



MISSISSIPPI STATE DEPARTMENT OF HEALTH

April 14, 2011

Division of Monitoring and State Improvement Planning
U.S. Department of Education
Office of Special Education Programs
400 Maryland Avenue, S.W.
Washington, DC 20202

Attached please find the revised FFY 2009 Annual Performance Report for Mississippi’s Part C program. “Track changes” was used to indicate the changes in the document. No changes were made to the State Performance Plan. Please contact me at (601) 576-7816 if you require any additional information.

Indicator	Page #	APR changes
	2	Indicated that 2009 APR revision date is April 14, 2011
Table of Contents	3	Corrected page numbers for indicators 5-14
1	5	Reported number of children with exceptional family circumstances
2		No changes
3		No changes
4	39-40	<ol style="list-style-type: none">1. In the table, relabeled the column “#” as “# with a positive response”2. In the table and narrative, reported the number of surveys returned with a rating (the denominator) for 4A, 4B, and 4C.3. In the table, corrected the percentage for 4C4. Revised the narrative for the target data to reflect the denominator and corrected percentage for 4C5. In the narrative, referred to 4A, 4B, and 4C rather than Questions 16, 17, and 186. Corrected the discussion of progress to reflect the correction of the percentage for 4C
5		No changes
6		No changes
7		No changes
8A	67	Explained why no findings were issued in FFY 2008
8B	71	Explained why no findings were issued in FFY 2008
8C	73	Reported number of children with exceptional family circumstances
9		No changes
10		No changes
11		No changes
12		No changes

Indicator	Page #	APR changes
13		No changes
14	120-121	Corrected the Part C Indicator 14 Data Rubric for Indicator 4 and Table 4

Thank you for this opportunity to clarify information and resubmit for your review.

Sincerely,

Susan Boone

Susan Boone
Part C Coordinator
Mississippi's Early Intervention Program

Cc: Kate Moran

APR Template – Part C (4)

Mississippi

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**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 Systems 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, 2011.

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. Using the State's Part C APR for FFY 2009 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.

Alu Miller
Signature of ICC Chairperson

1/21/2011
Date

smiller@mac.dmh.ms.gov
Address or e-mail

601-823-5700
Daytime telephone number

¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2011.

Mississippi's Early Intervention System



First Steps

FFY 2009 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, 2011~~
Revised April 14, 2011

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APR Template – Part C (4)

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Part C State Annual Performance Report (APR) for 2009 - 2010

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 our 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, sought guidance from Southeast Regional Resource Center (SERRC) and the National Early Childhood Technical Assistance Center (NECTAC), and used the OSEP state contact for technical support and direction. Mississippi reports annually to the public on the Mississippi State Department of Health website at http://msdh.ms.gov/msdhsite/_static/41.0.74.63.html.

The guidance and support necessary to design and implement needed changes are being provided by OSEP, SERRC, NECTAC, Mississippi's institutions of higher learning, other state agencies, and experts made available through NECTAC and SERRC. The technical assistance has addressed program improvement strategies, service delivery models, general supervision strategies, transition components, child and family outcomes, and fiscal management including strategic use of American Recovery and Reinvestment Act of 2009 (ARRA) funds.

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

The special conditions for the Part C FFY 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, 2011, and a final report due May 15, 2011.

APR Template – Part C (4)

Mississippi

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

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 2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

2009 APR (7/1/2009 to 6/30/2010) Timely Services by Child			
	# of children	# of children with all services on time	% of children with all services on time or delayed due to exceptional family circumstances
State	2335	1769	76%

Data are from the state database and include data for the entire reporting year (July 1, 2009 – June 30, 2010). During FFY 2009, 2,335 children received new services on their initial IFSPs and/or new services on subsequent IFSPs. A total of 1769 (76%) of the 2335 children received all of their services on time or the service(s) was ~~were~~ delayed due to exceptional family circumstances. Of the 1769 children, 302 had one or more services late due to exceptional family circumstances. Five hundred sixty-six children (566) children did not receive all of their services in a timely manner because of problems with the Early Intervention System. 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 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 2009. 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." Data review and follow-up, when indicated, were tools used to ensure that these data are valid and reliable.

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

While the percent of children with all new services on time or delayed due to exceptional family circumstances decreased from 78% to 76%, the number of children receiving new services increased from 2087 to 2335. 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 Certificate of Medical Necessity (CMN) forms or prescriptions in a timely manner for initiation of services are the causes of many late services.

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 78%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	8
2. Number of FFY 2008 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)	3
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	5

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	5
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	5
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction of FFY 2008 noncompliance or FFY 2008 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 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.

Verification of Correction of FFY 2008 (11/18/2008) data findings:

Part C State Annual Performance Report for FFY 2009

Monitoring Priority: EI in Natural Environments

(OMB NO: 1820-0578/Expiration Date: 11/30/2012)

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In FFY 2009 (November, 2009), Mississippi verified that Health Districts I, VII, and VIII (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).

In FFY 2009 (April and June, 2010), Mississippi verified that Health Districts IV and IX 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).

In FFY 2009 (May, 2010), a SERRC staff member accompanied the monitoring team and provided technical assistance throughout the focused monitoring onsite visit in Health District III. During the onsite visit, Mississippi verified that Health District III had completed the required activities on the corrective action plan for the finding from FFY 2005 focused monitoring and the FFY2008 (11/18/2008) data finding and 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, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). For the FFY 2009 (12/18/09) data finding, Mississippi verified in FFY 2010 (December, 2010), that Health District III 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 FFY 2010 (January, 2011), Mississippi verified that Health District III is 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 such as data subsequently collected through on-site monitoring or a State data system.

In FFY 2009 (May-June, 2010), Mississippi conducted focused monitoring in Health District V. In FFY 2010 (August, 2010), Mississippi has verified that Health District V 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). Those children were involved in the following findings: FFY 2005 focused monitoring, FFY 2008 (11/18/2008) data finding, and FFY 2009 (12/18/09) data finding. In FFY 2010 (December, 2010), Mississippi verified that Health District V has completed the required activities on the corrective action plan for the FFY 2005 Focused Monitoring finding, FFY2008 (11/18/2008) data finding and the FFY 2009 (12/18/09) data finding and is correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02.

In FFY 2009 (March, 2010), focused monitoring was conducted in Health District VI. Findings were issued for 45-day timeline and natural environments. The required actions outlined in the corrective active plan serve to address timely services, as well as, the finding areas. In FFY 2009 (June, 2010), Mississippi verified that Health District VI 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 FFY 2010 (January, 2011). Those children were involved in the following findings: FFY 2005 focused monitoring, FFY 2008 (11/18/2008) data finding, and FFY 2009 (12/18/09) data finding. In FFY 2010 (January, 2011), Mississippi verified that Health District VI is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

Actions Taken if Noncompliance Not Corrected: NA

Correction of Remaining FFY 2007 Findings of Noncompliance:

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Mississippi

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1. Number of remaining uncorrected FFY 2007 findings of noncompliance noted in OSEP's June 2010, 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 NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2006 findings:

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2006:

As specified in OSEP's June 1, 2010 FFY 2008 SPP/APR Response Table, the State must report, when reporting the correction of noncompliance, that it has verified that each EIS program with findings of noncompliance identified in FFY 2007 that were not reported as corrected in the FFY 2008 APR: (1) is 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 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, 2009 (OSEP Memo 09-02). Mississippi has complied with this request

Correction of Any Remaining Findings of Noncompliance from FFY 2006:

1. Number of remaining uncorrected FFY 2006 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	3
2. Number of remaining FFY 2006 findings the State has verified as corrected	3
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	0

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2006:

In FFY 2009 (May, 2010), Mississippi conducted focused monitoring in Health District III. During the onsite visit, Mississippi verified that Health District III had completed the required activities on the corrective action plan for the finding from FFY 2005 focused monitoring and 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 FFY 2010 (January, 2011), Mississippi verified that Health District III is 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 such as data subsequently collected through on-site monitoring or a State data system.

In FFY 2009 (May-June, 2010), Mississippi conducted focused monitoring in Health District V. In FFY 2010 (August, 2010), 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. In FFY 2010 (December, 2010), Mississippi verified that Health District V is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

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Mississippi

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In FFY 2009 (April, 2010), focused monitoring was conducted in Health District VI. The required actions outlined in the corrective active plan serve to address timely services, as well as, the finding areas. In FFY 2009 (June, 2010), Mississippi verified that Health District VI 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. In FFY 2010 (January, 2011) Mississippi verified that Health District VI is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

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

Statement from the Response Table	State's Response
The State must demonstrate, in the FFY2009 APR due February 1, 2011, 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 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.	While the percent of children with all new services on time or delayed due to exceptional family circumstances decreased from 78% to 76%, the number of children receiving new services increased from 2087 to 2335. 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 many late services.
The State also must demonstrate, in the FFY 2009 APR, that the remaining five uncorrected noncompliance findings identified in FFY 2008 based on FFY 2007 data were corrected. When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator and each EIS program with remaining noncompliance identified in FFY 2008 based on FFY 2007 data: (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 2009 APR, the State must describe the specific actions that were taken to verify the correction.	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 I, III, IV, V, VI, VII, VIII, and IX have corrected non-compliance.
If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.	Mississippi has reviewed and revised the improvement activities. Please review chart below.

APR Template – Part C (4)

Mississippi

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<p>The State must demonstrate, in the FFY 2009 APR that the remaining three uncorrected noncompliance findings identified in FFY 2006 were corrected. The State's failure to correct longstanding noncompliance raises serious questions about the effectiveness of the State's general supervision system. The State must take the steps necessary to ensure that it can report, in the FFY 2009 APR, that it has corrected this noncompliance.</p>	<p>A detailed narrative is previously stated in the section "Correction of Any Remaining Findings of Noncompliance from FFY 2006" in this indicator. Health Districts III, V, and VI have corrected the non-compliance.</p>
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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010

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

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

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

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

Data manager

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Definition of “timely services”				
A, E	1. The definition of “timely” provision of services was changed in FFY 2006, to “within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons.”	FFY 2006 through FFY 2012	Part C Coordinator	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This definition continues to be used to improve timely services.
A, E, D	2. In FFY 2007, additional guidance was given to service providers and service coordinators regarding services when an initial date of service is greater than 30 days from the date the parent/guardian gave informed written consent for the early intervention service(s). The service must start before or on the expected date of service delivery. In FFY 2008, this guidance was revised to require the initial visit to occur within 30 days of the date the parent/guardian gives informed written consent for the early intervention service(s).	FFY 2007 through FFY 2012	SC DC	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	The revised guidance has increased collaboration with consultants and continues to be given to improve timely services.
D, A	3. Training on data entry began in FFY 2006.	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 Continuing in FFY 2010	Training continues to be offered when there is a change in the database or when requested by staff.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A	1. In FFY 2007, the system was changed to link service provision changes to an IFSP date, allowing for calculations of “timely” by the data system for all children and all services from July 1, 2007, forward. In FFY 2008, fields were added to allow differentiation between new services and existing services that have been adjusted. In FFY 2009, reports were built to facilitate reporting timely services by child.	FFY 2007 through FFY 2012	Data manager DC SC	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	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 Continuing in FFY 2010	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 Continuing in FFY 2010	The new reports allow for more efficient data review and data correction.
	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 will continue to be used as a tool for recruiting providers.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continuing in FFY 2010	This activity is an effective tool for recruiting providers.

APR Template – Part C (4)

Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 will continue to be used as a tool for recruiting providers.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	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. Training rates were added in FFY 2008 and went into effect in FFY 2009.	FFY 2007 through FFY 2009	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.
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 Continuing in FFY 2010	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand.
Retention & Recruitment of District Staff					
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., resulting in 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 will resume when the economic conditions improve statewide.	FFY 2008 through FFY 2009	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 Revised in FFY 2010	This activity has been suspended due to statewide budget restrictions and lack of funds.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Policies & Procedures				
E	1. Revision of policies and procedures	FFY 2005 through FFY 2011	C.O. staff	Waiting on release of the new Part C Regulations	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.	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	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 to facilitate capturing the relevant information. In FFY 2010, this tool was further refined and referred to as the data review/service review tool. In FFY 2010, the IFSP is being revised.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Revised in FFY 2010	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 effective.
E	4. In FFY 2010, changes to the eligibility criteria are being considered.	FFY 2010	C.O. staff	New in FFY 2010	Expected impact is a more rigorous definition of developmental delay.

APR Template – Part C (4)

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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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	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 is being 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 Continuing in FFY 2010	IFSP training within the health districts is open to all service coordinators and affords current staff opportunities to enhance their skills.
C	3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Training and technical assistance continue to be offered when requested by staff or providers.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Technical assistance continues to be requested and provided.
C	5. Typical Child Development training will be offered in FFY 2009. This training did not occur in FFY 2009, but will be offered in FFY 2010.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	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.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	This training addressed needs identified by stakeholders and through general supervision activities.
C, F, J	7. In FFY 2009, ARRA funds used for projects at three universities will result in pre-service and in-service training for staff, providers, and day care workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability includes family members in the training opportunities. These training will be provided in a digital format for staff to use as needed in FFY 2010.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continuing in FFY 2010	Training will address needs identified by stakeholders and through general supervision activities.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
A, B, C,D	8. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	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 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	Current issues/problems specific and unique to each health district were identified and addressed.
	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)

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

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.

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 remaining 3% .

Actual Target Data for FFY 2009:

618 data		
Primary Setting for Early intervention Services	#	%
Total children served with an IFSP	2263	
Children primarily served in an "other" setting	76	3%
Children primarily served in the home	2163	96%
Children primarily served in community-based setting	24	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 met the state target of 97%. 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 should increase the provision of services in natural environments.

APR Template – Part C (4)

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Natural Environment brochures				
D, F	1. A brochure explaining the benefits of services in the NE was developed in FFY 2006 and has been distributed since by central office and district staff. This brochure is on the agency website and continues to be used.	FFY2006 through FFY 2012	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	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 Continuing in FFY 2010	The changes made in FFY 2009 have resulted in more detailed explanations supporting the justifications.
A	3. In FFY 2008, the NE justification was put on the same record of the early intervention service. This allowed a justification to be entered for each service, if necessary. Prior to this change, only one NE explanation could be entered per child in FSIS. Reports that specify the records needing attention were made available to staff in FFY 2009.	FFY2008 through FFY 2012	Data Manager	New in FFY2008 Continuing in FFY 2009 Continuing in FFY 2010	Data entry and review are more user friendly. District staff are utilizing the reports to improve data entry.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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	New in FFY2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	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.	FFY 2008 through FFY 2012	Data Manager C.O. staff	New in FFY2008 Continued in FFY 2009 Continuing in FFY 2010	The data manual will facilitate data entry for staff and will be used as a guide for data entry.
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 FFY2006 Continued in FFY 2007 Continuing in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Health districts contract with providers to best meet the specific needs.
D, F	2. Since FFY 2006, subsidies/loans/grants (SLGs) have been awarded to university programs to provide pre-service training on services in natural settings.	FFY 2006 through FFY 2012	C.O. staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This practice continues and has resulted in some graduates becoming providers for the EIS.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
D, F	3. SLGs were increased with some regional mental health centers to enable them to contract with additional providers who are willing to provide services in natural settings. Since FFY 2008, one mental health center has an SLG.	FFY 2006 through FFY 2012	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This SLG allows the mental health center to provide more early intervention services in the NE in their catchment area.
F	4. In FFY 2007, information packets were mailed to SLPs licensed through MSDH. In FFY 2009, this activity was repeated as a tool for recruiting providers. This effort will continue to be used as a tool for recruiting providers.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continuing in FFY 2010	This activity is an effective tool for recruiting providers.
F	5. In FFY 2008, a similar packet was sent to licensed OTs and PTs. Ads were developed and published in statewide newspapers in an attempt to recruit therapists into the EIS. In FFY 2009, this activity was repeated as a tool for recruiting providers. This effort will continue to be used as a tool for recruiting providers.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This activity is an effective tool for recruiting providers.
F	6. In FFY 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008 and were implemented in FFY 2009.	FFY 2007 through FFY 2009	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention of service providers. Interest in attending training sessions has increased since the training rates went into effect.

APR Template – Part C (4)

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	7. 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 Continuing in FFY 2010	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand.
	Retention & Recruitment of District Staff				
F	1. In FFY 2007, service coordinator positions were realigned from Health Program Specialist to Health Program Specialist Sr., 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 2009	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 Revised in FFY 2010	This activity has been suspended due to statewide budget restrictions and lack of funds.
	Policies & Procedures				
E	1. Revision of policies and procedures.	FFY 2005 through FFY 2012	C.O. staff	Waiting on the release of the new Part C Regulations	Expected impact is program improvement.
E	2. In FFY 2007, revisions in the service coordinator manual mainly involved IFSP directions. This included an emphasis on use of informed clinical opinion in determining eligibility and making recommendations for services. Revisions also included changes in forms. In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed.	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Results include an increase in eligibility determinations and continued improvements to the service coordinator manual.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
E	3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms were refined to better capture transition information and other changes to facilitate capturing the relevant information. In FFY 2010, this tool was further refined and referred to as the data review/service review tool. In FFY 2010, the IFSP is being revised.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Revised in FFY 2009 Revised in FFY 2010	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 effective.
Definition of Natural Environment					
D	1. In FFY 2006, guidance questions were provided to determine whether the decision to provide a service outside natural environments 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 environment and this attachment becomes part of the IFSP. In FFY 2010, we are developing an IFSP which requires a justification of why the outcome will be addressed outside of the natural environment.	FFY 2005 through FFY 2012	C.O. staff	Completed in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Revised in FFY 2010	The NE attachment continues to be used. It facilitates complete documentation of the decision. Documentation of outcomes being addressed outside of the natural environment will be provided through a statement instead of two pages.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C	2. Since FFY 2006, training and technical assistance have been provided on the following topics: natural environment definition, benefits, and best practices; determining whether the decision to provide services outside natural environments meets the criteria for a child outcome-based justification; service delivery models incorporating best practices that support the provision of early intervention services in natural settings; IFSP development incorporating routines to achieve functional outcomes; cultural diversity; and service coordination.	FFY 2005 through FFY 2012	C.O. staff District Staff	New in FFY2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	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 districts is individualized and includes coaching.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	IFSP training within the health districts is open to all service coordinators and affords current staff opportunities to enhance their skills.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 Continuing in FFY 2010	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. Some staff, contract workers, and providers have attended this conference.	FFY 2007 through FFY 2012	MSECA C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	More relevant breakout sessions are needed for those serving the birth to three population. This need has been communicated to those organizing the conference.
C	5. Typical Child Development training will be offered in FFY 2009. This training was not complete in FFY 2009, but will be offered in FFY 2010.	FFY 2009 through FFY 2010	C.O. staff	New in FFY 2009 Continuing in FFY 2010	This training will address needs identified by stakeholders and through general supervision activities.
C, F, J	6. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, and daycare workers on best practices in providing early intervention services. One component addressed assistive technology awareness and availability included family members in the training opportunities. These training will be provided in a digital format for staff as needed.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continuing in FFY 2010	This training will address needs identified by stakeholders and through general supervision activities.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
A, B, C,D	7. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	Expected impact includes more effective service coordination and user-friendly data entry.

APR Template – Part C (4)

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Overview of the Annual Performance Report Development:

See overview for Indicator 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

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

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

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

APR Template – Part C (4)

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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.

APR Template – Part C (4)

Mississippi

State

Targets and Actual Data for Part C Children Exiting in FFY 2009 (2009-10)

Summary Statements	Targets FFY 2009 (% of children)	Actual FFY 2009 (% 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	76%	87%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	66%	70%
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	82%	86%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	68%	69%
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	84%	88%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	73%	72%

APR Template – Part C (4)

Mississippi
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Progress Data for Part C Children FFY 2009

A. Positive social-emotional skills (including social relationships):	#	%
a. Percent of children who did not improve functioning	5	1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	37	8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	95	21%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	188	41%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	135	29%
Total	N=460	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	#	%
a. Percent of children who did not improve functioning	4	1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	45	10%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	94	20%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	196	42%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	125	27%
Total	N=464	100%
C. Use of appropriate behaviors to meet their needs:	#	%
a. Percent of children who did not improve functioning	4	1%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	36	8%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	90	19%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	192	41%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	147	31%
Total	N=469	100%

APR Template – Part C (4)

Mississippi
State

State Target and Actual Data for Infants and Toddlers Exiting in FFY 2009 (2009-2010):

State	A 1	A 2	B 1	B 2	C 1	C 2
TARGET	76%	66%	82%	68%	84%	73%
ACTUAL	87%	70%	86%	69%	88%	72%

Health District Target and Actual Data for Infants and Toddlers Exiting in FFY 2009 (2009-2010):						
Summary Statements for Each of the Three Outcomes:						
Health District	A 1	A 2	B 1	B 2	C 1	C 2
I	94%	73%	91%	73%	96%	75%
II	94%	80%	91%	80%	92%	78%
III	100%	29%	100%	29%	100%	0%
IV	80%	62%	58%	63%	77%	69%
V	82%	79%	81%	76%	72%	78%
VI	96%	56%	100%	63%	100%	68%
VII	88%	64%	88%	62%	89%	65%
VIII	79%	72%	79%	71%	85%	78%
IX	85%	73%	91%	68%	90%	74%
State Target	76%	66%	82%	68%	84%	73%
State Actual	87%	70%	86%	69%	88%	72%

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Progress Data for Infants and Toddlers FFY 2009:

Positive social-emotional skills (including social relationships):										
Health District	A	%	B	%	C	%	D	%	E	%
I	0	0	3	5	14	22	32	50	15	23
II	0	0	2	4	8	16	25	51	14	29
III	0	0	0	0	5	71	1	14	1	14
IV	0	0	10	16	13	21	26	43	12	20
V	2	3	4	6	9	13	19	27	37	52
VI	0	0	1	4	10	40	11	44	3	12
VII	1	1	5	7	18	27	25	37	18	27
VIII	0	0	7	15	6	13	20	43	13	28
IX	2	3	5	7	12	17	29	41	22	31
State	5	1	37	8	95	21	188	41	135	29

Acquiring and using knowledge and skills (including early language/communication):										
Health District	A	%	B	%	C	%	D	%	E	%
I	0	0	4	6	13	20	29	45	18	28
II	1	2	2	4	7	14	25	50	15	30
III	0	0	0	0	5	71	1	14	1	14
IV	0	0	14	25	7	13	12	21	23	41
V	2	3	5	7	10	14	19	27	35	49
VI	0	0	0	0	10	37	12	44	5	19
VII	1	1	6	9	19	28	33	49	9	13
VIII	0	0	8	18	5	11	25	56	7	16
IX	0	0	6	8	18	24	40	53	12	16
State	4	1	45	10	94	20	196	42	125	27

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Taking appropriate action to meet needs:										
Health District	A	%	B	%	C	%	D	%	E	%
I	0	0	2	3	14	22	31	48	17	27
II	0	0	3	6	8	16	27	53	13	25
III	0	0	0	0	7	100	0	0	0	0
IV	0	0	10	16	9	15	25	40	18	29
V	2	3	7	10	7	10	16	22	40	56
VI	0	0	0	0	8	32	11	44	6	24
VII	1	1	5	7	18	26	28	41	17	25
VIII	0	0	5	11	5	11	24	52	12	26
IX	1	1	4	5	14	19	30	41	24	33
State	4	1	36	8	90	19	192	41	147	31

A= Percent of children who did not improve functioning

B= Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers

C= Percent of children who improved functioning to a level nearer to same-aged peers but did not reach

D= Percent of children who improved functioning to reach a level comparable to same-aged peers

E= Percent of children who maintained functioning at a level comparable to same-aged peers

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

Entry and exit data were collected on 460 children to determine progress data. These numbers are significantly higher than the numbers used to calculate 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.

The program will continue to work with Districts to increase the number of children with exit data include the following. Some challenges included:

- exit ratings not being completed by service providers or exit ratings not entered into the database by service coordinators;
- need for more timely implementation of procedures;

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State

- need for increased understanding of how to correctly rate a child's functioning using the Child Outcome Summary Form (COSF);
- staff turnover (service coordinators and service providers);
- need for more resources for evaluations; and to provide training and technical assistance on the scale required to implement the activities statewide.

These barriers are being addressed by continuing to conduct a needs assessment to identify particular issues that service providers or service coordinators are having with this process; providing professional development and TA to early intervention teams statewide; and by collaborating with district staff to develop plans to ensure that exit data are collected at the required time and entered in the database in a timely manner. NECTAC and the ECO center staff will provide technical assistance and training through a "train the trainer" model.

Challenges associated with collecting and entering progress data are being addressed through training, technical assistance, and general supervision activities. When foundational skills in child outcomes are understood and implemented statewide, we will be able to project progress for these outcomes. SERC staff will provide technical assistance and training for typical child development.

Improvement of data accuracy and quality due to training, technical assistance, and new database reports are expected to result in more quality data. Planned professional development is expected to result in more quality services being provided to our 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. We expect the understanding and completion of the required activities to become routine.

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State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database Changes				
A	1. In FFY 2006, entry/exit data were entered into a spreadsheet maintained by Central Office staff. In FFY 2008, test fields were added to the database. In FFY 2009, district staff were given the responsibility to enter this data. This effort will be continued in FFY 2010.	FFY 2006 through FFY 2012	District staff C.O. staff District staff	New in FFY2006 Continued in FFY 2007 Revised in FFY 2007 Continued in FFY 2009 Continuing in FFY 2010	District staff are responsible for entering data. This is more efficient than sending the COSF 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. This resource will be continued in FFY 2010.	FFY 2009 through FFY 2012	District staff C.O. staff	New in FFY2009 Continuing in FFY 2010	The new reports allow for efficient data review.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Collection of Data				
A	<p>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 were entered into a spreadsheet maintained by Central Office staff.</p> <p>In FFY 2007, four health districts received COSF training and assumed the responsibility of gathering the entry and exit data. In FFY 2008, the remaining five health districts received COSF training and assumed the responsibility of gathering the entry and exit data. Training on COSF was provided for new providers and new service coordinators. Training/TA was provided for staff or providers as indicated. Training/TA will be provided as needed in FFY 2010.</p>	FFY 2006 through FFY 2012	Service Providers C.O. staff District staff	<p>New in FFY2006</p> <p>Revised in FFY2007</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continuing in FFY 2010</p>	<p>Since each health district continues to train staff and providers, the data in the FFY 2010 APR should represent the population receiving early intervention services. Training/TA for new staff and providers will be a continuous and mandatory process to maintain the data requirements for this indicator and to continue to improve child outcomes.</p>
A	<p>2. In FFY 2007, exit data were 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. In FFY 2010, child outcome entry and exit will continue to be collected in all nine health districts.</p>	FFY 2007 through FFY 2012	Service Providers District staff	<p>New in FFY2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continuing in FFY 2010</p>	<p>Data collection will result in entry/exit data that represent the early intervention population served in this state.</p>

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training and Technical Assistance				
A, C, D	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. In FFY 2010, this training and technical assistance will continue.	FFY 2008 through FFY 2012	District staff C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This practice will continue to maintain the structure needed to measure child outcomes.
A, C, D	2. In FFY 2008, quality monitors began checking for completeness of the outcome data as part of data verifications. In FFY 2009, this process was continued. Observations of the process were done as indicated. In FFY 2010, this process will be continued, as this will become apart of general supervision through data reviews.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This practice will continue to maintain the structure needed to measure child outcomes.
A, H	3. In FFY 2008, evaluation of data was used to make adjustments needed to the improvement activities. In FFY 2009, the data were used for both reporting purposes and making adjustments in the improvement activities. This effort will be continued in FFY 2010.	FFY 2008 through FFY 2012	Service Providers District staff C.O. staff NECTAC & ECO Center	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This practice should result in effective measurement and improved child outcomes.
A, C, D, F, J	4. Evaluation tool training (i.e., IDA, DP III, HELP, Sensory Profile, E-LAP) was held in FFY 2009 (January 19-21, 2010), in Oxford, Jackson, and Hattiesburg. In FFY 2010, these trainings will be provided in a digital format.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010 Revised in FFY 2007	Improved child outcome measurement is expected.
A, B, C,D	5. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	Expected impact includes effective service coordination and user-friendly data entry.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Policies and Procedures				
E	<p>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.</p> <p>In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed.</p> <p>In FFY 2010, revisions will be made to the present IFSP to include Child Outcomes entry/exit data.</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>Continuing in FFY 2010</p>	Results include an increase in eligibility determinations and continued improvements to the service coordinator manual.

APR Template – Part C (4)

Mississippi
State

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

FFY2009	Measurable and Rigorous Target	
(7/1/2009 to 6/30/2010)	A. Know their rights: B. Effectively communicate their children's needs C. Help their children develop and learn:	92% 92% 92%

Actual Target Data for FFY 2009:

Target Data and Actual Target Data	FFY 2009 Target	FFY 2009 Actual		
		# with a positive response	# of surveys returned with a rating	%
A. Know their rights	92%	405	490	83%
B. Effectively communicate their children's needs	92%	420	489	86%
C. Help their children develop and learn	92%	433	489	889 %

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Mississippi

State

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

Question 164A: 83% of the ~~406~~ 490 families participating in Part C who responded to question 16 of the survey reported that early intervention services have helped the family know their rights. Mississippi did not meet the state target of 92%.

Question 174B: 86% of the ~~420~~ 489 families participating in Part C who responded to question 17 of the survey reported that early intervention services have helped the family effectively communicate their children's needs. Mississippi did not meet the state target of 92%.

Question 184C: ~~8889~~% of the ~~433~~ 489 families participating in Part C who responded to question 18 of the survey reported that early intervention services have helped the family help their children develop and learn. Mississippi did not meet the state target of 92%.

When percent of the population is compared to percent of population served by EI, the percent served by EI is

- Significantly high (+1 SD) for Black or African Americans
- Significantly low (-1SD) for American Indians

When percent of the total surveys returned is compared to percent of population served by EI, the return rate for

- American Indians is significantly high (+ 1SD)
- Black or African Americans is significantly low (-1 SD)

When the rate of return [i.e., # returned/# sent]*100] for the health districts are compared:

- Health District VIII's response rate is significantly high (+ 1SD)
- Health District VII's response rate is significantly low (-1 SD)

Children in the “two or more races” category are not included in the calculation of the standard deviations because reporting using the seven race/ethnicity categories was introduced between data pull for the survey on 11/16/2009, and the second mail out in May, 2010. The children included in the second mail out were those from the 11/16/2009 data pull whose parent had not responded to the first mail out and who were still in “active status.” The data pull for the survey results included updated race/ethnicity data and six children were in the “two or more races” category. The response rate prior to the second mail out was 15%.

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

Mississippi will continue to work to identify factors contributing to the low return rate from the African American population group and that failure to meet the FFY 2009 targets. New activities will be designed to address these factors once they are identified.

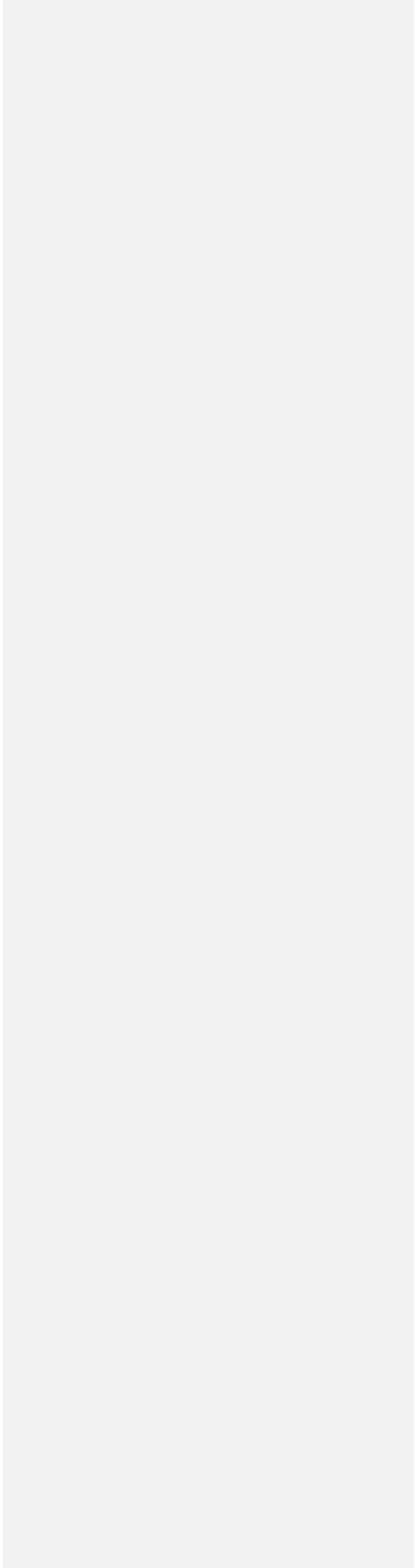
In comparison of data reported in FFY 2008 and FFY 2009, there is an increase of (1.) 2% of families that reported early intervention services have assisted them in knowing their rights; (2.) 2% of families that reported early intervention services have assisted the family effectively communicate their children's needs; (3.) ~~34~~% of families reported that early intervention services have educated the family to help their children develop and learn.

The return rate of the surveys increased. The activities listed below explain the state's progress in return rate of surveys and family's positive responses.

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APR Template – Part C (4)

Mississippi
State



APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

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 this 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.	FFY 2005 through FFY 2012	C.O. staff	Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	There has been an increase of return rate due to ongoing training of this procedure.
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 Coordinator training included providing 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. The current training for service coordinators on this topic will be reviewed and revised, as needed.	FFY 2006 through FFY 2012	C.O. staff	Continued in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	The revised format is well accepted and continues to be used to enhance service coordination.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 Continuing in FFY 2010	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, 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 took place in at least one location in FFY 2009 and will continue in FFY 2010.	FFY 2008 through FFY 2012	C.O staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	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.
C,D	6. In FFY 2007, Part C staff and some providers participated in the Mississippi Department of Education "transition training" designed to increase awareness and enhance Part B/Part C collaboration at the local level. In FFY 2010, staff will continue to attend this training.	FFY 2008 through FFY 2012	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Increased collaboration with local school districts has resulted in more effective and seamless transitions.

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
A	7. In FFY 2007, forms and documents used by the service coordinators to explain due process and complaint procedures to families were included in Infant/Toddler and Family Rights document.	FFY 2007 through FFY 2012	District staff	Completed in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	These documents continue to be disseminated to families to explain the complaint process.
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 will continue to assist in this project.	FFY 2008 through FFY 2010	C.O. staff	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	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. 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 will continue to assist in this project.	FFY 2008 through FFY 2010	C.O. staff District staff	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The impact of Millsaps College involvement is expected to significantly improve data analysis 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 Continuing in FFY 2009 Continuing in FFY 2010	This information will continue to be used for additional program improvement.

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Policies and Procedures:				
E	1. Revise the Policies and Procedures.	FFY 2005 through FFY 2012	C.O. staff	Waiting on new federal regulations	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.	FFY 2005 through FFY 2012	C.O. staff	Revised in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continued in FFY 2008	This document continues to be disseminated and explained to families during the enrollment process.
F	3. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This 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, needed resources will be available as requested.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The expected result is to make our best resources 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 Continuing in FFY 2010	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	FFY 2005 through FFY 2012	C.O. staff District staff	Revised in FFY 2006 Continued in FFY 2007 Continued in FFY 2008	Increased access to information will improve rapport with parents, increase their

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	and Family Rights were translated into Spanish.			Revised in FFY 2009 Continuing in FFY 2010	involvement and empowerment to advocate for their children.
F	6. In FFY 2009, we rescheduled the mail out of the Family Outcome Survey to February. This activity will be continued in FFY 2010.	FFY 2009 through FFY 2012	C. O. staff	New in FFY 2009 Continuing in FFY 2010	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 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.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	Expected impact includes more effective service coordination and user-friendly data entry.
	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, the steps of completing this project will continue.	FFY 2009 through FFY 2010	Data Manager	New in FFY 2009 Continuing in FFY 2010	Improvements to the Central Directory will be easily accessible and empower our parents, guardians, etc.

APR Template – Part C (4)

Mississippi

State

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

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 2009:

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	0.70% of infants and toddlers birth to 1 will have IFSPs.

618 Data for DECEMBER 1, 2009			
	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
State	43,850	325	0.74%

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

For FFY 2009, Mississippi met the state target of 0.70%. 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.

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Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

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 Continuing in FFY 2010	The CRU continues to receive referrals, enters referral data, and notifies 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.	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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 Continued in FFY 2009 Continuing in FFY 2010	A provider newsletter is sent out quarterly to providers/agencies within the state to provide child find awareness.

APR Template – Part C (4)

Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 will be 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 Continuing in FFY 2010	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 Continuing in FFY 2010	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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 Continuing 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
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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 are being considered.	FFY 2010	C.O. staff	New in FFY 2010	Expected impact is a more rigorous definition of developmental delay.
E	2. Revise the Policies and Procedures.	FFY 2005 through FFY 2012	C.O. staff	Waiting on new federal regulations	Expected impact is program improvement.

APR Template – Part C (4)

Mississippi

State

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

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find
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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.

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	1.88% of infants and toddlers birth to 3 will have IFSPs.

Actual Target Data for FFY 2009:

618 Data for DECEMBER 1, 2009			
	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
State	136,477	2,263	1.66%

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 1.56 % in FFY 2007 to 1.66% in FFY 2009. This increase was not enough to meet Mississippi's state target of 1.88%. Compared to the national average of 2.67%, 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.

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.

APR Template – Part C (4)

Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

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 Continuing in FFY 2010	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.	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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 Continued in FFY 2009	A provider newsletter is sent out quarterly to providers/agencies within the state to provide child find awareness.

APR Template – Part C (4)

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
				Continuing in FFY 2010	
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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 will be 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 Continuing in FFY 2010	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
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 Continuing in FFY 2010	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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	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 Continuing in FFY 2010	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
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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 Continuing in FFY 2010	Recruitment of providers occurs regularly at both the state and local levels.

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Mississippi
State

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

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

Monitoring Priority: Effective General Supervision Part C / 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 2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

	# 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	1584	1040	418	1458	92%

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

Data are from the state database and include data for the entire reporting year (July 1, 2009 – June 30, 2010). In FFY 2009, 1584 eligible infants and toddlers had an initial IFSP meeting. One thousand and forty, (66%) IFSPs were developed within the 45 day timeline. Five hundred and forty-four (544) were developed late, with 418 being due to exceptional family circumstances and 126 were due to systemic issues (i.e., mainly due to lack of providers, problems with scheduling, and service coordinator staff turnover). A total of 1458 (92%) were developed in less than 45 days or had exceptional family circumstances. The need for the adequate amount of Service Coordinators to cover catchment areas in two health districts was a contributor to evaluations or IFSPs not being completed in a timely manner. Within the FFY, there were no funds available to hire staff who could initiate completion of requirements in a timely manner. This reporting is based entirely on data entered in the database. Data review, data verification, and follow-up, when indicated, were tools used to ensure that this data reporting is valid and reliable.

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

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

Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 87%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	7
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	5
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	2

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	2
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	2
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected: For health districts that did not correct findings with a year of notification, targeted technical assistance was provided. Health District VI had a focused monitoring visit in FFY 2009 (March, 2010).

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

In FFY 2009 (November, 2009), Mississippi verified that Health Districts III, V, VII, VIII, and IX (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.

In FFY 2009 (April, 2010), Mississippi verified that Health District IV (1) is 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 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.

In FFY 2009 (March, 2010), focused monitoring was conducted in Health District VI. Findings were issued for 45-day timeline and natural environments. The required actions outlined in the corrective active plan serve to address timely services as well as the finding areas. In FFY 2010 (December,

APR Template – Part C (4)

Mississippi

State

2010), Mississippi verified that Health District VI (1) is 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) 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.

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

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 an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2005 and FFY 2006:

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. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

Mississippi issued a finding of noncompliance based on FFY 2005 and 2006 focused monitoring to Health Districts III, IV, V, VI, VII, and VIII in FFY 2007. Based on FFY 2007 data (July 1, 2007 to December 31, 2007) a finding was issued to Health District IX in FFY 2007 (February 13, 2008). In FFY 2007 (January and June, 2008), verification of correction was completed for Health Districts IV, V, VI, VII, and VIII. In FFY 2009 (November 18, 2009), verification of correction was completed for Health Districts III and IX. Mississippi verified that Health Districts III, IV, V, VI, VII, VIII, and IX (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.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier (if applicable): NA

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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 2009 APR, 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 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the 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>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 III, V, VII, 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, Health Districts IV and VI corrected non-compliance more than one year after written notification of the finding.</p>
<p>In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance in the FFY 2009 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 chart below.</p>

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Mississippi
State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

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, the three day session was shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up 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 Continuing in FFY 2010	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 is being 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 Continuing in FFY 2010	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.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Training and technical assistance continue to be offered when requested by staff or providers.
F	4. In FFY 2008, NECTAC and SERRC provided technical assistance on the following topics: changing service delivery models, improving child outcome measurement, and improving transition activities. They continue to provide technical assistance related to these topics and will add the topic of increasing provider awareness of typical child development.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Technical assistance continues to be requested and provided.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
C	5. Typical Child Development training will be offered in FFY 2009. This training did not occur in FFY 2009, but will be offered in FFY 2010.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	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.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	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 day 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 be provided in a digital format for staff to use as needed in FFY 2010.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continuing in FFY 2010	Training will address needs identified by stakeholders and through general supervision activities.
A, B, C,D	8. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	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 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	Current issues/problems specific and unique to each health district were identified and addressed.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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 and provide follow up, as indicated.	FFY 2008 through FFY 2012	Data Manager DC SC	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	This process facilitates proper data entry.
A	2. In FFY 2009, database reports were added for district staff to review and correct missing data. Health district staff now access reports that more clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner.	FFY 2009 through FFY 2012	Data Manager DC SC	Completed in FFY 2009 Continuing in FFY 2010	The new reports allow for efficient data review and data correction.
	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 will continue to be used as a tool for recruiting providers.	FFY 2007 through FFY 2012	C.O. staff	Completed in FFY 2007 Continued in FFY 2009 Continuing in FFY 2010	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 will continue to be used as a tool for recruiting providers.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Completed in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This activity is an effective tool for recruiting providers.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	3. During FFY 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008 and went into effect in FFY 2009.	FFY 2007 through FFY 2009	C.O. staff	Completed in FFY 2007 Revised in FFY 2008 Completed in FFY 2009	The therapy rate changes have helped recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.
C	4. Evaluation tool training (i.e., IDA, DP III, HELP, Sensory Profile, E-LAP) was held in FFY 2009 (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 Continuing in FFY 2010	This training addressed needs identified by stakeholders and through general supervision activities.
F	5. 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. This is why many providers had decided not to contract with EIS. This initial provider group began working with this nonprofit pilot in January 2010 to alleviate this paperwork barrier for providers.	FFY 2008 through FFY 2012	Pilot in Health District IX DC	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	After the processes are in place, tested, refined, and have shown the intended result of increasing the pool of providers, this pilot will likely expand.
C, F, J	6. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, and day 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 be provided in a digital format for staff to use as needed in FFY 2010.	FFY 2009 through FFY 2012	University Staff	New in FFY 2009 Continuing in FFY 2010	Training will address needs identified by stakeholders and through general supervision activities.

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Mississippi
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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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.	FFY 2009 through FFY2010	District staff	New in FFY 2009 Continuing in FFY 2010	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., resulting in 10% raise.	FFY 2007	C.O. staff	Completed in FFY 2007	Staff turnover has decreased.
F	2. Exploring realignment or reclassification of District Coordinators began in FFY 2008 and the exploration continued in FFY 2009. Exploration will resume when the economic conditions improve statewide.	FFY 2008 through FFY 2009	C.O. staff District staff	New in FFY 2008 Continued in FFY 2009 Revised in FFY 2010	This activity has been suspended due to statewide budget restrictions and lack of funds.
Policies & Procedures					
E	1. Revision of policies and procedures	FFY 2005 through FFY 2011	C.O. staff	Waiting on release of the new Part C Regulations	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.	FFY 2006 through FFY 2012	C.O. staff	Revised in FFY 2007 Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Expected impact includes an increase in eligibility determinations and continued improvements to the service coordinator manual.

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 to facilitate capturing the relevant information. 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 is being 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>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 effective.</p>

APR Template – Part C (4)

Mississippi
State

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

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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	1200
b. Number of children exiting Part C	1200
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 database and include data for the entire reporting year (July 1, 2009 – June 30, 2010). For FFY 2009, Mississippi met the state target of 100%. All of the 1200 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 2009:

In FFY2009 (March, 2010), district staff participated in conference calls that focused on transition components. Central Office staff provided follow-up technical assistance.

Correction of FFY 2008 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 98%

-There ~~are~~ ~~were~~ no findings ~~issued~~ for 8-A in FFY 2008 ~~because 100% of the children in the compliance data pull in November 2008 had transition steps and services.~~

Actions Taken if Noncompliance Not Corrected: NA

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

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

Correction of Remaining FFY 2007 Findings of Noncompliance:

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	1
2. Number of remaining FFY 2007 findings the State has verified as corrected	1
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings: NA

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

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 who should have had an IFSP with transition steps and services. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

In FFY 2008 (February, 2009), Mississippi verified that Health Districts II and IV (1) are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) have developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

In FFY 2009 (April, 2010), Mississippi verified that Health District VI: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier: NA

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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 2009 APR the State's data demonstrating that it is in compliance with the IFSP transition content requirements in 34 CFR §§303.148(b)(4) and 303.344(h). Because the State reported less than 100% compliance for FFY 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is correctly implementing 34 CFR §§303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services 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.</p>	<p>One finding based on a compliance data pull was issued to Health District II in FFY 2009 (12/18/2009). On 6/30/10, Mississippi verified that Health District II (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.</p>
<p>In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Mississippi has reviewed and revised the improvement activities. Please see chart below.</p>

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Mississippi
State

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

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

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	1170
b. Number of children exiting Part C who were potentially eligible for Part B	1194
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)	98%

Data are from the state database and include data for the entire reporting year (July 1, 2009 – June 30, 2010). LEA notification increased from 96 % in FFY 2008 to 98% in FFY 2009; however, Mississippi did not meet the state target of 100%.

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

In FFY 2009 (March, 2010), district staff participated in conference calls that focused on transition components. Central Office staff provided follow-up technical assistance. Mississippi did not meet target due to service coordinators misinterpretation that MS has an "opt out" policy Lack of service coordinator

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coverage has also contributed to our state not meeting the target for this indicator. Correction of FFY 2008 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 96%

There were no findings ~~of non-compliance~~ issued for C-8B in FFY 2008 and FFY2007 because this indicator was 100% in the compliance data review (in November 2008 for FFY 2008). For the compliance data review, the state was counting the state-level data transfer with the Mississippi Department of Education as LEA notification. The current interagency agreement with the Mississippi Department of Education (effective June 2009) outlines the procedures used by Part C for LEA notification. The new procedures were used for the FFY 2008 APR data cleanup and reporting. This resulted in the state being at 96% for this indicator. Two districts were notified of data findings for this indicator in December 2009. for C8B.

Actions Taken if Noncompliance Not Corrected: NA

Verification of Correction of FFY 2008 noncompliance or FFY 2008 findings (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 2008: When the data was pulled for compliance purposes on 11/18/2008, the health districts were at 100% for this indicator.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, 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 NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings: NA

Description of the actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007: NA

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier: NA

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

Statement from the Response Table	State's Response
OSEP appreciates the State's efforts and looks forward to reviewing in the FFY 2009 APR 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 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the data the State reported for this indicator: (1) is	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

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<p>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 2009 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>jurisdiction of the EIS program, consistent with OSEP Memo 09-02.</p>
<p>The State must also report, in the FFY 2009 APR, on why it did not make findings based on the FFY 2007 data that the State reported under this indicator, given that the FFY 2007 data reflected noncompliance.</p>	<p>Mississippi has reviewed and revised the improvement activities. Please add new activities.</p>

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

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:

Transition conference, 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 transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

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

a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	850
b. Number of children exiting Part C who were potentially eligible for Part B	1074
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)	79%

Data are from the state database and include data for the entire reporting year (July 1, 2009 – June 30, 2010). The transition conference occurred on time or the delay was due to exceptional family circumstances for 79% of the 1074 children exiting Part C and potentially eligible for Part B. Of the 850 children for whom the transition conference either occurred on time or was late due to exceptional family circumstances, 111 were late due to exceptional family circumstances. Non-exceptional family circumstances were the reason for 53 transition conferences being late and for 9 conferences not being held. Non-exceptional family circumstances for late meetings included (1.) scheduling to meet LEA appointment date needs and (2.) vacancy occurring in service coordination positions during transition conference timelines. The database contained no justification for a late transition conference for 116 children and no justification for not holding a transition conference for 46 children.

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

In FFY 2009 (March, 2010), district staff participated in conference calls that focused on transition components. Central Office staff provided follow-up technical assistance. Missing transition information is being addressed through monitoring activities. Health district personnel access reports in the database that facilitate identifying missing data. For health districts that did not correct findings within a year of notification, targeted technical assistance was provided.

Correction of FFY 2008 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2008 for this indicator: 73%

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	9
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	7
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	2

FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	2
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	2
6. Number of FFY 2008 findings <u>not</u> verified as corrected [(4) minus (5)]	0

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

In FFY 2008 (January,2009), Mississippi verified that Health Districts II, IV, 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) have 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 FFY 2009 (November,2009), Mississippi verified that Health Districts I, III, V, and VIII (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 subsequently collected through on-site monitoring or a State data system; and (2) have 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 FFY 2009 (April, 2010), Mississippi verified that Health District VI (1) is 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

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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 FFY 2010 (December, 2010), Mississippi verified that Health District VII (1) is 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 of findings of noncompliance identified in FFY 2008:

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. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

Correction of Remaining FFY 2007 Findings of Noncompliance:

1. Number of remaining FFY 2007 findings of noncompliance noted in OSEP's June 2010, FFY 2008 APR response table for this indicator	1
2. Number of remaining FFY 2007 findings the State has verified as corrected	1
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

In FFY 2009 (November, 2009), Mississippi verified that Health District V (1) is 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 of findings of noncompliance identified in FFY 2007:

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. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

In FFY 2008 (February, 2009), Mississippi verified that Health District IV (1.) is 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

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Mississippi

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conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Correction of Any Remaining Findings of Noncompliance from FFY 2006 or Earlier: 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 2009 APR, 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 2008, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. When reporting the correction of noncompliance, the State must report, in its FFY 2009 APR, that it has verified that each EIS program with noncompliance reflected in the 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.</p>	<p>No findings were issued based on a compliance data pull on 12/18/2009. All health districts were at 100%.</p>
<p>In the FFY 2009 APR, the State must describe the specific actions that were taken to verify the correction. If the State does not report 100% compliance in the FFY 2009 APR, the State must review its improvement activities and revise them, if necessary.</p>	<p>Mississippi has reviewed and revised the improvement activities. Please review activities on chart below.</p>

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

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 Continuing in FFY2010	This practice serves to support seamless transitions.
E, F, G	2. In FFY 2005, collaboration with agencies resulted in a set of forms that met requirements for Part C and Part B evaluations and assessments. Collaboration with the Department of Mental Health (DMH) EIS has resulted in forms and procedures used for the IFSP development and service provider documentation for the DMH. In FFY 2010, the developmental history will be revised.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Revise in FFY 2010	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). To date, materials developed have been used for training purposes and not to disseminate to parents. In FFY 2010, this effort to develop materials will continue to include materials for parents.	FFY 2005 through FFY 2010	C.O. staff	New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Continued in FFY 2008 Revised in FFY2009 Continuing in FFY 2010	These materials will explain the “transition” process from Part C.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 related to differences between eligibility criteria, family rights, and services under Part C and Part B. 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 collaborative efforts at local levels continues to date. In the interagency agreement with MDE signed on 6/15/2009, the roles and responsibilities of Part C and Part B are clearly described. If FFY 2010, we are continuing joint meetings with MDE to address any policy/procedure needed changes.</p>	FFY 2005 through FFY 2012	C.O. staff	<p>New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008 Continued in FFY 2009 Continuing in FFY 2010</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. In FFY 2008, the definition for “potentially eligible for Part B” changed in the interagency agreement with MDE. In FFY 2009, the training and TA reflected the current transition requirements. In FFY 2010, “potentially eligible” needs to be reviewed.</p>	FFY 2005 through FFY 2010	C.O. staff	<p>New in FFY 2005 Continued in FFY 2006 Continued in FFY 2007 Revised in FFY2008 Continued in FFY 2009 Revise in FFY 2010</p>	District training/TA for Part C staff is necessary to address local challenges and policy/procedure changes between Part B and Part C.

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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>	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>Revise in FFY 2010</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.

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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 is difficult because the role of each parent advisors 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>	FFY 2005 through FFY 2011	C.O. staff	<p>Revised in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010</p>	This tool will educate parents on the resources that are available to help them further their children's development.
	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 also covered two health districts. In late FFY 2008, and the first half of 2009, this quality monitor met with staff in each health district to begin assessing needs and planning on how to address them. Coordination of training with advocacy groups did not occur in FFY 2009.</p> <p>Coordination of training with advocacy groups did not occur due to resignation of this quality monitor.</p> <p>In FFY 2010, a quality monitor will be reassigned to this project.</p>	FFY 2005 through FFY 2012	C.O. Staff	<p>New in FFY 2005 Continued in FFY2006 Continued in FFY2007 Completed in FFY 2008 Revised in FFY 2009 Continuing in FFY2010</p>	The expected impact is to prepare parents/guardians for the "transition process" from Part C services.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training & Technical Assistance				
C, F	1. In FFY 2008, special emphasis was placed on improving the quality of Transition Steps and Services. This effort continues in FFY 2010.	FFY 2008 through FFY 2012	C.O. staff	New in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	This continues to be emphasized in the IFSP and transition trainings.
E	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. 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 put in a more family-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. This document has been used since FFY 2007.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.
C, D	3. In FFY 2008, emphasis was placed on increasing service coordinators, parent advisors, and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging 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.	FFY 2008 through FFY 2012	C.O. staff MSPTI advocacy groups District staff	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The expected impact is increasing parent's knowledge of their rights and comfort levels in exercising them. Service coordinators and parent advisors will learn how to better inform and empower parents.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents for whom the training was appropriate. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.</p> <p>In FFY 2009, we 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 2010.</p>				
C, D	<p>4. In the transition training with MDE; technical assistance offered at district staff meetings; and in written instructions, district staff were given basic instructions on the purpose of the transition conference; the new procedures to address the child and family's unique transition needs, and methods that could be used to document the meeting. In FFY 2009, special emphases were placed on improving the quality of transition conferences. This training will continue in FFY 2010.</p>	FFY 2008 through FFY 2010	C.O. staff	<p>New in FFY 2008</p> <p>Revised in FFY 2008</p> <p>Continued FFY 2009</p> <p>Continuing in FFY2010</p>	Continued collaboration and improvement in the effectiveness of transition conferences are expected.
A, D	<p>5. In FFY 2009, local staff were instructed to refer all parents who do not want the LEA involved to the central office. This has allowed central office staff to explain the requirement and allow the service coordinator to maintain rapport with the family. This activity was discontinued and the district staff will direct and guide families through this process.</p>	FFY 2007 through FFY 2012	SC	<p>New in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continuing in FFY 2010</p>	This will allow more collaboration at the local level.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A	<p>1. FFY 2005, revisions to the database included fields for transition steps and services and the transition conference.</p> <p>In FFY 2007, FSIS was revised to add calculations for the date the child will be 27, 30, 33, and 36 months and the date that MDE was notified of a child “potentially eligible for Part B.”</p> <p>In FFY 2008, the database was revised to allow entry of justifications, declining LEA involvement, and declining to have a transition meeting. In addition, a report was built to notify the staff of children who will meet the criteria for “potentially eligible for Part B” next month, if their status does not change. This report includes the children referred to Part C after 27 months of age. Reports were built to facilitate entry of missing data.</p> <p>In FFY 2010, these available reports will be refined to better serve their purpose.</p>	FFY 2005 through FFY 2012	Data manager	<p>New in FFY 2005</p> <p>Revised in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Revise in FFY 2010</p>	The database changes continue to provide data collection, review, and reporting.
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>Continuing in FFY 2010</p>	This process continues This process continues to be implemented to share data with MDE in a timely manner.

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

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	<p>A. 100% of noncompliance related to monitoring priority areas and indicators will be corrected within one year of identification.</p> <p>B. 100% of noncompliance related to areas not included in the above monitoring priority areas and indicators will be corrected within one year of identification.</p> <p>C. 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.</p>

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Actual Target Data for FFY 2009:

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(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	8	8	3
	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
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	7	5
	Dispute Resolution: Complaints, Hearings	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
A. IFSPs with transition steps and services;	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
B. Notification to LEA, if child potentially eligible for Part B; and	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	7
C. Transition conference, if child potentially eligible for Part B.	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

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	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			24	15
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	62.50%

Describe the process for selecting EIS programs for Monitoring:

In FFY 2009(April-June, 2010), the health districts with long standing findings for timely services were chosen for focused monitoring. The onsite visits occurred in April for Health District VI, in May for Health District III, and in May and June for Health District V.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009: All of the remaining findings reported in the chart above have been verified as corrected.

Note: For this indicator, report data on the correction of findings of noncompliance the State made during FFY 2008 (July 1, 2008 through June 30, 2009) and verified as corrected as soon as possible and in no case later than one year from identification.

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Timely Correction of FFY 2008 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	24
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)	15
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	9

Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	9
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	9
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2008:

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 occur (e.g., an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline or a transition component). The period of time varied between a 2-3 month span. In the smaller health, districts at least 5 records were reviewed even if that number exceeded the ten percent

Timely Services:

In FFY 2009 (November 2009) Mississippi verified that I, VII, and VIII 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).

In FFY 2009 (April and June, 2010), Mississippi verified that IV and IX 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).

In FFY 2010 (December, 2010), Mississippi verified that Health District V is 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) has initiated services, although late, for any child whose services were not

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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 FFY 2009 (May, 2010), a SERRC staff member accompanied the monitoring team and provided technical assistance throughout the focused monitoring onsite visit in Health District III. During the onsite visit, Mississippi verified that Health District III had completed the required activities on the corrective action plan and 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, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). In FFY 2010 (January, 2011), Mississippi verified that Health District III is 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 such as data subsequently collected through on-site monitoring or a State data system.

In FFY 2009 (June, 2010), Mississippi verified that Health District VI 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 FFY 2010 (January, 2011) Mississippi verified that Health District VI is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

45-Day Timeline:

In FFY 2009 (November, 2009), Mississippi verified that Health Districts III, V, VII, VIII, and IX (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 such as 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.

In FFY 2009 (April, 2010), Mississippi verified that Health District IV is 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 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.

In FFY 2010 (December, 2010), Mississippi verified that Health District VI is 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 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.

Indicator 8C - Transition Conference:

In FFY 2008 (February, 2009), Mississippi verified that Health Districts II, IV, 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) have 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 FFY 2009 (November, 2009), Mississippi verified that Health Districts I, III, V, and VIII (1) are correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by

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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) have 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 FFY 2009 (April, 2010), Mississippi verified that Health District VI (1) is 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.

In FFY 2010 (December, 2010) Mississippi verified that Health District VII is 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.

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

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009) (Sum of Column a on the Indicator C 9 Worksheet)	6
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	3
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	3

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

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	3
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	3
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Description of the specific actions that the State took to verify the correction of Remaining FFY 2007 of Noncompliance:

For health districts that did not correct findings with a year of notification, targeted technical assistance was provided. Health Districts III, V, and VI had focused monitoring visits in FFY 2009 (March- June, 2010) to address longstanding findings. 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 occur (e.g., an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day or a transition component) within a specific period of time. The period of time varied

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between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent

Actions Taken if Noncompliance Not Corrected: For health districts that did not correct findings with a year of notification, targeted technical assistance was provided. Health Districts III, V, and VI had focused monitoring visits in FFY 2009 (March- June, 2010) to address longstanding findings.

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

Child Find (Birth to 3):

Verification of correction of the FFY 2007 “child find” finding was completed in FFY 2008 (September 1, 2008). Mississippi verified that Health District IX is correctly implementing the specific regulatory requirements for child find activities. This was based on a review of updated data as collected by the state data system and review of activities conducted to correct this finding.

Indicator 7 - 45 - Day Timeline:

In FFY 2009 (November, 2009), Mississippi verified that Health District IX(1) is 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 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.

Correction of Remaining FFY 2007 Findings of Noncompliance (if applicable)

Indicator 8-Transition:

In the FFY 2008 APR, the findings were reported under 8C rather than being reported under 8A and 8C. This error was discovered during writing of the FFY 2009 APR. Rather than four findings for 8C, there were three for 8A (in Health Districts II, IV, and VI) and two for 8C (in Health Districts IV and V). Verification of correction of these findings is discussed in the following sections.

Indicator 8A - Transition Steps and Services:

In FFY 2008 (February, 2009), Mississippi verified that Health Districts II and IV (1) are correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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) have developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

In FFY 2009 (April, 2010), focused monitoring was conducted in Health District VI. During the focused monitoring onsite visit, Mississippi verified that Health District VI: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

Indicator 8C - Transition Conference:

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. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

In FFY 2008 (February, 2009), Mississippi verified that Health District IV 1) is correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section

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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 FFY 2009 (November, 2009), Mississippi verified that Health District V 1) is 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.

Correction of Remaining FFY 2006 of Noncompliance:

For FFY 2007 findings that the State has not yet corrected, explain what the State has done to identify the root cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance, including, as appropriate, enforcement actions taken against an EIS program that continues to show noncompliance.

If the State reported less than 100% for this indicator in its FFY 2007 APR and did not report that the remaining FFY 2007 findings were subsequently corrected, provide the information below:

1. Number of remaining FFY 2006 findings noted in OSEP's June 2010 FFY 2008 APR response table for this indicator	3
2. Number of remaining FFY 2006 findings the State has verified as corrected	3
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	0

Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2006:

For health districts that did not correct findings with a year of notification, targeted technical assistance was provided. Health Districts III, V, and VI had focused monitoring visits in FFY 2009 (March- June, 2010) to address longstanding findings. 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 new services initiated within a specific period of time. The period of time varied between a 2-3 month span. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

In FFY 2009 (May, 2010), Mississippi conducted focused monitoring in Health District III. During the onsite visit, Mississippi verified that Health District III had completed the required activities on the corrective action plan for the finding from FFY 2005 focused monitoring and 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 FFY 2010 (January, 2011), Mississippi verified that Health District III is 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 such as data subsequently collected through on-site monitoring or a State data system.

In FFY 2009 (May-June, 2010), Mississippi conducted focused monitoring in Health District V. In FFY 2010 (August, 2010), 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

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OSEP Memorandum 09-02. In FFY 2010 (December, 2010), Mississippi verified that Health District V is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

In FFY 2009 (April, 2010), focused monitoring was conducted in Health District VI. The required actions outlined in the corrective active plan serve to address timely services, as well as, the finding areas. In FFY 2009 (June, 2010), Mississippi verified that Health District VI 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. In FFY 2010 (January, 2011) Mississippi verified that Health District VI is correctly implementing the specific regulatory requirements for timely service provision (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data such as data subsequently collected through on-site monitoring or a State data system.

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

Statement from the Response Table	State's Response
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 2009 APR demonstrating that the State timely corrected noncompliance identified in FFY 2008 in accordance with IDEA section 635(a)(10)(A), 34 CFR §303.501, and OSEP Memo 09-02. In reporting on correction of noncompliance in the FFY 2009 APR, the State must report that it verified that each EIS program with noncompliance identified in FFY 2008: (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 2009 APR, the State must describe the specific actions that were taken to verify the correction.	Mississippi has reviewed and revised the improvement activities. Please review activities in chart below
The State must demonstrate, in the FFY 2009 APR, that the remaining three findings of noncompliance identified in FFY 2006 that were not reported as corrected in the FFY 2008 APR were corrected	Mississippi verified correction of noncompliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02, Health Districts III, V, and VI have corrected the noncompliance.
In addition, in responding to Indicators 1, 7, 8A, 8B, and 8C in the FFY 2009 APR, the State must report on correction of the noncompliance described in this table under those indicators. In reporting on Indicator 9 in the FFY 2009 APR, the State must use the Indicator 9 Worksheet.	Please refer to the Indicator 9 Worksheet and the sections in this indicator.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Monitoring Activities				
B	<p>1. In FFY 2006, the monitoring done in four health districts, which we called “focused monitoring”, was closer to the definition of comprehensive monitoring.</p> <p>During FFY 2007, this same type of monitoring was done in the remaining five 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 addition to these health districts, Health Districts II and VIII will have a focused monitoring visit in FFY 2010, since their last onsite monitoring was in FFY 2006.</p>	FFY 2006 through FFY 2012	C.O. staff and other assigned monitors	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Continued in FFY 2009</p> <p>Continuing in FFY 2010</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.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
B	<p>3. In FFY 2008, we identified one point in time during the SPP/APR reporting period to review compliance data from the database.</p> <p>In FFY 2009, data pulled for compliance was pulled for a specified period which was less than one year.</p> <p>In FFY 2009, data findings were issued on December 18, 2009. The date and timeframe for the next data findings will be determined after receiving technical assistance from OSEP and SERRC.</p>	FFY 2008 through FFY 2012	District coordinators and C.O staff	<p>New in FFY 2008</p> <p>Revised in FFY2009</p> <p>Continuing in FFY 2010</p>	The change is expected to result in more timely correction of noncompliance.
A, B	<p>4. In FFY 2008, data verification was used as a tool to ensure valid and reliable data; determine TA needs; and to determine if the TA was successful.</p> <p>In FFY 2009, data verification forms were refined to better capture transition information and other changes to facilitate capturing the relevant information. This process will continue to be used in FFY 2010 for the purposes listed under FFY 2008.</p>	FFY 2007 through FFY 2010	Quality monitors and other C.O staff	<p>New in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Revised in FFY 2010</p>	Our data verification process is a very effective tool for identifying training and TA needs.
B	<p>5. In FFY 2007, potential sanctions and enforcement actions were drafted. In FFY 2009, necessary enforcement actions were determined after the onsite visit.</p>	FFY2007 through FFY 2010	MSDH administration	<p>New in FFY 2007</p> <p>Revised in FFY2009</p> <p>Continuing in FFY 2010</p>	More effective use of sanctions/ enforcement actions will result in more timely correction of noncompliance.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 was continued to be used along with implementation of CAP and accounting for all children involved with the finding. This process will continue in FFY 2010.	FFY 2008 through FFY 2010	Monitoring teams	New in FFY 2008 Revised in FFY2009 Continuing in FFY 2010	The change has resulted in a timely correction of noncompliance.
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 pulled for a specified period that is less than one year. In FFY 2010, this process of pulling data will continue.	FFY 2008 through FFY 2012	District coordinators C.O staff	New in FFY 2008 Revised in FFY2009 Continuing in FFY 2010	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. Coordinating this activity proved to be challenging to occur consistently in FFY 2008. In FFY 2009, service verification was redesigned and implemented. In FFY 2010, the revised service verification form will continue to be implemented.	FFY 2008 through FFY 2012	DC	New in FFY 2008 Revised in FFY2009 Continuing in FFY 2010	This data verification tool is very effective for identifying training and TA needs.
Training & Technical Assistance					
D	1. Technical Assistance:	FFY 2005	Quality monitors, C.O staff, and	New in FFY 2008 Revised in FFY 2009	Use of the new reports by the quality monitors will

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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.	through FFY 2010	other resources	Continuing in FFY 2010	facilitate individualized technical assistance.
A,B,D,F	In FFY 2009, SERRC provided technical assistance onsite during a focused monitoring visit in which the focus was timely services. The TA addressed timely service issues and improving our general supervision activities.	FFY 2009 through FFY 2012	C.O staff	New in FFY 2009 Continue in FFY 2010	This TA helped improve our focused monitoring process and strategies for addressing timely service issues.
	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 FFY2009 Continuing in FFY 2010	These changes have facilitated corrective actions within the health districts and 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: service coordinator, health district, and state. It was developed in August, 2010, and will be used with the next compliance data findings and focused monitoring findings.	FFY 2009 through FFY 2012	Data manager	New in FFY 2009 Continuing in FFY 2010	This module will facilitate tracking of correction of noncompliance.
	Corrective Action Plans				
B, E, H	1. All health districts with findings are now required to submit much more detailed CAPs and report monthly on their progress. The CAPs must include	FFY 2009 through	DCs C. O. staff	New in FFY 2009 Continuing in FFY 2010	The changes are expected to result in a timely correction of

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	the following: strategies/activities; expected results; the timeframe including benchmarks (specific sub-goals that will be met by specific dates); and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to Central Office by a specified date for approval. Submitted plans will either be approved or corrected by a specified date. Monthly updates on action taken must be documented in the plan.	FFY 2012			noncompliance.

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

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 2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

Between July 1, 2009 and June 30, 2010, 8 written, signed complaints were received. Reports were issued for all of the findings, which were resolved within the timeline. Mississippi met its 100% target.

Initially, 3 written, signed complaints were reported for FFY 2009. During the reporting time period, the Part C Coordinator position became vacant. New Part C Coordinator was reviewing this indicator's data for this FFY APR and discovered 5 additional written, signed complaints, which needed to be reported in this APR. This created a discrepancy in the previous written complaints reported.

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

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. In addition, clearer procedures for handling formal and informal complaints will ensure timely resolution and issuance of reports.

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:

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 in FFY 2010.</p>	FFY 2006 through FFY 2010	C.O. staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	The expected impact is increasing parent's 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
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, 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 took place in at least one location in FFY 2009 and will continue in FFY 2010.</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>Continuing in FFY 2010</p>	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.
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.</p> <p>Several health districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2010, this tool will continue to be reintroduced to the other health districts by district staff whom continue to</p>	FFY 2006 Through FFY 2012	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	Families will have access to resources and information related to their child's specific needs.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	use them.				
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 in FFY 2010.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	Families will have access to resources and information related to their child's specific needs.
	Recruitment of staff				
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 and the first half of 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. In FFY 2010, EIS will continue to coordinate trainings with advocacy groups.	FFY 2005 through FFY 2012	Part C Coordinator	New in FFY 2005 Continued in FFY2006 Continued in FFY2007 Completed in FFY 2008 Revised in FFY 2009 Continuing in FFY2010	The expected impact is increased activities to address family outcomes.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A	1. Configure the database to capture information about signed written complaints. This will occur in FFY 2010 as part of the general supervision module described in Indicator 14.	FFY 2005 through FFY 2010	Data manager	New in FFY 2010	This module will initiate tracking of corrections.
	Training and Technical Assistance				
C	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. 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. The current training for service coordinators on this topic will be reviewed and revised, as needed.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing 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
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, 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 in FFY 2010.</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>Continuing in FFY 2010</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>

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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 2009:

FFY 2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	100% of due process hearing request will be fully adjudicated within the 30 day timeline.

Between July 1, 2009 and June 30, 2010, no hearing requests were filed.

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

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 FFY2010:

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 complaint form, a glossary, and the list of resources were put in a single document. This document will continue to be used in FFY 2010.</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>Continuing in FFY 2010</p>	The expected impact is increasing parent's knowledge of their rights and comfort in exercising them.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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 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 in FFY 2010.</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>Continuing in FFY 2010</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>

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.</p> <p>Several health districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2010, this tool will continue to be reintroduced to the other health districts by district staff whom continue to use them.</p>	FFY 2006 Through FFY 2012	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	Families will have access to resources and information related to their child's specific needs.
F	<p>4. In FFY 2006, there was an effort to make the basic contents of packets given to parents the same. This was revised in FFY 2007, to allow district personnel to decide what to include in the packet beyond the I/T & Family Rights document. In FFY 2008, district staff continued to decide what to include beyond the I/T & Family Rights document. In FFY 2009, resources found to be effective in certain health districts was made available in the other health districts. In FFY 2010, these resources will continue to be assessable to other health districts.</p>	FFY 2005 through FFY 2012	District staff	<p>New in FFY 2006</p> <p>Revised in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	Families will have access to resources and information related to their child's specific needs.

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 is also covering two health districts. In late FFY 2008 and the first half of 2009, this quality monitor met with staff in each health district to begin assessing the needs of and planning on how to address them. In FFY 2010, 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 FFY2006</p> <p>Continued in FFY2007</p> <p>Completed in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY2010</p>	The expected impact is increased activities to address family outcomes.
	Database changes				
A	<p>1. Configure the database to capture information about due process hearing requests. This will occur in FFY 2010 as part of the general supervision module described in Indicator 14.</p>	FFY 2005 through FFY 2010	Data manager	New in FFY 2010	This module will initiate tracking of corrections.

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Training and Technical Assistance				
C	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. 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. The current training for service coordinators on this topic will be reviewed and revised, as needed.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing 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
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, 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 in FFY 2010.</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>Continuing in FFY 2010</p>	<p>The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.</p> <p>Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

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State

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

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.

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	Not applicable for First Steps because Part B due process procedures have not been adopted by First Steps.

APR Template – Part C (4)

Mississippi
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Part C State Annual Performance Report (APR) for FFY 2009
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 2009:

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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 2009:

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 FFY2010:

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Procedural changes				
E	<p>1. In FFY 2006 the process began to develop procedures to ensure that families, guardians, caregivers, providers, and others involved with the provision of early intervention services are knowledgeable of how to advocate for the rights of families of children in need of and eligible for early intervention services. Since FFY 2006, training on parental rights (for district personnel, service providers, parents, and other stakeholders) has been provided.</p> <p>In FFY 2007, the complaint process form began being used to explain the complaint process to parents. The Infant/Toddler and Family Rights (I/T & Family Rights) document was put in a more parent-friendly format and language. The complaint process form, a complaint form, a glossary, and the list of resources were put in a single document. This document has been used since FFY 2007.</p>	FFY 2006 through FFY 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>Continuing in FFY 2010</p>	The expected impact is increasing parents' knowledge of their rights and comfort in exercising them.

APR Template – Part C (4)

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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, 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 in FFY 2010.</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>Continuing in FFY 2010</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>
F	<p>3. FFY 2006, district staff were given materials to develop communication notebooks, which included among other valuable information; procedural safeguards in a user-friendly format; the MSDH/EI toll free number; contact information for advocacy groups; forms for filing informal and signed written complaints, requesting mediation, and requesting due process hearings; and sample letters for documenting requests for changes in services, documentation, etc.</p> <p>Several health districts consider the notebook to be a valuable tool and have continued to use them. In FFY 2010, this tool will continue to be reintroduced to other health districts by district staff whom continue to use them.</p>	FFY 2006 Through FFY 2012	DC SC	<p>New in FFY 2006</p> <p>Continued in FFY 2007</p> <p>Continued in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	<p>Families will have access to resources and information related to their child's specific needs.</p>

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
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. These resources will continue to be accessible to other health districts in FFY 2010.	FFY 2005 through FFY 2012	District staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	Parents will know which resources are available and receive the information they request.
	Recruitment of staff				
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 and the first half of 2009, this quality monitor met with staff in each health district to begin assessing the needs of and 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 FFY2006 Continued in FFY2007 Completed in FFY 2008 Revised in FFY 2009 Continuing in FFY2010	The expected impact is increased activities to address family outcomes.

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State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A	1. Configure the database to capture information about mediation requests. This will occur in FFY 2009 as part of the general supervision module described in Indicator 14.	FFY 2005 through FFY 2010	Data manager	New in FFY 2009 Continuing in FFY2010	This module will initiate tracking of corrections.
	Training and Technical Assistance				
C	1. Since FFY 2006, training on parental rights (for health 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. 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. The current training for service coordinators on this topic will be reviewed and revised, as needed.	FFY 2006 through FFY 2012	C.O. staff	New in FFY 2006 Revised in FFY 2007 Continued in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.
C, D	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	FFY 2008 through FFY 2012	C.O staff MSPTI advocacy	New in FFY 2008 Revised in FFY 2009 Continuing in FFY 2010	The expected impact is increasing parents' knowledge of their rights and comfort in exercising

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Mississippi
State

Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>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 in FFY 2010.</p>		<p>groups District staff</p>		<p>them. Service coordinators and parent advisors will learn how to better inform and empower parents.</p>

APR Template – Part C (4)

Mississippi

State

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

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 2009:

FFY2009	Measurable and Rigorous Target
(7/1/2009 to 6/30/2010)	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.

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618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	0	0	1	N/A	1
				Subtotal	12
618 Score Calculation			Grand Total (Subtotal X 2.5) =		30

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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	0.00
Base	70.00
D. Subtotal (C divided by Base*) =	0.929
E. Indicator Score (Subtotal D x 100) =	92.9

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*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618.

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
4	4	4	2

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

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Indicator 14 – 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/___	4	4	4	4	4
Table 2 – Settings Due Date: 2/1/___	4	4	4	4	4
Table 3 – Exiting Due Date: 11/1/___	4	4	4	N/A	3
Table 4 – Dispute Resolution Due Date: 11/1/2010	4	0	4	N/A	2
				Subtotal	13
			Weighted Total (subtotal X 2.5)		32.5
Indicator # 14 Calculation					
			A. APR Total	35	
			B. 618 Total	32.5	
			C. Grand Total	67.5	
Percent of timely and accurate data = (C divided by 70 times 100)			(C) / (70) X 100 = 100%		

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 are end-user friendly 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.

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Initially, 3 written, signed complaints were reported for the Dispute Resolution (Table 4), due November 1, 2010. During the reporting time period, the Part C Coordinator position became vacant. New Part C Coordinator was reviewing this indicator's data for this FFY APR and discovered 5 additional written, signed complaints, which needed to be reported in this APR. This created a discrepancy in the previous written complaints reported.

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

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 FFY2010:

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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 to facilitate capturing the relevant information. This process will continue to be used in FFY 2010 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 Continuing in FFY 2010	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 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.	FFY 2007 through FFY 2012	C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Our data verification process is a very effective tool for identifying training and TA needs.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	Database changes				
A, B	<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 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</p>	FFY 2007 through FFY 2012	Data manager	<p>New in FFY 2007</p> <p>Revised in FFY 2008</p> <p>Revised in FFY 2009</p> <p>Continuing in FFY 2010</p>	These changes facilitate data input, retrieval, review, and correction.

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	<p>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 service coordinator 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. Our reports that grow smaller as missing data is entered are preferred over the reports in which the list remains the same length. In FFY 2010, we will continue to work on improving these reports and to build the following reports:</p> <p>(a). An APR reports that allows reporting the timeliness of services <u>by child</u></p> <p>(b). 618 data reports necessary to report Natural Environment data for a specific date or for a given period of time greater than one day.</p>				
A	2. In FFY 2009, we reported health district level data on the website. In FFY 2010, health district level data will continue to be reported on the website.	FFY 2009 through FFY 2012	C.O. staff	New in FFY 2009 Continuing in FFY 2010	This is necessary to meet reporting requirements.
A	3. In FFY 2009, we converted our race/ethnicity data collection to meet the new requirements for the 7 Race/Ethnicity categories. We 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, we updated the Central Directory to	FFY 2009	C.O. staff	Revised in FFY 2009	Improvements to the

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
	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.	through FFY 2012		Continuing in FFY 2010	Central Directory will empower our parents , guardians, etc.
A, B	5. In FFY 2009, we began the process of developing a general supervision (monitoring) module that allows us to track correction of noncompliance. The development of this module will continue in FFY 2010.	FFY 2009 through FFY 2012	Data manager C.O. staff	New in FFY 2009 Continuing in FFY 2010	This module will facilitate tracking of correction of noncompliance.
A, B	6. In FFY 2009, we built a tickler system for our 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, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination.	FFY 2010 through FFY 2012	District staff	New in FFY 2010	Expected impact includes more effective service coordination and user-friendly data entry.
Technical Assistance					
D	1. Technical assistance and training about the database changes continues to be provided for each health district since the database changes in 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 Continuing in FFY 2010	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 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	The expected result is program improvement TA is expected to result in more effective self-

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Category	Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Status	Reason/Impact
				Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	assessment and improvements and plans.
C	3. Technical Assistance related to the focused monitoring process for health districts and the monitoring team members 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 Continuing in FFY 2010	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 Continuing in FFY 2010	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 IX staff to rebuild after Hurricane Katrina in FFY 2005 and FFY 2006.	FFY 2005 through FFY 2006	C.O. staff	Completed in FFY 2006	
A, B, D	8. Technical assistance to database users has been provided by phone, in meetings, and through coaching since FFY 2007.	FFY 2007 through FFY 2012	Data manager C.O. staff	New in FFY 2007 Continued in FFY 2008 Continued in FFY 2009 Continuing in FFY 2010	Provision of this TA results in more efficient data entry.