A Report on Virginia's Part C Early Intervention System
(Budget Item 334K, 2004 Appropriations Act)
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To the Governor and Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly

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EXECUTIVE SUMMARY

General Assembly Guidance

Congress enacted early intervention legislation in 1986 as an amendment to the Education of Handicapped Children's Act (1975) to ensure that all children with disabilities from birth through the age of three would receive appropriate early intervention services. This amendment formed Part H of the Act, which was re-authorized in 1991 and renamed the Individuals with Disabilities Education Act (IDEA). When the IDEA was re-authorized in 1998, Part H became Part C of the Act. IDEA was reauthorized in December 2004.

Virginia has participated in the federal early intervention program (under IDEA) since its inception. In 1992, the Virginia General Assembly passed state legislation that codified an infrastructure for the early intervention system that supports shared responsibility for the development and implementation of the system among various agencies at the state and local levels. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) was designated as the Lead Agency. This legislation was designed to help Virginia meet federal regulations and guidelines by facilitating a move from a single-agency responsibility for service provision to an interagency, shared responsibility model for developing the early intervention system and for providing direct services to infants and toddlers with disabilities and their families. The broad parameters for the Part C system are established at the state level to ensure implementation of federal Part C regulations. Within the context of these broad parameters, localities determine exactly how their Part C systems will look based upon local resources and needs. In subsequent years, the General Assembly has passed legislation establishing mandates for state employees health plan and private insurance coverage for early intervention services, maximizing Medicaid coverage for Part C eligible children, and in 2001, instituting a statewide family fee system.

The *Code of Virginia* sections 2.2-5303, 2.2-5304.1 and 2.2-5305 provide the framework for Virginia's Early Intervention System and charges participating state agencies with establishing a statewide system of early intervention services in accordance with state and federal statutes and regulations, identifying and maximizing coordination of all available public and private resources for early intervention services, developing and implementing formal state interagency agreements that define the financial responsibility and service obligations of each participating agency for early intervention services, establishing procedures for resolving disputes, and addressing any additional matters necessary to ensure collaboration; and consulting with the lead agency in the promulgation of regulations to implement the early intervention services system, including developing definitions of eligibility and services.

Local lead agencies determine exactly how their Part C systems will be implemented based upon federal mandates under IDEA and state requirements provided by the DMHMRSAS. The local lead agencies establish local working interagency relationships with child serving agencies, families and providers within communities, identify existing early intervention services and resources, identify gaps in the local service delivery system, identify alternative funding sources, and develop local procedures and mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations. Virginia's Early Intervention System is a system characterized as a decentralized system of services managed by forty local lead

agencies with a fair amount of local autonomy. Some local lead agencies are the sole provider of early intervention service while others support many providers.

Over the past several years, the need for early intervention services has been identified consistently in Virginia, and the importance of identifying the number of children that should be served in Virginia's Part C system cannot be understated. There were other related issues and challenges:

- No systemic collection of data regarding planned service levels,
- No systemic cost information captured,
- No systemic delivered service information,
- No routine reporting from service providers,
- No central listing of service providers, and
- No common administrative protocol between local lead agencies and providers.

In 2004, the Social Science Research Center commissioned a private consulting firm, through a contract with the Department of Mental Health, Mental Retardation and Substance Abuse Services (Department) to conduct a cost study of Virginia's Part C Early Intervention System. As noted earlier, there were several reasons for undertaking this project, including the belief that the system most likely would have expenditures exceeding available revenues in fiscal year 2004 and that any request for additional funds would require answers to questions for which no cost data existed. The purpose and design of the cost study were to understand the total cost of Virginia's Early Intervention System. The study process began in September of 2003 and concluded in August 2004. The average annual per child cost is $4,148 for the fiscal year 2002-2003.

The cost study highlighted the need for the Department to collect, analyze, and utilize a variety of information to ensure that Virginia's early intervention system is using its resources, people, time, and money wisely and appropriately and is consistently working to meet its vision and to respond appropriately to the needs of young children and their families and demonstrate it efforts to consumers and constituents.

Virginia's federal Part C allocation for 2004-2005 for direct services is $8.9 million. Since 1992, the General Assembly had allocated an additional $125,000 in state general funds for use toward the provision of Part C services. In 2004, the General Assembly added $750,000 each year for early intervention services for Part C eligible children. In FY 05 and FY06 General Assembly provided an additional $2.25M per year of funding to pay for early intervention services. The legislative intent for the funding was to be used to maintain current services and meet projected annual caseload growth of eight percent. The total funding in state general funds for services stands at $3.125 million per year.

Part C Dollars FY05	
Fund Source	**Allocation Amount**
Federal Allocation	$8,900,000
1992 State Dollars	$125,000
FY04 State Dollars	$750,000
FY05 State Dollars	$2,250,000
State Total	$3,125,000

In 2004, with increased numbers of children identified and served, the General Assembly adopted Budget Item 334 K. The 2005 Appropriation Act continued this item and requirement.

The current budget language states:

> " *The Department shall amend its fiscal year 2006 contracts with the Part C Local Interagency Coordinating Council (LICC) fiscal agents to require additional reporting on (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants and toddlers and families served using all Part C revenues, and (d) services provided to those infants and toddlers and families. Beginning October 1, 2005 the Department shall annually report this information to the Chairmen of the House Appropriations and Senate Finance Committees."*

DMHMRSAS Activities

In accordance with the budget language as delineated in 334K, the Department amended its fiscal year 2006 contract with local lead agencies to require additional reporting on revenues, expenses and number of children served. Local lead agencies are working collaboratively with the Department to collect the data about revenues, expenses and number of children served.

Virginia has developed and or implemented several policies, strategies, and legislation to meet the needs of infants and toddlers with disabilities. Approximately 10,000 infants and toddlers with disabilities are anticipated to be eligible for Part C early intervention services on any given day in the Commonwealth. Using 2004 data, Virginia served 5,359 children or almost 1.9% of children birth to three in the Commonwealth. Of the 98,956 children born annually in Virginia, approximately 4,849 children or 4.9 percent are infants known to have birth defects or other congenital anomalies. This compares nationally to between three and five percent of children born annually who have birth defects or congenital anomalies. While certain medical conditions are believed to have a high probability of resulting in developmental delay, it is important to note that not all children having a particular medical condition will be in need of service or meet the state's eligibility criteria for receiving Part C services.

In 1989, the Department, with guidance from the Virginia Interagency Coordinating Council and the state agencies involved in the implementation of Part C in Virginia, entered into a contract with Virginia Commonwealth University (VCU) and the Regional Research and Training Center (RRTC). The RRTC data system was developed primarily to meet annual federal reporting requirements. The data collection process required numerous steps in checking accuracy of data with the end result time consuming as well as unreliable. Additionally, data reports were only available once per year and the analysis of the data was burdensome and the scope of the reports limited. The RRTC data system no longer met the needs and demands for Part C data by the Commonwealth and modification to the existing system was neither cost effective nor a reliable approach in obtaining necessary data. Overall, a new method of collecting child data as well as financial data for Part C was essential to assist the state and localities in meeting the requirements of monitoring and evaluation, ensuring accountability, planning and projecting future needs and resources, and in improving services and outcomes for children and families.

Accurate, timely and complete data is essential for monitoring and evaluation of the system at both the state and local level, allocating and projecting funding and service needs, ensuring accountability, managing the cost of providing services, and improving

efficiency and effectiveness of the system to ensure better outcomes for children and families. The Social Science Research Center at Old Dominion University (ODU) had the expertise and ability to successfully develop and implement a comprehensive web-based data system for Virginia's Part C program. Initially, a computerized data system was introduced at pilot sites to reduce paperwork and increase the efficiency of direct service providers. The data system pilots were developed with substantial input from service providers/users and in 2001; the computerized data system, the Infant and Toddler On Line Tracking System (ITOTS) was implemented statewide.

Virginia's Part C data system, ITOTS, relies on an Oracle-based data system developed and maintained by Welligent, a private contractor located in Norfolk Virginia. The services provided by Welligent through its web hosting of the data system enabled Virginia to meet federal reporting guidelines, assisted local councils with the development and implementation of services, and to a limited degree, evaluated the effectiveness of the State system. Although the ITOTS data system has served Virginia well over the past decade, the process developed to collect and analyze the child count data is no longer sufficient in meeting the federal and legislative reporting requirements. Child data is currently collected only at entry into the early intervention system and is not collected as child status or service needs change. The current data system does not collect financial cost data for Part C services and the Commonwealth is unable to determine the cost of providing services or the resources that are accessed in providing services. In addition, there is no easy mechanism to link child data with family survey data that is collected and managed by Welligent.

The barriers of the current data system are that it cannot provide accurate, timely and complete data**.** Accurate, timely and complete data is essential for monitoring and evaluation of the system at both the state and local level, allocating and projecting funding and service needs, ensuring accountability, managing the cost of providing services, and improving efficiency and effectiveness of the system to ensure better outcomes for children and families. With an enhanced system, longitudinal analysis and projections will be available with linkage of child data with family survey data as well as infant tracking data. It is clear that the data system no longer meets the needs and demands for Part C data for the Department and what is now required is a detailed analysis to determine the most cost effective and reliable approach in obtaining necessary data that meets federal and legislative reporting requirements and needs of the Part C Office. This analysis should include a review of the existing ITOTS system and/or a system re-design. The development of a master plan will be completed the spring of 2006. The master plan will include a general and detailed system design, a project plan, and budget. The plan will be phased in starting in fiscal year 2007. Once the master plan is fully implemented, the Department will be better positioned to provide data to meet the legislative reporting requirements of Budget Item 334K.

FULL REPORT

INTRODUCTION

In the 2004 Appropriation Act, paragraph K of Item 334 directed the Department of Mental Health, Mental Retardation and Substance Abuse Services to amend its FY 2006 contracts with Part C Local Interagency Coordinating Councils (LICC) fiscal agents to require additional reporting on (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants and toddlers and families served using all Part C revenues, and (d) services provided to those infants and toddlers and families. This item also required the Department to report this information to the Chairmen of the Senate Finance and House Appropriations Committee on October 1 of each year.

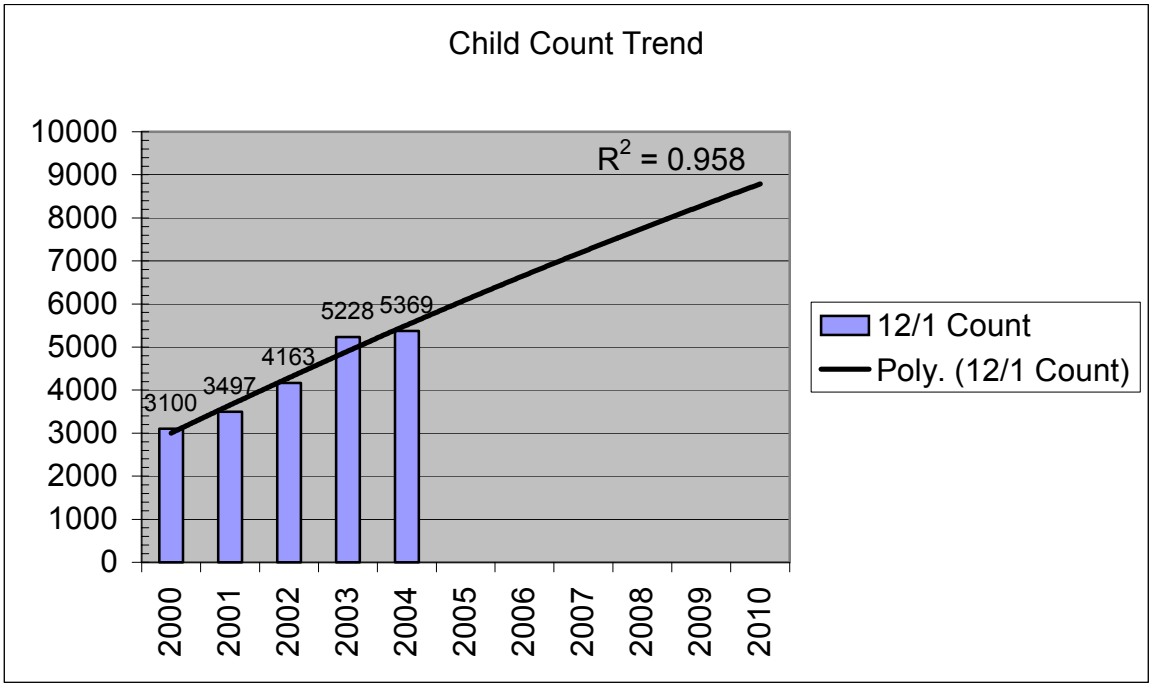
To the maximum extent possible, the following narrative charts and other graphics responds to the legislative requirement to report number of children served, all expenses and all revenues used to support Part C services as outlined in Budget Item 334K.

Total number of infants and toddlers served

Year	12/1 Count
2000	3100
2001	3497
2002	4163
2003	5228
2004	5369

Child data is a federal reporting requirement. This table represents December first child count data reported from the ITOTS data system.

Using the December 1st child count, the following chart trends the projected number of eligible children through 2010.



Total Expenses for all Part C services

Description Of Use Of Part C Funds for Direct Services
Federal Fiscal Year 2004

Annually the Department is required to submit an application for federal funds and local lead agencies are allocated funds for the purposes of providing direct services as well as planning, development and implementation of the Part C system. The figures below represent the federal allocation and $875,000 in state general funds. Local lead agencies must prioritize the use of Part C funds for the provision of evaluation and assessment, development and implementation of the Individualized Family Services Plan (IFSP), and the provision of service coordination to each eligible infant and toddler and their family. This breakdown represents the estimated amount of Part C funds that will be used for each direct service and is based on historical experience. At the end of the federal fiscal year, local lead agencies will submit final expenditure reports detailing the amount of funds spent on direct services.

Estimates of Funds for Direct Services

Assistive Technology	$ 24,083
Audiology	$ 46,750
Evaluation & Assessment	$ 31,875
Family training, counseling, home visits	$ 809
Health	$ 1,822
Nursing	$ 3,238
Nutrition	$ 17,810
Occupational Therapy	$1,023,037
Physical Therapy	$1,916,753
Psychology	$ 10,524
Service Coordination	$3,970,722
Social Work	$ 22,970
Special Instruction	$1,168,043
Speech language pathology	$2,784,564
Transportation	$ 13,357
Vision	$ 39,869
Other Entitled Part C Services	$ 48,774
Total-Direct Services	**$11,044, 704**

The following table represents year-to-date funds that are allocated to the forty local lead agencies. Final expenditure reports are not due until October 31, 2005.

Funds Allocated by Local Lead Agency

Infant & Toddler Connection of:	**State**	**Federal**
Alexandria	$90,410	$95,933
Arlington	$106,784	$315,149

Funds Allocated by Local Lead Agency – cont.d

Infant and Toddler Connection of:	State	Federal
Central Virginia	$83,008	$259,362
Chesapeake	$72,934	$170,952
Chesterfield	$286,654	$418,562
Crater District	$60,284	$190,820
Cumberland Mountain	$29,361	$66,259
Danville-Pittsylvania	$26,785	$97,278
Dickenson	$4,413	$7,606
Fairfax-Falls Church	$291,733	$828,708
Goochland-Powhatan	$22,452	$49,314
Hampton-Newport News	$151,996	$473,662
Hanover	$36,272	$52,391
Harrisonburg/Rockingham	$31,236	$92,496
Henrico-Charles City-New Kent	$221,779	$473,750
LENOWISCO	$30,064	$90,817
Loudoun	$74,573	$252,323
Middle Peninsula-North Neck	$57,005	$201,697
Mount Rogers	$36,272	$111,031
Norfolk	$105,497	$351,952
Planning District 14	$20,929	$208,524
Portsmouth	$54,312	$262,433
Prince William, Manassas and Manassas Park	$237,975	$493,158
Rappahannock-Rapidan	$47,401	$152,932
Richmond	$107,135	$363,020
Shenandoah Valley	$61,690	$139,616
Southside	$18,820	$79,530
the Alleghany-Highlands	$26,083	$36,980
the Blue Ridge	$52,438	$318,174
the Eastern Shore	$26,903	$162,784
the Highlands	$20,577	$44,895
the New River Valley	$49,976	$170,934
the Piedmont	$35,454	$118,537
the Rappahannock Area	$99,173	$312,836
the Roanoke Valley	$95,773	$315,450
the Rockbridge Area	$26,667	$59,621
Valley	$53,491	$132,467
Virginia Beach	$138,879	$462,866
Western Tidewater	$70,592	$223,944
Williamsburg*James City*York Poqouson	$61,220	$260,941
Total:	**$3,125,000**	**$8,919,704**

The table above represents federal and state funds for direct services. The remaining funds in the amount of $1,000,000 is allocated to local lead agencies for council operations, systems components and other infrastructure needs

Revenue

For the 2004 Annual Performance Report submitted to OSEP, Virginia reported total funding to support early intervention in the amount of $33,848,050 from state agencies. State agencies are not able to identify how much money they are expending on children receiving early intervention services. These figures from the child serving agencies represent all children age 0-3 who receive any services whether or not they have disabilities, and whether or not they are currently receiving Part C services. The breakdown included; $1.9 million from Department of Medical Assistance Services, $7.3 million from Department of Education from both state and local funds, and approximately $6.9 million in state general funds of the Department, including the additional funding in the 2004 Appropriation.

During the 2003-2004 Cost Study, a revenue analysis was conducted with the same lead agencies, public and private providers who participated in the cost and salary surveys. Twenty-four organizations participated in revenue survey; total revenue reported was $16.4 million. CSB state general funds are used by the CSB based on their own portrayal of need. Additionally, local school funds and local county health funds are part of local lead agency funding. Local lead agencies also provide in kind support through facilities, vehicles and support personnel. It is worth noting that approximately 38% of the revenue for early intervention is from state and local funds of local lead agencies. This percentage represents a significant source of funding for Virginia's early intervention system and emphasizes the partnership between the state and local agencies. (Virginia Cost Study)

Historically most of the Medicaid funding that supports early intervention services are for the traditional services of OT, PT, and Speech under fee-for-service or managed care. Some Medicaid funding supports Targeted Case Management and is reported as revenue by local systems. Private insurance covers the provision of early intervention services primarily under the State Health Insurance Plan or the so-called private insurance mandate enacted by the General Assembly in 2002 and 2003 respectively. The private insurance coverage only holds for Virginia regulated policies. All private insurance policies issued by a private insurer are not required to include the early intervention mandated benefit. For example, not all Trigon policies include the early intervention benefit. Only those policies that are issued by companies that are not self-insured must offer the benefit to its employees, however, some self-insured companies do include the benefit in their health insurance plan. For example, Trigon administers numerous plans for self-insured companies that have chosen to include the private insurance benefit for their employees. According to the Virginia Cost Study data, Medicaid and private insurance account for 21% and 14% respectively of the revenue for Part C.

As noted previously, the ITOTS data system does not collect financial cost data for Part C services and currently there is no easy mechanism to link child data with either the Office of Special Education Programs (OSEP) required data elements, monitoring data, and family survey data that is collected and to meet the legislative reporting

requirements of 334K. Starting in fiscal year 2007, the Department will have access to accurate data that will reflect current service utilization and revenue data of children in the system.

Primary Challenges

The data system that is currently being used by Virginia's Part C system was developed and implemented in 2001 to primarily meet annual federal reporting requirements related to child data and, at the time, was sufficient to meet the data needs of the Part C Office. The data system no longer meets the needs and demands for Part C data for the Department nor is modification to the existing system considered the most cost effective and reliable approach in obtaining necessary data for the reasons identified below.

The barriers of the current data system are that it cannot provide accurate, timely and complete data essential for: monitoring and evaluating the system at both the state and local level, planning regarding allocating and projecting funding and service needs, ensuring accountability, managing the cost of providing services, and improving efficiency and effectiveness of the system to ensure better outcomes for children and families.

The Office of Special Education Programs (OSEP) conducted a data verification visit in April 2005. The OSEP visit further confirmed the need for a plan to eliminate the barriers of the current data system and problem solve how to meet the system's need for accurate, timely and complete data. Until recently, the current web-based data system proved to be the most cost effective and efficient way to meet the Commonwealth's Part C data needs however, to meet the additional reporting requirements, overall, a new method of collecting data, child and family outcomes, planned and delivered services, financial data to meet federal monitoring and legislative requirements is essential to assist the state in fulfilling its role of monitoring and supervision. Among the findings from the OSEP visit:

1. There is no easy mechanism to link child data with the Office of Special Education Programs (OSEP) required data elements, monitoring data, and family survey data that is collected.

2. Child data is currently collected only at entry into the early intervention system and is not collected as child status or service needs change. This is a compliance issue that was raised by OSEP related to the ability of the Lead Agency to verify the accuracy of the data in accordance with the Lead Agency's monitoring and supervision of local early intervention systems. The Part C Office must submit a plan to OSEP addressing three areas of non-compliance. Two of the non-compliance issues are data related.

3. Data reports are limited and the analysis of the data is burdensome and the scope of the reports is limited.

In summary, in accordance with federal Part C requirements, the Part C Lead Agency (DMHMRSAS) is required to collect and analyze Part C data in order to meet federal

reporting requirements in accordance with the Lead Agency's role of supervision and monitoring, assist with state planning and implementation of services, and assist with evaluating the effectiveness of Part C early intervention related to child and family outcomes, the cost effectiveness of the program overall, and in determining compliance with federal Part C requirements.

Additionally, the current data system does not collect financial cost data for Part C services and the Department is required to report this data annually to the General Assembly related to determining the cost of providing services or the resources that are accessed in providing services

The data system no longer meets the needs and demands for Part C data for the Department and what is needed a detailed analysis to determine the most cost effective and reliable approach in obtaining necessary data that meets federal and legislative reporting requirements and needs of the Part C Office. This analysis should include a review of the existing ITOTS system and/or a system re-design or modification to the existing system. The data is important to the Department in meeting the federal reporting requirements of monitoring and supervision and to local early intervention systems for ensuring accountability, planning and projecting future needs and resources, and improving services and outcomes for children and families.

In view of the Office of Special Education Programs (OSEP) data verification visit in April 2005, representatives from DMHMRSAS Part C staff and ITS staff met to discuss the barriers of the current data system and problem solve how to meet the system's need for accurate, timely and complete data. To meet the additional reporting requirements, overall, a new method of collecting data, child and family outcomes, planned and delivered services, financial data to meet federal monitoring and legislative requirements is essential to assist the state in fulfilling its role of monitoring and supervision. The Department has hired a consultant to provide a detailed analysis, master plan and re-design of the ITOTS Part C data system with recommendations for enhancements for a comprehensive web-based Part C data system to meet the additional federal and state reporting and data needs of the Part C Office and with the goal to move the ITOTS data system into the Department. The issue of how to integrate ITOTS into the Department's data system will be included in the strategic data master plan. The master plan will analyze the data system to determine if an when the data system can be handled in the Department. Additionally, the data will assist localities in meeting the requirements of monitoring and evaluation, ensuring accountability, planning and projecting future needs and resources, and in improving services and outcomes for children and families

Virginia's Part C current data system faces a number of challenges that must be addressed if we are to ensure services are provided for all eligible infants and toddlers and demonstrates good stewardship of public funds. The data needs of the Part C office need to be clearly identified and a systematic approach to data collection and federal reporting needs to be developed for the Part C Office. Currently, additional information needed by the Part C Office to meet federal reporting requirements is collected through manual record reviews. The current data system does not collect financial cost data for Part C services and the Department is required to report this data annually to the General Assembly related to determining the cost of providing services or the resources that are accessed in providing services. Using recently awarded GSEG grant funding; the

Part C Office is beginning to define child and family outcome data needed for federal reporting requirements

To meet the additional reporting requirements of the Office of Special Education Programs (OSEP), a new system of collecting data, child and family outcomes, planned and delivered services, and financial data to meet federal monitoring and legislative requirements is essential to assist the state in fulfilling its role of monitoring and supervision and the data system should be transferred to the Department. With an enhanced system, longitudinal analysis and projections will be available with linkage of child data with family survey data as well as infant tracking data.

As noted, federal Part C funds have been budgeted for Federal Fiscal Year (FFY) 2005-2006 for a detailed requirements analysis and design of technology processes to re-design the Part C Infant Toddler Online Tracking System (IITOTS) data system. This funding will permit the Department to perform the analysis and re-design of the data system (ITOTS) that meet the federal and legislative reporting requirements and needs of the Part C Office. The development of a master plan will be completed the spring of 2006. The master plan will include a general and detailed system design, a project plan, and budget. The plan will be phased in starting in fiscal year 2007. Once the master plan is fully implemented, the Department will be better positioned to provide data to meet the legislative reporting requirements of Budget Item 334K.

The primary lead agencies for early intervention services are community services boards or behavioral health authorities that are local government entities. Other local lead agencies include universities, municipal government, and local health departments and school divisions. Local funding, geography, services, populations served, political jurisdictions served and organizational structure are among the variables of local systems. In some areas, personnel shortages contribute to variability of services from one locality to another. Virginia's Part C system will continue to be challenged with effective use of public and private resources best evidenced by data collection, reporting, and utilization of information for short and long-term planning and ensuring that comprehensive systems of monitoring and supervision systems are implemented.

Additionally, it is a challenge to align revenue consistently across participating organizations due to variations in how costs and revenue are allocated, the local system's reliance on public and private providers and insurance utilization, and local systems' billing systems. As noted, the current data system does not collect financial cost data for Part C services. It is difficult to compute cost per direct service hour due to variables such as face-to-face time spent doing evaluations, assessments, and service planning, direct service time, documentation, non-direct service time (support and administrative) and hourly wages and benefits.

Future Actions to Comply

To meet the legislative reporting requirements of 334K, in state fiscal year 2006, the Department will use final expenditure reports to collect and report expenditure, revenue and financial data. Starting in fiscal year 2007, with the phase-in of the data system plan, the Department will have access to accurate data that will reflect current service utilization and revenue data of children in the system

In 2006, Federal Part C funding will be required to implement the strategic plan and detailed requirements of the re-design of the ITOTS Part C data system and continued funding will be required for maintaining the data system. The development of a master plan will be completed the spring of 2006. The master plan will include a general and detailed system design, a project plan, and budget. The master plan will be phased in starting in fiscal year 2007.

The following outcomes are expected as a result of this project:

- Accurate data will be entered and the time and cost spent in verification of data will be greatly reduced;
- Data reports will be accessible at any time and will reflect current data of children in the system and those previously served;
- Service utilization data will be available as well as the source and amount of dollars accessed in covering the cost of providing services.
- Longitudinal analysis and projections will be available with linkage of child data with family survey data as well as infant tracking data.

The Department in partnership with the Virginia Department of Health has continued to explore the development and implementation of an interagency data system to fully integrate the separate infant tracking systems which identify infants and toddlers at risk for poor health and developmental outcomes and refer infants and their families to appropriate community services, including referral to localities for the determination of eligibility for Part C services. In 2004, the Virginia Department of Health piloted linking their data system (VISITS) with the ITOTS data system for referrals of infants who failed new born hearing screening. The pilot was conducted in the Tidewater region with the Children's Hospital of the King's Daughters and local early intervention systems. The linkage provided for the hospital entering data into the integrated tracking system for referral and follow-up. Although the pilot was successful, the Virginia Department of Health needs additional time to complete the full integration of the infant tracking systems and implement the integrated program statewide.

The Department is the lead agency for ensuring a statewide system of early intervention services is in place for infants and toddlers with disabilities and their families. This effort involves partnership and collaboration with families, public and private providers, and stakeholders working together to identify existing early intervention services and resources, and gaps in existing resources and developing new services