

Fund 106

Community Services Board (CSB) - Early Intervention Services



Mission

To provide early intervention services for infants and toddlers who have been identified as having a developmental delay, a diagnosis with a high probability of a developmental delay and/or atypical development to promote their overall development and community integration.

Focus

Early Intervention Services supports the Infant and Toddler Connection (ITC), a state program that provides federally mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). ITC provides therapy, as well as special instruction to children ages birth to three years who need extra help with sitting, crawling, walking and/or talking. These services are also provided to children with specific disabilities such as autism, Down syndrome and spina bifida. Families are entitled to a free multidisciplinary evaluation, service coordination and Individual Family Service Plan (IFSP), Through a public/private partnership, which increases access to trained professionals in the local community, ITC provides federally mandated services including, but not limited to: physical, occupational and speech therapy; special instruction; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, walkers and mobility aids); family training and counseling; nutrition; service coordination; and transportation. A local coordinating council, known as the Fairfax Interagency Coordinating Council, serves to advise and assist the local lead agency, while the Community Services Board (CSB) serves as the fiscal agent and local lead agency. It should be noted that the demand for early intervention services is anticipated to increase since the program has experienced significant growth in the last few years and the birth rate is unchanged. From FY 2000 through FY 2005, for example, the annual number of children admitted for ITC services increased from 531 to 924, an average yearly growth rate of 11.7 percent. The total number of children served each year between FY 2000 to FY 2005 increased from 933 to 1,541, or 10.6 percent per year.

Despite this growth, ITC continues to provide high-quality and timely evaluation, delivery of services, and service coordination to a growing number of Medicaid families. Medicaid reimbursement rates have made home visits to Medicaid families cost prohibitive for private providers who are not employed by the CSB. ITC therapeutic staff are now the only providers of these services for all new children with Medicaid. In order to further maximize Medicaid reimbursement and provide much needed early intervention services, new grant positions are added in FY 2006.

ITC staff also continue to strengthen outreach and support efforts by expanding collaborations with the Fairfax County Health Department, INOVA Fairfax Hospital, and Fairfax County Public Schools to ensure that infants and toddlers get appropriate services as soon as delays are detected. Further, to continue to address the growing cultural diversity needs of families requiring ITC services across the County, ITC maintains a list of 43 interpreters under contract to provide translation services. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean and American Sign Language.

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In order to further improve internal operations, ITC staff are also working with the Department of Systems Management for Human Services to analyze workflow processes and current data management systems. This effort will allow ITC to develop strategies and a streamlined data system to deliver services more efficiently and to achieve maximum utilization of current resources. Program staff are also continuing to assess the feasibility of a web-based patient data chart that will allow for Health Insurance Portability and Accountability Act (HIPAA) compliance and more effective and efficient patient service by clinicians and therapists in the field.

New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

 Maintaining Safe and Caring Communities	Recent Success	FY 2007 Initiative
Continue to support a forum for public and private service providers to foster professional development and improve service delivery. Recent successes include hosting quarterly provider forums related to child protective services, vision assessment and evaluation, Bayley Scales of Infant Development-3 (a widely used assessment tool), and bilingual language acquisition. As part of the Child Abuse Prevention and Treatment Act (CAPTA), Child Protective Services (CPS) is now mandated to refer founded cases to ITC. In order to implement this new law, forums were held with CPS staff to provide identification and referral training for ITC staff, and information on ITC service delivery to CPS staff.	☑	☑
 Connecting People and Places	Recent Success	FY 2007 Initiative
Maintain and expand an assistive technology loan program to increase access and maximize resources for the CSB community. Many additional pieces of equipment have been added, including three specialized sound systems that assist in auditory and speech training acquired in collaboration with the Bright Beginnings for Babies Program at Fairfax County Public Schools. There has also been a marked increase in both contract and County staff utilization of assistive technology equipment made available under this program.	☑	☑
 Exercising Corporate Stewardship	Recent Success	FY 2007 Initiative
Expand and restructure public/private partnerships to maximize reimbursement from third-party insurance providers and Medicaid, as well as to ensure that services are delivered in a timely manner to all eligible families. Recent initiatives include utilizing staff expertise and seeking the necessary approvals from payors to expand reimbursement/revenues for assistive technology and social work services provided by ITC staff.		☑

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Budget and Staff Resources

Agency Summary				
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	20/ 20	20/ 20	20/ 20	20/ 20
Grant	11/ 11	11/ 11	21/ 21	21/ 21
Expenditures:				
Personnel Services	\$2,187,561	\$2,161,131	\$2,231,890	\$3,128,868
Operating Expenses	1,594,818	1,594,865	1,939,514	1,619,326
Capital Equipment	0	0	0	0
Total Expenditures	\$3,782,379	\$3,755,996	\$4,171,404	\$4,748,194
Revenue:				
Fairfax County	\$2,337,512	\$2,436,403	\$2,436,403	\$2,567,397
State DMHMRSAS	87,577	86,058	522,953	315,760
Federal Other	880,834	853,709	708,697	743,131
Medicaid Option	80,340	47,090	47,090	47,090
Program/Client Fees	511,563	332,736	386,976	1,074,816
Fund Balance	(115,447)	0	69,285	0
Total Revenue	\$3,782,379	\$3,755,996	\$4,171,404	\$4,748,194

Position Summary		
<u>Program Management</u> 1 MR Specialist V 1 MR Specialist III 1 MR Specialist I 1 Management Analyst I <u>Grant Positions</u> 1 Administrative Assistant III	<u>Daytime Development Center</u> 1 MR Specialist III 3 MR Specialists II 2 Physical Therapists II 2 Occupational Therapists II 4 Speech Pathologists II 1 Administrative Assistant II <u>Grant Positions</u> 4 Physical Therapists II 2 Speech Pathologists II	<u>Service Coordination</u> 1 MR Specialist III 2 MR Specialists II <u>Grant Positions</u> 14 MR Specialists II
TOTAL POSITIONS 20 Positions / 20.0 Staff Years 21 Grant Positions / 21.0 Staff Years		

FY 2007 Funding Adjustments

The following funding adjustments from the FY 2006 Revised Budget Plan are necessary to support the FY 2007 program:

- ◆ **Medicaid Grant Positions** **\$687,840**
 An increase of \$687,840 in Personnel Services is associated with the establishment of 8/8.0 SYE new grant positions for service coordination, clinical and therapeutic services in FY 2006. These expenses are completely offset by additional Medicaid revenue and maximize state Medicaid dollars for early intervention services. These new grant positions are added in FY 2006 and an FY 2006 funding adjustment will be made during the FY 2006 Third Quarter Review.
- ◆ **Employee Compensation** **\$91,533**
 An increase of \$91,533 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program.

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- ◆ **Contract Rate Adjustments** **\$21,466**
Additional funding of \$21,466 in Operating Expenses is due to a 2.59 percent contract rate increase for providers of contracted early intervention services.

- ◆ **Automobile Mileage** **\$2,995**
An increase of \$2,995 in Operating Expenses is associated with a higher automobile mileage reimbursement rate of \$0.445 per mile.

- ◆ **Carryover Adjustments** **(\$54,285)**
A decrease of \$54,285 in Operating Expenses is attributable to encumbered carryover.

- ◆ **Grant Adjustments** **(\$172,759)**
A decrease of \$172,759 is due to grant adjustments including additional funding of \$119,124 for the Infant Toddler Connection Part C grant, offset by a decrease of \$291,883 associated with the carryover of grant balances during the *FY 2005 Carryover Review*. In particular, an adjustment of \$117,605 is made in Personnel Services and a decrease of \$290,364 is reflected in Operating Expenses.

Changes to FY 2006 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2006 Revised Budget Plan since passage of the FY 2006 Adopted Budget Plan. Included are all adjustments made as part of the FY 2005 Carryover Review and all other approved changes through December 31, 2005:

- ◆ **Carryover Adjustments** **\$415,408**
As part of the *FY 2005 Carryover Review*, an increase of \$415,408 is comprised of a \$291,883 adjustment to current grant awards, including \$290,364 in Operating Expenses and \$1,519 in Personnel Services; \$69,240 in Personnel Services primarily to appropriate additional Medicaid client fees for positions needed to address significant workload increases in the Infant Toddler Connection; and \$54,285 in Operating Expenses for encumbered items.

- ◆ **Out of Cycle Medicaid Grant Position Adjustments** **\$0**
In order to maximize state Medicaid dollars and provide much needed early intervention services, 8/8.0 SYE new grant positions, completely offset by Medicaid revenues, are added for service coordination, clinical and therapeutic services in FY 2006. An FY 2006 funding adjustment will be made during the *FY 2006 Third Quarter Review*.

Key Performance Measures

Goal

To provide early intervention services to infants and toddlers with disabilities and their families to reduce or eliminate the effects of disabling conditions.

Objectives

- ◆ To complete evaluations and develop an Individualized Family Service Plan (IFSP) for 100 percent of families within 45 days from intake call.

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Individuals served	1,254	1,434	1,593 / 1,541	1,704	1,885
Efficiency:					
Annual cost per individual served	\$1,004	\$1,106	\$938 / \$1,218	\$1,224	\$1,332
Service Quality:					
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	NA	NA	85% / 91%	95%	95%
Outcome:					
Percent of families who received completed IFSP within 45 days of intake call	NA	NA	90% / 92%	100%	100%
Average number of days from referral to completion of IFSP.	NA	NA	NA / 42	37	32

Performance Measurement Results

FY 2005 represented the first year that Early Intervention Services was reflected as an independent agency. Prior to FY 2005, Early Intervention Services was included under Mental Retardation Services. New performance indicators were developed and tracked in FY 2005 to more accurately assess program performance. Earlier indicators had included percentage of families satisfied with services and percentage of transition objectives successfully met for children.

In FY 2005, both the service quality and outcome goals were met or exceeded. The percentage of families who agreed that early intervention services made them feel more confident in meeting their child's needs was 91 percent in FY 2005, versus a goal of 85 percent. The percentage of families receiving a completed Individualized Family Service Plan (IFSP) within 45 days of intake call was 92 percent, as compared to a goal of 90 percent.

Early Intervention Services served 1,541 infants and toddlers in FY 2005. The continued increase in the number of children served is reflective of the large and rapid growth in demand for early intervention services consistently seen over the past several years. This trend is expected to continue in the future and, for the first time ever, ITC was not able to maintain 100 percent compliance with the federally mandated requirement that IFSPs be completed within 45 days of intake call. This shortfall was due to increased demand. The actual annual cost per individual served was \$1,218 in FY 2005, thereby exceeding the anticipated annual cost of \$938 per individual served, but consistent with increases seen in prior years.

A new performance indicator has been added which presents data on the average number of days from referral to completed IFSP. This indicator will allow tracking of actual time required for completion of IFSPs. In combination with the indicator highlighting percentage of IFSPs completed within 45 days, this indicator will allow more precise measurement of Early Intervention Services' performance and efficiency.