

**Mississippi's Part C
Annual Performance Report
FY 2005**

(July 1, 2005 - June 30, 2006)



First Steps

**Mississippi Department of Health
Office of Health Services
Bureau of Child and Adolescent Health
Early Intervention Division**

January 30, 2007

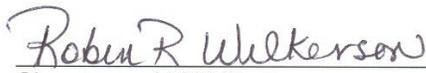
**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2007.

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

1. [] Submitting its own annual report (which is attached); or
2. [x] Using the State's Part C APR for FFY 2005 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

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



Signature of ICC Chairperson

January 31, 2007
Date

Robin Wilkerson, Co-Chair
University Medical Center
School of Nursing
2500 North State Street
Jackson, Mississippi 39216
rwilkerson@son.umsmed.edu
(601) 984-6200

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

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2007.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

The APR was developed by gathering information from a variety of sources. The Child Registry, otherwise known as First Steps Information System (FSIS), is Mississippi's data system. Information is gathered from providers by the Service Coordinators for input in the data system. The Service Coordinators and District Coordinators are responsible for accurate and timely input of data. The Part C Data Manager updates, changes, and maintains the system, and runs reports as needed. This information is utilized heavily for monitoring, managing the program, and reporting purposes. Monitoring information was also used, as well as complaints.

The Central Office staff consisting of the Part C Coordinator, the Data Manager, the Branch Director for Monitoring, the Branch Director for Training/Technical Assistance, and an Early Interventionist contracted to provide services, technical assistance and training were largely responsible for analysis of the final data and for writing the narrative of the APR. The state Interagency Coordinating Council met in January, where they viewed a draft version of the APR, along with a PowerPoint presentation. The presentation included tables with targets and actual data, for the state as well as for each district. Determinations for each district were also presented. A revised draft of the APR and changes made to the State Performance Plan (SPP) were emailed to the state Interagency Coordinating Council (SICC) members for final input.

For Indicator 1, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative.

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 Individual Family Service Plans (IFSPs) in a timely manner.

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

Measurement:
 Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.
 Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for 2005-2006:

Between July 1, 2005, and June 30, 2006, 1371 children were referred, evaluated, determined to be eligible for the program, had an IFSP developed, accepted services, and did not exit the program before services were scheduled to begin. 945 children (69%) received all of their services in a timely manner. Of the 426 children/families who had at least one service begin late, 101 were attributed to family and child reasons, including problems encountered due to Hurricane Katrina. 325 families did not receive all of their services in a timely manner because of problems in the EI system, including lack of providers and problems with scheduling. A total of 1046 children and families out of 1371 (76%) received their services on time or were late because of child and family circumstances.

See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Most of the activities proposed were initiated and are ongoing. The data system was revised to capture initiation date for all services. Follow-up was carried out for missing or illogical data, including justifications for services that were not timely. Data are considered to be valid and reliable. The data for FFY 2005 include children referred between July 1, 2005, and June 30, 2006, who were determined to be eligible for services. This year will be the first time that Mississippi is able to report data for infants/toddlers who receive all of their EI services in a timely manner. In the past, Mississippi reported on the average length of time for the initiation of the first EI service. Progress or slippage was based on average amount of time lapsed from IFSP development to first service.

One issue addressed effectively during the past calendar year was Mental Health's practice of requiring a Developmental Delay waiver before initiating services. This practice has been eliminated, but affected service delivery during the reporting period. Mental Health also eliminated paperwork that was duplicated by the Early Intervention staff, or was not required under IDEA, meaning they can serve more babies quicker. Joint meetings/training with EI staff and Mental Health took place in Spring 2006 to facilitate relationship-building, consistency in procedures and practices, and to problem-solve. Mississippi feels that the dual-system of Early Intervention that operated in the past has been coordinated into a single system. Mental Health fills the role of service provider and EI takes on responsibility for all Service Coordination activities, including all enrollment paperwork and documents required by IDEA. Additional contracts were made with Mental Health, providing them with monies for therapists and for travel into rural and under-served areas of the state. Most of the benefits will be seen in data reported in coming years.

In some areas of the state the pediatricians are slow or reluctant to write prescriptions for services recommended on the IFSP. For specialized treatment services, therapists cannot work with children without a prescription. This was addressed by working on relationships with pediatricians. The Health Officer in the district most impacted by these issues agreed to write prescriptions when necessary so that eligible infants/toddlers could access EI services. Again, the result of these activities will likely be reflected in future data, having little impact on FY2005 data.

There continues to be a shortage of available providers with specialized treatment expertise in many rural areas of the state. Activities to improve coverage continue. Several contracts were made for therapists to serve rural and other under-served areas of the state. Efforts to increase the provider pool are ongoing. Incentives for increased travel, training, and consultation are outlined in Memoranda of Understanding.

During this reporting period, the state was under an Improvement Plan to address this Indicator. Progress by district and for the state was monitored on a monthly basis. Technical assistance and training targeted this Indicator. Monitoring of all nine health districts took place during the last calendar year. Noncompliance was identified, correction plans were written, implementation began, and intensive technical assistance is being provided. Determinations were issued based on district site visit reports, complaints, training and technical assistance needs, and performance on Indicators.

**Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/
Resources for 2005:**

The Office of Special Education Programs (OSEP) did not accept the definition of timely submitted with the SPP. The new definition is “within thirty days of the parent giving permission for the proposed service, unless the team (including the parent) proposes an initiation date of greater than 30 days for developmental and/or therapeutic reasons. If the proposed initiation date is greater than 30 days from the date the parent gives permission for the service, timely is defined as ‘starting on or before the proposed initiation date.’

- a. If a later date is specified,
 - i) It cannot be for the primary service(s);
 - ii) The reason(s) for the later date(s) must be stated in writing; and
 - iii) The reason(s) for the later date(s) must be based on the child and family’s unique needs (e.g. bi-annual hearing follow-ups for children with hearing impairments).

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

Referral Dates: July 1, 2005-June 30, 2006

Compliance Indicator 1, Target = 100%

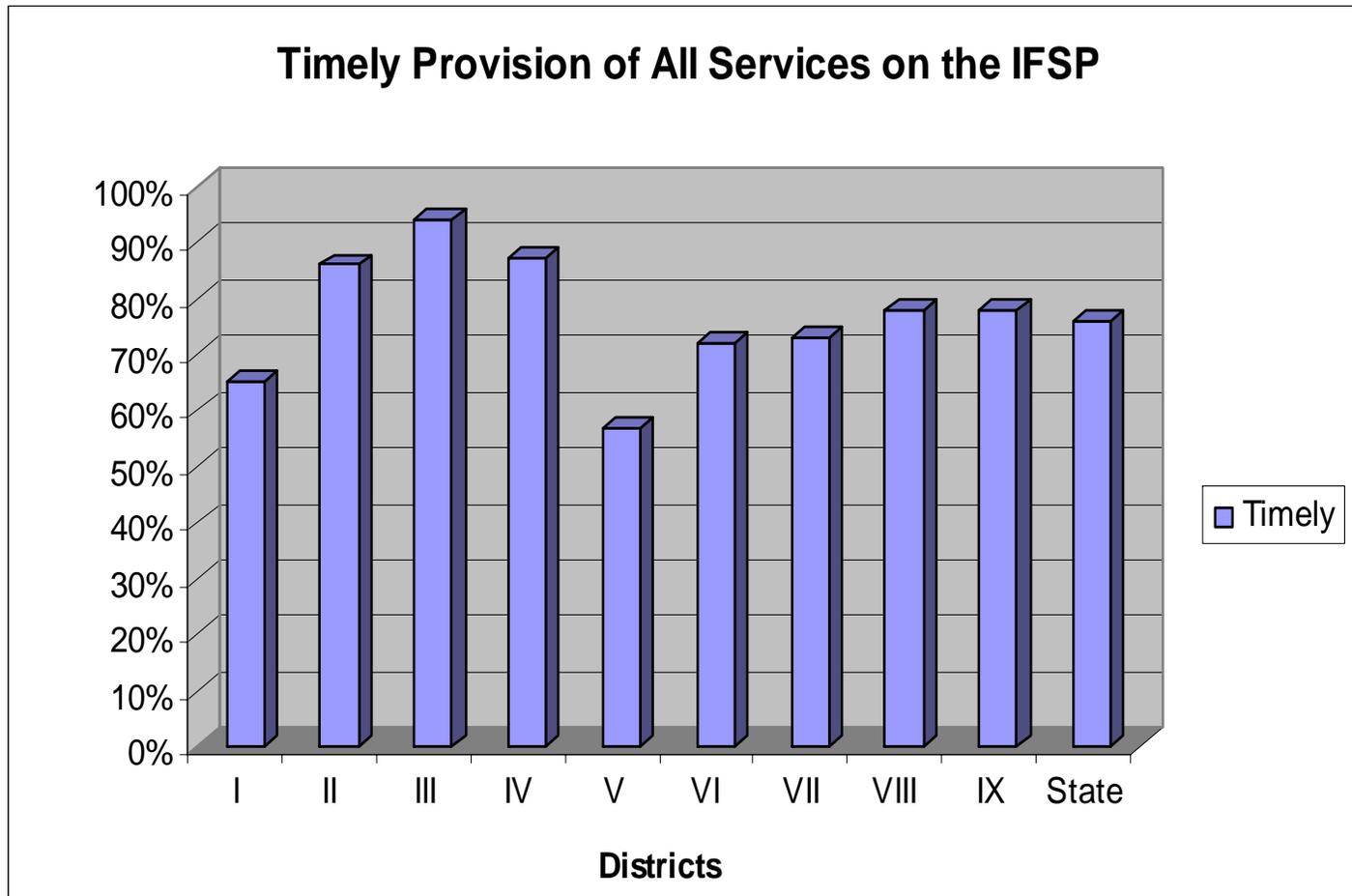
District	# of infants/toddlers	#/% who received their services timely		# who received their services late	# with Family Child Justifications	Timely + family/Child Justifications (# and %)		# due to system problem	Reasons
		#	%			#	%		
I	170	97	57%	73	14	111	65%	59	Lack of providers
II	151	117	77%	34	13	130	86%	21	Lack of providers
III	157	146	93%	11	2	148	94%	9	Lack of providers
IV	124	105	85%	19	3	108	87%	16	Lack of providers
V	220	115	52%	105	10	125	57%	95	Ineffective use of providers
VI	134	90	67%	44	7	97	72%	37	Lack of providers
VII	73	46	63%	27	7	53	73%	20	Ineffective use of providers
VIII	126	88	70%	38	18	106	78%	20	Lack of providers/Part B issues
IX	216	141	65%	75	27	168	78%	48	Katrina=17
State	1371	945	69%	426	101	1046	76%	325	

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHO RECEIVED ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER

Referral Dates: July 1, 2005-June 30, 2006

Indicator 1, Target = 100%



Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 2, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	93% of infants and toddlers with IFSPs will receive early intervention services primarily in the home or programs for typically developing children with 100% child outcome-based justifications for remaining 7%.

Actual Target Data for 2005-2006:

1311 of 1371 children (96%) received their services primarily in the home or in programs for typically developing children. Of the 60 children who received their services in other settings, 13 were for child outcome-based reasons. The total for children receiving their services in natural settings plus the children with child outcome-based justifications for other settings is 1324 children, or 97%.

Data were taken from FSIS for children referred between July 1, 2005, and June 30, 2006. See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005-06:

Most of the activities are ongoing. The Natural Environment Guiding Document was developed and incorporated into the new IFSP form. A Natural Environment brochure was developed and distributed to Service Coordinators, Service Providers, and families explaining the regulations, best practices, and benefits regarding Natural Environments. Training took place across the state with all EI staff and with providers. Contracts were made with individuals and entities who were willing to provide services in the Natural Environment. Some long-standing contracts were not renewed because of problems with compliance issues. Routines and functional outcomes were emphasized in training and technical

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

assistance. Sheldon and Rush presented a full-day conference on Coaching Families and Colleagues during the state's Early Intervention Conference. One hundred copies of their book "Coaching Families and Colleagues in Early Childhood" were distributed to EI staff and providers. Monitoring took place in every Health District between May 2006 and October 2006. Non-compliance in every area was identified and corrective action plans were started. Follow-up is ongoing with training and technical assistance. The benefit of the extensive monitoring activities, corrective action plans, training, and technical assistance should be evident in future data reports.

The Service Coordinator manual was not revised. Originally, the activity was scheduled to begin in 2005. However, since the new Part C Regulations were not released, the Manual was not revised. When the Part C Regulations are released, the Manual will be revised. The Timeline depends on release of the new Part C Regulations. New forms and procedures have been developed. Training has taken place on changes to forms and procedures. A CD with revised and new forms was distributed to EI staff.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

The changes to the data system have been written, but not fully implemented. A Data System User Guide will be written in February 2007, and training will take place in March 2007.

EARLY INTERVENTION IN MISSISSIPPI
CHILDREN WHOSE SERVICES ARE DELIVERED PRIMARILY IN
NATURAL ENVIRONMENTS

Referral dates = July 1, 2005-June 30, 2006

Indicator 2, Target = **93%** for NE, **100%** NE + child outcome-based justifications

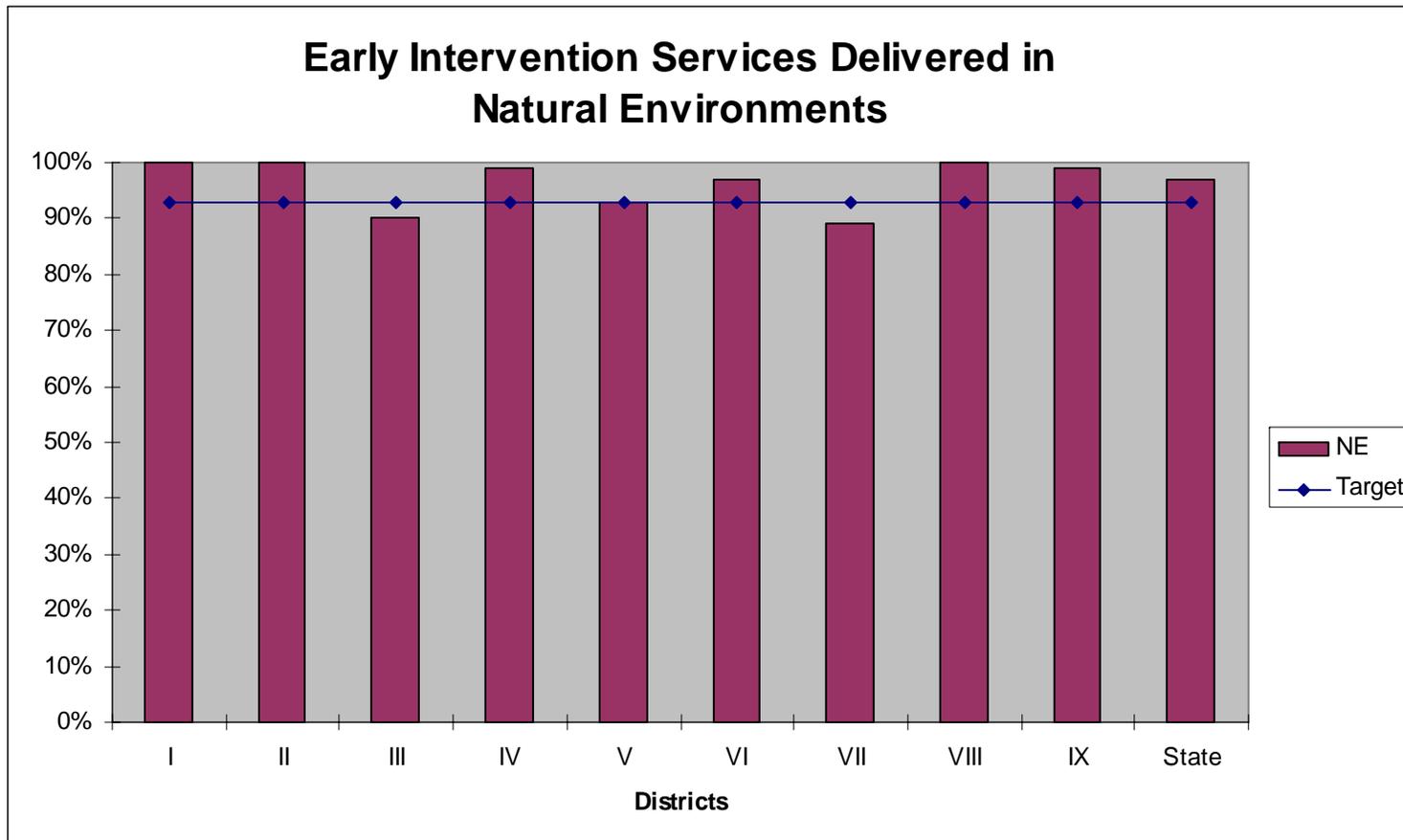
District	# of infants/toddlers	#/% who received services primarily in NE		# who received services primarily outside NE	# with Child Outcome-based Justifications	NE + Child Outcome-based justifications		# due to System Problem	Reasons
I	170	168	99%	2	2	170	100%	0	Lack of resources
II	151	151	100%	0	0	151	100%	0	Lack of resources
III	157	140	89%	17	1	141	90%	16	Lack of resources
IV	124	121	98%	3	2	123	99%	1	Lack of resources
V	220	202	92%	18	2	204	93%	16	Lack of resources
VI	134	127	95%	7	3	130	97%	4	Lack of resources
VII	73	65	89%	8	0	65	89%	8	Lack of resources
VIII	126	124	98%	2	2	126	100%	0	Lack of resources
IX	216	213	99%	3	1	214	99%	2	Lack of resources
State	1371	1311	96%	60	13	1324	97%	47	

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN WHOSE SERVICES ARE DELIVERED PRIMARILY IN NATURAL ENVIRONMENTS

Referral dates = July 1, 2005-June 30, 2006

Indicator 2, Target = 93% for NE, 100% NE + child outcome-based justifications



Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 3, the Part C Coordinator and the Branch Director for Training/Technical assistance were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

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

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

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

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

<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p> <p>C. Use of appropriate behaviors to meet their needs:</p> <p>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.</p> <p>b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.</p> <p>If a + b + c + d + e does not sum to 100%, explain the difference.</p>

FFY	Measurable and Rigorous Target
2006-2010	<p>A. Positive social-emotional skills (including social relationships):</p> <ul style="list-style-type: none"> a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers

	<ul style="list-style-type: none"> e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers <p>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):</p> <ul style="list-style-type: none"> a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers <p>C. Use of appropriate behaviors to meet their needs:</p> <ul style="list-style-type: none"> a. 10% of infants and toddlers will not improve functioning b. 35% of infants and toddlers will improve functioning but not sufficient to move nearer to functioning comparable to same-aged peers c. 35% of infants and toddlers will improve functioning to a level nearer to same-aged peers but will not reach it d. 10% of infants and toddlers will improve functioning to reach a level comparable to same-aged peers e. 10% of infants and toddlers will maintain functioning at a level comparable to same-aged peers
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Actual Target Data for 2005:

Fifteen (15) Child Outcomes Summary Forms were completed by teams around the state to measure entry functioning of infants and toddlers with initial IFSPs. The following areas were measured: positive social-emotional skills, acquiring and using knowledge and skills, and taking appropriate action to meet needs, using the ECO Early Childhood Outcomes Summary Form.

In the area of positive social-emotional skills:

- Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2
- Six (6) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3
- Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4
- Three (3) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5
- Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 6

In the area of acquiring and using knowledge and skills:

- One (1) of 15 infants and toddler with IFSPs demonstrated a rating scale of 1
- Four (4) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2
- Three (3) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3
- Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4
- Five (5) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5

In the area of taking appropriate action to meet needs:

One (1) of 15 infants and toddler with IFSPs demonstrated a rating scale of 1
Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 2
Six (6) of 15 infants and toddler with IFSPs demonstrated a rating scale of 3
Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 4
Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 5
Two (2) of 15 infants and toddler with IFSPs demonstrated a rating scale of 6

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing. Many of the activities that should impact this indicator were initiated in summer 2006. The original plan for measurement of entry level functioning for infants and toddlers with initial IFSPs was not followed. The original plan was could not be carried out as written with the current resources available. Instead, a plan for using the Early Childhood Outcomes Summary Form was devised, and training and technical assistance were provided by NECTAC and ECO. One team in each district was trained to complete the ECO Summary Form for every child referred between June 1 and July 30, 2006. Measurement was to be conducted between August 1 and September 30, 2006. Because the team evaluating and writing the IFSP for each baby was not always composed of the members who were trained, few summary forms were completed. Therefore, another plan was devised and the SPP has been revised to reflect Mississippi's third attempt to measure outcomes for children.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

First Steps initial proposal was to measure frequently in order to show growth. However, conducting initial comprehensive assessments within a team approach has proven to be difficult in certain areas of the state. Convening a team for a review or revision of the IFSP was seen as being unfeasible. Therefore, it was decided to phase in the measurement of infants and toddlers with IFSPs demonstrating improvement as follows:

PHASE I

Who will be included in the measurement?

For children with an initial IFSP developed between June 1, 2006, and July 31, 2006, a team will complete a Child Outcomes Summary Form between August 1, 2006, and September 30, 2006.

What tool(s) will be used?

Mississippi's Part C system will summarize child outcome information for children with an initial IFSP developed between June 1, 2006, and July 31, 2006, using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version. Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools. The most commonly used tools include the Infant-Toddler Developmental Assessment (IDA); the Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN) Assessment Tool; Early Learning Accomplishment Profile (ELAP); Battelle Developmental Inventory, Second Edition (BDI-2); and the Developmental Profile II (DP II).

How will the tool be completed? By whom? When?

1. Entry Data: Within 60 days on the initial IFSP, the first measurement will occur. The measurement tools chosen for entry and exit data will meet IDEA guidelines for conducting assessments and evaluations and for selecting instruments.

The early intervention team conducting the comprehensive multidisciplinary evaluation and assessment and/or service provider will complete the Child Outcomes Summary form within 60 days of the initial IFSP meeting. The information compiled on the form will be reviewed by the team to include at minimum the parents, service coordinator, and service providers. Exit information will be gathered in the same manner within 60 days of the infant/toddler exiting the program. Data will be submitted to the Central Office.

2. Exit Data: The standardized assessment instrument(s) used to determine the presence of a disability will be re-administered six (6) months prior to transition or when a child is determined to no longer need early intervention services. The measurement tools chosen for the entry and exit data will meet IDEA guidelines for selecting assessment and evaluation instruments. First Steps will collaborate with the Mississippi Department of Education to encourage inclusion of a local school district Multidisciplinary Evaluation Eligibility Team (MEET) member on the early intervention team conducting the comprehensive multidisciplinary evaluation and assessment to ensure the timely determination of Part B eligibility. Data will be submitted to the Central Office.

Who will report data to whom, in what form and how often?

Data will be collected locally and submitted to Central Office.

Due to the limited response in entry measurement of infants and toddlers with IFSPs, changes were made in how this process will be phased in throughout the state. This new process will take pressure off the Service Coordinators while allowing existing providers to take a bigger role in gathering the information needed to measure outcomes. Phase II of measuring child outcomes is as follows:

PHASE II

Who will be included in the measurement?

Every child enrolled in First Steps with an initial IFSP will be included in the measurement of child outcomes. Data for FFY 2006 (2006-2007) will be gathered on all children with an initial IFSP during the reporting interval.

What tool(s) will be used?

Mississippi's Part C system will summarize child outcome information for every child with an initial IFSP during the reporting interval using the Early Childhood Outcomes Center Child Outcomes Summary Form: 7-point version. Local programs will choose the measurement tools for conducting assessments and evaluations considering both Part B and Part C guidelines for selecting appropriate tools by choosing one Criterion Referenced Instrument and one Norm Referenced Instrument from the following list:

1. **Criterion Referenced Instruments**
 - Infant-Toddler Developmental Assessment (IDA)
 - The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition (CCITSN)
 - Early Learning Accomplishment Profile (ELAP)
 - Hawaii Early Learning Profile (HELP)

2. Norm Referenced Instruments

Developmental Activities Screening Inventory II (DASI-II)
Battelle Developmental Inventory, Second Edition (BDI-2);
Developmental Profile II (DP II).

How will the tool be completed? By whom? When?

Entry Data: Within 60 days of initial IFSP development, the first measurement will occur. The measurement tools chosen for entry and exit data will meet IDEA guidelines for conducting assessments, evaluations and for selecting instruments.

The early intervention team conducting the comprehensive multidisciplinary evaluation and assessment will submit scored protocols to the Central Office. The protocols submitted by the local health districts will be reviewed by a group of professionals within the early intervention system once a quarter (March, June, October, and December) who will convene to assign a rating using the ECO Childhood Outcomes Summary Form and the Instrument Crosswalks. By using the Early Childhood Outcome Center's Instrument Crosswalk, we are ensuring we are comparing infants and toddlers with IFSPs to same aged peers.

Exit Data: The standardized assessment instrument(s) used to determine the presence of a disability will be re-administered within six (6) months of exit from the program. The measurement tools chosen for the entry and exit data will meet IDEA guidelines for selecting assessment and evaluation instruments. Protocols will be submitted from the health district level to the Central office for evaluation using the ECO Childhood Outcomes Summary Form and the Crosswalks.

Who will report data to whom, in what form and how often?

Protocols will be collected locally to submit to Central Office. A group of professionals will meet to assign a rating using the ECO Summary Form.

Child outcome data for children referred to First Steps after 30 months of age or who receive early intervention services for less than six months will not be included in the data reported to OSEP, but may be used to satisfy additional in-state reporting requirements and for monitoring and program improvement activities.

EARLY INTERVENTION IN MISSISSIPPI CHILD OUTCOME SUMMARIES COMPLETED

Referral dates: June 30-July 31, 2006
Completion dates: August 1-September 30, 2006

Indicator 3

District	# of infants/toddlers for whom an ECO Child Outcomes Summary was completed
I	0
II	0
III	0
IV	0
V	3
VI	4
VII	0
VIII	5
IX	3
State	15

MEASURING CHILD OUTCOMES

Rating	1	2	3	4	5	6	7	Total
Positive social-emotional skills	0	2	6	2	3	2	0	15
Acquiring and using knowledge and skills	1	4	3	2	5	0	0	15
Taking appropriate action to meet needs	1	2	6	2	2	2	0	15

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 4, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Gather Baseline Data

Actual Baseline Data for 2005:

- A. 79.77% of the 435 families participating in Part C who completed the survey reported that early intervention services have helped the family know their rights.
- B. 80.69% of the 435 families participating in Part C who completed the survey reported that early intervention services have helped the family effectively communicate their children's needs.
- C. 81.61% of the 435 families participating in Part C who completed the survey reported that early intervention services have helped the family help their children develop and learn.

The ECO Family Outcomes Survey (7-point scale) was utilized. (See attached Survey.) Questions 16, 17, 18 correspond to A, B, and C of this Indicator. All other responses on the survey were calculated to assist the program in analyzing training and technical assistance needs. Answers of 5-7 were considered to meet the criteria for “helped the family....” Approximately 26% of the 1683 surveys mailed were returned in a format that allowed for calculation of results. This return rate is considered to be adequate. See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages. Completed surveys were tabulated using a scannable form. Surveys that were left blank or were marked with multiple answers for each question were not included in the final results (<10).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005-2006:

Documents associated with due process were revised and the First Steps Early Intervention Program Complaint Process form was developed. This form is a tool for Service Coordinators to use in explaining to families due process and complaint procedures. Revised forms include the following: Written Prior Notice, Part C Complaint form, Infant/Toddler and Family Rights document, the Advocacy and Support Information, and the form used to verify receipt of the Infant/Toddler and Family Rights. The baseline data for this indicator were gathered during December 2006 and January 2007.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005-2006:

Changes in the Plan:

1. Every family whose child or children were eligible for early intervention services through First Steps during the applicable federal fiscal year will be strongly encouraged to participate in the measurement of family outcomes. The original wording was “for all children enrolled.” Since the word “enrolled” includes pre-assessment activities, “enrolled” children and families who were waiting for assessment and/or IFSP development were not included in the Family Outcomes Survey.
2. This survey will be conducted annually in November and December. Presenting the survey to each family within 30 days of enrollment for baseline data and within 30 days of the child’s transition to preschool and other appropriate community services to measure outcomes was not feasible. A unique identifying number allows comparisons to be made when parents/guardians complete this survey in the future. This unique number allows determining how long the family has received early intervention services and whether they are about to transition at or near their child’s third birthday.
3. The survey was mailed to the families with a cover letter explaining the purpose and providing families with contact information in case they had questions, concerns, or problems completing the survey. This procedure was implemented rather than having parent advisors or other trained non-district personnel present the survey to the families. If necessary, trained non-district staff will assist the family, or the survey will be provided in another language or via another primary mode of communication (e.g., interpreter.)
4. Results of this survey will be reported at a state level and a health district level, if possible while protecting the confidentiality of the respondents. Reporting at the health district level will require a large enough sample to ensure confidentiality.

EARLY INTERVENTION IN MISSISSIPPI
FAMILY OUTCOME SURVEYS RETURNED

Indicator 4

District	% Returned	% Sent
I	11.72%	12.18%
II	11.49%	11.76%
III	11.95%	10.52%
IV	5.75%	7.49%
V	13.33%	14.32%
VI	8.97%	10.34%
VII	5.06%	5.82%
VIII	13.56%	11.94%
IX	14.48%	15.63%
Blank IDs	3.68%	
Grand Total	26% = 435	1683

QUESTION 16

District	1	2	3	4	5	6	7	Blank Responses	Grand Total
I	2		5	1	7	7	28	1	51
II		1	4	1	19	7	17	1	50
III	3	2	10	4	7		25	1	52
IV		1	3	1	7	4	9		25
V		1	12	6	15	6	17	1	58
VI	2		3		16	3	13	2	39
VII		3	6		6	4	3		22
VIII		1	2	2	17	6	30	1	59
IX			4	7	14	7	30	1	63
Blank IDs		1			6		9		16
Grand Total	7	10	49	22	114	44	181	8	435

Answered 5-7 =
79.77%

QUESTION 17

District	1	2	3	4	5	6	7	Blank Responses	Grand Total
I			7	1	10	4	28	1	51
II			4	2	17	7	19	1	50
III	1	2	10	4	10	1	24		52
IV	1		2	3	5	4	10		25
V	1	1	8	7	14	9	17	1	58
VI	2		3	1	16	3	9	5	39
VII	3	2	1	1	6	3	5	1	22
VIII		1	1	2	14	9	31	1	59
IX		1	5	3	15	8	30	1	63
Blank IDs			2	2	3	1	8		16
Grand Total	8	7	43	26	110	49	181	11	435

Answered 5-7 =
80.69%

QUESTION 18

District	1	2	3	4	5	6	7	Blank Responses	Grand Total
I	1		5	2	10	4	27	2	51
II			4	2	13	9	21	1	50
III	1	1	7	3	14	1	24	1	52
IV		1	2	1	3	2	15	1	25
V	2		6	5	17	4	22	2	58
VI	2	1	3	2	11	3	11	6	39
VII	3		2	3	6	2	5	1	22
VIII	3		2	2	12	6	34		59
IX			5	6	13	4	35		63
Blanks IDs			1	2	4	1	7	1	16
Grand Total	12	3	37	28	103	36	201	15	435

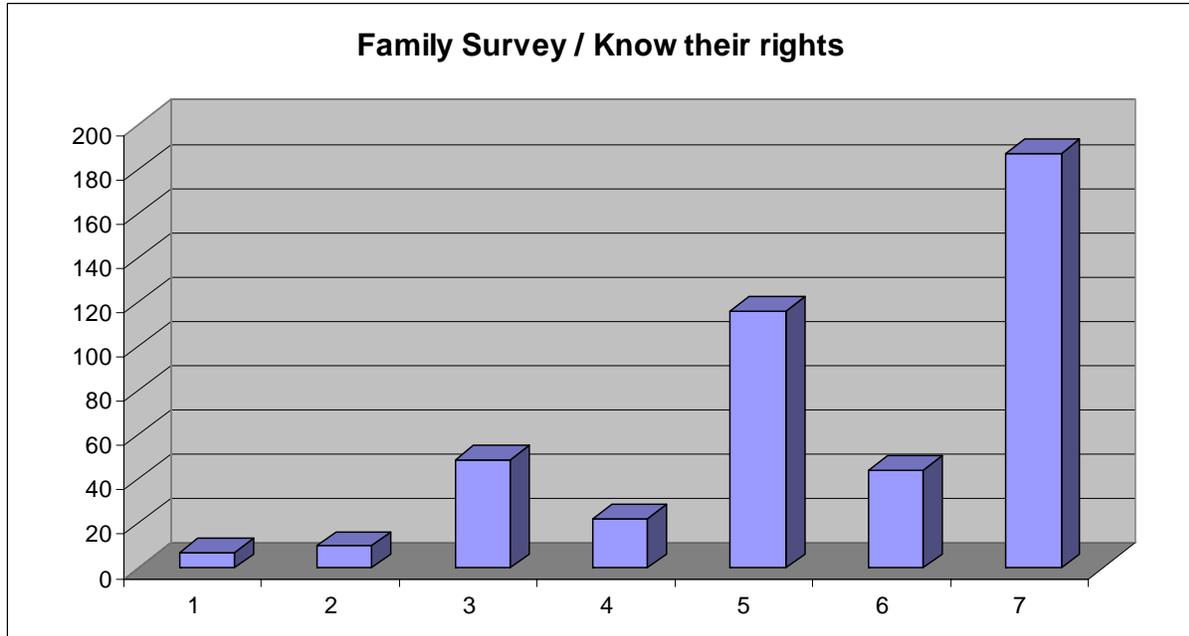
Answered 5-7 =
81.61%

EARLY INTERVENTION IN MISSISSIPPI

FAMILY OUTCOMES

Indicator 4

Question 16



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

Eighty percent (~80%) of the returned surveys included a rating of 5, 6, or 7 on this item.

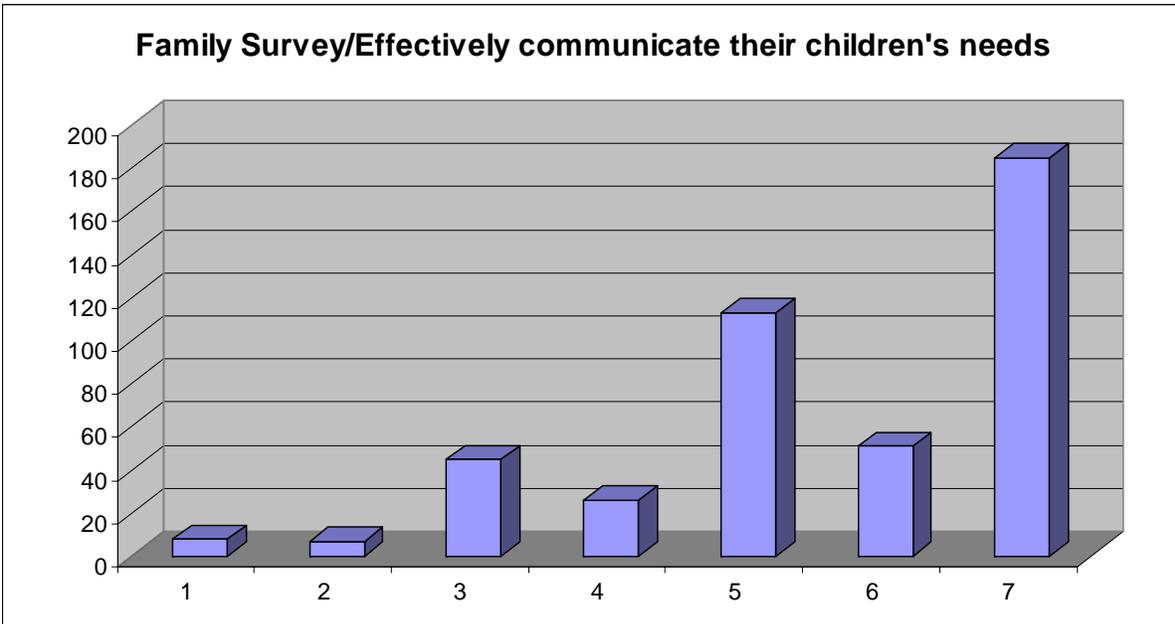
1	2	3	4	5	6	7	Total
7	10	49	22	116	44	187	435
1.61%	2.30%	11.26%	5.06%	26.67%	10.11%	42.99%	80%

EARLY INTERVENTION IN MISSISSIPPI

FAMILY OUTCOMES

Indicator 4

Question 17



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

Eighty-one percent (~81%) of the returned surveys included a rating of 5, 6, or 7 on this item.

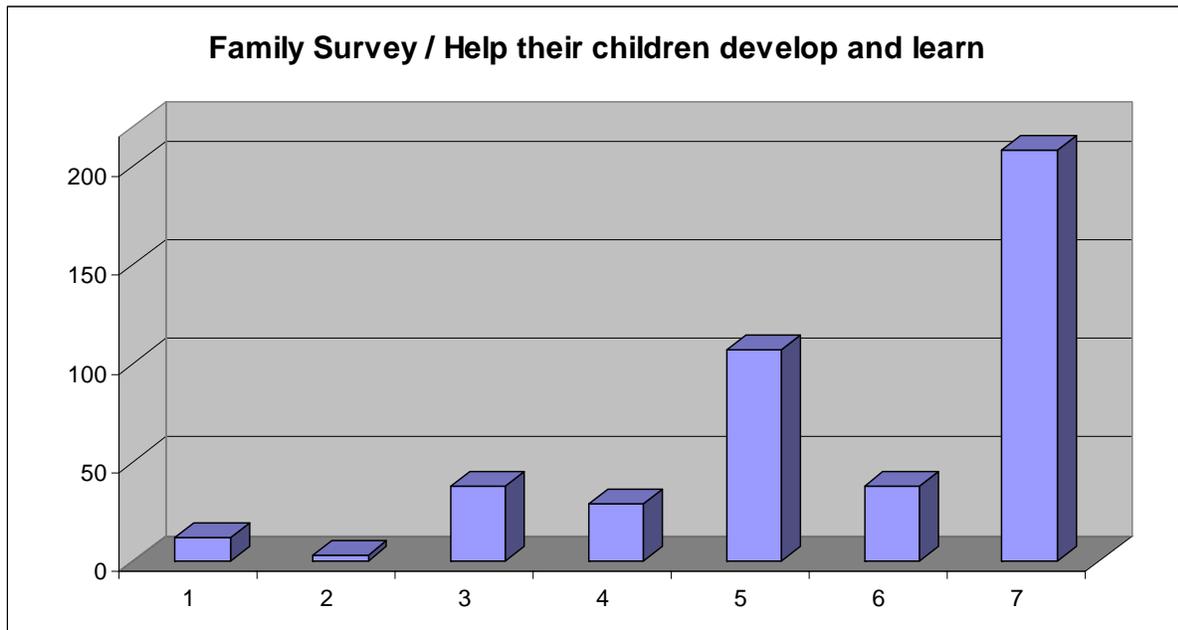
1	2	3	4	5	6	7	Total
8	7	45	26	113	51	185	435
1.84%	1.61%	10.34%	5.98%	25.98%	11.72%	42.53%	81%

EARLY INTERVENTION IN MISSISSIPPI

FAMILY OUTCOMES

Indicator 4

Question 18



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

Eighty-two percent (~82%) of the returned surveys included a rating of 5, 6, or 7 on this item.

1	2	3	4	5	6	7	Total
12	3	38	29	107	38	208	435
2.76%	0.69%	8.74%	6.67%	24.60%	8.74%	47.82%	82%

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 5, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	0.51% of infants and toddlers birth to 1 will have IFSPs.

Actual Target Data for 2005:

For this year, Mississippi exceeded Mississippi's target by identifying, developing an IFSP for and providing services to 0.53% of the population birth to one year of age. Seven of the nine health districts performed slightly below the target, at the target or above the target. Two health districts performed significantly below the target. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.)

For other states with broad eligibility categories (excluding at risk), the national average is .92%. For the national average (all categories, excluding at risk) the national average is .95%. Mississippi is considerably below the national averages, but is making progress towards the goal. Mississippi has one health district out of nine approaching the national averages. One reason for that health district's success appears to be the hiring of a District Coordinator in August, a position that was vacant for three years.

Data for this Indicator include 618 data taken from FSIS for the December 1, 2006, Child Count. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Child find activities were one of the priorities of the monitoring visits. Where the lack of child find activities was a finding, common reasons were lack of understanding by service coordinators of their child find responsibilities. Technical Assistants continue to address lack of understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification.

The Central Referral Unit was designed and phased in during the past calendar year. All districts were converted to the CRU by August 2006. The current year's data (2005) do not fully reflect the effect. During the calendar year 2006, the number of referrals rose by 300, or 10% over 2005. It is anticipated that the referral rate will continue to increase. The increase in referrals is attributed in part to the success of the CRU. Another contributing factor is the effect of Hurricane Katrina on 2005's referral rate. For September through December 2005, the referral rate was depressed.

The referral form was revised to increase emphasis on diagnosed disorders and conditions that are likely to lead to developmental delays, and to decrease emphasis on "at risk" categories. Instructions for the referral form contain language that clearly indicates referral sources' obligation to make referrals to the lead agency. The form was created in an electronic format to facilitate transmission and access.

Another factor affecting child find numbers in the past was misunderstanding of how to document in the Child Registry when a child was not eligible for early intervention services. Some early intervention staff members were instructed to document that an IFSP meeting had occurred (for ineligible children) to stop the 45-day timeline. This resulted in inflated child find numbers and problems reporting timely provision of services. Through staff meetings and technical assistance, the staff knows how to properly document in the Child Registry when a child is ineligible for early intervention services.

Another reason for slightly inflated child find numbers in the past was the occurrence of duplicate records in the Child Registry. The system was reconfigured to assign a unique identifier to each child. Duplicate checkers were built into the system, and duplicate records were identified and consolidated into single records, rendering a more accurate count for this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

The plan to form distinct teams through salaried positions was adjusted due to budgetary restraints. Instead, existing resources in Mental Health and through contractual personnel are being used to form stable teams in each District.

EARLY INTERVENTION IN MISSISSIPPI
CHILDREN WHO HAD AN IFSP BEFORE THEIR FIRST BIRTHDAY

618 DATA—DECEMBER 1, 2006

Indicator 5, Target = **.51%**

District	# of infants/toddlers <1 with IFSP	Population of infants/toddlers <1	Percent of infants/toddlers <1 with IFSP
I	25	4,071	.61%
II	24	4,605	.52%
III	18	3,748	.48%
IV	20	3,573	.56%
V	30	8,715	.34%
VI	32	3,515	.91%
VII	8	2,489	.32%
VIII	30	4,041	.74%
IX	31	6,460	.48%
State	218	41,217	.53%

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 6, the Part C Coordinator, the Branch Director for Monitoring, and the Data Manager were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.43% of infants and toddlers birth to 3 will have IFSPs.

Actual Target Data for 2005:

For this year, Mississippi did not meet the target. 1.26% of the population under the age of three was identified, had an IFSP developed, and received services. Six of the nine health districts were slightly below the target, at the target or above the target. Three health districts were significantly below the targets. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.)

For other states with broad eligibility categories (excluding at risk), the national average is 2.17%. The national average (all categories, excluding at risk) the national average is 2.34%. Mississippi is considerably below the national averages.

Data for this Indicator include 618 data taken from FSIS for the December 1, 2006, Child Count. Data are considered to be valid and reliable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Child find activities were one of the priorities of the monitoring visits. Where the lack of child find activities was a finding, common reasons were lack of understanding by service coordinators of their child find responsibilities. Technical Assistants continue to address lack of understanding by providers and potential referral sources of their responsibility to refer all children who may need early intervention services, within two days of identification.

The Central Referral Unit was designed and phased in during the past calendar year. All districts were converted to the CRU by August 2006. The current year's data (2005) do not fully reflect the effect. During the calendar year 2006, the number of referrals rose by 300, or 10% over 2005. It is anticipated that the referral rate will continue to increase. The increase in referrals is attributed in part to the success of the CRU. Another contributing factor is the effect of Hurricane Katrina on 2005's referral rate. For September through December 2005, the referral rate was depressed.

The referral form was revised to increase emphasis on diagnosed disorders and conditions that are likely to lead to developmental delays, and to decrease emphasis on "at risk" categories. Instructions for the referral form contain language that clearly indicates referral sources' obligation to make referrals to the lead agency. The form was created in an electronic format to facilitate transmission and access.

Another factor affecting child find numbers in the past was misunderstanding of how to document in the Child Registry when a child was not eligible for early intervention services. Some early intervention staff members were instructed to document that an IFSP meeting had occurred (for ineligible children) to stop the 45-day timeline. This resulted in inflated child find numbers and problems reporting timely provision of services. Through staff meetings and technical assistance, the staff knows how to properly document in the Child Registry when a child is ineligible for early intervention services.

Another reason for slightly inflated child find numbers in the past was the occurrence of duplicate records in the Child Registry. The system was reconfigured to assign a unique identifier to each child. Duplicate checkers were built into the system, and duplicate records were identified and consolidated into single records, rendering a more accurate count for this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

The plan to form distinct teams through salaried positions was adjusted due to budgetary restraints. Instead, existing resources in Mental Health and through contractual personnel are being used to form stable teams in each District.

EARLY INTERVENTION IN MISSISSIPPI
CHILDREN WHO HAD AN IFSP BEFORE THEIR THIRD BIRTHDAY

618 DATA—DECEMBER 1, 2006

Indicator 6, Target = 1.43%

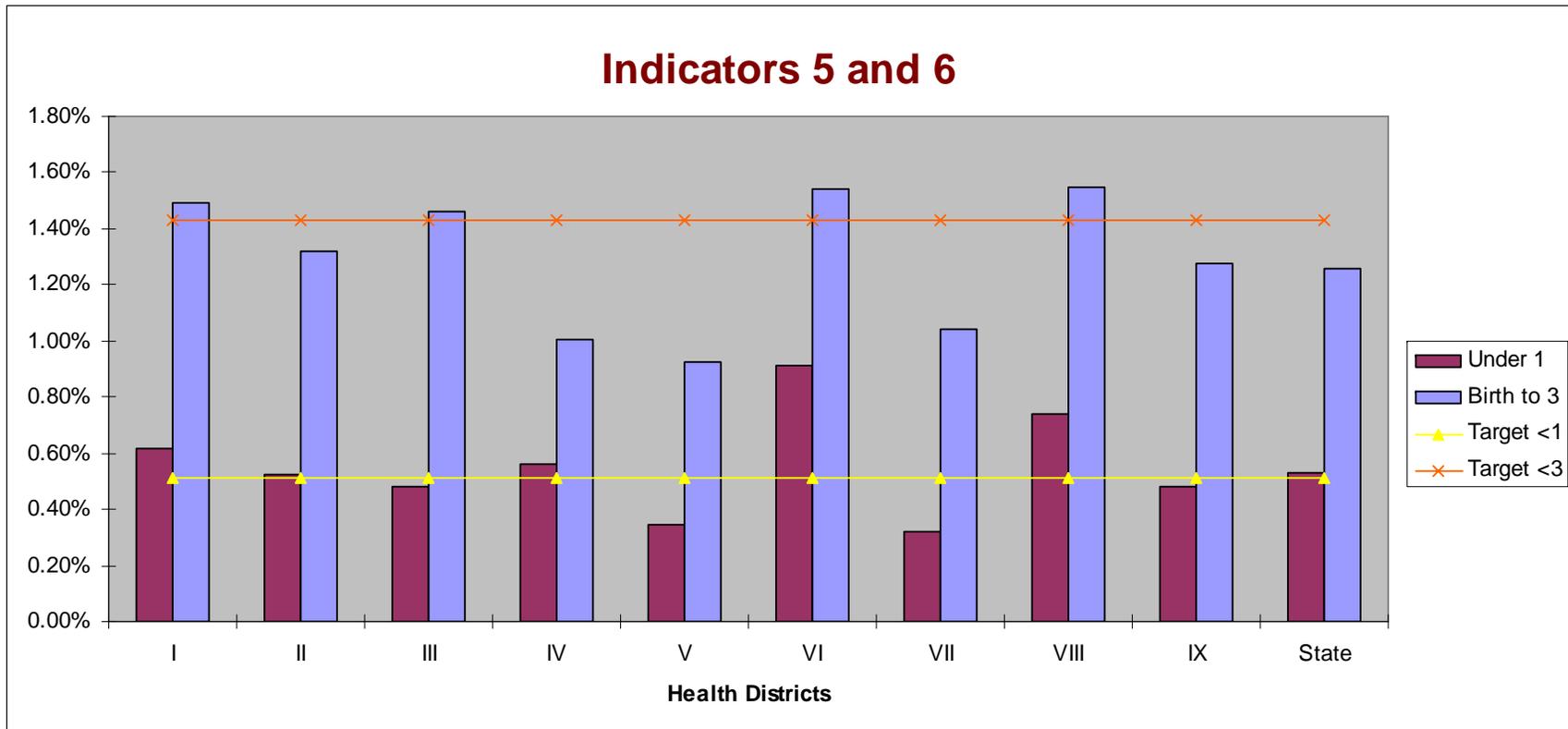
District	# of infants/toddlers <3 with IFSP	Population of infants/toddlers <3	Percent of infants/toddlers <3 with IFSP
I	185	12,402	1.49%
II	179	13,557	1.32%
III	165	11,305	1.46%
IV	107	10,631	1.01%
V	242	26,232	0.92%
VI	160	10,391	1.54%
VII	78	7,466	1.04%
VIII	189	12,218	1.55%
IX	241	18,876	1.28%
State	1546	123,078	1.26%

EARLY INTERVENTION IN MISSISSIPPI

618 DATA—DECEMBER 1, 2006

Indicator 5, Children Birth to 1 with IFSPs, Target = .51%, Actual = .53%

Indicator 6, Children Birth to 3 with IFSPs, Target = 1.43%; Actual = 1.26%



Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 7, the Part C Coordinator and the contract employee were primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.</p>

Actual Target Data for 2005-2006:

For this reporting period, 1382 eligible infants and toddlers had an evaluation and assessment and an initial IFSP meeting. 1012 IFSPs were developed in 45 days or less. 370 were developed late, with 213 being due to family and child circumstances. A total of 1215 (88%) were developed in less than 45 days or had family-/child-based justifications. Of the 157 IFSPs that were developed in greater than 45 days due to problems within the Early Intervention system, most were due to lack of providers or problems with scheduling.

Follow-up was conducted to obtain missing data or to correct illogical data. Written justifications for IFSPs that were not developed within the 45-day timeline were requested from Service Coordinators. Data are considered to be valid and reliable. The data for FFY 2005 include children referred between July 1, 2005, and June 30, 2006. (See attached chart for a breakdown of the data by districts and for the state, including raw numbers used in the numerator and denominator for calculating percentages.)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing. Many of the activities that should impact this Indicator were initiated in Spring 2006. The benefits of those activities will be even more evident in future reporting periods. The plan to form distinct teams through salaried positions was adjusted due to budgetary constraints. Instead, existing resources in Mental Health and through contractual personnel are being used to form stable teams in each District. An Improvement Plan that addressed this Indicator was in place for three quarters of the reporting period. Continuous data audits and reporting took place. Training and technical assistance focused on this area. Although Mississippi is still not in compliance on this Indicator, much progress has been made. Additional changes to the data system have been written to render data that are accurate and easier to analyze. Training and implementation regarding changes to FSIS will continue in February and March 2007. Improved reporting by the districts allowed for accurate calculations for this indicator within the existing system.

The primary reasons for non-compliance continue to be lack of available service providers or inefficient use of resources to conduct evaluations and to develop IFSPs in a timely manner. In District IX, Hurricane Katrina impacted this Indicator for several months. The number of family/child-based justifications and Katrina-based justifications are given in the actual data.

Monitoring examined the processes affecting districts' abilities to meet timelines. Correction plans were initiated as a result of each districts' site visit. Implementation, follow-up, and intensive technical assistance are ongoing. Teams for evaluation/assessment and IFSP development are being organized in areas where evaluations and IFSPs have been "piece-milled" in the past.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for 2005:

No revisions were made.

EARLY INTERVENTION IN MISSISSIPPI
**CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED AND AN IFSP
 DEVELOPED WITHIN THE 45-DAY TIMELINE**

Referral Dates: July 1, 2005-June 30, 2006

Indicator 7, Target = 100%

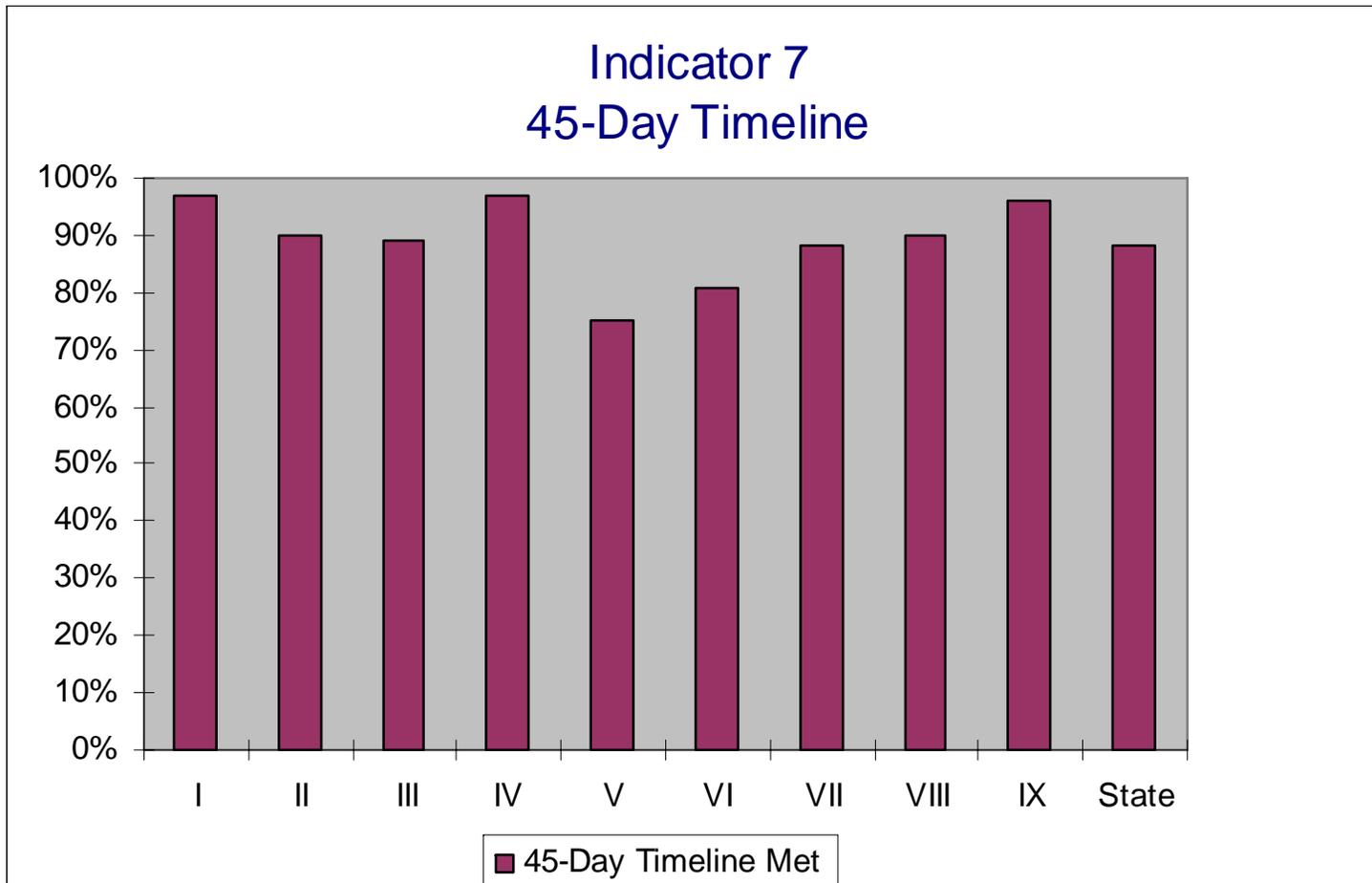
District	# of infants/toddlers	# who received an IFSP in > 45 days	Received an IFSP in ≤45 Days (# and %)		# with family/child justifications	45 days+ f/c justifications (# and %)		# due to system problem
I	174	27	147	84%	22	169	97%	5
II	153	25	128	84%	10	138	90%	15
III	156	49	107	69%	32	139	89%	17
IV	130	24	106	82%	20	126	97%	4
V	227	99	128	56%	43	171	75%	56
VI	138	50	88	64%	24	112	81%	26
VII	74	19	55	74%	10	65	88%	9
VIII	127	30	97	76%	14	101	90%	16
IX	203	47	156	77%	38	194	96%	9
State	1382	370	1012	73%	213	1215	88%	157

EARLY INTERVENTION IN MISSISSIPPI

CHILDREN FOR WHOM AN EVALUATION WAS CONDUCTED AND AN IFSP DEVELOPED WITHIN THE 45-DAY TIMELINE

Referral Dates: July 1, 2005-June 30, 2006

Indicator 7, Target = 100%



Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 8, the Branch Director for Monitoring was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<ul style="list-style-type: none"> A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. The LEA will be notified for 100% of the children exiting Part C and potentially eligible for Part B. C. The transition conference will occur for 100% of the children exiting Part C and potentially eligible for Part B.

Actual Target Data for 2005:

- A. 83% of the children exiting Part C had an IFSP with transition steps and services.
- B. The LEA was notified for 66% of the children exiting Part C and potentially eligible for Part B.
- C. The transition conference occurred for 45% of the children exiting Part C and potentially eligible for Part B.

Data were taken from FSIS identifying the set of infants/toddlers who exited Part C and were potentially eligible for Part B. 2952 children were identified who met these criteria. Follow-up was conducted with district personnel for missing and illogical data, and for justifications when a transition component was missing. Last year's raw numbers were lower because we interpreted "potentially eligible for Part B" as children who had been evaluated and found to be eligible for Part B services. The definition used this year includes children who were still receiving Part C services after 2 years and 3 months of age at the beginning of the fiscal year, and children who were at least 2 years and 3 months of age at the end of the fiscal year.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

Including transition steps and services as part of IFSP development was covered extensively in all IFSP training sessions. A page was added to the IFSP to document transition steps and services. A field in FSIS was added for Service Coordinators to check that transition steps and services were included on the IFSP. Improvement in reporting steps and services is likely due to these activities.

There are several fields in FSIS that capture information pertaining to transition steps and services. Unnecessary fields are being eliminated so only the three required fields remain for determining: "Are there transition steps and services on the IFSP, was the LEA notified, when was a transition conference held?"

Reasons for noncompliance for LEA notification and transition meetings include the following:

- Parents do not want the LEA to be notified.
- Service Coordinators are uncertain how to enter information when:
 - Part B personnel are a part of the evaluation team determining eligibility for Part C and Part B simultaneously.
 - The child is served under an IEP or a combination of IFSP/IEP.
- Service Coordinators were indicating that a transition meeting had taken place only for those children for whom Part B eligibility was determined, and Part B was part of transition planning. Although Service Coordinators are meeting with families regarding transition from Part C to other programs, they did not understand that they were to document all transition meetings.

However, the numbers for the LEA notification are improved over the baseline from 2004 due to the emphasis on the requirement to notify school districts as a requirement of Child Find, and technical assistance about when and where to enter this information in FSIS.

Slippage for transition meetings is likely due to the fact that the numbers reported in the past were for the select group of children for whom Part B eligibility was determined and an IEP developed prior to the third birthday.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

Activities not completed in 2005 will be completed in 2006.

EARLY INTERVENTION IN MISSISSIPPI

TRANSITION

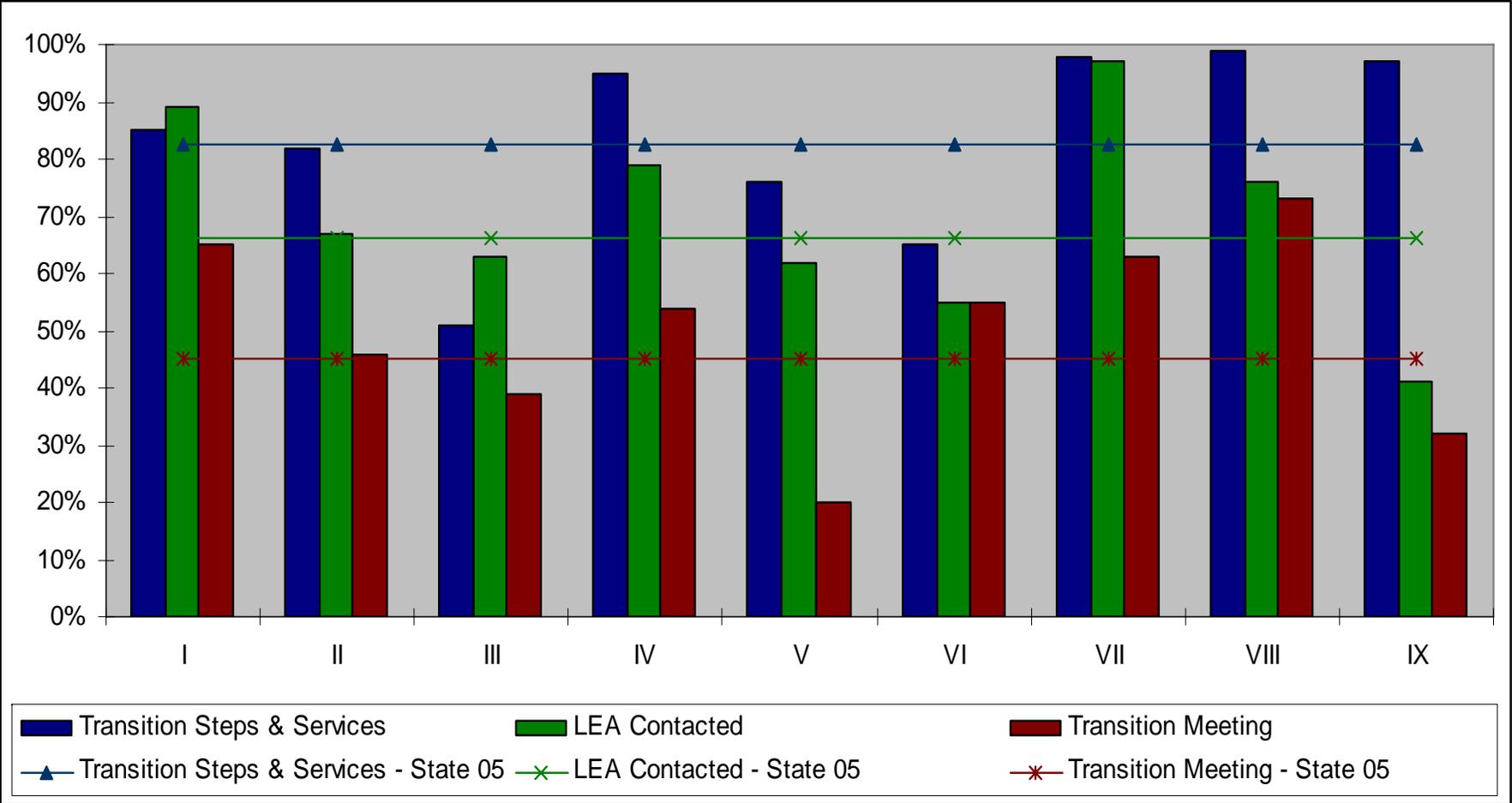
Indicator 8, Target = 100% for each component

		#	%	#	%	#	%
HD	Total # in district	Transition Steps & Services	Transition Steps & Services	Date LEA Contacted or transition letter sent	Date LEA Contacted or transition letter sent	Transition Meeting Date	Transition Meeting Date
I	319	271	85%	284	89%	207	65%
II	328	270	82%	221	67%	150	46%
III	283	143	51%	179	63%	109	39%
IV	227	216	95%	180	79%	123	54%
V	605	459	76%	376	62%	123	20%
VI	256	167	65%	142	55%	142	55%
VII	176	173	98%	171	97%	111	63%
VIII	290	287	99%	221	76%	213	73%
IX	468	454	97%	185	41%	150	32%
State	2952	2440	83%	1959	66%	1328	45%

EARLY INTERVENTION IN MISSISSIPPI

TRANSITION

Indicator 8, Target = 100% for each component



Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 9, the Branch Director for Monitoring was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Baseline Data for 2004:

- a. No findings of noncompliance were found in FY2004.
- b. No corrections were made.

Explanation of Baseline Data for 2004:

No systemic focused and/or compliance monitoring was carried out in 2003 or 2004 which identified noncompliance or which was designed to correct noncompliance no later than one year from identification.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of identified noncompliance will be corrected as soon as possible but in no case later than one year from identification.

Actual Target Data for 2005:

- a. Nineteen (19) findings of noncompliance were found through monitoring activities in the four health districts monitored during fiscal year 2005.
- b. Final written reports were issued in January 2007. No findings of noncompliance have been corrected. The one year period for correction is January 2007-January 2008.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

On-site monitoring in four health districts occurred during the fiscal year. During the calendar year, all nine health districts were monitored. All nine have the same period of time for correction. Five processes were monitored in every district: Child Find, Referral to Enrollment, Multidisciplinary Evaluation/Assessment, IFSP, and Services. Noncompliance was identified and the process of developing a correction plan began while on-site in each health district. Follow-up currently in progress includes training, technical assistance, unannounced and announced observations, interviews, and record reviews. The parent follow-up in progress includes periodically checking on parents/guardians new to First Steps, following up with parents for whom concerns were noted, and training and intensive technical assistance for other health district-specific needs.

Results of monitoring were consistent with information taken from FSIS and with districts' performance on Indicators as reported in the APR. Determinations were made for each district after careful consideration of all available information. (See attached charts indicating non-compliance for all districts identified during monitoring visits and Determinations made for each district.) A number and variety of sources of information were utilized to determine findings and Determinations, and the information was consistent across sources. Therefore, the data are considered to be valid and reliable. Monitoring reports for seven of nine districts are currently available by request. The other two reports will be available within the next month. All reports will be posted to the agency's website.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

Monitoring will focus on Monitoring Priorities and will be based on the data.

Mississippi's Early Intervention Program
Summary of Findings for Monitoring Site Visits Conducted Between May 8, 2006, and October 27, 2006

Health District	Child Find	Referral to Enrollment	Multidisciplinary Evaluation/Assessment	IFSP	Service Provision
I	Professional Concern	Strength	Strength	Strength	Professional Concerns
II	Noncompliant Finding	Professional Concern	Strength	Strength	Strength
III	Professional Concern	Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Noncompliant Finding
IV	Systemic Noncompliant Finding	Professional Concern	Systemic Noncompliant Finding	Professional Concern	Noncompliant Finding
V	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding Noncompliant Finding
VI	Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding
VII	Systemic Noncompliant Finding	Systemic Noncompliant Finding	Systemic Noncompliant Finding Professional Concern	Systemic Noncompliant Finding	Systemic Noncompliant Finding
VIII	Noncompliant Finding	Noncompliant Finding Professional Concerns	Professional Concern	Noncompliant Finding Professional Concern	Noncompliant Finding
IX	Strength	Professional Concern	Strength	Strength	Strength

Determinations

Meets the requirements	Demonstrates substantial compliance on all compliance indicators
Needs assistance	Did not demonstrate substantial compliance on one or more of the compliance indicators and has improvement activities to timely correct identified noncompliance
Needs Intervention	Did not demonstrate substantial compliance on one or more of the compliance indicators, and did not meet all of the requirements of IDEA Part C
Needs Substantial Intervention	Failed to comply significantly, affecting the core requirements of the program, including delivery of services to children

District	Determination
I	Needs Assistance
II	Needs Assistance
III	Needs Substantial Intervention
IV	Needs Intervention
V	Needs Substantial Intervention
VI	Needs Substantial Intervention
VII	Needs Substantial Intervention
VIII	Needs Assistance
IX	Meets the Requirements

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 10, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for 2005:

One signed written complaint was received during this reporting period. The complaint was from a parent living in Health District 7. All services on the IFSP were not being delivered at the time of the complaint. A report was issued and the complaint was resolved within the 60-day timeline. Mississippi met the target for this indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing. Documents that were created or revised and distributed for use included the Infant/Toddler Family Rights, a Complaint Process notification, a Part C Complaint Form, Written Prior Notice, and an Advocacy/Resource list. These forms were burned to a CD and distributed to all Service Coordinators for immediate use. Training and technical assistance were provided.

Prior to monitoring visits in each district, all families currently in the EI system were sent letters about the purposes of monitoring. Families were invited to community meetings and/or to family-only meetings during each site visit. They were also encouraged to call-in or to write their concerns, successes, questions, etc. Much feedback was received by the program through these mechanisms. The written complaint appears to have been generated as a result of the publicity and invitations pursuant to the monitoring visit. The mother who signed the complaint has since expressed interest in being named to the state Interagency Coordinating Council. Her name is being submitted to the Governor for consideration of appointment, along with 40 other people including parents and other stakeholders.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

There are no revisions.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 11, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of due process hearing requests will be fully adjudicated within the 30 day timeline.

Actual Target Data for 2005:

There were no due process hearing requests during this reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

No revisions were made.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 12, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not applicable for First Steps because Part B due process procedures have not been adopted by First Steps.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 13, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Based on OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.

Actual Target Data for 2005: No requests for mediation were received during the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

There are no revisions.

Part C State Annual Performance Report (APR) for 2005-2006

Overview of the Annual Performance Report Development:

See overview for Indicator 1.

For Indicator 14, the Part C Coordinator was primarily responsible for verification and analysis of the data and for writing the narrative.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

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

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<ul style="list-style-type: none"> a. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be submitted on or before due dates. b. 100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports will be accurate.

Actual Target Data for 2005:

100% of state reported data, including 618 data, the SPP, the grant application, and information related to the state's Improvement Plan were submitted in a timely manner during this reporting period. 100% of the data are considered to be accurate. No revisions in data were required.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

All activities are ongoing. The state was in compliance on this Indicator last year. No progress or slippage occurred.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

No revisions are needed.

TABLE 4
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2006-07

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	1
(1.1) Complaints with reports issued	1
(a) Reports with findings	1
(b) Reports within timeline	1
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution meetings (For States adopted Part B Procedures)	N/A
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated) (For all states)	0
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	0
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	0
(3.3) Resolved without a hearing	0