A, B	5. In FFY 2009, EI began the process of	FFY 2009	Data	New in FFY 2009	This module will

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	developing a general supervision (monitoring) module that allows us to track correction of noncompliance.	through FFY 2012	manager C.O. staff	Continued in FFY 2010 Continuing in FFY 2011	facilitate tracking of correction of noncompliance.
A, B	6. In FFY 2009, EI built a tickler system for EI service coordinators that serves as a 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 2009	Data manager	New in FFY 2009 Completed in FFY 2009	This tickler system provides reminders needed to facilitate completion of service coordination activities in a timely manner.
A, B, C,D	7. In FFY 2010, tablet PCs and portable printers were made available to Service Coordinators. In FFY 2011, district staff will begin using tablet PCs and portable printers.	FFY 2010 through FFY 2012	District staff	New in FFY 2010 Continuing in FFY 2011	Expected impact includes more effective service coordination and user-friendly data entry.
	Technical Assistance				
D	1. Technical assistance and training regarding database changes continues to be provided for each health district since FFY 2005.	FFY 2005 through FFY 2012	C.O. staff	New in FFY2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Training/TA on data entry and use of the reports are offered within the health district whenever there are changes in the database or training/TA is

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
					requested.
C	2. Technical Assistance for self-assessment began in FFY 2006 and continues to be provided in FFY 2010 by the quality monitors.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	The expected result is program improvement TA is expected to result in more effective self-assessment and improvements plans.
C	3. Technical Assistance related to the focused monitoring process for health districts and the monitoring team began in FFY 2006. This T/A focuses on reviewing data and on correcting data entry errors and addressing underlying problems.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	This is necessary to ensure effective review of the data and correction of data entry errors.
C	4. Technical assistance for service coordination and EI procedures affecting data entry and reporting began in FFY 2006.	FFY 2005 through FFY 2012	C.O. staff	New in FFY 2006 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Provision of this TA results in more effective service coordination and more efficient data entry.
A, D	5. Central Office staff worked with Health District	FFY 2005	C.O. staff	Completed in FFY 2006	

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	IX staff to rebuild after Hurricane Katrina in FFY 2005 and FFY 2006.	through FFY 2006			
A, B, D	8. Technical assistance has been provided by phone, in meetings, and through coaching since FFY 2007 for database users.	FFY 2007 through FFY 2012	Data manager C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2010 Continuing in FFY 2011	Provision of this TA results in more efficient data entry.