# 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 §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)[1] under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 15, 2013.

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 2011 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.

__S. Miller__ (signature)　　　　　　　　　　__2. 4. 2013__
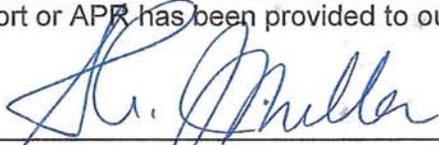
Signature of ICC Chairperson　　　　　　　　　Date

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Daytime telephone number

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

2 If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 15, 2013.

Mississippi's Early Intervention System

FFY 2011
Part C Annual Performance Report

PREPARED FOR THE
UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS

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

Mississippi's Part C Annual Performance Report (APR)

For FFY 2011

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February 15, 2013

Part C State Annual Performance Report (APR) for FFY 2011

Overview of the Annual Performance Report Development:

Mississippi's Annual Performance Report was developed in collaboration with the lead agency staff, the State Interagency Coordinating Council (SICC) members, 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; during TA and monitoring visits; and through a comment section added to Early Intervention System (EIS) family survey. Based on the informal and formal information, SICC members/Stakeholders reviewed data and developed and/or revised improvement strategies. The core team 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, or sought guidance from the Southeast Regional Resource Center (SERRC), Early Childhood Outcome Center (ECO), Data Accountability Center (DAC), and Infant and Toddler Coordinator Association (ITCA), The National Center for Appropriate Dispute Resolution and Special Education (CADRE) , Dispute Resolution Group and the National Early Childhood Technical Assistance Center (NECTAC). The OSEP state contact, Kate Moran, was also used for technical support and direction.

The guidance and support necessary to design and implement needed changes are being provided by OSEP, SERRC, NECTAC, CADRE, ECO, Mississippi's Institutions of Higher learning (IHL), and other state agencies. The technical assistance has addressed program improvement strategies, service delivery models, general supervision strategies, transition components, child and family outcomes, data validity/quality, and fiscal management.

Data reported for this APR were gathered primarily through the First Steps Information System (FSIS) database. Improvements to the database have (1.) made data entry more comprehensive; (2.) provided tools to assist Central Office when monitoring district staff; and (3.) assisted district staff in managing their caseloads.

The SICC reviews the final draft of the APR document each year and provides feedback suggestions for improvement activities and approval for submission to OSEP. In addition, data compiled for the APR has been and will continue to be shared with the SICC quarterly.

The MS's EIP SPP and APR are published on the MSDH website, http://msdh.ms.gov/msdhsite/_static/41,0,74,63.html , upon its completion and submission to OSEP. The SPP is revised annually with OSEP's approval. This website continues to be available to the public.

As per OSEP requirements, MS Early Intervention Program (EIP) reported to the public on the performance of each EIS program in meeting the measurable and rigorous targets found in the Part C SPP. The status of their "determination" was based on criteria assigned to each of the four levels of determination, i.e., Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. Notification of determination was made to each EIS program and follow-up provided as required. Progress Report data and Result Focus information are also presented to the SICC.

The special conditions for the Part C FFY 2011 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). The report on Mississippi's utilization of technical assistance to address noncompliance on Indicators 1, 7, 8, and 9 will be submitted with each Progress Report. Reporting required to meet the special conditions include a progress report due February 1, 2013 and a final report due May 15, 2013.

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Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

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 2011	Measurable Rigorous Target 100%	Actual Data for FFY 2011:	
		Number:	**Target:**
		444 infants and toddlers received the early intervention services on their IFSPs in a timely manner out of **522** infants and toddlers.	Not Met
		53 infants' and toddlers' early intervention services on their IFSPs had documented delays attributable to exceptional family circumstances and were included in the numerator and denominator above.	
		25 infants' and toddlers' early intervention services were not delivered in a timely manner due to program issues and were subtracted from the numerator above.	
		Calculation: *(497 ÷ 522 x 100 =95.2%)*	
		95%	

REPORT OF PROGRESS - INDICATOR 1			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	76%	87%	95%

The quarterly data collection accurately reflects the population that MS EIP serves. This quarter represents the activities that occur throughout the year in the MS EIP. This quarter is based on April 1, 2012 through June 30, 2012 data. During this quarter, all children who should have received the early intervention services on their IFSPs were accounted in this report.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

MS EIP has made significant progress toward the target of 100%. The percent of children with all new services on time increased from 87% to 95%. As the MS EIP began reviewing data, it was noticed that data entry was not complete in several areas. As a result of this observation, intense on-sight data TA

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and bi-monthly data reviews were completed to ensure that data pulls for reporting were accurate, which contributed to a significant increase in timely provision of services. These data include all new early intervention services from both initial IFSPs and subsequent IFSPs during FFY 2011 (April 1, 2012 thru June 30, 2012). Family circumstances include the following: lost contact with family, missed appointments, or delayed services upon family's request. MS has implemented several improvement strategies to increase timely provision of services. Because of targeted staff training on data entry and data clean up reports, accuracy and timely entry of data have improved. Tickler reports are also available to remind district staff to secure services for children in a timely manner. MS EIP continues to implement strategies in each health district to secure needed services. This activity contributes to the increase in services being initiated in a timely manner. Improvement strategies are being implemented to secure paperwork necessary for insurance and Medicaid which contribute to timely services. Health districts' staff met with Physicians to stress the importance of completing Certificate of Medical Necessity (CMN) forms or prescriptions in a timely manner for initiation of services. Mississippi's criteria for "timely" receipt of early intervention services was redefined to reflect "within thirty business days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 business days for developmental and/or therapeutic reasons." Intense data review and follow-up, when indicated, were strategies used to ensure that these data are valid and reliable.

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE (IF STATE REPORTED LESS THAN 100% COMPLIANCE):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 87%

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	**9**
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	**9**
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	**0**

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	**0**
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	**0**
6. Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	**0**

VERIFICATION OF CORRECTION OF <u>FFY2010</u> FINDINGS:

Verification of correction was completed in all nine Health Districts within the one year timeline. These Health Districts (1) are correctly implementing the timely service provision requirements (i.e., achieved 100% compliance) in 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on updated data subsequently collected through on-site monitoring or the 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).

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

Verification of correction was done using data collected through on-site monitoring or submission of documentation to state office for verification. Documentation for verification is determined by the state office and must be submitted to the state office within 48 hours of request. The data collected were from 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 ensured that the corrective action plan was being implemented and verified that the health district had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

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 FFY 2011 APR, 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 2010, the State must report on the status of correction of noncompliance identified in FFY 2010 for this indicator.	The percent of children with all new services on time or delayed due to exceptional family circumstances increased from 87% to 95%. Correction of all FFY 2010 requirements was verified according to OSEP requirements.
When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each EIS program with noncompliance identified in FFY 2010 for this indicator: (1) is correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). In the FFY 2011 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 with OSEP Memo 09-02. Health Districts I, II, III, IV, V, VI, VII, VIII, and IX have corrected non-compliance.
If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.	The chart below provides Mississippi's reviewed and revised improvement activities.

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REVISIONS, <u>WITH</u><u>JUSTIFICATION</u>, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Definition of "timely services"			
1. The definition of "timely" provision of services was changed in April FFY 2011, to "thirty business days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 business days for developmental and/or therapeutic reasons."	**Completed FFY 2011**	Part C Coordinator	This definition will be used to improve the timeframe for timely services without counting weekend days and holidays.
2. In FFY 2011, guidance was given to service providers and service coordinators regarding 30 business days. The guidance given is as follows: after an IFSP has been signed by parent, the expected date of service delivery or service must start within 30 business days.	**Completed FFY 2011**	SC DC	The revised guidance and definition of timely services will increase collaboration with consultants. This guidance will continue to be enforced as needed to improve timely services.
3. In FFY 2012, data entry training is ongoing.	FFY 2011 FFY 2012	Data Manager DC SC	Training continues to be offered when there is a change in the database or when requested by staff or need identified. A data manual was developed and provided electronically for SC to access at all times on correct procedures and definitions of each field.
Database changes			
1. In FFY 2007, the system was changed to link service provision changes to an IFSP date, which allows for calculations of "timely" by the data system for all children's services from July 1, 2007 to current. In FFY 2008, fields were added to allow differentiation between new services and existing services. In FFY 2009, reports were built to facilitate reporting timely services by child's name.	**Completed FFY 2009**	Data Manager DC SC	The database changes continue to facilitate data collection, review, and reporting.

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
2. In FFY 2008, database fields were added for documentation of exceptional family circumstances. Central Office staff determined whether the documentation met the criteria for an exceptional family circumstance. In FFY 2009, district staff began selecting the justification type. When data is pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up as indicated. In FFY 2012, a data manager was hired in CO to monitor data for reporting and compliance purposes.	**Completed FFY 2012**	Data Manager DC SC	This process facilitates proper data entry and monitoring of data validity and timely entry. Data changes have allowed MS EIP to streamline the procedures to enhance user friendliness and efficiency.
3. In FFY 2009, database reports were added for district staff to review and correct missing data. District staff can access reports that clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner. In FFY 2012, database reports will be refined so that the usefulness is increased and easier for staff to access.	FFY 2011 FFY2012	Data Manager DC SC	The new reports allow for more efficient data review and data correction. Previous data reports were located in several different modules. These reports will be modified to make more concise and easily accessible for staff.
4. In FFY 2010, all forms will be accessed on the tablet PCs. All entries made on the forms will be automatically entered in the database. This change did not occur in FFY 2010. In FFY 2012, the IFSP will be accessed on the tablet PCs.	FFY 2011 FFY2012	C.O. Staff DC SC	This will decrease time being spent on data entry and increase time dedicated to service coordination. Also, this will decrease incorrect data entry, due to transposing incorrect dates/information into the registry fields. This will improve data quality.
Provider Recruitment & Training			
1. Beginning in FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). This activity did not occur in FFY 2011, due to a limited return on effort. In FFY 2012, this activity was revised. This is now a part of the IP in Result Focus. DCs and monitoring staff contacted universities and provided EI information and career opportunities to key directors/instructors on OT, PT, and SLP programs. Recruitment for therapy positions in OT, PT, and SLP services are	FFY 2011 FFY 2012	C.O. Staff DC	Packets mailed to therapists did not provide any results; therefore, a new approach was taken to contact different therapy disciplines, and directors/instructors that EI covers. This

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
published in local newspapers. These positions are advertised on the MS EIP website, also.			activity is an effective tool for recruiting providers.
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 2012, this activity is now a part of the IP in Result Focus. DCs and monitoring staff contacted universities and provided EI information and career opportunities to key directors/instructors on OT, PT, and SLP programs. New advertisements for therapy positions in OT, PT, and SLP services are published in newspapers for recruitment.	FFY 2011 FFY 2012	C.O. Staff DC	Packets mailed to therapists did not provide any results; therefore, a new approach was taken to contact different therapy disciplines' directors/instructors to provide information on EI services. This activity is an effective tool for recruiting providers.
3. During FFY 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively. Training rates were added in FFY 2008 and went into effect in FFY 2009. In FFY 2011, therapy rates were reduced due to the economical conditions.	FFY 2009	C.O.Staff	The therapy rate changes have positively impacted recruitment and retention. Interest in attending training sessions has increased since the training rates went into effect.
4. In the last quarter of FFY 2008, a pilot began in Health District IX. This pilot is the Coast ICC 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 pilot in January 2010 to alleviate the paperwork barrier for providers. In FFY 2012, District VIII began utilizing this group also.	FFY 2011 FFY 2012	Pilot in Health District IX DC District VIII DC	This pilot has resulted in increasing the pool of providers within this Health District and has expanded into another Health District to provide additional therapy services to these areas.
Retention & Recruitment of District Staff			
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	Staff turnover has decreased.
2. Exploring realignment or reclassification of District Coordinators began in FFY 2008 and the exploration continued in FFY 2009. In FFY 2010, District Coordinator positions have not been realigned. Exploration of this will resume when the economic conditions improve statewide. FFY 2011 and FFY	FFY 2011 FFY 2012	C.O. Staff District Staff	This activity has been suspended due to statewide budget restrictions and lack of funds.

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
2012, these restrictions still remain due to lack of any funds available to implement a re-alignment.			
Policies & Procedures			
1. FFY 2011 and FFY 2012, due to the new regulations, policies and procedures will be revised.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is program improvement.
2. In FFY 2007, revisions were made to the Service Coordinator Manual regarding IFSP directions. This included an emphasis on use of informed clinical opinion in determining eligibility and making recommendations for services. Revisions also included changes in forms. In FFY 2008, the IFSP instructions were revised to include more details where clarification was needed. In FFY 2011, the IFSP instructions were revised to include revisions made to the form. In FFY 2012, the IFSP was revised to include new Part C regulations and will be made electronically accessible on the notebook PCs.	FFY 2011 FFY 2012	C.O. Staff	These revisions will contribute to the quality of IFSP development. The IFSP revisions will be in alignment with the new Part C Regulation.
3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms were refined to better capture transition information and other changes. In FFY 2010, this tool was further refined and referred to as the data review/service review tool. In FFY 2012, these tools will be refined to increase the ability of identifying barriers/needs of the district.	FFY 2011 FFY 2012	C.O. Staff	MS EIP data verification process is a very effective tool for identifying training and TA needs. The revisions to the data verification form are expected enhance efficiency.
4. In FFY 2010, changes to the eligibility criteria were considered. In late FFY 2011, the IFSP was revised. In FFY 2012, the revised IFSP will be utilized.	FFY 2011 FFY 2012	C. O. Staff	This will make the IFSP more effective, efficient and family friendly. The new revisions will allow the IFSP to meet the new Part C regulations.
Training/TA for staff & providers			
1. In FFY 2006, a new Service Coordinator Training was developed. In FFY 2007, these three days sessions were shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. In FFY 2012, IFSP training and follow-up are now provided within	FFY 2011 FFY 2012	C.O. Staff	The revised format is well accepted and continues to be used to enhance service coordination.

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
the health district.			
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. In FFY 2010, the IFSP was revised. In FFY 2012, additional revisions will occur on the IFSP and trainings will occur prior to the implementation of the IFSP revisions. In FFY 2011 and FFY 2012, IFSP training continues to be provided for each new service coordinator. Additional follow-up and coaching are provided within the health districts on individualized basis.	FFY 2011 FFY 2012	C.O. Staff	IFSP training, within the health districts, is open to all service coordinators, service providers and affords current staff opportunities to enhance their skills. Updates and continued trainings are provided as needed to ensure staff/providers correctly complete the IFSPs.
3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model. TA continues to be provided for evaluation team members on this model.	**Completed FFY 2008**	C.O. Staff	Training and technical assistance continue to be offered when requested or needed by staff or providers.
4. In FFY 2011 and FFY 2012, SERRC and NECTAC continue to link the state with resources to address timely service issues. The TA addresses timely service issues and identification of ways to improve MS EIP general supervision activities. They continue to provide technical assistance related to these topics and plan to add the topic of increasing provider awareness of typical child development.	FFY 2011 FFY 2012	C.O. Staff	Technical assistance continues to be requested and provided as needed.
5. Typical Child Development trainings were offered in FFY 2010. It is made available through trainers within each district.	FFY 2009 through FFY 2012	C.O. Staff	This training addressed needs identified by stakeholders and through general supervision activities.
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	**Completed FFY 2009** Continued 2012	C.O. Staff	This training addressed needs identified by service providers,

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
administration of these tools is an ongoing process. In FFY 2012, an additional training will occur in 4 locations to train staff statewide on the screening tool, Ages & Stages.	(training on screening tool)		stakeholders, and identified through general supervision activities.
7. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, and childcare workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability included family members in the training opportunities. In FFY 2012, these training are provided in a digital format for staff to use as needed.	**Completed FFY 2009**	University Staff	This training addressed needs identified by service providers, stakeholders, and identified through general supervision activities.
8. In FFY 2010, tablet PCs and portable printers were made available to staff. In FFY 2011, district staff will begin using the tablet PCs and portable printers to facilitate paperwork and service coordination. In FFY 2012, the IFSP will be electronically accessible on the tablet PCs and users will have the capability to download IFSP entries into the database. In FFY 2012, this activity will continue.	FFY 2011 FFY 2012	District Staff	Expected impact includes more effective service coordination and user-friendly data entry which provides more valid data and updates on new Part C Regulations.
9. In FFY 2010, Training Modules were developed to cover the First Steps process from enrollment to transition from Part C. In FFY 2011 and FFY 2012, these modules will be revised to meet new Part C Regulations.	FFY 2010 through FFY 2012	C.O. Staff	The use of these training modules will provide targeted technical assistance and updates on the new Part C Regulations.
SICC			
1. In FFY 2011 and FFY 2012, staff will continue recruitment efforts for a physician to serve as a representative on SICC.	**FFY 2011 FFY 2012**	SICC	This will give MS EIP a voice with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely service delivery.

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Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Early Intervention Services in Natural Environments

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Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

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

FFY 2011	Measurable Rigorous Target 98%	Actual Target Data for FFY 2011:	

		Number: **2025** children out of 2122 received services in the home or community based settings.
		
		Calculation: (2025 ÷ 2122 x 100 = 95.4%)
		
		Explanation of numbers from Section 618 report:
		
		    59 Number in community-based settings
		+ 1966 Number in home
		 2025 Total in home & community-based settings
		 2122 Total served overall
		
		               95.4%
			Target:
			
			Not Met

REPORT OF PROGRESS - INDICATOR 2			
	Actual Target Data **2009 – 2010**	**Actual Target Data** **2010 – 2011**	**Actual Target Data** **2011 – 2012**
Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	97%	97%	95%

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

While MS EIP did not meet the target of 98%, MS EIP is at a high percentage of 95% for infants and toddlers who received early intervention services primarily in the home or community settings. Difficulties in maintaining providers who are willing to provide services in the natural environment contribute to the slight slippage. MS EIP is developing partnerships with statewide community programs including Excel by Five to increase services in the natural environment. MS EIP health districts continue to implement strategies to recruit providers who are willing to provide service in the home or community settings. Data review, data verification, and follow-up, when indicated, were tools used to ensure that these data are valid and reliable. Implementation of the strategies and activities described in the chart below will assure that infants and toddlers continue to receive early intervention

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services primarily in the home or community settings to the extent appropriate to their needs. MS EIP periodically reviews justifications to ensure that the target is continuously met.

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REVISIONS, WITH JUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible/ Resource(s)	Reason/Impact
1. A brochure explaining the benefits of services in the NE was developed in FFY 2006 and has been distributed to families and providers by central office and district staff. This brochure is on the agency website and continues to be used.	**Completed FFY 2006**	DC SC	This brochure continues to be used to explain benefits of services in natural environments.
Database Changes			
1. In FFY 2006, fields were added in the database to indicate that the justification explanation had been reviewed by an administrator, who determined the type of justification. In FFY 2009, district staff began selecting the justification type. When data is pulled for reporting and compliance purposes, Central Office staff check justifications and provide follow up, as needed.	**Completed FFY 2006**	Data Manager DC SC	The changes have continued to contribute to more valid explanations that support the justifications.
2. In FFY 2008, the NE justification was put on the same record as the early intervention service. This allowed a justification to be entered for each service, if necessary. Prior to this change, only one NE explanation could be entered per child in FSIS. Reports that specify the records needing attention were made available to staff in FFY 2009.	**Completed FFY 2009**	Data Manager	Data entry and review are more user friendly. District staff are utilizing the reports to improve data entry.
3. In FFY 2011 and FFY 2012, technical assistance and training related to the database changes will be provided as needed in the health districts.	FFY 2011 FFY 2012	C.O. Staff	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 or needed.
4. As revision are made to the database to reflect the current changes due to new Part C Regulations, the data manual will be updated accordingly. In FFY 2012, the data manual will need to be revised to add the current changes due to new Part C Regulations.	FFY 2011 FFY 2012	Data Manager C.O. Staff	The data manual will facilitate data entry for staff and will be used as a guide for data entry. New data manual revisions will update registry-data entry-to reflect the requirements of the

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			new Part C Regulations.
5. A committee of one QM and two DCs was formed to address the improvement of reliability of data. Activities involved Central Office providing 10% sampling to be reviewed, 10% of files per staff were reviewed, a QM monitored providers for accuracy and quality and a QM visited DCs to review districts quarterly. In FFY 2012, due to this not being a feasible activity for one QM, this activity was revised to include Technical Assistance Providers and Quality Monitors. Each Technical Assistance Provider and Quality Monitor will monitor staff for data accuracy and quality within their assigned health district.	FFY 2011 FFY 2012	QM, DCs	This activity will improve data by quarterly data report updates. The Technical Assistance Provider and Quality Monitor for each health district will collaborate with DC to identify district strengths and concerns. The district's weaknesses will be identified, also.
Provider Recruitment & Training			
1. In FFY 2011 and FFY 2012, health districts continue to contract with service providers or agencies to staff early intervention evaluation teams.	FFY 2011 FFY 2012	C.O. Staff District Staff	Health districts contract with providers to provide the required therapy/services as listed on the IFSPs.
2. Since FFY 2006, subsidies/loans/grants (SLGs) were awarded to university programs to provide pre-service training on services in natural settings. These trainings are available through DVD.	**Completed FFY 2007**	C.O. Staff	This practice continues and has resulted in some graduates of the University Programs becoming providers for the EIS.
3. A component of the grants awarded to universities included a follow up of training on Technology Assistance awareness and availability. The University of Mississippi has established a digital module that provides continuous training on services in the Natural Environment. Lender libraries have been established in each health district.	**Completed FFY 2011**	University Staff	Lending libraries will continue to provide resources for children and families in order to assist in their needs.

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4. SLGs were increased with some regional mental health centers to enable them to contract with additional providers who are willing to provide services in natural settings. Since FFY 2008, two mental health centers have a SLG. FFY 2012, these SLGs have been terminated recently due to many mental health facilities closing their EI programs. A few contracts remain statewide with mental health EI programs.	**Completed FFY 2008**	C.O. Staff District Staff	This allows the mental health centers to provide more early intervention services in the NE in their catchment area.
5. Beginning in FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). This activity did not occur in FFY 2011, due to a lack of results. In FFY 2012, this activity was revised. This is now a part of the IP in Result Focus. DCs and monitor staff contacted universities and provided EI information and career opportunities to key directors/instructors on OT, PT, and SLP programs. New recruitment advertisement for therapy positions in OT, PT, and SLP services are published in newspapers.	FFY 2011 FFY 2012	C.O. Staff	This activity is an effective tool for recruiting providers. This activity of packet mailouts was reviewed and determined not to be productive. Therefore, EI staff have made contact with directors of OT, PT, and SLP programs to increase awareness about EI services.
6. Beginning in FFY 2008, information packets were mailed to OTs licensed through the Mississippi State Department of Health (MSDH). This activity did not occur in FFY 2011, due to a lack of results. In FFY 2012, this activity was revised. This is now a part of the IP in Result Focus. DCs and monitoring staff contacted universities and provided EI information and career opportunities to key directors/instructors on OT, PT, and SLP programs. New recruitment advertisement for therapy positions in OT, PT, and SLP services are published in newspapers.	FFY 2011 FFY 2012	C.O. Staff	This activity is an effective tool for recruiting providers. This activity of packet mailouts was reviewed and determined not to be productive. Therefore, EI staff have made contact with directors of OT, PT, and SLP programs to increase awareness about EI services.
7. In the last quarter of FFY 2008, a pilot began in Health District IX. This pilot involves 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 project in January 2010 to alleviate the paperwork barrier for providers. In FFY 2012, District VIII has begun utilizing this group.	FFY 2011 FFY 2012	Pilot in Health District IX DC District VIII DC	This process has increased the pool of providers in Health District IX. This project expanded to Health District VIII and the plan is for this project to expand to other health districts.
8. During the last year, several districts have collaborated with Excel by Five to explore this	FFY 2011 FFY 2012	District Coordinator	Excel by Five will provide an opportunity

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as a tool for providing services in the natural environment. Excel by Five is part of the Chevron Grant that works with SECAC (Statewide Early Childhood Advisory Council) under the governor. This gives districts an opportunity to organize all resources available that are child development related and creates a certified networking for child development activities.			for the children in the EI program to receive services in group settings in the Natural Environment that will enhance their development and provide parents with suggestions as to how to better work with their child. New sites are being partnered/developed so that the collaboration will be statewide to provide natural environment services in all districts.
Policies & Procedures			
1. In FFY 2011, due to new regulations, policies and procedures will be revised. In FFY 2012, policies are being drafted and many have been submitted to OSEP for approval.	FFY 2011 FFY 2012	C.O. Staff	Program improvement to align with the new Part C regulations.
2. The Service Coordinator Manual is found on the agency's M drive. The "M" drive is set up through the Mississippi State Department of Health's database so that staff can access manuals, forms, documents and instructions for these forms and documents.	**Completed FFY 2011**	C.O. Staff	Impact includes an increase in eligibility determinations and continued improvements to the service coordinator manual. The improved accessibility of the manual and information should positively impact performance.
3. In FFY 2007, new forms and procedures were developed to aid in fiscal monitoring, data verification, and resource management. In FFY 2008, the data verification form was revised to allow more information to be entered. In FFY 2009, data verification forms were refined to better capture transition information and other changes. In FFY 2010, this tool was further refined and referred to as the data review/service review tool. In FFY 2010, the IFSP was revised. In FFY 2012, the IFSP was again revised to align with the new Part C Regulations and	**Completed FFY 2011**	C.O. Staff	The revisions to the IFSP are more family friendly and effective.

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to allow it to be electronically placed on tablet PCs.			
Definition of Natural Environment			
1. In FFY 2012, the revised IFSP requires users to enter a justification whenever the setting for an outcome is not in a natural environment.	**Completed FFY 2010** **Revised FFY 2012** **Completed FFY 2012**	C.O. Staff	The justification being embedded in the IFSP will improve documentation and data entry.
2. Since FFY 2006, training and technical assistance were provided on the following topics: natural environment definition, benefits, and best practices; determining whether the decision to provide services outside natural environments meets the criteria for a child outcome-based justification; and service delivery models incorporating best practices that support the provision of early intervention services in natural settings. In FFY 2011 and FFY 2012, the IFSP development incorporates routines to achieve functional outcomes; cultural diversity; and service coordination.	FFY 2011 FFY 2012	C.O. Staff District Staff	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			
1. In FFY 2006, a new Service Coordinator Training was developed. In FFY 2007, these three days training sessions were shortened to two days to prevent delays in service coordination. The main content on the third day was IFSP development. IFSP training and follow-up are now provided within the health district.	**Completed FFY 2007**	C.O. Staff	The revised format is well accepted and continues to be used to enhance service coordination.
2. In FFY 2011, IFSP revisions will be implemented after TA and monitor staff provide training on the revised form. In FFY 2012, the revised IFSP is implemented and EI staff has been trained on new procedures that reflect the new Part C Regulations.	FFY 2011 FFY 2012	C.O. Staff	IFSP training within the health districts is open to all service coordinators/service providers and affords current staff opportunities to enhance their skills and knowledge of new changes/requirements incorporated the new Part C Regulations.
3. In FFY 2008, NECTAC and SERRC provided technical assistance on the following	FFY 2011 FFY 2012	C.O. Staff	Technical assistance continues to be

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topics: changing service delivery models, improving child outcome measurement, and improving transition activities. In FFY 2011 and FFY 2012, they continue to provide technical assistance related to these topics.			requested and provided to assist in program improvement.
4.In FFY 2012, MSDH is a sponsor of the Mississippi Early Childhood Association (MsECA) conference. *Baby Builders* presented at the conference in October 2012. The training focused on coaching families to increase activities during natural routines to improve family and child outcomes. The MsECA and EI plan to continue this collaborative effort, with increased emphasis on serving children with special needs in natural settings and routines.	FFY 2011 FFY 2012	MSECA C.O. Staff	This conference addressed needs identified by stakeholders through general supervision activities
5. In FFY 2010, SERRC collaborated with the ECO Center to develop and offer a Typical Child Development training statewide to Service Providers and Service Coordinators within the program. This training provided examples of case studies that emphasized Natural Environment guidelines. Following the trainings, SERCC and ECO selected specific staff to "Train the Trainer". This training gave instructions on techniques to captivate and hold the attention of audiences that require training concerning provision of services on typical child development.	**Completed FFY 2010**	C.O. Staff	This training addressed needs identified by monitors through general supervision activities.
6. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training of staff, providers, and childcare workers on best practices in providing early intervention services. One component was assistive technology awareness and availability which included family members in the training opportunities. These trainings are provided in a digital format for staff to use as needed.	**Completed FFY 2009**	University Staff	This training will address needs identified by stakeholders and through general supervision activities. This training (digital format) will continue to impact the knowledge of staff on how to provide family education.

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7. In FFY 2010, district staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination. In FFY 2011 and FFY 2012, training and technical assistance will be provided for district staff. Tablet PCs will be used as a mean to complete necessary paperwork during service coordination activities. In FFY 2012, the revised IFSP will be added to tablet PCs to download to database.	FFY 2011 FFY 2012	District Staff	Expected impact includes more effective service coordination and efficient data entry.

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Part C State Annual Performance Report (APR) for FFY 2011 (7/1/11-6/30/12)

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

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:
Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 reporting):

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.

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MEASURABLE AND RIGOROUS TARGETS FOR INFANTS AND TODDLERS EXITING IN FFY 2011 (2011-12) AND ACTUAL DATA

Summary Statements	Actual FFY 2010 (% of children)	Actual FFY 2011 (% of children)	Target FFY 2011 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program. **Formula: c+d/ a+b+c+d**	90%	83%	78%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. **Formula: d+e/ a+b+c+d+e**	64%	65%	68%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1 Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program. **Formula: c+d/ a+b+c+d**	88%	82%	84%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. **Formula: d+e/ a+b+c+d+e**	63%	66%	70%
Outcome C: Use of appropriate behaviors to meet their needs			
1 Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program. **Formula: c+d/ a+b+c+d**	89%	82%	86%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. **Formula: d+e/ a+b+c+d+e**	69%	65%	75%

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Progress Data for Part C Children FFY 2011:

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	19	2
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	107	11
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	214	22
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	389	40
e. Percent of children who maintained functioning at a level comparable to same-aged peers	249	25
Total	N=978	100%
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	16	2
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	109	11
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	208	21
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	365	37
e. Percent of children who maintained functioning at a level comparable to same-aged peers	280	29
Total	N=978	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	19	2
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	116	12
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	203	21
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	392	40
e. Percent of children who maintained functioning at a level comparable to same-aged peers	248	25
Total	N=978	100%

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Discussion of Summary Statements and a-e Progress Data for FFY 2011:

- In comparison to last year's actual summary statement data to this year's actual summary statement data there was no progress made. However, more progress data was reported in this reporting period in comparison to last year's reporting period. This data is more representative of the children that MS EIP serves.

- Targets were not met for all summary statements, except for summary statement A1.However; the actual data is more reliable because staff has had additional training statewide on Child Outcomes ratings and typical child development. Staff now has a better understanding of this process and typical child development.

- This data set includes 978 children, which is a 23% increase of children in comparison to last year's data set for outcomes data. Through data cleanup reports, the state made sure that progress data was collected on all children who had entry data entered and were in the program for at least 6 months.

- With regard to patterns in the data and how they correlate to what MS EIP would expect, there are more children in each summary statement who improved functioning, but not a sufficient amount of children that reached functioning levels comparable to their same-aged peers. **MS EIP data is closer to the national averages.**

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED <u>AND</u> EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

Extensive Child Outcome and Child Development required trainings were provided statewide to address methods and best practices for enhancing the outcomes of children and families. SERRC and the ECO center staff collaborated to provide this Child Development training to EI staff and providers. These technical assistance resources provide ongoing support to staff and providers. Child Outcome reporting is embedded within the IFSP development. 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 developing entry and exit data. Central Office and District staff are using clean-up reports to remind them to enter entry and exit child outcome data in the database. Staff meetings are held within the districts to emphasize the importance of entering the data appropriately. MS EIP did not meet its targets; except for summary statement A1. However, the entry and exit data were collected on 227 more children, and the reliability of this data also increased. Challenges associated with collecting and entering progress data are being addressed through training and technical assistance. Barriers are also being addressed by continuing to conduct needs assessment to identify particular issues that service providers or service coordinators are having with this process; providing professional development and TA to early intervention teams statewide; and by collaborating with district staff to develop plans to ensure that exit data are valid and collected at the required time and entered in the database in a timely manner. Child outcome ratings and present levels of development are embedded in the revised IFSP. This contributes to improvement of IFSP development. Improvement of data accuracy and quality due to training, technical assistance, and new database reports are expected to result in more valid data. The results of quality services being provided to EI children and their families will be reflected in child outcomes data.

A "Continuous Improvement Visit" (CIV) was done by OSEP in September 2011. This onsite visit included developing a "Results Focus Improvement Plan" to assist the EIP with improving outcomes for children that are receiving EI services. The "Results Focus Improvement Plan" goals are provided below with the activities and progress made:

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MISSISSIPPI PART C: RESULTS IMPROVEMENT PLAN

I.

<table>
<tr><td colspan="7">Target/Goal: Connect with Colleges to Inform Students & Programs</td></tr>
<tr>
<th>ACTIVITY</th>
<th>TIMELINES FOR ACTIVITY</th>
<th>RESOURCES AVAILABLE</th>
<th>HOW TO SELF-ASSESS (EVALUATE PROGRESS)?</th>
<th>PROGRESS</th>
<th>DATE ACTIVITY COMPLETED</th>
</tr>
<tr>
<td>1. Make contact w/Ole Miss to get University contacts</td>
<td>January 2012</td>
<td>UM Staff</td>
<td>Contact information is received and DCs set up meetings with University reps</td>
<td>This activity was completed by EI field staff during the month of Jan 2012. EI staff coordinated this activity with Ole Miss University via telephone and email.</td>
<td>Meeting held 1/9/2012</td>
</tr>
<tr>
<td>2. Set up meetings with University staff-conf. call</td>
<td>March 2012</td>
<td>University contacts</td>
<td>Successful partnerships are built with University staff</td>
<td>Approximately 25% of universities were interested in meeting with EI staff. EI staff (statewide) has gone to several universities within the state to discuss the EI program and potentially recruit providers.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3. Provide colleges with packets of info. on EI Career</td>
<td>July 2012</td>
<td>Office of Communications</td>
<td>Approval is granted from District Offices in regards to advertising material</td>
<td>EI material has been disseminated to colleges and universities via mail, face to face visits, and via MSDH's/EI website.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Get a list of Colleges & Universities</td>
<td>February 2012</td>
<td>Internet</td>
<td>We have a complete listing of available programs in our state and surrounding states</td>
<td>As a result of contact with Ole Miss University, a list of colleges and universities was obtained by District Coordinators in Districts I, II, & VI and distributed to other districts to utilize.</td>
<td>12/31/11</td>
</tr>
</table>

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II.

Target/Goal: Educate Parents about EI and the Benefits of EI for Their Children					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
5. Materials developed by MS Parent Training Institute	December 2011	PTI Staff	Approval by the Part C Coordinator	PTI developed a resource for families titled "Helping Hands—A Family's Guide to Early Intervention in Mississippi".	December 12, 2011
6. SCs utilized to emphasize parent education	January 2012	Child find activity form and parent survey: EIP & PTI	PTI-6 pg report indicate family's increased knowledge (increased referral)	All districts report that their SCs are empowering families and educating families on the EI program during enrollments, evaluations, and IFSP meetings and also linking them to parent advocacy groups.	**Ongoing** December 16, 2011-Dist V staff meeting January 3, 2012-meeting to organize parent support group
7. Reemphasize on distributing EIP materials distributed in the community	April 2012	SCs distributed FS brochures, posters and tear-off sheets in laundry mats, HD office, and daycares.	Increase in referrals	SCs (statewide) disseminate EI's material within their respective communities.	**Ongoing** December 2011: Visits to daycares by DCs January 2012: Visits to daycares by DCs
8. Plan trainings/ Parent education training	May 2012	PTI and District Staff	Monitor attendance and hand out a survey afterwards	Parent support group meeting (sponsored by PTI with assistance from EI staff) have been held throughout year (2012).	**Ongoing** Trainings incorporated in parent support group meetings
9. Health fairs continued	June 2012	Health educators and SCs	Calls from people who attended health fair	District V's DC and SCs participated and shared EI material with attendees at Jackson State University's job fair.	Health Fair at JSU-March30, 2012 See other fairs below
10. Provide parents w/website information	September 2012	Create a handout to provide to parents at enrollment	Parent feedback	The First Steps EI Program's website information is listed on its educational material.	**Ongoing** Dec 2, 2011-discussed at Ability Training

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| 11. Transition packet | July 2012 | IFSP transition checklist, model of Dist. I transition packet | Feedback/all Part B | District I developed a model transition packet and is in the process of sharing the packet with other districts. | **Ongoing**
Dec 5, 2011 training w/MDE
Jan 18 & Jan 25, 2012 |

III.

Target/Goal: Improve Outcome Ratings in Child Registry					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1. DC will run monthly report by 5th of each month	5th of each month	District Coordinators & Central Office	DC will file monthly report as evidence of monitoring	DCs review a monthly data report that is pulled by the 5th of each month.	Ongoing
2. DC will provide staff with report for correction to be completed by 25th of each month	25th of each month	Service Coordinators	Re-pull reports after data clean-up	DCs are disseminating a data report monthly to their SCs.	Ongoing
3. DC will run clean report after 25th of each month	After 25th of each month	District Coordinators	Re-pull reports after data clean-up	The DCs and Data Manager at CO report improvement in data entry from SCs and more reliable and valid data.	Ongoing

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IV.

<table>
<tr>
<td colspan="7">Target/Goal: Simplify Process for Becoming a Medicaid Provider</td>
</tr>
<tr>
<th>ACTIVITY</th>
<th>TIMELINES FOR ACTIVITY</th>
<th>RESOURCES AVAILABLE</th>
<th>HOW TO SELF-ASSESS (EVALUATE PROGRESS)?</th>
<th>PROGRESS</th>
<th>DATE ACTIVITY COMPLETED</th>
</tr>
<tr>
<td>1.Work with Medicaid agency to provide training to providers on completing forms to become Medicaid providers, documentation for billing, and how to address areas of concern</td>
<td>Spring 2012</td>
<td>EI staff would set up meetings, trainings, etc. Providers informed state that they do not need assistance in this area. Providers are aware of the correct procedures. Issues are that Medicaid does not always approve the same conditions and documentation consistently.</td>
<td>(Both are for this section) Provider training for providers as needed, at least once/year</td>
<td>A service provider workgroup was established to address concerns of providers regarding the process of becoming a Medicaid provider. This workgroup worked on a plan to request that Medicaid simplify the application process for EI providers. Several phone conversations were held w/Medicaid staff regarding revisions to their current application process for providers. Medicaid explained that its policies and procedures are mandated by federal guidelines. Therefore, Medicaid is not authorized to reimburse EI providers for travel to families' homes to provide services to their children.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.Work with Medicaid agency to include travel time in rate</td>
<td>Spring 2012</td>
<td>EI state staff</td>
<td>State staff explores option and if feasible, identifies tasks to complete.</td>
<td>Medicaid representative stated at SICC mtg. that this is not an allowable billing service for Medicaid.</td>
<td>April 13, 2012</td>
</tr>
</table>

V.

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Target/Goal : Improvement Plan for Service Providers in Natural Environment						
Background: The State has identified this area as a target improvement area.						
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1.Write /Modify Contracts to provide mileage reimbursement for services regardless of third party payer.	July 1, 2012 for renewals or concurrent with existing contracts	Budgeted Contractual Funds from both federal and TCM sources	There will be an increase in services provided in the natural environment.	Due to limited funding, districts are restricted from reimbursing providers for mileage at this time. This activity will be revisited at a later date.	Ongoing
2.Create "Play to Learn" groups within communities utilizing existing resources and including typically developing children.	90 days from identification of community partners who are willing to participate July 2012	Parent Resource Centers in Excel by 5 communities Head Start Centers	There will be an increase in the number of groups offered statewide.	EI in collaboration with the Excel by 5 centers is providing natural environment settings for families and children to receive training, group therapy, family support, and educational information. Excel by 5 is making progress (centers in District VIII and IX currently) statewide in establishing community resource centers. These centers will offer "play to learn" groups, direct services for families and children, and a place where providers and families can meet for discussions on the child's needs and progress.	Ongoing
3.Reinforce Natural Environments as "Best Practice" at annual contractor's meetings.	May-June 2012	Infants & Young Children: April/May/June 2004- Issue 2-pp 162-170 Natural Environments or Naturalistic Learning Opportunities: What is the Evidence in Early Intervention: Katherine B. Steward, MS, OTR/L October, 2006 Side by Side; Tran disciplinary Early Intervention in Natural Environments Kristine Ovland Pilkington	There will be an increase in number of providers who will be willing to provide services in the natural environment.	A Primary Service Provider Model workshop was held for Districts VIII & IX. Workshop attendees had an opportunity to do hands-on learning activities.	June 15, 2012

APR Template – Part C (4)

VI.

Target/Goal : Technology Awareness-Increase Providers Use of Assistive Technology					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1. Committee Meeting	November 2011	DC & QM	Completed	Committees were formed that consisted of DCs and QMs.	November 2011 December 2011
2. Create Action Plan	January 2012	DC & QM	Once Action Plan has been developed with steps for systematically analyzing problems.	The committees formulated action plans to identify needs and address issues regarding enhancement of technology.	Ongoing
3. Visit all Centers (TAD, T.K. Martin, Project START, CCCD, Coast)	March 2012	DC & QM	All sites have been visited.	All centers have been visited and the EI teams recommended to the libraries to seek donations and additional funding to enhance their equipment and resources for families and providers to utilize.	July 2012
4. Audit all holdings	March 2012	DC, QM & Library staff	All sites have been audited.	During audits of the libraries, library staff reported needed repairs of existing equipment and purchasing of new equipment are needed to update resources.	July 2012
5. Perform Needs Assessment	March 2012	Library Staff	All sites have completed and returned their needs assessment.	Approximately 60% of the lending libraries responded to the survey.	June 2012
6. Standardize checkout system for checking in & out	April 2012	Central Office based upon recommendations provided by DC & QM	Library checkout is consistent and materials are all accounted for.	100% of the respondents reported that parents and providers are currently utilizing the libraries for resources.	July 2012

APR Template – Part C (4)

VII.

<table>
<tr>
<td colspan="7">Target/Goal: Child Outcomes Training in April 2012</td>
</tr>
<tr>
<th>ACTIVITY</th>
<th>TIMELINES FOR ACTIVITY</th>
<th>RESOURCES AVAILABLE</th>
<th>HOW TO SELF-ASSESS (EVALUATE PROGRESS)?</th>
<th>PROGRESS</th>
<th>DATE ACTIVITY COMPLETED</th>
</tr>
<tr>
<td>1. Regional trainings:
• Offer CEUs
• Email blitz
• Request read-on confirmation
• On-line registration
• Identify locations</td>
<td>04/02-06/12</td>
<td>Central Office, ECO Center staff, & District Coordinators</td>
<td>All staff/providers will participate in a regional training.</td>
<td>Three regional trainings on Child Outcomes were provided statewide by the Early Child Outcomes (ECO) staff in April 2012. The majority of EI providers participated in the training.</td>
<td>4/3/12 Hattiesburg
4/4/12 Jackson
4/5/12 Oxford</td>
</tr>
<tr>
<td>2. Regional follow-up trainings</td>
<td>07/2012</td>
<td>Central Office & District Coordinators</td>
<td>Feedback to improve data entry and child outcome development for IFSPs.</td>
<td>The development of follow-up trainings is underway for 2013.</td>
<td>Ongoing</td>
</tr>
</table>

APR Template – Part C (4)

VIII.

Target/Goal: Improve State Reliability of Data					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1. Central Office will provide 10% sampling to be reviewed	02-2012/02-2013	Central Office	Quarterly data report updates	The Data Manager at Central Office cleans and analyzes the state's data on a daily basis and provides the districts with data reports (as needed) as quality checks and quality assurance methods.	Ongoing
2. Selection of District Coordinator reviewer and Quality Monitor for each District	01/2012	District Coordinators (quarterly visit)	Each District will be assigned a District Coordinator reviewer and Quality Monitor	"Peer to Peer" reviews were completed in Jan. 2012. Some DCs have adopted their peers suggestions and ideas regarding improving data in their specific district.	Completed on 1/19/2012
3. 10% files per staff to be reviewed	Annually: 02/12-02/13	District Coordinators & Central Office	Visiting DC/Central Office staff will meet w/DC & SC to identify district strengths & concerns	Central Office staff met with DCs/SCs (all 9 Health Districts) within their respective districts to audit performance and provided technical assistance and quality improvement plans (as needed).	Completed for this quarter (Sept. – Dec. 2012)
4. QM will monitor providers for accuracy and quality of services	Quarterly 02/12-02/13	Central Office, Quality Monitors, & District Coordinators	Identify provider strengths/weaknesses and concerns	Quality Monitors and Technical Assistants (statewide) consult with providers to ensure services are of quality. Provider notes (from SCs cases) were reviewed during this quarter (Sept. – Dec. 2012) and meetings with providers are in process.	Ongoing

APR Template – Part C (4)

IX.

Target/Goal: Increase advertising regarding EI services					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1. Contact WIN Job Center for list of Job Fairs	March 2012	WIN Job Center	Job Fairs Planned	The WIN Job Center provided a list of Job Fairs and invited EI staff to participate.	Listing of all Job Fairs for 2012, acquired April 2012
2. DCs/SCs will set up locally @ Job Fairs	April 2012	DC/SC Staff	Job Fairs Attended	EI staff collaborated and coordinated activities with other entities during local job fairs. EI staff in several districts participated in the job fairs and more districts are anticipating participating in job fairs in 2013.	Ongoing
3. Meet with Public Relations (PR) to develop EI recruitment material	February 2012	Office of Communications	Plan Approved	The development stage of EI recruitment material is in process.	Ongoing
4. Meet with PR to discuss website advertising	February 2012	Office of Communications	Plan Approved	The state has a website that list career opportunities for providers; updates are in process.	Ongoing
5. Utilize local Health Educators to inform at Health Fairs	May 2012	Health Educators	Info sent	District II joined its local Health Educators (WIC, Family Planning, Immunizations) during Health Fairs to educate participants about EI services.	August 2012— District II
6. Develop template	December 2012	Computers	Plan Approved	Software templates regarding advertising the EI program are in the	Ongoing

APR Template – Part C (4)

				process of being developed.	
7. Get info. to OT & PT Associations	July 2012	Office of Communication	Info sent	EI staff is in the process of meeting with the Office of Communication to develop specific material to disseminate to licensed, pediatric OTs and PTs through Professional Organizations.	Ongoing
8. Present to SICC	March 2012	SICC	Plan Approved	EI staff presented the initial plan to increase advertising regarding EI services to the SICC in April 2012. The IP (including all of its goals) and its progress/challenges are presented to the SICC during quarterly meetings for input.	IP initially presented to SICC April 13, 2012. This is an ongoing activity.

X.

Target/Goal : Develop Overall Strategic Plan for First Steps					
ACTIVITY	**TIMELINES FOR ACTIVITY**	**RESOURCES AVAILABLE**	**HOW TO SELF-ASSESS (EVALUATE PROGRESS)?**	**PROGRESS**	**DATE ACTIVITY COMPLETED**
1. Conference call w/SERRC, Part C Coordinator, and Child and Adolescent Health Director	December 2011	SERRC & Central Office	Receive basic knowledge on how to develop baseline needs & guidelines for EIP-what areas to research	Consultation from the state's SERRC Consultant is ongoing via email, conf. calls, and state visits. The consultant has assisted with the development of guidelines and an annual calendar to help the state meet requirements and timelines of reporting to OSEP.	December 1, 2011
2. Work group to develop strategic plan	July 2012	SERRC, Central Office and SICC	Strategic Plan will be developed	The development of a General Supervision module with procedures and forms was completed and is being implemented. Components of the strategic plan are continuously being developed.	Ongoing

APR Template – Part C (4)

REVISIONS, WITH JUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Database Changes			
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 these data.	**Completed FFY 2009**	District Staff C.O. Staff	District staff are responsible for entering data. This is more efficient than sending the Child Outcome form to Central Office.
2. In FFY 2011 and FFY 2012, health districts continue use data reports for self check to determine data that have not been entered in the database.	FFY 2011 FFY 2012	District Staff C.O. Staff	This report will reduce missing data.
Collection of Data			
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. 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 the child outcome process and reporting on child outcomes was provided for new providers and new service coordinators. In FFY 2011 and 2012, technical assistance continues to be provided, as needed.	**Completed FFY 2008**	Service Providers C.O. Staff District Staff	Since each health district continues to train staff and providers, the data in the FFY 2010 APR data represents the population receiving early intervention services. Training/TA for new staff and providers will be a continuous and mandatory process to maintain the data requirements for this indicator and to continue to measure improved child outcomes.
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. Child outcome entry and exit data will continue to be	**Completed FFY 2009**	Service Providers District Staff	Data collection will result in entry/exit data that represent the early intervention population served in this state.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
collected in all nine health districts and the database continues to be refined to allow accurate and valid data entry.			
Training and Technical Assistance			
1. Training/technical assistance is provided for SC, evaluation teams, and service providers to measure entry and/or progress levels of a child's development. In FFY 2011 and FFY 2012, this training and TA will continue.	FFY 2011 FFY 2012	District Staff C.O. Staff	This practice will continue to maintain the structure needed to measure child outcomes.
2. As part of the general supervision process, quality monitors check for completeness and quality of the outcome data as part of data verifications. In FFY 2011 and FFY 2012, this process will continue and become a part of general supervision through data reviews.	FFY 2011 FFY 2012	C.O. Staff	This practice will improve data quality and reduce missing data.
3. These data are used to make adjustments to improvement activities and as a guide for technical assistance activities. In FFY 2011 and FFY 2012, the data will continue to be used for improvement activities.	FFY 2011 FFY 2012	Service Providers District Staff C.O. Staff NECTAC & ECO Center	This practice will result in effective measurement and improved child outcomes.
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. This training is available in a digital format.	**Completed FFY 2009**	C.O. Staff	Improved child outcome measurement is expected.
5. In FFY 2012, staff will be trained on the revised IFSP. In relationship to Child Outcomes, the revised format identifies child outcomes as present levels of development, which correlates with the database.	FFY 2011 FFY 2012	District Staff	Expected impact includes effective service coordination, user-friendly data entry and more child outcome data developed and entered into database with improved IFSP goals and outcomes for children.
6. FFY 2010 Typical Child Development Training was provided for staff in each Health District. A train the trainer session was provided for selected district staff. These individuals were responsible to train or provide	**Completed FFY 2010**	C.O. Staff ECO SERRC	Expected impact includes outcomes developed based on child's individual

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
TA for their peers on typical child development. Quality Monitors and Technical Assistant Providers follow up with district staff to review components of this training, as needed.			needs. Improved outcomes for children are expected, as well.
7. The ECO center provided Child Outcome training for staff in each Health District. Quality Monitors and Technical Assistant Providers follow up with district staff to review components of this training, as needed.	**Completed FFY 2011**	C.O. Staff ECO	Expected impact includes increased understanding of child outcomes. This activity will also improve outcome/goal development for children, which in return will improve outcomes of a child's development.
8.In FFY 2012, EI staff and service providers were trained on the screening tool, Ages and Stages.	**New FFY 2012**	C.O. Staff	This will proved EI staff and providers competency when they complete this screener.
Policies and Procedures			
1. In FFY 2012, the IFSP instructions will be revised to include instructions related to the IFSP revisions. The revised IFSP identifies child outcomes as present levels of development.	FFY 2011 FFY 2012	C.O. Staff	The impact includes continued improvement to the IFSP and the IFSP instructions to meet new Part C Regulations.

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

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.

Measurable and Rigorous Target and Actual Target Data	FFY 2011 Target	FFY 2011 Actual	
		#	%
A. Know their rights	95%	813	92%
B. Effectively communicate their children's needs	95%	815	92%
C. Help their children develop and learn	95%	790	89%

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

APR Template – Part C (4)

Actual Target Data	FFY 2009	FFY 2010	FFY 2011
A. Know their rights	83%	85%	92%
B. Effectively communicate their children's needs	86%	88%	92%
C. Help their children develop and learn	88%	85%	89%

4 (A) Know their rights

Questions Q1- Q5- 92% of the 813 families participating in Part C who responded to the questions of the survey reported they know their rights regarding early intervention services. Mississippi did not meet the state target of 95% but did show improvement over FFY 2010 (85%).

4(B) Effectively communicate their children's needs

 Questions Q6-Q11- 92% of the 815 families participating in Part C who responded to the questions of the survey reported they can effectively communicate their children's needs regarding early intervention services. Mississippi did not meet the state target of 95% but did show improvement over FFY 2010 (88%).

4 (C) Help their children develop and learn

 Questions Q12-Q17- 89% of the 790 families participating in Part C who responded to the questions of the survey reported that early intervention services have helped the family help their children develop and learn. Mississippi did not meet the state target of 95% but did show improvement over FFY 2010 (85%).

Survey Procedure:
Surveys were hand delivered to all families who had a child active in the program with an IFSP on February 21, 2012. Thirty-four percent (34%) of surveys (893 surveys total) were returned to C.O. with responses. MS EIP delivered 2596 surveys and 893 surveys were returned. The representation of this data was analyzed, which is listed below in the chart. There is a 10% increase in survey return this FFY in comparison to last FFY.

APR Template – Part C (4)

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

Race/Ethnicity	Number of surveys given to families	% of EI population	Number of families who responded	% of EI survey return rate	Response rate
American Indian or Alaskan	9	.4%	3	.4%	33%
Asian	27	1.1%	8	.9%	30%
Black or African American	1206	46.5%	423	47.4%	35%
Hawaiian Islander	6	.3%	2	.3%	33%
Hispanic	65	2.5%	40	4.5%	62%
White	1242	48%	405	45.4%	33%
2 or more races	41	1.6%	12	1.4%	29%
State Total	2596		893		34%

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

In comparison of data reported in FFY 2010 and FFY 2011, there is an increase of (a.) 7% of families that reported early intervention services have assisted them in knowing their rights; (b.) 4% of families that reported early intervention services have assisted their family in effectively communicating their children's needs; and (c.) 4% of families who reported that early intervention services have educated the family to help their children develop and learn. MS EIP accomplished a 10% increase in survey return rate overall. Family Outcome Surveys were hand delivered to families by SCs; who explained the importance of completing the surveys and providing feedback. Parents were instructed to complete the survey and return it in a self addressed envelope with return to C.O. This year's cover letter contained contact information for MS PTI and Native American and Hispanic families. These contacts assisted with improving the return rate. The rate of return among the races and ethnic groups in the State rose to an average of 47% overall. The highest rate of return was 62% for those of the Hispanic population.

APR Template – Part C (4)

REVISIONS, WITHJUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Training and technical assistance			
1. In FFY 2006, parents, staff, and other stakeholders were given the requirements of collecting family outcomes information. Since FFY 2006, the requirements of the survey are explained each year in a cover letter that accompanies the family survey. The effectiveness of this method will be reviewed and revised, as needed. In FFY 2010, a new Family Survey was implemented. MS EIP continues to use the ECO Center's Family Survey.	**Completed FFY 2010**	C.O. Staff	This survey is more family friendly.
2. In FFY 2011 and FFY 2012, opportunities for parents to receive additional training on their rights and related issues continue to increase through collaboration with the Mississippi Parent Training and Information Center (MS PTI) and advocacy groups.	FFY 2011 FFY 2012	C.O. Staff	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights.
3. In FFY 2012, the IFSP was revised and will be implemented on January 1, 2013. Statewide Service Coordinator and Service Provider training will be provided on the revised form, which reemphasize family rights.	FFY 2012	C.O. Staff	This training will enhance Service Coordinator's and Service Provider's knowledge of how to address family outcomes when developing an IFSP and follow new Part C Regulations.
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. SC staff have received additional training on cultural diversity and are more comfortable serving a diverse population.	**Completed FFY 2009**	C.O. Staff	Better rapport with families and improved child/family outcomes were the results of these practices.
5. First Steps developed a family guide to early intervention in Mississippi, with MS PTI. MS EIP incorporated the assistance of MS PTI in the family survey process to assist with improving all EI families understanding of the EI process which would improve	**Completed FFY 2011**	C.O Staff MSPTI Advocacy Groups	The expected impact is increasing parents' knowledge of their rights and comfort level in

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
families understanding of the survey question and how to accurately answer the questions.		District Staff	exercising their rights. This information also provides additional contact resources that can assist families in their native language. Service coordinators and parent advisors will learn how to better inform and empower parents.
6. In FFY 2007, forms and documents used by the service coordinators to explain due process and complaint procedures to families were included in Infant/Toddler and Family Rights document. In FFY 2012, this document is in the process of being revised to include new Part C Regulations.	FFY 2007 through FFY 2012	District Staff	These documents continue to be disseminated to families to explain the complaint process and to provide update Part C Regulations.
7. In FFY 2011, Parent Surveys will be hand delivered to parents by Service Coordinators in an attempt to improve the return rate. Interpreters will be accessed to assist families that use a language other than English. A contact for interpreters was established by EI of the Spanish language, contact for American Indian families, and MSPTI consultant to assist families understand and complete the survey.	**Completed FFY 2011**	C.O. Staff District Staff	This attempt has improved the return rate of many groups including Native Americans and Hispanic families.
Analysis of the Survey Results			
1. In FFY 2009, we analyzed results by demographics in far greater detail than reported in the 2007 APR to help identify factors contributing to low response rates in population subgroups and to facilitate program improvement. In FFY 2010, a student at Millsaps College and staff continued to assist in this project. In FFY 2011, this student graduated and is no longer present to assist with this project. In FFY 2012, a Data Manager was hired to continue this activity.	FFY 2011 FFY 2012	C.O. Staff	This activity will provide significant improvement data analysis and help identify factors which contribute to low response rates in population subgroups, which will contribute to program improvement.
2. In FFY 2008, MS EIP 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.	**Completed FFY 2011**	C.O. Staff District Staff	The impact of Millsaps College involvement significantly

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
In FFY 2009, this activity was a priority. A low response rate from MS EIP Hispanic population warranted investigation in addition to the other subgroups. In FFY 2010, a student at Millsaps College and staff assisted in this project. In FFY 2011, Spanish interpreters were used to assist with survey delivery. In FFY 2011, MS EIP collaborated with a Choctaw Indian tribe contact. This person assisted with the dissemination of the Family Outcome survey, within this subgroup.			improved data analysis and our activities for program improvement in regards to family outcomes. Due to the assistance of a Choctaw Indian tribe contact, the return rate for this population increased.
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 used to improve the program. This procedure will continue.	**Completed FFY 2009**	C.O. Staff	This information will continue to be used for additional program improvement and to allow parents to provide comments, which will contribute to program improvement.
Policies and Procedures:			
1. In FFY 2011 and FFY 2012, policies and procedures will be revised to implement new Part C Regulations.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is program improvement and implementation of IDEA, new Part C Regulations.
2. In FFY 2012, the Infant/Toddler and Family Rights (I/T & Family Rights) document will be revised to reflect new policies and procedures.	FFY 2011 FFY 2012	C.O. Staff	This revised document will be disseminated and explained to families during the enrollment process and IFSP review/revision.
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	**Completed FFY 2009**	District Staff	The results have provided more beneficial resources for parents of EI children.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
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 2012, this procedure continues.			
4. In FFY 2007, an activity was developed to define all MS EIP terms contained in the parent information materials. This glossary is included in the I/T and Family Rights document. In FFY 2012, the I/T and Family Rights document will be revised. It will include an updated glossary.	FFY 2011 FFY 2012	C.O. Staff	This document will be disseminated to families at the enrollment process and IFSP review/revision. It will provide updated information on the new Part C Regulations and more inclusive definitions to increase parents' knowledge of MS EIP.
5. In FFY 2006, there was a renewed effort to translate information to all parents when needed. In FFY 2009, the I/T and Family Rights were translated into Spanish. Interpreters are accessible to families, as needed, in order to assist with reviewing this document. In FFY 2012, the revised I/T and Family Rights document will be translated to Spanish.	FFY 2011 FFY 2012	C.O. Staff District Staff	Increased access to information will improve rapport with parents of the minority population, increase their knowledge and empower them to advocate for their children.
6. In FFY 2009, the mail out of the Family Outcome Survey was rescheduled to February. This activity was continued in FFY 2010. Beginning in FFY 2011, the process of hand delivering surveys to parents was done as scheduled in February. In FFY 2012, this procedure was successful and will be continued.	Revised FFY 2011 Continued FFY 2012	C. O. Staff	An increase in the response rate is expected. This change allowed improvement activities directly tied to the survey mail out to be implemented in February.
7. District staff will begin using tablet PCs and portable printers to facilitate paperwork and service coordination. Training and technical assistance has been provided for district staff. Tablet PCs will be used as a mean to complete necessary paperwork during service coordination activities. In FFY 2012, the IFSP will be electronically configured on PCs. This will allow SCs to sync the IFSP data into the database.	FFY 2011 FFY 2012	District Staff	Expected impact includes more effective service coordination for families and more valid/user-friendly data entry.
8. In FFY 2011, service coordinators hand-delivered	Revised	District Staff	The rate of return for

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
the parent surveys and used interpreters, as needed. In FFY 2012, this activity will continue.	FFY 2011 Continued FFY 2012		parent surveys did increase. This process allows SCs to increase parent's knowledge on the importance of completing the surveys.
Database Changes			
1. In FFY 2009, the Central Directory revisions were initiated to make it web-based and user-friendly. Millsaps College students and staff assisted in this project. Due to technical issues between MSDH and Millsaps College, this project was not completed. However, in FFY 2010, this project was continued. A revised Central Directory has been added to the website. In FFY 2011 and FFY 2012, continued updating and monitoring of the Central Directory occurs throughout the year.	FFY 2011 FFY 2012	C. O. Staff	Improvements and updates to the Central Directory will be easily accessible and provide MS EIP parents, guardians, etc. and service providers a more valuable resource of statewide agencies/service provider information.

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birthto1 with IFSPs compared to national data.
(20 U.S.C. 1416(a)(3)(A) 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.

618 Data for DECEMBER 1, 2011			
FFY 2011	Population of Infants/Toddlers <1	Infants/Toddlers <1 with an IFSP	
		#	%
State	40,028	230	0.57%
Measurable Rigorous Target			0.75%
National Data			1.02%

REPORT OF PROGRESS - INDICATOR 5			
	Actual Target Data **December**	**Actual Target Data** **2010 – 2011**	**Actual Target Data** **2011 – 2012**
Percent of infants and toddlers birth to 1 with IFSPs compared to national data	.74%	.86%	.57%

EI Children served Birth through Two FFY 2011

District	FFY 2010	FFY 2011 #	% FFY 2011 decrease from % FFY 2010
I		28	8.7%
II		34	8.7%
III		17	0.9%
IV		36	6.1%
V		32	49.5%
VI		25	0%
VII		26	10.4%
VIII		28	12.2%

APR Template – Part C (4)

IX		48	3.5%
State Total		**230**	**33.3%**

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

MS EIP did not meet the target for children served birth to one. There is a decrease in population of infants/toddlers birth through two in the state of MS. MS EIP realizes there has been a decrease in the number of children served in the birth to one population.

After analyzing the statewide data, MS EIP identified that there are less referrals from Head Start, LEA, Mental Health EIP, and medical health clinics. The Mental Health EIP was scheduled to close in July 2012, so this referral source will not be pursued as a target of increasing referrals. There is a significant reduction in referrals from Physicians; however, they are still the main referral source.

MS EIP continues to build collaborative partnerships to access additional referral sources for potentially eligible infants and toddlers. 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. In FFY 2012, an in-service will be completed with Pediatricians and Neonatologists interns at the University Medical Center (which is the primary training program for Pediatricians and Neonatologist) to provide information related to early intervention. A Pediatrician has also been added to University of Southern MS evaluation team, which is a model evaluation team in the state. This Pediatrician will assist with networking and will provide information to Pediatricians and Neonatologists statewide related to MS EIP.

In analysis of the data, it showed several districts with a large decrease in the number of children served. MS will continue to work with health districts to focus on slippage by developing and implementing strategies with them for improvement. The program plan is to access resources to assist with this indicator through TA. Strategies and activities will be determined through data drill down and then implemented to increase performance on this indicator.

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REVISIONS, WITH JUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Database changes			
1. In FFY 2006, the Central Referral Unit (CRU) at the First Steps Central Office was created to take referrals and enter referral data. This procedure is ongoing.	**Completed FFY 2006**	C.O. Staff All Referral Sources	The CRU continues to receive referrals, enters referral data, and notifies the health districts of the referrals in a timely manner.
Child Find activities			
1. Efforts are made to collaborate more effectively with referral sources from both the state and local levels. Referral sources include: local physicians, parents/family members, childcare centers, clinics, PHRM teams, Head Start Center, CAPTA, and school districts.	FFY 2011 FFY 2012	All Staff	The EIP continues to collaborate with referral sources via child find activities.
2. Child find materials are 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.	**Completed FFY 2005**	SC DC C.O. Staff	These brochures continue to be provided to referral sources upon request and as part of child find activities.
3. In FFY 2005, the Part C Coordinator worked with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and the website. In FFY 2011, due to a lack of staff, the quarterly newsletter to providers has been suspended until Spring 2012. A provider work group will be developed to increase EI awareness and re-implement the provider newsletter. In FFY 2011, the newsletter was not implemented as planned; however, a provider workgroup was developed from representation statewide to increase EI awareness and to address issues regarding child find. In FFY 2012, this workgroup will continue to represent and assist EI and EI providers with child find activities.	FFY 2011 FFY 2012	Part C Coordinator	The provider workgroup will increases EI awareness among stakeholders and has been an additional resource to provide EI information and best practice procedures.
4. State and local level staff visit hospitals and Neo-natal Intensive Care Units (NICUs) to discuss processes and procedures for making referrals and	FFY 2011 FFY 2012	SC DC	This practice continues at the health district level and serves to

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
further develop relationships between First Steps and hospital personnel who have contact with infants and their families. In FFY 2011 and FFY 2012, this activity continues.			increase referrals.
5. District and state level staff attend health fairs, local and state conferences, and meetings to set up displays to distribute brochures, developmental checklists and posters, and to answer questions regarding EIP. In FFY 2012, this activity will continue.	FFY 2011 FFY 2012	SC DC C.O. Staff	This practice continues at both the state and local level and serves to increase awareness of the EIP and the services it offers.
6. In FFY 2012, C.O. is reviewing child find data per district to identify where there are lower referral rates and will determine improvement plans in those areas.	FFY 2012	C.O. Staff	The impact is to improve child find identification and increase the number of EI children served.
Evaluation and Assessment			
1. In FFY 2005, an effort was made to collaborate with the Department of Mental Health (DMH), the Mississippi Department of Education (MDE), and with other department programs within the MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build evaluation/assessment teams where possible. In FFY 2009, budget constraints and provider shortages prohibited the forming of model teams statewide. However, in FFY 2010, efforts to continue this activity were resumed. In FFY 2011, MDE and the remaining Mental Health EIP continue to collaborate. In FFY 2012, all Mental Health Early Intervention Programs are scheduled to close by June 30, 2013.	FFY 2005 through FFY 2012	C.O. Staff DC	MS EIP realizes that additional model teams will need to be identified to cover the Mental Health EIP loss in areas across the state.
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. Technical Assistance is ongoing to address this topic.	**Completed FFY 2007**	C.O. Staff DC SC Service Providers	This guidance continues to be used by district staff and providers.
Training and Technical Assistance			

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
1. Service Coordination and IFSP training are provided in the health district. Follow-up of these trainings are also provided in the health district. In FFY 2011 and FFY 2012, this activity continues.	FFY 2011 FFY 2012	C.O. Staff	This training enhances service coordination.
2. Efforts are made through personal contact to increase the understanding of providers and potential referral sources of their responsibility to refer all children who may need early intervention services. In FFY 2011 and FFY 2012, efforts are also made to solicit the support of the primary medical providers. Medical providers are encouraged to make timely referrals; encourage families to access and use early intervention services; and complete the required paperwork in a timely manner.	Continued FFY 2011 Continued FFY 2012	SC DC, C.O. Staff	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.
3. In FFY 2011 and FFY 2012, MS EIP 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.	FFY 2011 FFY 2012	C.O. Staff	This combination of strategies serves to strengthen the multidisciplinary evaluation teams' skills.
4. In FFY 2011, EIP emphasizes through monitoring, training, and T/A an effective use of fiscal resources. In FFY 2012, this effort will be continued.	FFY 2011 FFY 2012	C.O. Staff	This combination of strategies serves to increase effective use of fiscal resources.
5.In FFY 2011 and FFY 2012, EIP continues to make efforts to increase the number of teams available to perform evaluations and to provide services in a timely manner.	FFY 2011 FFY 2012	DC C.O. Staff	Recruitment of providers occurs regularly at both the state and local levels.
Policies and Procedures:			
1. In FFY 2010, changes to the eligibility criteria were considered. In late FFY 2011, the eligibility criteria has been changed. In FFY 2012, the revised eligibility criteria will continue.	FFY 2011 Continued FFY 2012	C.O. Staff	Expected impact is a more rigorous definition of developmental delay.
2.In FFY 2012, due to new regulations, the policies and procedures will be revised.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is program improvement. These new Part C Regulations will be incorporated into

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			policies/procedures and implemented.
SICC:			
1. In FFY 2011 and FFY 2012, staff will continue recruitment efforts for a physician to serve as a representative on SICC.	**FFY 2011** **FFY 2012**	SICC	This will give MS EIP a voice with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely service delivery.

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers <u>birth to 3</u> with IFSPs compared to national data.
(20 U.S.C. 1416(a)(3)(A) 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.

618 Data for DECEMBER 1, 2011			
FFY 2011	Population of Infants/Toddlers <3	Infants/Toddlers <3 with an IFSP	
		#	%
State	121,793	2,122	1.74%
Measurable Rigorous Target			1.98%
National Data			2.79%

REPORT OF PROGRESS - INDICATOR 6			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Percent of infants and toddlers birth to 3 with IFSPs compared to national data	1.66%	1.88%	1.74%

APR Template – Part C (4)
EI Children served Birth through Two FFY 2010 and FFY 2011

District	FFY 2010	FFY 2011	% FFY 2011 Change from FFY 2010
I	264	219	-19.10%
II	242	236	-2.5%
III	161	149	-5.1%
IV	225	206	-8.1%
V	446	347	-42%
VI	168	182	+5.9%
VII	190	190	0%
VIII	276	241	-14.8%
IX	386	352	-14.4%
State Total	2358	2122	-10%

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

MS EIP did not meet the target for children served birth through two. There is a decrease in population of infants/toddlers birth through two in the state of MS. MS EIP realizes there has been a decrease in number of children served in the birth through two populations. However, we noticed that Health Districts I, V, and VIII had the greatest decrease in the number of children served.

After analyzing the statewide data, MS EIP identified that there are less referrals from Head Start, LEA, Mental Health EIP, and medical health clinics. The Mental Health EIP was scheduled to close in July 2012, so this referral source will not be pursued as a target of increasing referrals. There is a significant reduction in referrals from Physicians; however, they are still the main referral source.

MS EIP continues to build collaborative partnerships to access additional referral sources for potentially eligible infants and toddlers. 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. In FFY 2012, an in-service will be completed with Pediatricians and Neonatologists interns at the University Medical Center (which is the primary training program for Pediatricians and Neonatologist) to provide information related to early intervention. A Pediatrician has also been added to University of Southern MS (USM) evaluation team, which is a model evaluation team in the state. This USM Pediatrician will assist with networking and will provide information to Pediatricians and Neonatologists statewide related to MS EIP. MS will continue to work with health districts to focus on slippage by providing them with strategies for analyzing their data to determine the root causes of the slippage so they can develop data-based strategies for improvement. The program plan is to access resources to assist with this indicator through TA. Strategies and activities will be determined through analyzing the data and then implemented to increase performance on this indicator.

REVISIONS, WITH JUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Database changes			
1. In FFY 2006, the Central Referral Unit (CRU) at the First Steps Central Office was created to take referrals and enter referral data. This procedure is ongoing.	**Completed FFY 2006**	C.O. Staff All referral Sources	The CRU continues to receive referrals, enters referral data, and notifies the health districts of the referrals in a timely manner.
Child Find activities			
1. Efforts are made to collaborate more effectively with referral sources from both the state and local levels began. Referral sources include: physicians, parents/family members, childcare centers, clinics, PHRM teams, Head Start Center, CAPTA and school districts.	FFY 2011 FFY 2012	All Staff	The EIP continues to collaborate with referral sources via child find activities.
2. In FFY 2005, child find materials are 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.	**Completed FFY 2005**	SC DC C.O. Staff	These brochures continue to be provided to referral sources upon request and as part of child find activities.
3. In FFY 2005, the Part C Coordinator worked with the Communications Department at MSDH to publicize the EI program through media, including: newspapers, newsletters, and the website. In FFY 2011, due to a lack of staff, the quarterly newsletter to providers has been suspended until Spring 2012. , a provider work group will be developed to increase EI awareness and re-implement the provider newsletter. FFY 2011 the newsletter was not implemented as planned; however, a provider workgroup was developed from representation statewide to increase EI awareness and to address issues regarding child find. In FFY 2012, this workgroup will continue to represent and assist EI and EI providers with child find activities.	FFY 2011 FFY 2012	Part C Coordinator	The provider workgroup will increases EI awareness among stakeholders and has been an additional resource to provide EI information and best practice procedures.
4. State and local level staff 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.	FFY 2011 FFY 2012	SC DC	This practice continues at the health district level and serves to increase referrals.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
5. District and state level staff attend health fairs, local and state conferences, and meetings to set up displays to distribute brochures, developmental checklists and posters, and to answer questions regarding EIP. In FFY 2011 and FFY 2012, these activities continue.	FFY 2011 FFY 2012	SC DC C.O. Staff	This practice continues at both the state and local level and serves to increase awareness of the EIP and the services it offers.
Evaluation and Assessment			
1. In FFY 2005, an effort was made to collaborate with the Department of Mental Health (DMH), the Mississippi Department of Education (MDE), and with other department programs within the MSDH to form model evaluation and assessment teams. In FFY 2006, this plan was revised to build evaluation/assessment teams where possible. In FFY 2009, budget constraints and provider shortages prohibited the forming of model teams statewide. However, in FFY 2010, efforts to continue this activity were resumed. In FFY 2011, MDE and the remaining Mental Health EIP continue to collaborate. In FFY 2012, all Mental Health Early Intervention Programs are scheduled to close by June 30, 2013.	FFY 2005 through FFY 2012	C.O. Staff DC	MS EIP realizes that additional model teams will need to be identified to cover the Mental Health EIP lost in areas throughout the state.
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. Technical Assistance is ongoing to address this topic.	**Completed FFY 2007**	C.O. Staff DC SC Service Providers	This guidance continues to be used by district staff and providers.
Training and Technical Assistance			
1. Service Coordination and IFSP trainings are provided in the health districts. In FFY 2011 and FFY 2012, follow-up of these trainings are also provided in the health district.	FFY 2011 FFY 2012	C.O. Staff	This training enhances service coordination.
2. In FFY 2011 and FFY 2012, efforts are made through personal contacts to increase the understanding of providers and potential referral sources of their responsibility to refer all children	FFY 2011 FFY 2012	SC DC, C.O. Staff	Renewed efforts to increase support of the primary medical providers are

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
who may need early intervention services. Efforts are also made to solicit the support of the primary medical providers. Medical providers are encouraged to make timely referrals; encourage families to access and use early intervention services; and complete the required paperwork in a timely manner.			expected to result in more families accepting services and remaining in the program until their child is ready to exit from Part C.
3.In FFY 2011 and FFY 2012, MS EIP 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.	FFY 2011 FFY 2012	C.O. Staff	This combination of strategies serves to strengthen the team's skills.
4. In FFY 2011 and FFY 2012, EIP emphasizes through monitoring, training, and T/A an effective use of fiscal resources.	FFY 2011 FFY 2012	C.O. Staff	This combination of strategies serves to increase effective use of fiscal resources.
5. In FFY 2011 and FFY 2012, EIP continues to make effort to increase the number of teams available to perform evaluations and to provide services in a timely manner.	FFY 2011 FFY 2012	DC C.O. Staff	Recruitment of providers occurs regularly at both the state and local levels.
Policies and Procedures:			
1.In FFY 2010, changes to the eligibility criteria were considered. In late FFY 2011, the eligibility criteria has been changed. In FFY 2012, the revised eligibility criteria will continue to be used.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is a more rigorous definition of developmental delay.
2. In FFY 2012, due to new regulations, the policies and procedures will be revised. 3. In FFY 2012, staff will be trained on all revisions of policies and procedures.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is program improvement. These new Part C Regulations will be incorporated into policies/procedures and implemented.
SICC:			
4.In FFY 2011 and FFY 2012, staff will continue recruitment efforts for a physician to serve as a representative on SICC.	**FFY 2011** **FFY 2012**	SICC	This will give MS EIP a voice with the medical community, which will help with program requirements related to CMNs or Prescriptions needed for timely service

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			delivery.

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Mississippi

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an **initial IFSP** meeting were conducted within Part C's 45-day timeline.
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed] times 100. Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY 2011	Measurable Rigorous Target 100%	Actual Target Data for FFY 2011:	
		Number: **226** eligible infants/toddlers had E/As & initial IFSPs <u>required</u> within 45 days, out of **312** total eligible infants and toddlers for whom the initial IFSP meeting was required during the reporting period. **75** IFSPs had exceptional family circumstances and are included in the numerator and denominator above. **11** IFSPs were over 45 days due to a program delay. **Calculation:** *(301 ÷ 312 x 100 = 96%)* **96%**	**Target:** Not Met

REPORT OF PROGRESS - INDICATOR 7			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	92%	94%	96%

The quarterly data collection accurately reflects the population that MS EIP serves. This quarter data in general represents the activities that occur throughout the year in the MS EIP. This quarter is based on April 1, 2012 through June 30, 2012 data. During this quarter eligible infants/toddlers with E/as & initial IFSP meetings were accounted for in this report.

APR Template – Part C (4)

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

The state's percentage of eligible infants/toddlers who had an initial IFSP meeting implemented in a timely manner increased from 94% in FFY 2010 to 96% in FFY 2011. Family circumstances include the following: family missed/cancelled or rescheduled appointments or family moved without forwarding contact information. MS EIP analyzed the data and identified health districts that have the highest percentage of family delays. Focused monitoring visits within these health districts will be completed to explore data to identify reason(s) for the high percentage of these delays. Timely IFSP development was emphasized by Central Office and Quality Monitors in the field. Special emphasis was placed on this in district staff meetings. MS EIP also monitored timely IFSP development. More intense data review, data verification, and follow-up (when indicated) were strategies used to ensure that this data reporting is valid and reliable. MS EIP will continue to implement these strategies to make sure children receive timely evaluations and IFSP development.

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE (IF STATE REPORTED LESS THAN 100% COMPLIANCE):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 94%

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 thru June 30, 2011)	9
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2010 findings not verified as corrected within one year [(1) minus (2)]	0

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2010 findings not verified as corrected [(4) minus (5)]	0

VERIFICATION OF CORRECTION OF **FFY2010** FINDINGS:

Verification of correction was completed in all nine Health Districts within the one year timeline. These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or the 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.

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

Verification of correction was done using data collected through on-site monitoring or submission of documentation to state office for verification. Required documentation is selected by Central Office and must be submitted to Central Office within 48 hours. 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 an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline 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 ensured that the corrective action plan was being implemented and verified that the health district had completed an evaluation and assessment and an initial IFSP, 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.

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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 FFY 2011 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 2010, the State must report on the status of correction of Noncompliance identified in FFY 2010 for this indicator.	The percent of children with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline or delayed due to exceptional family circumstances increased from 94% to 97%. Correction of all FFY 2010 requirements was verified according to OSEP requirements.
When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each EIS program with noncompliance identified in FFY 2010 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. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction.	MS verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02. Verification of correction was completed in Health Districts I, II, III, IV, V, VI, VII, VIII, and IX in June and September of 2011. These Health Districts (1) are correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a review of updated data subsequently collected through on-site monitoring or a State data system; and (2) have conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.
If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.	Mississippi has reviewed and revised the improvement activities. Please refer to the chart below.

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REVISIONS, <u>WITH</u> <u>JUSTIFICATION</u>, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR **FFY 2012**

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Training/TA for staff & providers			
1. IFSP training and follow-up are provided within the health district.	**Completed FFY 2007**	C.O. Staff	The IFSP training is used to enhance service coordination.
2. IFSP training continues to be provided for each new service coordinator. Follow-up provided within the health districts is individualized and includes coaching. In FFY 2010, the IFSP was revised. In FFY 2011, the new IFSP was revised and introduced to DCs, SCs, and service providers throughout the state. The IFSP will be accessible to district staff on the tablet PCs. In FFY 2012, the revised IFSP include new Part C regulations, follow-up training/technical assistance will be provided on the revisions.	FFY 2011 FFY 2012	C.O. Staff	IFSP training within the health districts is open to service coordinators and affords current staff opportunities to enhance their skills.
3. Training/TA on transdisciplinary play-based assessment began in FFY 2007. In FFY 2008, provider training included training on this model. TA is being provided, as needed, for implementation of this activity.	**Completed FFY 2008**	C.O. Staff	Training and technical assistance continue to be offered when requested by staff or providers.
4. NECTAC and SERRC provide technical assistance on the following topics: changing service delivery models, improving child outcome measurement, improving transition activities, and increasing provider awareness of typical child development.	FFY 2011 FFY 2012	C.O. Staff	Technical assistance continues to be requested and provided.
5. SERRC and the ECO Center collaborated to provide three regional trainings statewide on Child Outcomes. A majority of EI providers participated in the training.	FFY 2011 FFY 2012	C.O. Staff	This training addresses needs identified by stakeholders and through general supervision activities.
6. Ongoing TA is provided on the administration of evaluation tools (i.e., IDA, DP III, HELP, Sensory Profile, and E-LAP).	**Completed FFY 2009**	C.O. Staff	This training addresses needs identified through general supervision activities or request from EI staff and providers.
7. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, Head Start staff	**Completed FFY 2009**	University Staff	Training addresses needs identified through

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
and child care workers on best practices in providing early intervention services. One component addressed assistive technology (AT) awareness and availability. This training included and provided resource opportunities for families. A digital format of this training is available for staff to access as needed.			general supervision activities and provide knowledge and resources that are valuable to EI staff and families.
8. In FFY 2012, Tablet PCs will be utilized in IFSP development and data collection.	FFY 2011 FFY 2012	District Staff	Expected impact includes more effective service coordination, data entry and data validity.
9. A provider workgroup was established to address Medicaid issues. This work group has compiled a list of state Medicaid "Carve out" plans to determine if any would meet MS EIP needs. This provider workgroup will continue to address Medicaid issues.	FFY 2011 FFY 2012	C.O. Staff	Current Medicaid issues/problems specific and unique to each health district are identified and addressed through appropriate processes.
10. In FFY 2010, Training Modules were developed to cover the First Steps process from enrollment to transition from Part C services. Joint training with MDE was conducted in FFY 2011. In FFY 2012, new modules will be developed to include new Part C Regulations.	FFY 2011 FFY 2012	C.O. Staff	The use of these training modules will provide targeted technical assistance and updated information.
Database changes			
1. When data is pulled for reporting and compliance purposes, Central Office staff check justifications used for documentation of exceptional family justifications and systemic reasons. Follow up is provided when there is missing or incorrect data entry.	**Completed FFY 2009**	Data Manager DC SC	This process facilitates proper data entry with accuracy/validity.
2. Health district staff access database reports of records that have discrepancies (i.e., missing data/incorrect data) and follow up to correct issues in a timely manner. Review of data reports is conducted to implement needed changes and to comply with new Part C Regulations.	FFY 2011 FFY 2012	Data Manager DC SC	The new reports allow for a more efficient data review and data correction. This should increase MS EIP's ability to collect more valid and reliable data and to meet the new Part C requirements.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
3. Tablet PCs are being programmed to electronically download data into the child registry for improved data collection.	FFY 2011 FFY 2012	C.O. Staff DC SC	This will decrease time being spent on data entry and increase time dedicated to service coordination and should increase data validity with less errors.
4. C.O. hired a Data Manager to monitor health districts that are not meeting the timelines and provide TA on data entry. This person will also develop a timeline tickler system and provide technical assistance on data entry where needed.	**Completed FFY 2012**	C.O. Staff	This will allow the MS EIP to identify areas of concern; such as, lack of service providers to complete timely evaluations. The tickler system will allow SCs of upcoming timelines which should increase timely evaluations/IFSP development.
Provider Recruitment & Training			
1. Beginning in FFY 2007, information packets were mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). This activity did not occur in FFY 2011, due to a lack of results. In FFY 2011, this activity was revised. Providing information to SLPs, OTs and PTs is now a part of the Result Focus Improvement Plan in Result Focus. DCs and monitor staff contacted universities and provided EI information and career opportunities to key directors/instructors in OT, PT, and SLP programs. New recruitment advertisements for therapy positions in OT, PT, and SLP services are published in newspapers. In FFY 2011 and FFY 2012, this activity will continue.	FFY 2011 FFY 2012	C.O. Staff DC	Packets mailed to therapists did not provide any results; therefore, a new approach was taken to contact and educate different directors/instructors of different therapy disciplines about EI careers and opportunities EIP also covers some SLP intern stipends. This activity has been a more effective tool for recruiting providers.
2. During FFY 2007, the Part C Coordinator requested Human Resources to change therapy rates and structure in an effort to recruit and retain therapists, while managing fiscal resources more effectively. Rate changes went into effect in FFY 2008. Training rates were added in FFY 2008 and went into effect in FFY 2009. In FFY 2011, therapy rates were reduced due to economic conditions. In FFY 2012, rates will not change due to economic	FFY 2011	C.O. Staff	Rate reductions will affect MS EIP and make it more difficult to encourage providers who want to work with EIP children. Lack of funds to pay therapist comparable rates to

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
restrictions.			clinics and other programs hinder our progress in this area.
3. 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 is an ongoing process. In FFY 2012, an additional training will occur in 4 locations to train staff statewide on the screening tool, Ages & Stages.	**Completed FFY 2009 (eval tool training)** Continued FFY 2012 (screening tool training)	C.O. Staff	This training will increase knowledge and skills of EI providers.
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. In FFY 2012, District VIII has begun this pilot.	FFY 2011 FFY 2012	Pilot in Health District IX DC District VIII	This pilot has resulted in increasing the pool of providers within this Health District and has expanded into District VIII to provide additional therapy services to that area.
5. In FFY 2009, ARRA funds used for projects at three universities resulted in pre-service and in-service training for staff, providers, and childcare workers on best practices in providing early intervention services. One component addressing assistive technology (AT) awareness and availability included family members in the training opportunities. These training are provided in a digital format for staff to use as needed.	**Completed FFY 2009**	University Staff	This training addressed needs identified by service providers through general supervision activities.
6. Staff's knowledge of typical child development was enhanced through Typical Child Development Training, which was provided in each Health District. Technical Assistance Providers follow up with district staff to review components of this training, to ensure that staff understand and are incorporating information gained from the training.	**Completed FFY 2010**	C.O. ECO SERRC	Staff's knowledge of typical child development will contribute to outcomes developed based on child's individual needs. Improved outcomes for children are expected, as well.
7. The ECO center provided Child Outcome training for staff in each Health District. Quality Monitors and Technical Assistance Providers follow up with district staff to review components of this training, as needed.	**Completed FFY 2011**	C.O. ECO	Expected impact includes increased understanding of child outcomes. This activity will also improve outcome/goal development for children, which will potentially improve

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			outcomes of a child's development.
Policies and Procedures			
1. Due to new regulations, policies and procedures will be revised. Policies are being drafted and some have been submitted to OSEP for approval.	FFY 2011 FFY 2012	C.O. Staff	Expected impact is program improvement.
2. In the IFSP instructions, Informed Clinical Opinion is explained in great detail with guidelines given to evaluation teams. In the instructions, an emphasis is on the use of informed clinical opinion in determining eligibility and making recommendations for services.	**Completed FFY 2010**	C.O. Staff	Expected impact includes an increase in eligibility determinations and continued improvements to the IFSP instructions for effective use.
3. In FFY 2012, Data verification tools will be refined to increase the ability of identifying barriers/needs of the districts, either programmatic or fiscal.	FFY 2012	C.O. Staff	MS EIP data verification process is a very effective tool for identifying needs that require T/A and/or training. One of these tools should assist with fiscal accountability, since it will identify areas of concerns.
Monitoring			
1. In FFY 2011 and FFY 2012, focused monitoring visits within health districts that have been identified as having a high percentage of family delays will be conducted.	FFY 2011 FFY 2012	C.O. Staff QM TA	This will assist in exploring data to identify reason(s) for the high percentage of family delays. This will also contribute to plan development of decreasing the percentage by assisting health districts to meet the individualized needs of families.
SICC			
1. In FFY 2011 and FFY 2012, staff will continue recruitment efforts for a physician to serve as a representative on SICC.	**FFY 2011 FFY 2012**	SICC	This gives MS EIP a voice with the medical community, which will help with program requirements related to

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			CMNs or Prescriptions needed for timely service delivery.

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- a) IFSPs with transition steps and services;
- b) Notification to LEA, if child potentially eligible for Part B;
- and c)   Transition conference, if child potentially eligible for Part B.

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

Measurement:

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (#of toddlers with disabilities exiting Part C)] times 100.

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

C.   Percent = [(# of toddlers with disabilities existing Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100. **Account for untimely transition conferences, including reasons for delays.**

FFY 2011	Measurable Rigorous Target	Actual Target Data for FFY 2011:	
	A. 100%	a. Number of children exiting Part C who have an IFSP with transition steps and services: 74	**Target:** Met
		b. Number of children exiting Part C: 74	
		Percent of all children exiting Part C who received timely transition planning to support transition to preschool and other appropriate community services by their third birthday (Percent = [(a) divided by (b)] times 100) **100%**	
	B. 100%	a. Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred: 74	**Target:** Met
		b. Number of children exiting Part C who were potentially eligible for Part B: 74	
		Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday (Notification to LEA) (Percent = [(a) divided by (b)] times 100) **100%**	

APR Template – Part C (4)

	C. 100%	a. The number of children exiting Part and potentially eligible for Part B where the transition conference occurred: 74	**Target:**		
		b. Number of children exiting Part C who were potentially eligible for Part B: 74	Met		
		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) **100%**			

APR Template – Part C (4)

REPORT OF PROGRESS - INDICATOR 8A			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Indicator 8A: Percent of children exiting Part C will have an IFSP with transition steps and services	100%	100%	100%

REPORT OF PROGRESS - INDICATOR 8B			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Indicator 8B: Percent of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred	98%	100%	100%

REPORT OF PROGRESS - INDICATOR 8C			
	Actual Target Data 2009 – 2010	Actual Target Data 2010 – 2011	Actual Target Data 2011 – 2012
Indicator 8C: Percent of children exiting Part and potentially eligible for Part B where the transition conference occurred	79%	98%	100%

The quarterly data collection accurately reflects the population that MS EIP serves. This quarter data in general represents the activities that occur throughout the year in the program. MS EIP reviewed the quarter from April 1, 2012 through June 30, 2012 for this reporting period. During this quarter, children exiting Part C who had an IFSP with transition steps and services, notification to the LEA of exiting Part C, and transition conference were accounted for all children potentially eligible for Part B services. There were no families who declined a transition conference or whose services were late due to exceptional circumstances.

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR FFY 2011:

MS EIP is pleased to meet the target and achieve 100% in all aspects of this indicator. Consistent technical assistance through statewide district collaborative meetings and written instruction were provided to service coordinators on how to initiate plans for transition steps and services and how to appropriately document the child registry with this data. Periodic emails were sent by Central Office as reminders to Service Coordinators to keep accurate documentation on transition steps and services.

MSPTI has a state parent liaison that provided transition training for service coordinators and providers in areas around the state. A joint training was provided by MS EIP and MDE on transition procedures.

APR Template – Part C (4)

Consistent technical assistance through statewide district collaborative meetings and written instruction were provided to service coordinators on notifying the LEA of potentially eligible children for Part B and to appropriately document and update the child registry with this information.

During statewide district collaborative meetings, technical assistance emphasizing planning of transition conferences with school district and other transition placement options was provided. Service Coordinators have established working relationships with their respective LEA evaluation teams, Part C directors and providers, resulting in an increase of transition conference meetings dates being held within required timelines. Emphasis has been placed on accurate and timely reporting and data entry for transition conferences.

Indicator 8 B

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 8 B   1 0 0 %

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	3
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	3
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	**0**

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	**0**
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	**0**
6. Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	**0**

VERIFICATION OF CORRECTION FROM FFY2010 (EITHER TIMELY OR SUBSEQUENT):

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

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

Verification of correction was done using data collected through on-site monitoring or submission of documentation to state office for verification. Documentation is chosen by Central Office and must be

APR Template – Part C (4)

submitted to state office within 48 hours. 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 exiting Part C within a specific period of time and potentially eligible for Part B who should have had LEA notification 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 ensured that the corrective action plan was being implemented and verified that the health district had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

Indicator 8 C

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 8 C   9 8 %

1.	Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	9
2.	Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3.	Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	**0**

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4.	Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	**0**
5.	Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	**0**
6.	Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	**0**

VERIFICATION OF CORRECTION FROM FFY2010 (EITHER TIMELY OR SUBSEQUENT):

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

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

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

APR Template – Part C (4)

district exiting Part C within a specific period of time and potentially eligible for Part B who should have had a transition conference. Data used to verify correction was based on a 2-3 month time period. In the smaller health districts, at least 5 records were reviewed even if that number exceeded the ten percent.

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 2011 APR, the State's data demonstrating that it 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 2010, the State must report on the status of correction of noncompliance identified in FFY 2010 for this indicator.	The percent of children with a timely transition conference or delayed due to exceptional family circumstances increased from 96% to 100%. Correction of all FFY 2010 requirements was verified according to OSEP requirements.
When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each EIS program with noncompliance identified in FFY 2010 for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describes 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, II, III, IV, V, VI, VII, VIII and IX have corrected non-compliance.
If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.	Mississippi has reported 100% compliance in this indicator.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
1. Part B staff participates 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 2011 FFY 2012	C.O. Staff Part B Staff SC DC	This practice serves to support seamless transitions.
2. In FFY 2005, collaboration with agencies resulted in the development of forms that meet requirements for Part C and Part B evaluations and assessments. The Department of Mental Health (DMH) EIS and EI have collaborated to revise forms and procedures used for the IFSP development and service provider documentation for the DMH. In FFY 2010, plans were made to revise the developmental history. Due to the loss of staff, this document was not revised. Efforts to collaborate with DMH and MDE to revise this form will resume in FFY 2011. DMH closed most of their EI programs statewide; however, there continues to be a few contracts with DMH in local health districts. MS EIP will continue to collaborate with MDE, DHS, DMH and Head Start for form revisions or changes.	FFY 2011 FFY 2012	C.O. Staff	Collaboration continues to be used to address current issues related to services or documentation. EIP will continue to collaborate with community partners and state agencies to make revisions to forms to improve efficiencies.
3. With assistance of MS EIP, MSPTI developed an EI manual to cover early intervention, detailing the enrollment to transition process. It also includes information concerning family rights. These manuals are being disseminated to EI families and will be revised to incorporate new Part C regulations. In FFY 2012, revisions and updates to this EI manual will be made.	**New FFY 2011** Continue FFY 2012	C.O. Staff	These materials explain the "transition" process from Part C and give parents the needed information and advocacy support contacts.
4. Joint MDE and Part C statewide transition meetings were initiated statewide in FFY 2011 and will continue FFY 2012. Policies/procedures and responsibilities of each agency are discussed at each training. Also, in FFY 2012 a new MOU/ Interagency Agreement is being developed to incorporate New Part C regulations.	FFY 2011 FFY 2012	C.O. Staff	This collaboration is key to seamless transitions from Part C to Part B that will incorporate new Part C regulations.
5. Training and TA are provided to reflect the current transition requirements.	FFY 2011 FFY 2012	C.O. Staff	District training/TA for Part C staff is necessary to address

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			local challenges and policy/procedure changes between Part B and Part C.
Definition of "potentially eligible for Part B"			
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." 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." 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".

In FFY 2011, the MDE data transfer occurred the last day of the month for each child who reached 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.

The transfer of information occurs once a month between the 18th and 25th of the month from Central Office. In FFY 2012, the database was changed to reflect late referrals, which meets the new Part C regulations and now the data is being transferred daily to meet the new Part C Regulations on late referrals. | FFY 2011 FFY 2012 | C.O. Staff | 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. This will allow MS to adhere to new Part C Regulations and to more appropriately identify late referrals. |
| | | | |

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Parent Advisors			
1. With the assistance of MS EIP, MS PTI developed an EI manual to provide parents with needed information concerning their rights and the early intervention process within the state. This also provides parents with resources on advocacy groups that can assist them.	New FFY 2011 Revised FFY 2012	C.O. Staff	This manual will educate parents on EI policies, procedures, rights, and provide advocacy resources for families. This will increase parent's knowledge of EI.
Recruitment of staff			
1. In FFY 2005, EI began exploring the possibility of contracting with a parent advisor at the state level for monitoring, coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, training and technical assistance. This quality monitor also covered two health districts. In late FFY 2008, early FFY 2009, this quality monitor met with staff in each health district to begin assessing needs and planning on how to address them. Coordination of training with advocacy groups did not occur in FFY 2009 due to resignation of this quality monitor. In FFY 2010, this activity was restructured to better address the areas of coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. EIS collaborated with MS PTI to address this area. In FFY 2011, MS PTI, in collaboration with MS EIP, developed activities for coordination of training with advocacy groups. Current training opportunities offered by the MS PTI include onsite training, TA, and webinars.	**Completed FFY 2011**	C.O. Staff MS PTI Advocacy Groups	The expected impact is to prepare parents/guardians for the "transition process" from Part C services. This will increase resource accessibility for parents on support groups/advocacies/ parent liaisons.
Training & Technical Assistance			
1. The Infant/Toddler and Family Rights (I/T & Family Rights) document is in the process of being revised to reflect new policies.	FFY 2012	C.O. Staff	The expected impact is increasing parents' competency and comfort in exercising their rights.
2. MS EIP utilizes the MS PTI and advocacy	FFY 2011	C.O. Staff	The expected impact is

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
groups within the state to provide training to parents, service coordinators and parent advisors. This serves to enhance collaborative relationships and provides MS EIP staff/families with updated advocacy information.	FFY 2012	MS PTI Advocacy Groups District Staff	increasing parent's knowledge of their rights, so that they are empowered to exercise their rights. Service coordinators and parent advisors will be prepared to inform parents on available advocacy resources.
3. The transition training with MDE includes updated federal and state regulations. The IFSP is included in this training with emphasis placed on a seamless transition process between the two agencies. In FFY 2012, new Part C Regulations will be implemented in policy/procedures and statewide training will be provided.	FFY 2011 FFY 2012	C.O. Staff	Transition conferences are expected to continue collaboration and improvement in the effectiveness of the process. These revisions are a requirement to meet new Part C Regulations.
4. In FFY 2012, the transition page of the IFSP was revised to improve the transition process by providing a detailed guide to document transition steps and services, notification of the LEA, and transition plan and conference.	**Completed FFY 2012**	C.O. Staff	The revised IFSP will contribute to meeting transition timelines and impact the goal of a seamless transition process. This will make the process more effective for families and EI staff.
5. In FFY 2009, local staff were instructed to refer all parents who do not want the LEA involved, to Central Office. This has allowed Central Office staff to explain the requirement and allow the service coordinator to maintain rapport with the family. This activity has become a collaborative effort between Central Office and district staff to guide SCs and families through this process.	**Completed FFY 2009**	C. O. Staff SC	This allows more collaboration between the local and central office level, to adhere to the requirements for each program.
Database changes			
1. In FFY 2011, the data base was scheduled to be set up to automatically remind users of upcoming LEA notifications, transition steps/services and transition conferences which are due within 30 days from timeline. Currently there are reports in the database that allow SCs to	FFY 2011 FFY 2012	Data Manager	The database changes continue to enhance data collection, review, and reporting. These database revisions will improve validity and

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
run reports to get this information on transition due dates. Also, new Part C Regulation requirements were added to the database to ensure implementation of new federal guidelines for transition. In FFY 2012, a new procedure will be implemented in the database to improve identification of late referrals.			assist SCs in meeting the required timelines.
2. In FFY 2012, data is shared electronically between MSDH (FSIS) and MDE (MSIS) on a daily basis.	Revised FFY 2012	Data Manager	This process ensures that data is shared with MDE in a timely manner.
3. In FFY 2011, a data manager was scheduled to develop a tickler system within the database, in order to meet transition timelines. This process was not completed because a database manager was not employed until July 2012. The data manager runs reports and notifies health districts of concerns or missing data.	FFY 2011 FFY 2012	C.O. Staff	This process will allow staff to identify areas where SC's are not properly implementing the transition process. The tickler system will allow the SCs to know their timelines so that they can better meet timelines.
4. In FFY 2012, revisions were made to the IFSP to reflect the new Part C regulations on transition.	**Completed FFY 2012**	C.O. Staff	The new IFSP will help staff meet transition timelines and positively impact the goal of a seamless transition process. The IFSP has been updated to follow new Federal Regulations.

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011 (7/1/11-6/30/12)

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:
Percent of noncompliance corrected within one year of identification:
  a.   # of findings of noncompliance.
  b.   # of corrections completed as soon as possible but in no case later than one year from identification. Percent = [(b) divided by (a)] times 100.
  States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

FFY 2011	Measurable Rigorous Target 100%	Actual Data for FFY 2011		
		Numbers:	**30** Findings of noncompliance identified in FFY 2010 (Column a on C-9 Worksheet). **30** Findings for which correction was verified no later than one year from identification (Column b on C-9 Worksheet).	**Target:** Met
		Calculation	*(Column b) 10 ÷ (Column a) 10 x100 = 100 %)* **100%**	

REPORT OF PROGRESS - INDICATOR 9			
	Actual Target Data **2009 – 2010**	**Actual Target Data** **2010 – 2011**	**Actual Target Data** **2011 – 2012**
Indicator 9: Percent of noncompliance corrected within one year of identification: # of findings of noncompliance and # of corrections completed as soon as possible but in no case later than one year from identification.	63%	85%	100%

APR Template – Part C (4)

INDICATORC-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	a. # Findings of non-compliance identified in FFY 2010 (7/1/10 TO	b. # Findings from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
	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:** 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:** 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:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9

APR Template – Part C (4)

	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:** Self-Assessment/	0	0	0
	Dispute Resolution Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B.	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	9	9
	Dispute Resolution Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:	**Monitoring:** Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			30	30

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

APR Template – Part C (4)

Describe the process for selecting EIS programs for Monitoring:

In FFY 2010, the health districts with long standing findings for timely services and/or who had not been monitored within the last four years were chosen for focused monitoring. In FFY 2010, a new focused monitoring procedure was implemented that required two different visits within the Health District. The onsite visits occurred during April and May 2011 for Health District II, during March and April 2011 for Health District VIII, and during May and June for Health District IX.

In FFY 2011, it was determined that the previous focused monitoring procedure was not effective. Therefore it was streamlined to one visit. Selection for onsite monitoring shifted to being based on need rather than a rotation schedule. In FFY 2011, data reviews were completed for all nine health districts. Findings were issued where noncompliance was identified. Targeted TA and revised CAPs (Correction Action Plan) and IPs (Improvement Plan) were used as tools to align with Part C Regulations and timely verification of correction which is consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that Occurred for FFY 2011:

MS EIP made progress from 85% to 100%. Each district's CAP and/or IP were developed to specifically address barriers within the districts which prevented it from meeting federal requirements. MS re-evaluated and revamped the General Supervision system. Monitoring activities were simplified and redefined to meet needs of MS EIP. The monitoring process ensures continued compliance by monitoring programs. General Supervision activities which were completed include data/record reviews through on-site visits to verify correction, monitoring compliance through the data system, technical assistance, staff interviews, monitoring of Corrective Action Plans (CAP) and/or Improvement Plans (IP), and review of complaints to make sure progress is being made.

The current monitoring staff were realigned. Two of these individuals were assigned as monitors, and 4 of these individuals were designated to provide technical assistance to specific health districts.

MS EIP acknowledges that streamlining the general supervision system is an ongoing process. The program continues to focus on streamlining the system to make it more effective, using the assistance of OSEP, NECTAC, DAC and SERRC contacts.

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE (CORRECTED WITHIN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: <u>100%</u>

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011) (Sum of Column a on the Indicator C 9 Worksheet)	30
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	30
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

APR Template – Part C (4)

CORRECTION OF FFY 2010 FINDINGS OF NONCOMPLIANCE NOT TIMELY CORRECTED (CORRECTED MORE THAN ONE YEAR FROM IDENTIFICATION OF THE NONCOMPLIANCE):

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	0
5. Number of findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of findings not yet verified as corrected [(4) minus (5)]	0

VERIFICATION OF CORRECTION FROM FFY2010(EITHER TIMELY OR SUBSEQUENT):

MS EIP has reported and corrected all non-compliance from FFY 2010 as indicated above. See full explanation of correction under Indicators 1, 7, and 8 of this document. All nine Health Districts (1) are correctly implementing all services or activities (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 all required services or activities, although late, for all children, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.

APR Template – Part C (4)

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 2011 APR, demonstrating that the State timely corrected findings of noncompliance identified in FFY 2010 in accordance with IDEA section 635(a)(10)(A), 34 CFR §303.501, and OSEP Memo 09-02.	Mississippi has reviewed and revised the improvement activities. Please review activities in activity chart below.
When reporting on correction of findings of noncompliance in the FFY 2011 APR, the State must report that it verified that each EIS program with noncompliance identified in FFY 2010: (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 2011 APR, the State must describe the specific actions that were taken to verify the correction. In addition, in reporting on Indicator 9 in the FFY 2011 APR, the State must use the Indicator 9 Worksheet. Further, in responding to Indicators 1, 7, and 8C in the FFY 2011 APR, the State must report on correction of the noncompliance described in this table under those indicators.	MS verified correction of non-compliance through record reviews, updated data and focused on-site monitoring, in accordance to OSEP Memo 09-02. Verification of correction was completed in all Health Districts. These Health Districts (1) are correctly implementing the timeline requirements (i.e., 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 and/or the data system; and (2) have conducted the necessary requirements, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. Please refer to the Indicator 9 Worksheet and the sections in this indicator.

APR Template – Part C (4)

REVISIONS, **WITHJUSTIFICATION**, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR **FFY 2012**

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Monitoring Activities			
1. In FFY 2006, the monitoring done in four health districts, which EI called "focused monitoring", was similar to the definition of comprehensive monitoring. During FFY 2007, focused monitoring was done in the remaining five health districts. In FFY 2011 and FFY 2012, focused monitoring will be completed in Health Districts who have low percentages in compliance indicators or other areas that present with concerns or needs. The revised guidelines for completing a focused monitoring visit will be included in the upcoming General Supervision manual.	Revised FFY 2011 Continued FFY 2012	C.O. Staff and other assigned monitors SERRC ECO	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.
2. In FFY 2011 and FFY 2012, data or other findings are being issued based on the database reports or through other concerns that arise.	Revised FFY 2011 Continued FFY 2012	DC C.O Staff	The change is expected to result in more timely correction of noncompliance and valid/reliable data to be entered timely.
3. Data verification forms have been revised to identify the specific needs of districts. In FFY 2011, data findings were issued.	Revised FFY 2011 Continued FFY 2012	Quality Monitors and other C.O Staff	MS EIP data verification process is a very effective tool for identifying training and TA needs. The new forms are inclusive and meet the new Part C Regulations.
4. OSEP and SERRC have provided TA on the development of a General Supervision manual. The manual will include sanctions and enforcement actions. In FFY 2012, MS EIP will continue to review/revise the General Supervision manual.	FFY2011 Revised FFY 2012	C.O. Staff OSEP SERRC	More effective use of sanctions/ enforcement actions will result in more timely correction of noncompliance. Correct policy and procedures will be implemented statewide and reflect new Part C Regulations. More effective use of MS EIP general supervision

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
			activities statewide will enhance measurements to identify concerns.
5. In FFY 2011, the compliance data pull was corrected to be based on an entire FFY. In FFY 2012, this practice continues.	Revise FFY 2011 FFY 2012	District Coordinators C.O Staff	This meets and addresses OSEP standards. This will ensure that any problems in the district are identified through the compliance data reports.
6. Service Verification: In FFY 2008, the district coordinators reviewed the same active case records that had been reviewed by Quality Monitors for the data verification to determine if the services were being implemented as specified on the current IFSP. In FFY 2009, service verification was redesigned and implemented. In FFY 2012, DCs and monitors continue to review SC records annually which involve different EI records, unless a concern warrants follow-up review of the same records.	**FFY 2011** **FFY 2012**	DC Quality Monitors	This data verification tool is very effective for identifying training and TA needs. Revised procedures allow for a more comprehensive record review per SC and allows identification of issues more timely.
7. In FFY 2012, two monitors were assigned to cover the state, and 4 individuals were hired to provide technical assistance to designated Health Districts.	Revised FFY 2012	Quality Monitors Technical Assistants	This will ensure effective monitoring activities and trainings. Additional levels of TA and monitoring will also be provided and will enhance SC practices and reduce non-compliance issues.
Training & Technical Assistance			
1. Technical Assistance: In FFY 2008, TA was targeted. In FFY 2009, new reports in the database directed targeted TA. In FFY 2011 and FFY 2012, reports in the database continue to be used and revised to identify district's needs. This also serves as a support for districts.	**Completed FFY 2009** Revised FFY 2011 FFY 2012	Quality Monitors, C.O Staff, and other resources Technical Assistants	Continued use and revisions to these reports will facilitate individualized technical assistance, identify issues, and assist in timely correction of issues/concerns.
2. In FFY 2011 and FFY 2012, SERRC, OSEP, and NECTAC provided technical assistance onsite during the CIV. One emphasis was on	FFY 2011 FFY 2012	C.O. Staff SERRC OSEP	This TA has helped improve MS EIP, general supervision,

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
general supervision issues and ways to improve EIS general supervision activities. SERRC and OSEP assisted with revised General Supervision procedures. In FFY 2011, SERRC provided general supervision trainings. SERRC continues to provide trainings, as needed.		NECTAC	focused monitoring process and strategies for addressing timely service issues/findings. Technical assistance will assist in implementing correct Part C procedures/guidelines and will incorporate new federal regulations.
Database changes			
1. In FFY 2011, type of provider (Primary Service Provider, Service, Consultant i.e.) drop down box has been added to the child registry. SC will choose the type of provider, as it is specified on the IFSP. Type of pay source was added as a drop-down box in the database's provider field to monitor sources of payment.	**Completed FFY 2011**	Data Manager District Staff	These changes will improve the database verification process. It will also be used as a source to identify any additional training needed in the districts related to the Primary Service Provider model. It will provide more information to be reported and analyzed.
2. In FFY 2011, the monitoring of findings module was revised, with the assistance of OSEP Contact. The new module is used to track correction of noncompliance. In FFY 2012, this monitoring module will be refined in accordance with the new procedures that will be outlined in the General Supervision Manual.	**Completed FFY 2011** Revised FFY 2012	Data Manager C.O. Staff	This module will facilitate tracking of correction of noncompliance.
Corrective Action Plans			
1. In FFY 2011 and FFY 2012, all health districts with findings are now required to submit a detailed CAP(s) and to report quarterly on their progress. The CAPs must include the following: strategies/activities; expected results; the timeframe; and the person(s) responsible for implementing the strategies/activities. The CAP must be submitted to the Central Office by a specified date for approval. Submitted plans will either be approved or corrected by a specified date within 1 or 2 months. Monthly updates on action taken must be documented in the plan. In FFY 2011, the CAP and IP formats were revised. In FFY 2012, an additional revision was made to the IP. The IP was revised to	Revised FFY 2011 Revised FFY 2012 Continued FFY 2012	DCs C. O. Staff	The changes are expected to result in a timely correction of noncompliance. The revised procedures will improve results, measure progress and provide a more effective process and direction to districts.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
focus on the specific need of the district and the plan to improve in an identified area.			

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

MS EIP submitted required data to OSEP.

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)

APR Template – Part C (4)

REVISIONS, WITHJUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Procedural changes			
1. In FFY 2006, the MS EIP 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), was provided. In FFY 2007, the complaint process form was used to explain the complaint process to parents. The I/T & Family Rights document was revised to a parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. In FFY 2011, CADRE provided TA to assist with the development of more efficient and effective policies and procedures. In FFY 2012, CADRE will continue to provide TA in this area.	FFY 2011 FFY 2012	C.O. Staff	The expected impact is to increase parents' knowledge of their rights and comfort levels in exercising their rights and provide parents with the new Part C Regulations. The revisions will correct previous procedures so that MS complies and implements the new Part C Regulations.
2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging health districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several health districts by staff from the MSPTI. Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars. In FFY 2009, MS EIP utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. FFY 2011 and 2012, MS EIP with collaboration from MSPTI, continue to use these trainings and include information on new Part C Regulations.	FFY 2011 FFY 2012	C.O. Staff MSPTI Advocacy Groups District Staff	The expected impact is to increase 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 of their rights and be provided the new Part C Regulations to be implemented.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
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. In FFY 2011 and FFY 2012, several health districts considered the notebook to be a valuable tool and have continued to use them. This tool continues to be reintroduced to the other health districts by district staff who continues to use them.	FFY 2011 FFY 2011 FFY 2012	DC DC SC	Families will have access to resources and information related to their child's specific needs and will be provided in a notebook format for easy access by parents as needed.
4. In FFY 2006, there was an effort to make the basic contents of enrollment packets given to parents consistent statewide. 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 2009, resources became available in other districts. In FFY 2011 and FFY 2012, this procedure will continue.	FFY 2011 FFY 2012	District Staff	Families will have access to resources and information related to their child's specific needs.
5. In FFY 2011, CADRE provides technical assistance in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation. In FFY 2012, CADRE will develop a workgroup for MS to participate and continue improvements to the dispute resolution process.	FFY 2011 FFY 2012	Part C Coordinator	This will clarify, define, and provide MS with a clear and concise dispute resolution process.
Recruitment of staff			

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
1. In FFY 2005, we began exploring the possibility of contracting with a Parent Advisor at the state level for monitoring, coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008, early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. In FFY 2011 and FFY 2012, a provider workgroup was established to identify and address improvement in outcomes for families.	FFY 2011 FFY 2012	Part C Coordinator	The expected impact is increased activities to improve and address family outcomes monitoring.
2. In FFY 2011, hearing officers/mediators were hired and trained to carry out the mediation processes as needed. FFY 2012, an annual training will be provided to dispute resolution staff to update them on new Part C requirements in this area.	FFY 2011 FFY 2012	Central Office Mediators	Trained and knowledgeable hearing officers/mediators will be available to carry out appropriate impartial hearing and mediation processes as required by new Part C Regulations.
Database changes			
1. The database will be configured to capture information related to due process hearing request. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. In FFY 2011 and FFY 2012, MS EIP developed an Excel spreadsheet to capture all information on dispute resolutions.	FFY 2011 FFY 2012	Data Manager	This module will initiate tracking of corrections. The Excel spreadsheet will provide a valid document to capture all dispute resolution information.
Training and Technical Assistance			
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	FFY 2011 FFY 2012	C.O. Staff	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights. This will also provide knowledge/informati

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
providing this information to families. In FFY 2011 and FFY 2012, 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. In FFY 2011, the current training for service coordinators on this topic continued. In FFY 2012, this training will be revised to include the new Part C Regulations.			on on the new Part C Regulation in dispute resolution.
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 attend trainings 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 served to enhance our parents' advocacy skills and knowledge of their rights under IDEA, Part C. In FFY 2011, This activity has been enhanced through a contract with MSPTI. A flyer has been developed to provide families at enrollment with PTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution process. In FFY 2012, MSPTI, with assistance from MS EIP, will update the EI Manual to incorporate new Part C Regulations. MS EIP will continue to utilize the flyer and EI manual developed for families by MS PTI.	FFY 2011 FFY 2012	C.O. Staff MSPTI Advocacy Groups District Staff	The expected impact is increasing parents' knowledge of their rights and comfort in exercising their rights. Service Coordinators and Parent Advisors will learn how to better inform and empower parents of their rights. The updated EI manual will include the necessary changes and requirements of new Part C Regulations.

APR Template – Part C (4)

APR Template – Part C (4)

Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above

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MS EIP submitted required data to OSEP.

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)

APR Template – Part C (4)

REVISIONS, <u>WITH</u>JUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Procedural changes			
1. In FFY 2006, the MS EIP 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), was provided. In FFY 2007, the complaint process form was used to explain the complaint process to parents. The I/T & Family Rights document was revised to a parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. In FFY 2011, CADRE provided TA to assist with the development of more efficient and effective policies and procedures. In FFY 2012, CADRE will continue to provide TA in this area.	FFY 2011 FFY 2012	C.O. Staff	The expected impact is to increase parents' knowledge of their rights and comfort levels in exercising their rights and provide parents with the new Part C Regulations. The revisions will correct previous procedures so that MS complies and implements the new Part C Regulations.
2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging health districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several health districts by staff from the MSPTI. Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars. In FFY 2009, MS EIP utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. In FFY 2011 and 2012, MS EIP with collaboration from MSPTI, continue to use these trainings and include information	FFY 2011 FFY 2012	C.O. Staff MSPTI Advocacy Groups District Staff	The expected impact is to increase 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 of their rights and provide parents the new Part C Regulations.

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
on new Part C Regulations.			
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. In FFY 2011 and FFY 2012, several health districts considered the notebook to be a valuable tool and have continued to use them. This tool continues to be reintroduced to the other health districts by district staff who continues to use them. In FFY 2012, the notebooks will be updated to include new Part C Regulations.	FFY 2011 FFY 2012	DC SC	Families will have access to resources and information related to their child's specific needs and will be provided in a notebook format for easy accessed by parents as needed.
4. In FFY 2006, there was an effort to make the basic contents of enrollment packets given to parents consistent statewide. 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 2009, resources became available in other districts. In FFY 2011 and FFY 2012, this procedure will continue.	FFY 2011 FFY 2012	District Staff	Families will have access to resources and information related to their child's specific needs.
5. In FFY 2011, CADRE provides technical assistance in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation. In FFY 2012, CADRE will develop a workgroup for MS to participate and continue improvements to the dispute resolution process.	FFY 2011 FFY 2012	Part C Coordinator	This will clarify, define, and provide MS with a clear and concise dispute resolution process.
Recruitment of staff			

APR Template – Part C (4)

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
1. In FFY 2005, we began exploring the possibility of contracting with a Parent Advisor at the state level for monitoring, coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008, early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. . FFY 2011 and FFY 2012, a provider workgroup was established to identify and address improvement in outcomes for families.	FFY 2011 FFY 2012	Part C Coordinator	The expected impact is increased activities to address and improve family outcomes monitoring.
2. In FFY 2011, hearing officers/mediators were hired and trained to carry out the mediation processes as needed. FFY 2012, an annual training will be provided to dispute resolution staff to update them on new Part C requirements in this area.	FFY 2011 FFY 2012	Central Office Mediators	Trained and knowledgeable hearing officers/mediators will be available to carry out appropriate impartial hearing and mediation processes as required by new Part C Regulations.
Database changes			
1. The database will be configured to capture information related to due process hearing request. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. In FFY 2011 and FFY 2012, MS EIP developed an Excel spreadsheet to capture all information on dispute resolutions.	FFY 2011 FFY 2012	Data Manager	This module will initiate tracking of corrections. The Excel spreadsheet will provide a valid document to capture all dispute resolution information.
Training and Technical Assistance			
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 2011 and FFY 2012, opportunities for parents to receive additional training on their rights	FFY 2011 FFY 2012	C.O. Staff	The expected impact is increasing parents' knowledge of their rights and comfort levels in exercising their rights. This training will also provide knowledge/information on the new Part C Regulation in dispute

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
and related issues will continue to be increased through collaboration with the Mississippi Parent Training and Information Center (MSPTI) and advocacy groups. In FFY 2011 the current training for service coordinators on this topic continued. In, FFY 2012, this training will be revised to include the new Part C Regulations.			resolution.
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 attend trainings 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 served to enhance our parents' advocacy skills and knowledge of their rights under IDEA, Part C. In FFY 2011, this activity has been enhanced through a contract with MSPTI. A flyer has been developed to provide families at enrollment with PTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution process. In FFY 2012, MSPTI, with assistance from MS EIP, will update the EI Manual to incorporate new Part C Regulations. MS EIP will continue to utilize the flyer and EI manual developed for families by MS PTI.	FFY 2011 FFY 2012	C.O. Staff MSPTI Advocacy Groups District Staff	The expected impact is increasing parents' knowledge of their rights and comfort in exercising their rights. Service Coordinators and Parent Advisors will learn how to better inform and empower parents of their rights. The updated EI manual will include the necessary changes and requirements of new Part C Regulations.

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Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY 2011	Measurable and Rigorous Target/ Actual Target Data for FFY 2011:
	Not applicable for First Steps because the Part B due process procedures have not been adopted by First Steps.

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Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY 2011	Measurable and Rigorous Target/ Actual Target Data for FFY 2011:
	Based on OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests. **Number: 0 mediations held that resulted in mediation agreements.** **Percentage: No mediations were requested.**

DISCUSSION OF IMPROVEMENT ACTIVITIES COMPLETED AND EXPLANATION OF PROGRESS OR SLIPPAGE THAT OCCURRED FOR **FFY 2011:**

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, WITHJUSTIFICATION, TO PROPOSED TARGETS / IMPROVEMENT ACTIVITIES / TIMELINES / RESOURCES FOR FFY 2012

Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
Procedural changes			
1. In FFY 2006, the MS EIP 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), was provided.

In FFY 2007, the complaint process form was used to explain the complaint process to parents. The I/T & Family Rights document was revised to a parent-friendly format and language. The complaint process form, a glossary, and a list of resources were put in a single document. In FFY 2012, this document will be revised to reflect new Part C Regulations. This revised document will be updated and used to explain the complaint process to parents and will include dispute resolution procedures. | FFY 2011 Revised FFY 2012 | C.O. Staff | The expected impact is to increase parents' knowledge of their rights and comfort levels in exercising their rights and provide parents with information on the new Part C Regulations. |
| 2. In FFY 2008, emphasis was placed on increasing service coordinators', parent advisors', and parents' awareness of advocacy resources. This was done through technical assistance and by encouraging health districts to request training offered by the Mississippi Parent Training and Information Center (MSPTI). Training on advocacy skills for parents and guardians was offered in several health districts by staff from the MSPTI.
Since FFY 2008, information about training opportunities offered by MSPTI has been given to district staff for parents. Current training opportunities offered by the MSPTI include onsite training, TA, and webinars.
In FFY 2009, MS EIP utilized the MSPTI and advocacy groups within the state to provide training to parents, service coordinators and parent advisors. FFY 2011 and 2012, MS EIP, with collaboration from MSPTI, continues to use these trainings and include information on the new Part C Regulations. | **Completed FFY 2009** | C.O. Staff MSPTI Advocacy Groups District Staff | The expected impact is to increase 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 of their rights and be provided information on the new Part C Regulations to be implemented. This will serve to enhance our parents' advocacy skills. |
| 3. FFY 2006, district staff were given materials to develop communication notebooks, which included | FFY 2011 | DC | Families will have access to resources |

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
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. In FFY 2009, several health districts considered the notebook to be a valuable tool and have continued to use them. In FFY 2011, districts continue to use the notebook. In FFY 2012, the notebooks will be updated to include new Part C Regulations in this area.	FFY 2012	SC	and information related to their child's specific needs and will be provided in a notebook format for easy accessed by parents as needed.
4. In FFY 2006, there was an effort to make the basic contents of enrollment packets given to parents consistent statewide. 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 2009, resources became more available in other districts. This procedure will continue in FFY 2012.	**Completed FFY 2007**	District Staff	Families will have access to resources and information related to their child's specific needs.
5. CADRE continues to provide technical assistance in developing procedures for dispute resolution, formal/informal complaint, due process, hearing and mediation. FFY 2011 MS EIP developed policy and procedures for this area. FFY 2012, MS EIP will continue to update staff in this area, as needed to meet Part C Regulations.	**Completed FFY 2011**	Part C Coordinator	This will clarify, define, and provide MS with a clear and concise dispute resolution process.
Recruitment of staff			
1. In FFY 2005, we began exploring the possibility of contracting with a parent advisor at the state level for monitoring, coordinating the family outcome activities, linking parents to advocacy groups, and training/technical assistance. In FFY 2008, one of the quality monitors assumed the duties of coordinating the Family Outcome activities, linking parents to advocacy groups, and training and technical assistance. This quality monitor is also covering two health districts. In late FFY 2008, early FFY 2009, this quality monitor met with staff in each health district to begin assessing their needs of planning on how to address them. FFY 2011, Quality Monitors with Central Office assistance, assumed these duties in the districts they served. In FFY 2012, this practice will continue.	FFY 2011 FFY 2012	Part C Coordinator	The expected impact is increased activities to address family outcomes monitoring.

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
2. In FFY 2011, mediators were hired and trained to carry out the mediation processes as needed. FFY 2012, these mediators will continue to serve MS EIP and will have an annual training to update them on the new Part C requirements in dispute resolution and to update them on new Part C requirements in this area.	**New FFY 2011** **Continued FFY 2012**	Central Office Mediators	Trained and knowledgeable mediators will be available to carry out appropriate impartial hearing and mediation processes as required by new Part C Regulations.
Database changes			
1. The database will be configured to capture information related to mediation request. This procedure did not occur in FFY 2010 as part of the general supervision module described in Indicator 14. In FFY 2011, MS EIP developed this information in an Excel spreadsheet since MS has not received any mediation request to date. In FFY 2012, the spreadsheet will continue to be used to capture these mediation processes.	Revised FFY 2011 Continued FFY 2012	Data Manager	This module will initiate tracking of mediation request. The Excel spreadsheet will capture data on complete information sessions held.
Training and Technical Assistance			
1. Since FFY 2006, training on parental rights (for district personnel, service providers, parents and other stakeholders) has been provided. In FFY 2007, the Service Coordinators began using the Complaint Process form to explain this procedure to parents/caregivers. Parent training is provided by service coordinators and/or Parent Advisors. Service Coordinator training included providing this information to families. Opportunities for parents to receive additional training on their rights and related issues will continue to be increased through collaboration with the Mississippi Parent Training and Information Center (MSPTI) and advocacy groups. In FFY 2011, the current training for Service Coordinators on this topic continued. FFY 2012, this training will be revised to include the new Part C Regulations.	FFY 2011 FFY 2012	C.O. Staff	The expected impact is to increase parents' knowledge of their rights and comfort levels in exercising their rights. This will also provide knowledge and information on the new Part C Regulation in the area of dispute resolution for EI staff.
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 attend trainings 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	Revised FFY 2011 Revised FFY 2012	C.O. Staff MSPTI Advocacy Groups District Staff	The expected impact is to increase parents' knowledge of their rights and comfort in exercising their rights. Service Coordinators and Parent Advisors will learn how to better inform and

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Improvement Activity	Timeline(s)	Person(s) Responsible & Resource(s)	Reason/Impact
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 served to enhance our parents' advocacy skills and knowledge of their rights under IDEA, Part C. In FFY 2011, this activity has been enhanced through a contract with MSPTI. A flyer has been developed to provide families at enrollment with PTI advocacy contact information. An EI Manual was developed from a parent's perspective to describe the EI process; including dispute resolution process. In FFY 2012, MSPTI, with assistance from MS EIP, will update the EI Manual to incorporate new Part C Regulations. MS EIP will continue to utilize the flyer and EI manual developed for families by MS PTI.			empower parents of their rights. The updated EI manual will provide the necessary changes and requirements of new Part C Regulations.

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Part C State Annual Performance Report (APR) for FFY 2011

OVERVIEW OF THE ANNUAL PERFORMANCE REPORT DEVELOPMENT: See page 1 above.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:
a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
b. Accurate, including covering the correct year and following the correct measurement.

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

FFY 2011	Measurable Rigorous Target	Actual Target Data for FFY 2011:		
	100%	**Number:**	Percent of timely and accurate data = 70 divided by 70 times 100 (see Indicator 14 chart below))	**Target:** Met
		Calculation	100%	

MS EIP met the target of 100% which is the same as FFY 2010.