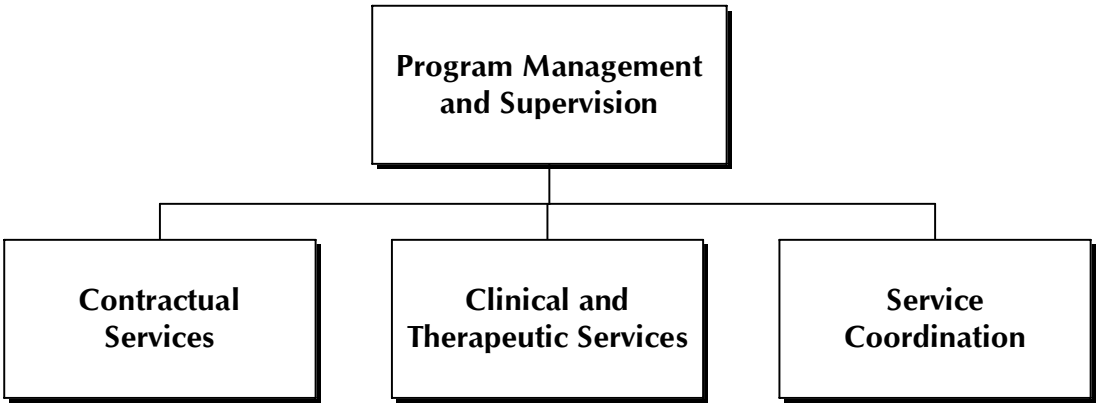
Fund 106
Community Services Board (CSB) - Early Intervention Services



Mission

To support and serve eligible children and their families in order to enhance their day to day activities, facilitate community integration, and promote their overall development. Early Intervention Services (also known as Infant and Toddler Connection or ITC) collaborates with community stakeholders to identify every infant and toddler having a developmental delay, a diagnosis with a high probability of delay, and/or atypical development in a timely manner. ITC staff has the expertise to incorporate and advance best practices in the provision of federally-mandated early intervention services and support.

Focus

Early Intervention Services supports the Infant and Toddler Connection (ITC), a statewide 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 family-centered intervention to children ages birth to 3 years who need strategies to assist them in acquiring the skills they need such as sitting, crawling, walking and/or talking. Families are entitled to a multidisciplinary evaluation, service coordination and Individual Family Service Plan (IFSP) free of charge. Through a public/private partnership, 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, adapted toys and mobility aids); family training and counseling; 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 Fairfax-Falls Church Community Services Board (CSB) serves as the fiscal agent and local lead agency. There has been significant growth in the demand for services over the last several years and this is expected to continue. From FY 2000 through FY 2006, for example, the annual number of children admitted for ITC services increased from 531 to 974, an average yearly growth rate of 10.6 percent. Further, according to state data, ITC of Fairfax-Falls Church accounted for 40.5 percent of the growth for new families receiving Part C services throughout the entire Commonwealth of Virginia between December 1, 2004 and December 1, 2005. Given the rising incidence of autism in Fairfax County, the ITC is also currently in the early stages of developing a relationship with the Virginia Autism Research Center and Fairfax County Public Schools (FCPS) to address the early identification of children who might need specialized preschool services for this particular disability.

ITC continues to provide high-quality evaluations, ongoing service delivery, 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. Consequently, ITC therapeutic staff is the only provider of these services for all new children with Medicaid. In FY 2006, most Medicaid families served by ITC also had their coverage transferred into one of Virginia's Medicaid managed care organizations (MCO). This change drastically reduced the amount of potential revenues receivable by ITC for reimbursement of costs associated with each evaluation and direct intervention session provided to Medicaid families. In order to maximize Medicaid reimbursement and provide much needed early intervention services, eight new grant positions were added in January 2006. Due to increased costs and the reduced Medicaid MCO reimbursement rates, however, only one of those positions was filled during

FY 2006. The remaining seven positions were filled in FY 2007. Ongoing funding for these positions is contingent upon continued availability of Medicaid reimbursements.

ITC staff also continues 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 expected or detected. The growing cultural diversity needs of families requiring ITC services across the County is addressed by a list of 43 interpreters maintained by ITC and under contract to provide translation services. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean and American Sign Language.

In order to further improve internal operations, ITC staff spent FY 2006 working with the Department of Systems Management for Human Services to analyze workflow processes and current data management systems. The result of their work was a Balanced Scorecard and the identification of four areas of focus including: Customer, Stewardship, Process, and Learning Growth and Innovation. Measurement criteria were developed in each area to help ITC monitor their performance in these areas, and to keep staff focused on ITC's Vision, Mission, and Values. Data collection on these specific measures commenced in FY 2007. Program staff is 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. This electronic record will assist with Office of Special Education Programs (OSEP) monitoring and Individuals with Disabilities Education Improvement Act (IDEA) regulations compliance.

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

Maintaining Safe and Caring Communities	Recent Success	FY 2008 Initiative
Continue to support a learning forum for public and private service providers to foster professional development and improve service delivery. Recent successes include hosting quarterly provider forums related to the early identification and treatment of autism, the impact of perinatal depression, substance abuse in pre- and post-partum mothers, and assessing the social and emotional development of toddlers. Ongoing work with the Child Protective Services Staff has allowed for continued implementation of the Child Abuse and Prevention Treatment Act (CAPTA) provisions that require substantiated cases of abuse and neglect be referred to ITC. ITC staff participates in a countywide Vulnerable Infants Workgroup that provides across agency trainings. In an attempt to increase compliance with OSEP regulations, more than 80 providers of early intervention attended a three-hour workshop developed and provided by ITC staff.	☑	☑
Connecting People and Places	**Recent Success**	**FY 2008 Initiative**
Maintain and increase the number of families participating in ITC sponsored parent support groups. Families receive mutual support and guidance from each other through attending events with other families who have children with developmental delays or disabilities. This source of support helps families feel they are better able to meet their children's needs. At the beginning of FY 2004, only eight families participated in the parent support groups. At the beginning of FY 2007, 33 families participated in parent support groups, more than four times the original number of participants.	☑	☑

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Exercising Corporate Stewardship	Recent Success	FY 2008 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.		☑

Budget and Staff Resources

Agency Summary

Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	20/ 20	20/ 20	20/ 20	20/ 20
Grant	21/ 21	21/ 21	21/ 21	21/ 21
Expenditures:				
Personnel Services	$2,578,146	$3,128,868	$3,614,966	$3,706,072
Operating Expenses	1,940,697	1,619,326	1,759,485	1,654,716
Capital Equipment	0	0	0	0
Total Expenditures	**$4,518,843**	**$4,748,194**	**$5,374,451**	**$5,360,788**
Revenue:				
Fairfax County	$2,436,403	$2,567,397	$2,567,397	$2,619,768
Fairfax City	0	0	0	41,117
Falls Church City	0	0	0	18,636
State DMHMRSAS	529,144	315,760	856,171	850,664
Federal Other	708,697	743,131	708,697	708,697
Medicaid Option	78,109	47,090	47,090	360,530
Program/Client Fees	343,555	1,074,816	1,074,816	761,376
Miscellaneous	30	0	0	0
Fund Balance	422,905	0	120,280	0
Total Revenue	**$4,518,843**	**$4,748,194**	**$5,374,451**	**$5,360,788**

Position Summary

Program Management		Daytime Development Center		Service Coordination	
1	MR Specialist V	1	MR Specialist IV	1	MR Specialist III
1	MR Specialist III	1	MR Specialist III	2	MR Specialists II
1	MR Specialist I	3	MR Specialists II		
1	Management Analyst I	2	Physical Therapists II		
		2	Occupational Therapists II		
		3	Speech Pathologists II		
		1	Administrative Assistant II		

Grant Positions

Program Management		Daytime Development Center		Service Coordination	
1	Administrative Assistant III	3	Physical Therapists II	14	MR Specialists II
		3	Speech Pathologists II		

TOTAL POSITIONS
20 Positions / 20.0 Staff Years
21 Grant Positions / 21.0 Staff Years

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FY 2008 Funding Adjustments

The following funding adjustments from the FY 2007 Revised Budget Plan are necessary to support the FY 2008 program:

- **Employee Compensation** **$124,507**
  An increase of $124,507 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program.

- **Personnel Services Reduction** **($38,979)**
  A decrease of $38,979 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a flattening residential real estate market.

- **Contract Rate Increases** **$26,596**
  An increase of $26,596 in Operating Expenses is associated with a 2.66 percent contract rate increase for providers of contracted early intervention services.

- **Grant Adjustments** **($5,507)**
  A net decrease of $5,507 is due to grant adjustments for the Infant Toddler Connection (ITC) Part C grant, comprised of additional funding of $5,578 in Personnel Services, offset by a decrease of $11,085 in Operating Expenses.

- **Carryover Adjustments** **($120,280)**
  A decrease of $120,280 in Operating Expenses is attributable to encumbered carryover.

Changes to FY 2007 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2007 Revised Budget Plan since passage of the FY 2007 Adopted Budget Plan. Included are all adjustments made as part of the FY 2006 Carryover Review and all other approved changes through December 31, 2006:

- **Carryover Adjustments** **$626,257**
  As part of the *FY 2006 Carryover Review*, an increase of $626,257 is comprised of a $505,977 adjustment to current grant awards, including $486,098 in Personnel Services and $19,879 in Operating Expenses; and $120,280 in Operating Expenses for encumbered items.

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 FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	Current Estimate FY 2007	Future Estimate FY 2008
Output:					
Individuals served	1,434	1,541	1,704 / 1,739	1,916	2,110
Efficiency:					
Annual cost per individual served	$1,106	$1,218	$1,224 / $1,635	$1,403	$1,466
Service Quality:					
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	NA	91%	95% / 96%	95%	95%
Outcome:					
Percent of families who received completed IFSP within 45 days of intake call	NA	92%	100% / 86%	100%	100%
Average number of days from referral to completion of IFSP	NA	42	37 / 35	32	32

Performance Measurement Results

In FY 2006, two of three (66.7 percent) of ITC's 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 96 percent in FY 2006, versus a goal of 95 percent. The average number of days from referral to completion of IFSP was 35 days in FY 2006, versus a goal of 37 days. The latter indicator was a new performance measure added in FY 2006 to evaluate the actual time required for completion of IFSPs. In combination with the indicator highlighting percentage of IFSPs completed within 45 days, this indicator allows more precise measurement of ITC's performance and efficiency.

The percentage of families receiving a completed Individualized Family Service Plan (IFSP) within 45 days of intake call was 86 percent, versus a federally-mandated goal of 100 percent. During a State Part C monitoring visit for the federal Office of Special Education Programs (OSEP) in FY 2006, there were several areas where ITC of Fairfax-Falls Church was found to be out of compliance with the requirements of IDEA. ITC of Fairfax-Falls Church served 1,739 infants and toddlers in FY 2006. 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, consequently, ITC was not able to maintain 100 percent compliance with the federally-mandated requirement that IFSPs be completed within 45 days of intake call. The rapidly increasing demand for early intervention services and staff vacancies arising from insufficient reimbursement rates or revenues from other sources contributed significantly to this shortfall. For FY 2007, additional revenues (including additional one-time Part C funding from the State) will allow all eight grant positions established in January 2006 to be filled. It is anticipated that filling these positions will enable compliance with all mandated objectives; however, funding for these positions is contingent upon continued availability of Medicaid reimbursements.

The actual annual cost per individual served in FY 2006 was $1,635, thereby exceeding the anticipated annual cost of $1,224 per individual served. This amount represents a 34.2 percent increase above the FY 2005 annual cost per individual served, which exceeds the percentage increase above prior years seen in earlier periods. This change is due to reduced Medicaid MCO reimbursement rates and lower revenues received from other non-governmental (i.e., non-Part C) sources in FY 2006 that increased the County's coverage of per individual ITC costs. ITC is looking at ways to control costs and maximize revenues in the future through increased staff efficiencies and contract renegotiations.