

# 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 2007, the program has experienced an average yearly growth rate of over 10 percent. Currently, ITC of Fairfax-Falls Church serves over 20 percent of all the children receiving Individuals with Disabilities Act (IDEA) Part C services in the Commonwealth of Virginia. Given the rising incidence of autism in Fairfax County, the ITC continues to develop ongoing relationships 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

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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. Since 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 FY 2009, development of a Medicaid State Plan amendment for early intervention services may help address this situation. The State Part C office is updating a Part C System of Payments Study completed in 2003, which identified a series of equity and parity issues related to the Commonwealth's implementation of Federal Part C requirements regarding fiscal matters. It is anticipated that implementation of the recommendations from that report will help establish standardized reimbursement for all early intervention services across Virginia, which will offer new opportunities for provider growth necessary to meet the Commonwealth's anticipated growth in child enrollment.

ITC staff also continues to strengthen outreach and support efforts by expanding collaborations with the Fairfax County Health Department, INOVA Fairfax Hospital, and FCPS 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.

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

 <b>Maintaining Safe and Caring Communities</b>	<b>Recent Success</b>	<b>FY 2009 Initiative</b>
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 indicators of child progress, grief and loss in early intervention, 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 cross-agency trainings.	☑	☑
 <b>Connecting People and Places</b>	<b>Recent Success</b>	<b>FY 2009 Initiative</b>
Continue to 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. In FY 2007, 484 families participated in ITC sponsored parent support groups, exceeding the target of 300 families by 61 percent. ITC plans to start a new Feeding Group in FY 2008 that will also be videotaped and used as a resource by providers throughout the area. Feeding groups bring together children and families who are struggling with food refusal and subsequent nutritional issues. Occupational therapy, speech therapy, and family counseling are provided over 16 weeks with the goal of increasing the children's acceptance of different foods.	☑	☑

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<b>Exercising Corporate Stewardship</b>	<b>Recent Success</b>	<b>FY 2009 Initiative</b>
Continue to 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Budget and Staff Resources

Agency Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
<b>Authorized Positions/Staff Years</b>				
Regular	20/ 20	20/ 20	20/ 20	20/ 20
Grant	21/ 21	21/ 21	21/ 21	23/ 23
<b>Expenditures:</b>				
Personnel Services	\$2,945,050	\$3,706,073	\$3,698,993	\$3,836,340
Operating Expenses	2,222,674	1,654,715	1,801,213	1,690,714
Capital Equipment	0	0	0	0
<b>Subtotal</b>	<b>\$5,167,724</b>	<b>\$5,360,788</b>	<b>\$5,500,206</b>	<b>\$5,527,054</b>
<b>Less:</b>				
Recovered Costs	(\$4,683)	\$0	\$0	\$0
<b>Total Expenditures:</b>	<b>\$5,163,041</b>	<b>\$5,360,788</b>	<b>\$5,500,206</b>	<b>\$5,527,054</b>
<b>Revenue:</b>				
Fairfax County	\$2,567,397	\$2,619,768	\$2,619,769	\$2,670,404
Fairfax City	0	41,117	41,117	41,117
Falls Church City	0	18,636	18,636	18,636
State DMHMRSAS	883,663	850,664	987,264	964,234
Federal Other	830,697	708,697	711,514	711,514
Medicaid Option	235,211	360,530	360,530	394,986
Program/Client Fees	500,876	761,376	761,376	726,163
Fund Balance	145,197	0	0	0
<b>Total Revenue</b>	<b>\$5,163,041</b>	<b>\$5,360,788</b>	<b>\$5,500,206</b>	<b>\$5,527,054</b>

Position Summary		
<u><b>Program Management</b></u> 1 MR Specialist V 1 MR Specialist IV 1 MR Specialist II 1 Administrative Assistant IV	<u><b>Daytime Development Center</b></u> 1 MR Specialist IV 1 MR Specialist III 3 MR Specialists II 2 Physical Therapists II 2 Occupational Therapists II 2 Speech Pathologists II 1 Administrative Assistant II	<u><b>Service Coordination</b></u> 2 MR Specialists III 2 MR Specialists II
<u><b>Program Management</b></u> 1 Administrative Assistant III	<u><b>Grant Positions</b></u> <u><b>Daytime Development Center</b></u> 3 Physical Therapists II 3 Speech Pathologists II	<u><b>Service Coordination</b></u> 16 MR Specialists II (2)
<b>TOTAL POSITIONS</b> <b>20 Positions / 20.0 Staff Years</b> <b>23 Grant Positions (2) / 23.0 Staff Years (2.0)</b>		
( ) Denotes New Positions		

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### FY 2009 Funding Adjustments

The following funding adjustments from the FY 2008 Revised Budget Plan are necessary to support the FY 2009 program:

- ◆ **Employee Compensation** **\$132,864**  
An increase of \$132,864 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program. As a result of budget constraints, compensation adjustments for County employees have been reduced. For FY 2009, employee increases as part of the pay for performance system have been discounted by 50 percent and the impact of the lower pay for performance funding is reflected above.
  
- ◆ **Personnel Services Reduction** **(\$40,247)**  
A decrease of \$40,247 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a continued softening of the residential real estate market.
  
- ◆ **Contract Rate Increases** **\$26,318**  
An increase of \$26,318 in Operating Expenses is associated with a 2.71 percent contract rate increase for providers of contracted early intervention services.
  
- ◆ **Grant Adjustments** **(\$92,087)**  
A net decrease of \$92,087 is due to grant adjustments for the Infant Toddler Connection (ITC) Part C and Medicaid grants, comprised of additional funding of \$44,730 in Personnel Services, offset by a decrease of \$136,817 in Operating Expenses.

### Changes to FY 2008 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2008 Revised Budget Plan since passage of the FY 2008 Adopted Budget Plan. Included are all adjustments made as part of the FY 2007 Carryover Review and all other approved changes through December 31, 2007:

- ◆ **Carryover Adjustments** **\$139,417**  
As part of the FY 2007 Carryover Review, an increase of \$139,417 reflects an adjustment to the current year Part C grant award, including a decrease of \$7,080 in Personnel Services offset by an increase of \$146,497 in Operating Expenses.

### 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
<b>Output:</b>					
Individuals served	1,541	1,739	1,916 / 1,850	2,110	2,223
<b>Efficiency:</b>					
Annual cost per individual served	\$1,218	\$1,635	\$1,403 / \$1,467	\$1,466	\$1,840
<b>Service Quality:</b>					
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	91%	96%	95% / 96%	95%	95%
<b>Outcome:</b>					
Percent of families who received completed IFSP within 45 days of intake call	92%	86%	100% / 94%	100%	100%
Average number of days from referral to completion of IFSP	42	35	32 / 38	32	32

### Performance Measurement Results

In FY 2007, one of three (33.3 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 2007, versus a goal of 95 percent.

The average number of days from referral to completion of an Individualized Family Service Plan (IFSP) was 38 days in FY 2007, versus a goal of 32 days. This indicator was a new performance measure added in FY 2006 to evaluate the actual time required for completion of an IFSP. 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 IFSP within 45 days of intake call was 94 percent, versus a federally-mandated goal of 100 percent.

ITC of Fairfax-Falls Church served 1,850 infants and toddlers in FY 2007, a 6 percent increase above the FY 2006 level of 1,739. 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, and/or meet the average number of days from referral to completion of IFSP target of 32 days. 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. During FY 2007, two additional Part C grant Service Coordinator positions, a Director of Quality Assurance, and an Office Manager position were established to help address the increased clinical and administrative requirements associated with this program's continued growth and aid in meeting the FY 2008 and FY 2009 outcome estimates.

The actual annual cost per individual served in FY 2007 was \$1,467, thereby exceeding the anticipated annual cost of \$1,403 per individual served by 5 percent. However, this amount represents a 10 percent decrease from the FY 2006 annual cost per individual served of \$1,635.