

**TWELFTH YEAR
ANNUAL PERFORMANCE
REPORT
FOR
PART C OF IDEA**

July 1, 1999 to September 30, 2000

Developed through a cooperative effort between
The Utah Interagency Coordinating Council (ICC) and
The Utah Department of Health

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*Agencies, Groups & Community Organizations
Represented on
Utah's Interagency Coordinating Council
(ICC)*

Community-Based Service Providers

Division of Community and Family Health Services
Bureau of Children with Special Health Care Needs
Utah Department of Health

Baby Watch Early Intervention Program
Utah Department of Health

Department of Workforce Services
Child Care Services

Division of Mental Health
Utah Department of Human Services

Division of Services for People with Disabilities
Utah Department of Human Services

Division of Services for Students at risk
Utah State Office of Education

Head Start

Indian Health Services

Parents

Utah Department of Insurance

Utah Governor's Council for People with Disabilities

Utah's Institutions of Higher Education

Utah Legislature

Utah Schools for the Deaf and Blind
Parent Infant Programs

*Description of
Early Intervention Program Activities
for
Infants and Toddlers
With Special Needs and Their Families
In Utah*

Types of Services Currently Available Through Early Intervention in Utah

The lead agency for providing early intervention services is the Department of Health. Under the Division of Community and Family Health Services, and the Bureau of Children With Special Health Care Needs, the Baby Watch Early Intervention Program provides a statewide early intervention system by contracting within 15 local providers. These providers included local health departments, local school districts, universities, and non-profit or for-profit organizations. Services included the following:

Assistive Technology

Audiology/Hearing Services

Deaf-Blind Services

Early Childhood Special Education

Family Support

Nutrition

Health/Nursing

Information and Referral

Medical Diagnostics/Evaluation/Referral for Treatment

Occupational Therapy

Physical Therapy

Psychology

Service Coordination

Social Work

Special Instruction

Speech/Language Pathology

Transition

Transportation

Vision

***Sources of Fiscal and Other Support
For
Baby Watch Early Intervention Services***

Federal Funds (OSEP)	\$3,832,145
State Allocation	3,900,100
Medicaid Revenues	1,595,000
Parent Donations	18,352

The State Legislature discontinued the requirement of a sliding fee scale for early intervention services beginning July 1, 1998. They substituted a “\$10.00 suggested donation for children’s services in the early intervention program.” The new policy requires less administrative support than was needed to determine the sliding fee schedule.

In the State Fiscal Year 1999 (07/01/98 – 06/30/99), \$16,779 was collected. The State Fiscal Year 2000 (07/01/99 – 06/30/00) showed an increase in collections at \$18,352. The early intervention programs have minimal costs of administering a parent donation program.

BUDGET REPORT
 July 1, 1999 through September 30, 2000
 EXPENDITURES

Category	Federal
Personnel (Salaries and Benefits)	\$ 309,820
Travel	39,500
Current Expense	69,625
Contractual	3,869,458
Sub-Total Direct	4,288,403
Indirect (11.5%) 7/1/99-6/30/00	35,629
Indirect (2.2%) 7/1/99-6/30/00	1,704
Sub-Total Indirect	37,333
TOTAL DIRECT & INDIRECT	4,325,736

Grant Award 7/1/99-9/30/00 \$3,832,145.00
 Partial funds were drawn from previous year grant.

Federal Expenditures Narrative
July 1, 1999 through September 30, 2000

Salaries and Benefits:

1. Project Coordinator
2. Service Delivery Coordinator
3. Registered Nurse III
4. Personnel Development Coordinator
5. Community Health Coordinator
6. Health Program Representative III
7. Community Health Technician
8. Executive Secretary
9. Secretary
10. Support Services Coordinator

Travel:

1. Interagency Coordinating Council (ICC) Travel
2. Staff travel for program evaluation
3. Staff travel for training and technical assistance

Current Expense:

This category includes office supplies, photocopy expenses, communications, advertising, postage, printing, small office equipment, office furnishings, video supplies and equipment, photographic supplies, employee training, conferences and workshop fees, educational supplies, information technology equipment and supplies, building operation expenses, advertising and professional and technical services expenses, and Interagency Coordinating Council expenses.

Contractual:

The largest portion of grant funds were expended in the category because of the inadequacy of other funding sources to cover the expense of direct service delivery.

Indirect:

For the period of July 1, 1999 through June 30, 2000 the indirect rate was 11.5% of personnel. For the period of July 1, 2000 through September 30, 2000 the indirect rate was 2.2% of personnel.

State Complaints, Mediation and Administrative Hearings

The Utah Department of Health/Baby Watch Early Intervention Program has established and implemented complaint resolution procedures for mediation [§303.419], administrative review for individual child complaints [§§303.420-303.425], and state complaints [§§303.510-303.512]. Information is disseminated to parents throughout the state and is included in materials distributed by Utah's Parent Center. The Parent Center has agreed to act as one of the parties who would meet with parents to provide information related to benefits of the mediation process.

There was one written request for an administrative review. Mediation was offered and accepted by the parents and early intervention program. The parent's complaint requested: 1) an increase in the frequency and intensity of the IFSP service pattern, 2) use of a specific methodology, and 3) training for staff in the provision of services to a child with Autism. A mediated agreement was reached which was beneficial to both parties. The agreement ensured an appropriate service pattern that would meet the individual needs of the child, a multiple methodology approach including consistent use of ABA in all environments, and joint training for the parents and early intervention staff to ensure common knowledge for service provision and decision-making.

Two other informal complaints were received by the state Baby Watch staff. All complaint and mediation procedures were explained to the parents. Both families requested the use of informal mediation within the IFSP process. The following is a summary of the complaints, areas of concern and resulting agreements:

- *Complaint One:* Request for additional evaluation and services. The situation was resolved with the IFSP process at the local level. The agreement ensured use of appropriate evaluation and assessment tools, expanded IFSP outcomes and an increase in services to meet the individual needs of the child and family.
- *Complaint Two:* Request for mediation to resolve conflict between early intervention service providers, the child's biological mother, and the Division of Family Service caseworker. The situation was resolved with the IFSP process at the local level. The agreement ensured that an impartial person, identified by the team, would meet regularly with the child's biological mother for counseling and support, that the DFS caseworker would modify and prioritize their treatment plan, and that the early intervention service coordinator and service providers would work with both the biological parent and the foster parent.

Child Find

As part of the state Child Find system, the nurse continues to attend discharge rounds at the Newborn Intensive Care Unit in Primary Children's Medical Center and the University of Utah Medical Center. A total of 216 graduates of those two units were referred to early intervention programs throughout the state. Fourteen referrals were made to the Home Visitation 0-5 program for at-risk children/families. There were a small number of infants that were transferred to hospitals closer to their families. Those

receiving hospitals were encouraged to make referrals to local early intervention programs. A large number of child-find activities are completed in the local early intervention programs. Developmental screenings are conducted at health fairs in many areas of the state including those targeted to minority populations.

A Baby Watch Early Intervention Program calendar was developed from pictures and stories of families that participate in the local early intervention programs. Legislators' birthdays are included on the calendar. Response from representatives, senators and community partners has been very positive. In the Salt Lake City area the Baby Watch Early Intervention staff participated in 11 public awareness events: four professional conferences, three employee health fairs, and four general public events. Our tri-fold pamphlet, mini-markers, pens, plastic bags and balloons were used at the previously mentioned activities.

Public awareness information has been included in the Kids Directory, which is a booklet with various child-oriented businesses and services included. It is distributed every two months to hospitals, clinics and physician waiting rooms and retail stores. Five referrals were generated from this directory. A newsletter for mothers, The Wise Mother, continues to include an article about child development along with information about how to access early intervention services. These articles have generated at least seven referrals. A multi-station radio campaign in conjunction with March of Dimes brought in four referrals.

As of July 1, 1998, Utah State law requires newborn hearing screening for all infants. A committee convened by the governor has been working with hospitals and midwives to encourage reporting and maintaining a data system. The BWEIP nurse participates on the Committee to ensure timely referrals once a diagnosis is confirmed.

Child Count

Each year BWEIP conducts an annual census of children being served by the program statewide. The count on December 1, 1999 showed that we were serving 2,093 children. The total number of children served from January 1, 1999 to December 31, 1999 was 5,051. This represents a 21 percent increase in the total number of children served compared to the previous year.

Interagency Agreements and Collaborative Activities

Services for Arizona. The Department of Health Baby Watch Early Intervention Program continues to contract with the state of Arizona to serve children in the Colorado City area, which borders Utah through the early intervention program in a neighboring Utah community.

Mental Health Training. The Utah Interagency Outreach Training Initiative provides grants to entities in the state that work with persons with disabilities of all ages. This training fund was utilized to support a Mental Health Issues in Early Intervention Training. Training was provided to early intervention programs around the state by the Children's Center, a treatment center for young children. A total of 254 persons were trained in a three-part series at three sites around the state.

Utah Transition Project. The Utah Early Intervention Project (UTEIP) was a three-year, longitudinal study of children enrolled in Part C and Part B programs, completed in June of 1999. One objective of the study was to evaluate the transition process including parent satisfaction and team understanding of the three-year-old transition process. The finding of the study identified two major issues. One, parents reported that they were generally very satisfied with their child's transition; and two, Part C and Part B staffs had different and varying perspectives of the process. Five implications and recommendations were made in the UTEIP final report.

1. Identify the barriers and facilitators to the existing transition process.
2. Develop a protocol for transition events.
3. Increase communication between Part C and Part B personnel.
4. Develop collaboration between state and local agencies.
5. Review and implement appropriate parent involvement activities.

In response to the report a multi-agency taskforce was formed, comprised of three transition teams from Part C, Part B, a Utah Schools for the Deaf and Blind (USDB) representative, and parent representatives. The taskforce identified seven recommended practices and thirty-two critical activities believed to be essential for a seamless system. Three of the recommended practices were specific to child and family preparation and participation. The other four practices targeted local interactions and policies between agencies and state level system issues.

1. Ensure family involvement and empowerment in the transition process through assessing needs, exchanging information, developing Individualized Family Service Plan (IFSP) outcomes, and support of the transition team.
2. Ensure child preparation through assessment of the child, and the steps to help the child adjust to and function in, new settings.
3. Promote effective communication, joint decision-making and share responsibility among all team members.
4. Compliance with all written rules and regulations.
5. Implement a tracking and resource system to follow children ages birth

through age five who were referred and did not qualify for Part B services or who are no longer eligible for early intervention or early childhood special education services.

6. Utilize an interagency Comprehensive System of Personnel Development (CSPD) to promote joint agency training related to transition.
7. Develop (local) interagency agreements between the early intervention, early childhood special education, Schools for the Deaf and Blind and other relevant agencies.

A Utah Transition Project was developed as an outgrowth of the work of the multi-agency taskforce. The Project supports a joint, multi-agency training of early intervention personnel, preschool special education personnel, program administrators and other appropriate agencies, such as Head Start. The Transition project developed a training package that includes:

- A four unit video tape: “Procedural Safeguards,” 2nd Birthday IFSP, 90 or 120 transition meeting, and IEP meetings;
- Participants Handbook for joint-agency training;
- Trainer’s Manual: including trainer’s note, commonly asked questions and answers, handouts, overheads, sample letter, and training evaluation;
- DVD self study module

Funding was provided by four agencies: Baby Watch Early Intervention, Utah Department of Health; Students at Risk, State Office of Education; Parent Infant Program, Utah Schools for the Deaf and Blind; SKI* HI Institute, Utah State University; and KSAR Video Production, Center for Persons with Disabilities, Utah State University. Joint agency training with representation from Part B early childhood special education, Part C early intervention, Schools for the Deaf and Blind, Head Start and Early Head Start has been completed in all forty school districts and 16 early intervention sites.

Assistive Technology. A Memorandum of Agreement was developed by several state agencies, including the lead agency for the Early Intervention Program, to outline a process to enhance the interagency provision of assistive technology devices and services to people with disabilities in the state of Utah. The agreement, effective January 25, 2000 is a policy that is to be utilized solely in the event that a single agency funding system cannot adequately provide the needed assistive technology devices and/or services through established funding processes. An Assistive Technology Interagency team may be formed. Each agency will select an appropriate representative for the team who will have a knowledge of the provision of assistive technology devices and services, and the authority to commit agency funds and resources. The Utah Center for Assistive Technology will provide a Funding Specialist who will be available as a resource in initiating the teams and in facilitating the interagency funding process.

Issues Identified in Monitoring

Federal Monitoring. The U. S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Utah during the months of October and December 1998 for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act and to assist our state in developing strategies to improve results for children with disabilities. The OSEP Monitoring report was received in December, 1999.

The Monitoring report described many strengths of the early intervention system in Utah. These included issues related to interagency collaboration, the Comprehensive System of Personnel Development, and compliance and technical assistance programs. Two areas of non-compliance were noted related to the issue of services in natural environments.

The Baby Watch Early Intervention Program has begun work on an Improvement Plan to address the issues of non-compliance and other suggestions from the OSEP Monitoring report. Even before receiving the report, Baby Watch had instituted activities such as increased training and technical assistance to early intervention providers. Many programs have made substantial changes to their service delivery patterns from center-based to services in the child's natural environment.

State Monitoring. Program evaluations were completed in all 16 sites during the reporting period. A comprehensive file review was carried out by a Baby Watch Early Intervention team, comprised of at least two early childhood specialists (early childhood special education, registered nurse, psychology, etc.) The review consisted of a selection of at least ten percent of a program's files. File selection included a sampling of files of children receiving services from multiple agencies, children who were Medicaid eligible, and children with a variety of early intervention service delivery patterns.

The objectives of the review were: (1) to determine if appropriate procedures, instruments, and qualified professionals were being used to determine early intervention eligibility, including the use of clinical opinion; (2) review and compare for any discrepancy between services for Medicaid eligible and non-Medicaid children; (3) evaluate the family assessment process for determining natural environments; (4) determine if appropriate justification statements were being used within the IFSP process; and (4) to assess each program's procedures for quality indicators.

As part of the review the team considered the correlations between the evaluation and assessment results, the IFSP outcomes, the corresponding services, and justification statements. Additionally, parents were contacted by telephone and interviewed by a Baby Watch staff related to their satisfaction with services, home visitors, service providers/therapists, service coordination and other general observations.

The following are summary results:

- The majority of early intervention programs were found to be in compliance with state guidelines and federal regulations.
- Children were appropriately identified as eligible.
- There was a good correlation between the assessment results, outcomes, and services.
- Families reported that they were satisfied with their early intervention services and felt that their service providers were knowledgeable and supportive.
- Parents also identified several concerns related to the program's policies and procedures.
- A broader array of evaluation and assessment procedures need to be identified and used when determining eligibility to ensure that no single source of information is used.
- Justification statements needed to be supported by the assessment, IFSP outcomes and parent concerns, priorities, and resources.
- Discrepancies were not found between service patterns of Medicaid and non-Medicaid eligible children.

State ICC Barriers, Challenges and Future Steps

The mission of the Utah ICC for Infants and Toddlers with Special Needs is: “To assure that each infant and young child with special needs will have the opportunity to achieve optimal health and development within the context of the family.” ICC members and providers of early intervention services throughout the state of Utah are committed to the children and the families involved in various systems of care.

Some of the barriers and challenges that were faced by the ICC during this reporting period included the resignation of the Baby Watch Part C Coordinator and another Part C staff member in August of 1999 which necessitated a search to fill those positions. ICC members participated in the interview process and Susan OrdF was named as the new Baby Watch Part C Coordinator in October of 1999.

Another challenge was the need to increase funding for Early Intervention. It was determined that an additional two million dollars was needed to provide adequate services; however, only one million was requested in a Building Block prepared for the governor. Before the Building Block could reach his desk, the Governor announced that he would not entertain any Building Block requests for the 2000 Legislative year. In the end, the ICC and Baby Watch felt very grateful to be included in the governor’s budget for a line item increase of \$300,000. Providers picked up the shortfall through the work of dedicated early intervention staff as well as through many in-kind donations. Funding continues to be a concern; and by summer of 2000 another Building Block Grant in the amount of \$600,000 was being prepared for the 2001 Legislature.

Ongoing concerns include timely replacement of ICC members who have completed their terms or who have moved out of their “agency” positions, as well as effectively including those agency members who are overburdened with their own caseloads to be able to be actively involved with the ICC.

One of the positive outcomes for this reporting period included the approval of Utah’s Part C Early Intervention State Plan by the Office of Special Education Programs (OSEP) at the Federal level. OSEP has given Utah “good marks” and supportive comments regarding our provision of early intervention services while guiding us toward continuous improvement in the area of services given in the natural environment. An ICC member and a Part C staff member addressed this area by being instrumental in putting together a statewide training regarding natural environments in which local early intervention staff could participate via distance education and videoconferencing.

The ICC is enthusiastic in looking toward the future. The group is eager to work together to find innovative solutions to funding programs for young children. They desire to be a part of a new vision that looks beyond the current limitations and sees the possibilities. Like OSEP, the ICC does not want to be satisfied with the status quo, but desires to seek continuous improvement in interagency coordination and in service provision to children and their families.

Personnel Development

It is the policy of the Baby Watch Early Intervention Program (BWEIP) to require credentialing of all individuals in the State who provide early intervention services under Part C. This requirement includes professionals of all disciplines, and paraprofessionals. Utah's early intervention system has adopted a competency-based model of conceptualizing and documenting professional knowledge and practice. Baby Watch coordinates a statewide program of approved in-service training leading toward credentialing and has designed a portfolio system to document competencies.

The Baby Watch Early Intervention Program has designed and implemented a four-tiered Portfolio Credentialing Process, which permits individuals to compare their skills, experiences and training with a standardized set of **Utah Early Intervention Competencies**. Prospective interventionists are able to use this standardized and personalized Portfolio Credentialing Process, to:

- 1) determine the level of Early Intervention practice they are qualified to offer in Utah;
- 2) document the need for further training; and
- 3) demonstrate that training has been obtained and integrated into professional practice.

The Baby Watch Credential system continues to be successfully implemented.

At the end of FY 2000, 123 persons have been credentialed in Utah, out of approximately 320 providers in all of Utah's Early Intervention programs.

In addition to the in-service training and credential programs, a joint approval process has been developed between the State Office of Education (SOE) and the Department of Health BWEIP for the implementation of university pre-service programs of study that will result in a State Teaching Certificate and a Baby Watch Credential. During this time period there have been 39 Baby Watch Credentials issued to graduates of these programs at Utah State University and the University of Utah. This number is double the total number of credentials received during the previous four years through these pre-service programs.

The ICC approved the competencies designed for the Early Intervention Specialist III credential. This credential is required for persons working as a program coordinator or administrator. The Baby Watch program will design a process for individuals to demonstrate these competencies.