Interagency Coordinating Council (ICC) Committee Minutes
November 9, 2006 via Videoconference

Members/Designees Present
Vicki Wright
Cindy Holmes
Scott Tomchek, representing Joseph Hersh
Caroline Dela Rosa, representing Amy DiLorenzo, designee for Mental Health/Mental Retardation Services
Lee Chance, representing Shirley Wilson, designee for Department for Community Based Services
Melea Rivera, designee for Office of Insurance
Germaine O'Connell, designee for Department for Public Health
Annette Bridges, designee for Department of Education
Jan Williams, designee for Commission for Children with Special Health Care Needs
Chris Ashman, designee for Department of Defense

Staff Present
Sarah Walker Kirsten Hammock Jane Fay Samantha Gieske Connie Coovert Katherine McCormick

Guests Present
Paula Goff Sandy Milburn June Fortner Tonya Shea Caroline Gooden Carol Schroeder

SUBJECT	DISCUSSION	ACTION
Welcome, Introductions, Agenda Overview, Public Comment Inquiry	Germaine O'Connell, designee for the Department for Public Health, facilitated the meeting. Ms. O'Connell called the meeting to order and asked for introductions. The agenda (Attachment A) was reviewed and Ms. O'Connell recognized that a request had been made to provide Public Comment regarding the State Performance Plan and Outcomes. It was agreed that the Public Comment would be provided during the Part C Coordinator Report. It was also noted that a quorum of members was established.	None needed.
Approval Of Minutes	September minutes with attachments were sent via email for review before the meeting. No revisions or additions were noted.	A motion was made by Melea Rivera and seconded by Annette Bridges to approve September minutes. No comments were noted and the motion carried.
Old Business: Provider Recruitment Update	No update at this time.	None needed.

SUBJECT	DISCUSSION	ACTION
Old Business: ICC Nominations	Germaine O'Connell informed the ICC that the gentleman she had been working with regarding nominations has left his position at the Cabinet and she is now working with a lady who has instructed that another form will need to be filled out by nominees. The forms were sent to nominees with instructions to return by November 10th.	Ms. O'Connell will provide the forms received to the proper personnel for processing through the Cabinet and then they will be forwarded to the governor's office.
Old Business: DEIC Requests	The ICC Response to the DEIC Requests (Attachment B) sent to the ICC via email prior to the meeting was reviewed by Germaine O'Connell.	A motion was made by Melea Rivera and seconded by Cindy Holmes to approve the document as written and send to Central Office for consideration.
Old Business: Central Directory	The ICC was requested earlier this year to provide guidance as to what to include in the Central Directory which lists resources for infants and toddlers with disabilities. A draft of the Central Directory (Attachment C) prepared by Central Office staff was emailed to the ICC prior to the meeting. Suggestions were made to include additional resources.	Chris Ashman will email Central Office current information to add Army Early Intervention to the directory. Kirsten Hammock will also add Visually Impaired Preschool to the directory.
Part C Coordinator Report/Record Review Reconsideration Report	Kirsten Hammock presented the report (Attachment D) which was emailed to the ICC prior to the meeting. The Public Comment request was granted per discussion at the beginning of the meeting. Carol Schroeder, Katherine McCormick and Caroline Gooden made a presentation explaining the KY Data System Platform that is being developed through a grant from OSEP (Office of Special Education Programs) and citing advantages of this system over use of the Child Outcome Summary Form (COSF) for reporting child progress to OSEP. Handouts pertaining to their presentation are attached and labeled as Attachments E & F.	Kirsten will review 2005 ICC minutes for a motion or recommendation regarding the "policy" referred to under Indicator #1 in the Part C Coordinator Report. Central Office invited the Evaluation Committee to participate in a meeting scheduled the week of November 13th pertaining to this issue. It is agreed a better system is needed. This issue is very significant on the federal and state level as well as for providers. No formal recommendations were made.
Record Review Report	Scott Tomchek presented the report (Attachment G) which was emailed to the ICC prior to the meeting.	None needed.
District Early Intervention Committee Reports	Jane Fay presented the Buffalo Trace DEIC Report (Attachment H) and Samantha Gieske presented the Northern Kentucky DEIC Report (Attachment I). Both reports were emailed to the ICC prior to the meeting.	None needed.

SUBJECT	DISCUSSION	ACTION
Technical Assistance Team Reports	The Northern Kentucky District Team presented reports which were emailed to members prior to the meeting. Jane Fay presented the Program Consultant Report (Attachment J) and Samantha Gieske presented the Parent Consultant Report (Attachment K). Valarie Tolle, Program Evaluator, was unable to attend; however, her report (Attachment L) was reviewed. No questions were raised regarding the reports.	None needed.
TAT Format	Germaine O'Connell asked the ICC to consider exactly what format they desire the TATs to use and if specific information is sought.	Members are asked to send suggestions to Germaine O'Connell ASAP.
Committee Report: Finance	No report	None needed.
Committee Report: Evaluation	Scott Tomchek reviewed the ICC Response to Public Comment made at the March 2006 ICC meeting (Attachment M) which was emailed to members prior to the meeting.	A motion was made by Annette Bridges and seconded by Cindy Holmes for the Executive Committee to make final disposition of the Response. Motion carried.
New Business: New Part C Coordinator	Germaine O'Connell asked Kirsten Hammock to share her background and current status with the First Steps program. Kirsten has a background in Early Childhood Education. She worked for the Lead Agency in Illinois for 11 years providing monitoring and technical assistance and more recently working more directly with policy development and program planning.	None needed.
New Business: Future ICC meetings	The next Executive Committee meeting will be December 14, 2006 at 1:30 pm and the next regular ICC meeting will be January 11, 2007 at 10:00 am. Both times referred to are Eastern Standard time.	Sarah Walker will email videoconference locations and reminders to members for both meetings.

Attachment A

Kentucky Early Intervention System
Interagency Coordinating Council
November 9, 2006
Videoconference Meeting Agenda
10:00 am – 1:00 pm (EST)

Sites:

- Department for Public Health, Commissioner's Conference Room, 1st Floor - Frankfort
- UK Dickey Hall, Room 27 – Lexington
- Seven Counties Services, 3717 Taylorsville Road - Louisville
- Maysville Community and Technical College – Maysville
- Northern Kentucky DCBS Office – Florence
- Purchase District Health Department - Paducah

Welcome
Introductions
Agenda Overview
Public Comment
Approval of September Minutes

Old Business:

- Provider Recruitment Update – Kirsten Hammock
- ICC Nominations – Germaine O'Connell
- DEIC Requests – Germaine O'Connell

Part C Coordinator Report

Record Review Report – Dr. Hersh/Scott Tomchek

Record Review Reconsideration Report – Kirsten Hammock

Technical Assistance and District Early Intervention Committee (DEIC) Reports –
Northern Kentucky University
Program Consultant: Jane Fay
Parent Consultant: Samantha Gieske
Program Evaluator: Report prepared by Valarie Tolle
DEIC Reports: Northern Kentucky/Buffalo Trace

TAT Report Format

Committee Reports:

- Finance – Bonnie Thorson-Young
- Evaluation – Elizabeth Schumacher/Scott Tomchek
  Update on ICC Response to Public Comment re: Evaluation tools

New Business:

- New Part C Coordinator – Germaine O'Connell
- State Performance Plan and Outcomes – Kirsten Hammock

Final Public Comment

Future meetings: Executive Committee Meeting - December 14, 2006 @ 1:30 pm EST
ICC Meeting - January 11, 2007 @ 10:00 am EST

Attachment B

ICC Response to
Gateway, FIVCO and Big Sandy DEIC
October 2006

The Gateway, FIVCO and Big Sandy DEIC areas presented at the September 14th meeting of the ICC and requested a response to the following:

1. Look into incentive measures for providers to work in Eastern Kentucky, such as paying back student loans, larger reimbursement rates due to travel, etc.
   Response: The ICC is always interested in attracting providers to the First Steps network. We are especially concerned about those regions of the Commonwealth experiencing provider shortages, yet have large geographic areas to serve. The ICC is requesting that the First Steps Central Office explore ways to provide incentives to those providers who enroll in areas of low provider enrollment. These incentives could include working with the KY Higher Education Association to have them consider allowing a reduced or waived student loan program for those graduates willing to enroll and serve in our hard to cover counties. We encourage that these providers be full time to First Steps, cover the hardest to cover counties, and for a, specific time period in order to qualify. Finally, we ask the newly formed Provider Recruitment Committee to explore additional incentives that will encourage enrollment and support the mission of First Steps.

2. Offer providers a flat fee, in these areas where travel is an issue, for when kids are not home to cover their travel/gas expenses.
   Response: If the rate regulation is ever opened, we ask that the Central Office consider a rate that could incorporate some reimbursement for providers who are willing to cover a large geographical area and those areas are in places with low provider enrollment.

3. Something in writing from the ICC to the therapists that it is not a violation of their ethics to provide services in the consultative model.
   Response: The ICC requests that the Central Office share any materials and trainings already provided to the First Steps community on the Consultative model, including any documents that show support of this model in relation to licensure for those types of providers. In addition, the ICC suggests to Central Office that they have a dialogue with the various professional organizations to explain the model and the role of the First Steps providers in the Kentucky Early Intervention System. Finally, the ICC recommends that future training on the consultative model target these DEIC areas first and incorporate information regarding licensure concerns.

4. Look to the future-ICC to inform of statewide career days or statewide community functions that involve providers.

   Response: The ICC would be glad to be the communicator of statewide activities. The ICC facilitator will request at next ICC meeting that all agencies represented on the ICC, the Central Office and any members of the audience bring any of their respective agency activities to be announced at regular meetings of the ICC; or between meetings, an email can be sent to the ICC staff to be distributed electronically to the other members, other Central Office staff, the TAT system and on to providers.

5. Look into staffing at the POE in the Gateway area. The ISC has such a large caseload and large area to travel, that her child find activities are being neglected or being done by the POE's part-time secretary.

   Response: The ICC will request a summary of the POE activities: child find, case load, number of counties to cover, etc. in order to fully understand the issue and make appropriate recommendations to the First Steps Central Office.

Attachment C

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

CENTRAL DIRECTORY

The Central Directory is designed to provide parents and other caregivers with information that will assist them in making informed decisions regarding the health and well-being of their children and their families.

If you would like information about …	You can contact …
Assistive Technology	Enabling Technologies of Kentuckiana (enTECH) 851 S. 4th Street Louisville, KY 40203 1-502-585-9911 x2648 (Phone) website: http://www.spalding.edu/frame.asp?pg=db2.asp?id=1122 • enTECH's focus is to promote and foster independence and the potential of all persons by providing creative technology solutions. Kentucky Assistive Technology Loan Corporation 1-859-246-2540 (Phone) 1-877-675-0195 (Toll Free) 1-859-246-2546 (TTY) website: www.katlc.ky.gov • KATLC offers low interest loans through its lending partner, Fifth Third Bank, for qualified applicants who need any type of equipment or home modification that will increase an individual's mobility or enable them to become more independent. Kentucky Assistive Technology Service (KATS) Network Charles McDowell Center 8412 Westport Road Louisville, KY 40202 1-800-327-5287 (Phone) website: www.katsnet.org • KATS Network consists of a statewide network of organizations and individuals connecting to enhance the availability of assistive technology devices and services to improve the productivity and quality of life for individuals with disabilities.

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If you would like information about …	You can contact …
Autism	Autism Society of America (ASA) 7910 Woodmont Avenue, Ste 300 Bethesda, MD 20814 1-800-328-8476 (Phone) website: www.autism-society.org • Website offers information and resources for parents and others as well as helpful links, current news and key issues related to the field of autism. Website also provides links to local ASA chapters – four of which are in Kentucky. FEAT of Louisville P.O. Box 5214 Louisville, KY 40255 1-502-609-2901 website: www.featoflouisville.org • FEAT stands for Families for Effective Autism Treatment. FEAT of Louisville hosts local and national presenters monthly, monitors current research in treatment options for families, tracks legislation concerning children with autism and maintains community partnerships. Kentucky Autism Training Center 911 S. Brook St. Louisville, KY 40203 1-502-852-4631 (Phone) website: http://www.louisville.edu/kyautismtraining// • The KATC provides school-based consultations, family technical assistance, and training activities for promoting the early identification of autism in young children.
Basic Services	KyCARES website: http://kycares.ky.gov • KyCARES is an online services/information directory and guide for Federal, State and Community Providers which can help you connect with providers which offer basic services like housing, food, childcare, transportation, benefits information and much more. (NOTE: this resource in only available online. If you do not have internet access at home, contact your local public library.)
Child Care	Kentucky Partnership for Early Childhood Services Child Care Resource and Referral Human Development Institute/ University of Kentucky 126 Mineral Industries Building Lexington, KY 40506-0051 1-800-956-8950 (Phone) website: www.kentuckypartnership.org/ccrr/default.asp • Contact *The Partnership* to locate the Child Care Resource and Referral (CCR&R) agency serving your area. CCR&R agencies provide referral information to families seeking child care and assist families in identifying characteristics of quality early care and education services.

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If you would like information about …	You can contact …
Child Development	Zero To Three National Center for Infants, Toddlers and Families 2000 M Street, NW, Suite 200 Washington, DC 20036 1-202-638-1144 (Phone) website: www.zerotothree.org • Website provides a wide array of child development resources, including parenting topics, weekly tips, and information about growth and development. Website also offers a bookstore and access to the Zero To Three journal.
Deafness	Kentucky School for the Deaf (KSD) P.O. Box 27 Danville, KY 40427 1-859-239-7017 x2200 (Phone) website: www.ksd.k12.ky.us • KSD supports The Statewide Family Support Center (SFSC), which provides resources, referrals, information and workshops for families related to a wide variety of topics (i.e. communication, language, literacy, amplification, technology and more). Kentucky Commission for the Deaf and Hard of Hearing 632 Versailles Road Frankfort, KY 40601 1-800-372-2907 (Phone/TTY) website: www.kcdhh.ky.gov • The KCDHH acts as an advocate for deaf and hard of hearing persons on legislative issues as well as a consultant to the Governor, General Assembly, and various state and local governmental agencies concerning policies and programs that pertain to people with hearing loss.
Disability Issues	Kentucky Council on Developmental Disabilities 100 Fair Oaks Lane, 4E-F Frankfort, KY 40601 1-877-367-5332 website: http://www.kcdd.ky.gov also visit: www.kyddnetwork.org • KCDD does not provide direct services, but provides leadership and advocacy for the community of persons with disabilities. Kentucky Disabilities Coalition (KDC) PO Box 1589 Frankfort, KY 40602-1589 1-502-875-1871 (Phone/TTD)) 1-800-977-7505 (Toll Free Phone) website: www.geocities.com/kydisabilitiescoalition/ • KDC advocates on behalf of persons with disabilities to promote the development of legislation that benefits Kentuckians with disabilities.

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If you would like information about …	You can contact …
Disability Issues (cont'd)	The Arc of Kentucky 833 E Main Street Frankfort, KY 40601 1-800-281-1272 website: www.arcofky.org • The Arc of Kentucky advocates for the rights of persons with mental and other disabilities. The Arc is also sponsoring the Kentucky Family to Family Health Information and Education Initiative, which connects families with similar concerns to share experiences, information and/or support. Contact the Arc of Kentucky or visit the website to find an Arc Chapter near you. The National Dissemination Center for Children with Disabilities (NICHCY) P.O. Box 1492 Washington, DC 20013 1-800-695-0285 (Phone/TTY) website: www.nichcy.org • NICHCY provides a wealth of information regarding disabilities. Website provides links to state resources, including state agencies and parent support networks. Social Security Administration (SSA) Office of Public Inquiries Windsor Park Building 6401 Security Blvd. Baltimore, MD 21235 1-800-772-1213 (Phone) 1-800-325-0778 (TTY) website: www.socialsecurity.gov • Children with disabilities whose parents have little income or resources may be eligible for Supplemental Security Income Benefits. Contact the SSA to get a copy of the publication "Benefits For Children With Disabilities". You can call the 800 number listed above, or visit the website to find the SSA office near you. Parent Advocacy Coalition for Educational Rights (The PACER Center) 8161 Normandale Blvd Minneapolis, MN 55437 1-952-838-9000 (Phone) 1-952-838-0190 (TTY) website: www.pacer.org • Founded and primarily staffed by parents of children with disabilities, The PACER Center provides parents with resources, training and support during each stage of child development.

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If you would like information about …	You can contact …
Domestic Violence	Kentucky Domestic Violence Association P.O. Box 356 Frankfort, KY 40602 1-502-209-5382 (Phone) 1-800-799-7233 (Domestic Violence Hotline) 1-800-787-3224 (TTY Domestic Violence Hotline) website: www.kdva.org • KDVA provides resources to victims of domestic violence. The website includes a list of domestic violence programs throughout Kentucky. Cabinet for Health and Family Services Division of Child Abuse and Domestic Violence Services 275 East Main Street, 3 C-G Frankfort, KY 40621 1-502-564-9433 website: http://chfs.ky.gov/dhss/cadv • Contact the Division of Child Abuse and Domestic Violence Services to obtain a list of local Spouse Abuse Shelters. Visit the website for information about federal and state laws related to Domestic Violence.
Early Intervention Services	First Steps – Kentucky's Early Intervention System 275 E Main St. Frankfort, KY 40621-0001 1-800-442-0087 (Phone) website: http://chfs.ky.gov/dph/firststeps.htm • The First Steps program provides developmental services and supports to families with infants and toddlers between birth and three who are experiencing developmental delays or disabilities. • Contact 1-800-442-0087 to find a Point of Entry (POE) near you and to get information regarding specific services and supports that may be available to your family.
Federal Resources	U.S. Department of Education Office of Special Education & Rehabilitative Services Office of Special Education Programs (OSEP) Hugh Reid, Part C (EI) Contact for Kentucky 400 Maryland Ave., S.W. Washington, DC 20202-7100 1-202-245-7491 website: www.ed.gov • The U.S. Department of Education, Office of Special Education Programs (OSEP) provides funding to states to implement a comprehensive Part C Early Intervention Services System. OSEP also monitors each state's compliance with the infant and toddler provisions of the Individuals with Disabilities Education Act (IDEA).

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If you would like information about …	You can contact …
Food and Nutrition	Division of Adult and Child Health WIC Program 275 E. Main St. Frankfort, KY 40621 1-800-462-6122 (Phone) 1-800-648-6056 (TTY) Website: http://chfs.ky.gov/dph/ach/wic.htm • The WIC Program provides nutrition education and services, including assistance in accessing healthy food, for pregnant women and/or women who have recently had a baby, are breastfeeding, or have a child under the age of five (5). To apply for WIC, contact your local Health Department. To find your local Health Department call 1-800-462-6122.
Health and Medical	The American Academy of Pediatrics 141 Northwest Point Boulevard Elk Grove Village, IL 60007-1098 1-847-434-4000 (Phone) website: www.aap.org • Website offers information regarding a wide range of children's health topics. Commission for Children with Special Health Care Needs 982 Eastern Parkway Louisville, KY 40217 1-800-232-1160 (Phone) website: http://chfs.ky.gov/ccshcn/ • The CCSHCN provides a variety of health related services to children with special health care needs. Visit the website or call CCSHCN to find a Commission office near you. • The CCSHCS also administers the Newborn Hearing Screening Program, which evaluates the hearing status of all newborn infants in Kentucky. Kentucky Cabinet for Health and Family Services Department for Medicaid Services Kentucky Children's Health Insurance Program (KCHIP) 1-877-524-4718 (Phone) 1-800-648-6056 (Deaf or Hard of Hearing) website: http://www.chfs.ky.gov/dms/KCHIP.htm • KCHIP provides health insurance coverage to low income, uninsured children in Kentucky. • To apply for KCHIP, call or visit your local Department for Community Based Services' (DCBS) office. To find your local DCBS office, call 1-877-524-4718 or visit the website listed above.

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If you would like information about …	You can contact …
Health and Medical (cont'd)	Kentucky Cabinet for Health and Family Services Department for Public Health (DPH) Local Health Operations Branch 275 E. Main St., HS1W-D Frankfort, KY 40621 1-502-564-3796 website: www.chfs.ky.gov • Local Health Departments provide a variety of services for families, including home visiting programs, immunization programs, nutrition programs, health and wellness programs and other support programs. Contact DPH or visit the website above to locate a health department near you. Kentucky Immunization Program 275 E. Main St., HS2E-B Frankfort, KY 40621 1-502-564-4478 (Phone) website: http://chfs.ky.gov/dph/epi/immunizationprograms.htm • The Kentucky Immunization Program provides families with information regarding the Vaccines for Children (VFC) Program, which provides vaccines to Medicaid-eligible, uninsured and/or underinsured
Housing	Kentucky Housing Corporation (KHC) 1231 Louisville Road Frankfort, KY 40601 1-800-633-8896 (Phone) website: www.kentuckyhousing.org • KHC provides affordable housing opportunities for very low, low and moderate-income Kentuckians.
Legal and Other Assistance	Kentucky Cabinet for Health and Family Services Office of the Ombudsman 275 East Main Street, 1E-B Frankfort, KY 40621 1-800-372-2973 website: www.chfs.ky.gov/omb • The Office of the Ombudsman answers questions about CHFS programs, investigates customer complaints and works with CHFS management to resolve them, advises CHFS management about patterns of complaints and recommends corrective action when appropriate. Kentucky Protection and Advocacy 100 Fair Oaks Lane, 3rd Floor Frankfort, KY 40601 1-800-372-2988 (Message Line and TTY) website: www.kypa.net • Protection and Advocacy is an independent state agency whose staff includes professional advocates and lawyers. Kentucky P & A can attempt to answer questions about your family's or your child's rights under disability laws.

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If you would like information about …	You can contact …
Legal and Other Assistance (cont'd)	Disability Rights Education & Defense Fund (DREDF) 2212 Sixth Street Berkeley, CA 94710 1-510-644-2555 (Phone/TTY) website: www.dredf.org • DREDF provides education, training and technical assistance to persons with disabilities, parents of children with disabilities, lawyers, service providers and policy makers about disability civil rights laws and policies. DREDF also provides advocacy services on behalf of adults and children with disabilities and litigates disability rights cases.
Parent Support	First Steps – Kentucky's Early Intervention System 275 E Main St. Frankfort, KY 40621-0001 1-800-442-0087 (Phone) website: http://chfs.ky.gov/dph/firststeps.htm • The First Steps Program contracts with regional Parent Consultants who are available to provide information and resources to families, to coordinate training and special events for families of children enrolled in First Steps, and to link families to District Early Intervention Councils and other groups to encourage the participation of families in planning and meeting the needs of children enrolled in First Steps.
	Kentucky Special Parent Involvement Network (KY-SPIN) 10301 B Deering Road Louisville, KY 40272 502-937-6894 1-800-525-7746 E-mail: spininc@kyspin.com Website: www.kyspin.com • **SPIN** is a statewide project of KY-SPIN, Inc. **SPIN** provides training, information and support to people with disabilities, their parents and families, and information on all types of disabilities and topics for all age groups. The website contains an extensive Parent Resource Guide.
	FIND of Louisville (CPRC) 1146 South Third Street Louisville, KY 40203 502-584-1239 502-584-1261 FAX E-mail: find@councilonmr.org Website: www.findoflouisville.org Serves: Jefferson County • FIND provides training, information and support to parents and families of children with disabilities from birth to 21 in Jefferson County.

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If you would like information about …	You can contact …
Parent Support (cont'd)	Family Voices 982 Eastern Parkway Louisville, KY 40217 1-800-232-1160 (Phone) e-mail: DebbieA.Gilbert@ky.gov website: http://www.familyvoices.org • Family Voices is a national, grassroots clearinghouse for information and education concerning the health care of children with special health needs.
Postpartum Depression	NOTE: If you are thinking about hurting yourself or your child, contact your primary care physician immediately. Kentucky Department for Mental Health/Mental Retardation (MH/MR) Services 100 Fair Oaks Lane 4E-B Frankfort, KY 40621 1-502-564-4527 (Phone) 1-502-564-5777 (TTY) website: www.mhmr.ky.gov • Mental health services are available through Community Mental Health Centers. Contact the Commissioner's Office or visit the website to find a CMHC near you or to find the Crisis Line number for the CMHC near you.
Preschool/Part B Special Education Services	Kentucky Dept of Education (KDE): Special Education Division of Exceptional Children's Services Kentucky Department of Education Capitol Plaza Tower, 8th Floor 500 Mero Street Frankfort, KY 40601 1-502-564-7056 (Early Childhood Branch Phone) website: www.kde.state.ky.us • KDE administers Kentucky's state-funded preschool program, which serves three and four-year-olds with an identified disability or delay and four year olds who are free lunch eligible.
Preventing Child Abuse	Prevent Child Abuse Kentucky (PCAKY) 489 East Main Street, 3rd Floor Lexington, KY 40507 1-800-CHILDREN (Helpline) e-mail: pcaky@pcaky.org website: www.pcaky.org • PCAKY's Helpline serves as a resource for caregivers who are concerned that they may harm the children in their care. In addition to the Helpline, PCAKY operates a number of non-profit programs throughout the state of Kentucky, including parenting classes, child development classes and crisis nurseries.

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If you would like information about …	You can contact …
Research and Demonstration Projects	Interdisciplinary Human Development Institute (IHDI) 126 Mineral Industries Building Lexington, KY 40506-0051 1-859-257-1714 (Phone/TTY) website: www.ihdi.uky.edu • The Institute provides a strong foundation for more than 30 research, training and service projects, addressing a wide range of topics and issues in areas such as early childhood, education, transition and community living and personnel preparation.
Separation and Divorce	The American Academy of Child and Adolescent Psychiatry (AACAP) 3615 Wisconsin Avenue, N.W. Washington, D.C. 20016-3007 1-202-966-7300 (Phone) website: www.aacap.org • The AACAP prepares and distributes a series of informational brochures called Facts for Families. Several Facts for Families brochures address the impact of separation and divorce on children. Cabinet for Health and Family Services Department for Community Based Services Division of Child Support P.O. Box 2150 Frankfort, KY 40602-2150 1-800-248-1163 (Child Support Hotline) 1-888-675-7425 (Kentucky Paternity Acknowledgment Program) website: http://chfs.ky.gov/dcbs/dcs • Contact the Child Support Office in your county of residence to apply for child support services. Call the Child Support Hotline or visit the website listed above to find your local Child Support Office. • Contact the Kentucky Paternity Acknowledgement Program for information regarding establishing paternity voluntarily.
Transition	National Early Childhood Transition Center Interdisciplinary Human Development Institute University of Kentucky 126 Mineral Industries Building Lexington, KY 40506-0051 1-866-742-4015 website: www.ihdi.uky.edu/nectc • NECTC is a research center funded by the U.S. Department of Education whose purpose is to examine factors that promote successful transitions between infant/toddler services, preschool programs and public school settings for young children with disabilities and their families.

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If you would like information about …	You can contact …
Visual Impairment	Kentucky School for the Blind (KSB) 1867 Frankfort Avenue Louisville, KY 40206 1-502-897-1583 website: www.ksb.k12.ky.us • Staff disseminates resource information and responds to questions/inquiries related to specific types of visual impairments, current research, and instructional methodology, as well as, making appropriate referrals to other agencies.

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Attachment D

Part C Coordinator Report
November 09, 2006

General Update

WESTAT Visit
WESTAT completed their onsite visit on October 14, 2006. The purpose of the onsite visit was to gather information regarding Kentucky's system of monitoring and general supervision. The onsite visit completes Phase 1 of WESTAT's study. Phase 2 will begin in FY08 when WESTAT follows-up on this year's visits. We have not received any feedback regarding the visit to date.

TAT Roles and Responsibilities
In an attempt to better define the roles and responsibilities of the TA Teams, the Department sponsored a training called, "What is Technical Assistance". The training was originally to be facilitated by NECTAC, but funding issues prevented them from traveling to Kentucky. The training was instead presented by Kathy McNulty from the National Technical Assistance Center for children and Youth Who Are Deaf-Blind. The training prompted valuable discussion regarding system issues, but did not assist in defining roles and responsibilities. The Department has continued to work with NECTAC and will be bringing them to Kentucky in December to re-approach this issue with the TA Teams during the scheduled TAT meeting on December 15, 2006.

SPP/APR
The State Performance Plan was submitted in December, 2005 and included rigorous targets for performance and strategies for improvement. States are required to report on their progress toward performance indicators and their work related to the strategies for improvement on an annual basis. Our first Annual Performance Report on the December, 2005 SPP is due February 01, 2007

The Program has begun coordinating a workgroup to draft the APR. The workgroup includes participants who worked on the SPP as well as some additional participants. The workgroup is intentionally small because we need to accomplish some significant work in a short period of time and dedicated, coordinated resources are necessary. The workgroup will convene for it's first face-to-face meeting on Monday (11/13/06) here in Frankfort. Jeanna Mullins will be facilitating the meeting and will assist the group in identifying tasks and timelines.

Without having specific timelines in place at this time, the hope is to have a DRAFT APR available for ICC review prior to the January ICC meeting. It is important to note that rigorous performance targets will need to be set for the new performance indicators (#3 – Child Outcomes, #4 – Family Outcomes, and #12 – Resolution Sessions) and the ICC will be asked for advisory assistance regarding those. In addition, if it is determined that the data, performance targets and/or improvement strategies submitted to OSEP in the December, 2005 SPP are in need of significant modification, it may be necessary to re-submit the entire SPP, which would require ICC review as well.

Indicator #1
Percent of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner.

Per Table A – Part C (Kentucky); Issues Identified in the State Performance Plan, OSEP is requiring that the ICC "revise its policy as soon as possible regarding the provision of all services on the IFSP to conform to the Part C requirements at 34 CFR 303.342(e) that all the early intervention services to which parental consent is obtained must be provided. The compliance expectation for the requirement at 34 CFR 303.342(e) is 100%. The State must submit a copy of the revised policy with the FYY 2005 APR, due February 1, 2007."

Indicator #3
Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication); and C. Use of appropriate behaviors to meet their needs.

As was mentioned in a 10/27/06 memo to the ICC, changes to the federal reporting categories have prompted the Program to make a decision regarding the continued use of the Developmental Status Scale (DSS) for Child Outcome reporting purposes. The 10/27/06 memo requested advisory assistance from the ICC regarding a proposed change from the DSS to the Early Childhood Outcome Center's Child Outcome Summary Form.

Indicator #7
Percent of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

The SPP reported statewide performance at 35.5% for FY05. FY06 data shows an improvement to 52.6% statewide (although individual programs continue to vary considerably). It is important to note that OSEP will be making "high stakes" determinations based on Kentucky's performance regarding this as well as other performance indicators.

Work to date on this indicator includes the convening of a stakeholder workgroup to identify issues causing the delays and strategies for improvement. NECTAC was involved in this stakeholder process and continues to work with Program staff on a regular basis to formalize the workplan. The Program sent a letter to POE Grant Administrators in 2005 discussing the importance of compliance with the 45 day timeline. In addition, Program staff shared local performance data with POE staff at their quarterly meeting in early October and discussed strategies for improvement.

The Program plans to continue it's work on the Improvement Plan developed by the stakeholder workgroup in collaboration with NECTAC. In addition, the Program is planning to begin sharing performance data with POEs on a regular basis and working with POEs directly and through the TA Teams to address delays and improvement strategies.

Attachment D

Financial Update

With 33% of the fiscal year elapsed, the Program has expended 24% of it's budget.

Staff Update

Jackie Sampers, Evaluation Coordinator, has started working out of the Central Office 2 days per week.

Record Review

For the reporting period of September, 2006 through October, 2006, there were 6 reconsideration requests. Of these 6 reconsideration requests, 3 resulted in the Central Office supporting the recommendation of the IFSP Team, 2 resulted in the Central Office supporting a combination of both the IFSP Team and the Record Review Team's recommendations and 1 resulted in the Central Office supporting Record Review Team's recommendations. In the instance where Central Office supported the Record Review Team's recommendations, the Part C Coordinator was asked to participate in the IFSP Team meeting. Discussion regarding both the IFSP Team recommendations and the Record Review Team's recommendations occurred and in the end the IFSP Team moved forward with their own recommendations. The average turnaround time for these requests was 9 working days. This significant increase in processing time was wholly the fault of the Part C Coordinator and increased attention is being paid to the required 5 day turnaround time from this point forward.

Comments to the KEIS ICC
November 9, 2006

University of Kentucky early childhood faculty and Human Development Institute early childhood staff would like to comment on the selection of a process by First Steps for documenting the progress of infants/toddlers receiving early intervention services, as required by OSEP (Office of Special Education Programs).

We appreciate the careful thought and intentionality with which the First Steps Central Office has explored the options available in approaching this decision. Administrators have indicated their desire for the system selected to be aligned with quality services for children and families, to be cost-effective, to require minimal changes and minimal increase in workload for providers, and to meet the accountability requirements of both Kentucky and OSEP.

To assist in the selection of a process, we offer a comparison of attributes of the two choices that appear to be available at this time:

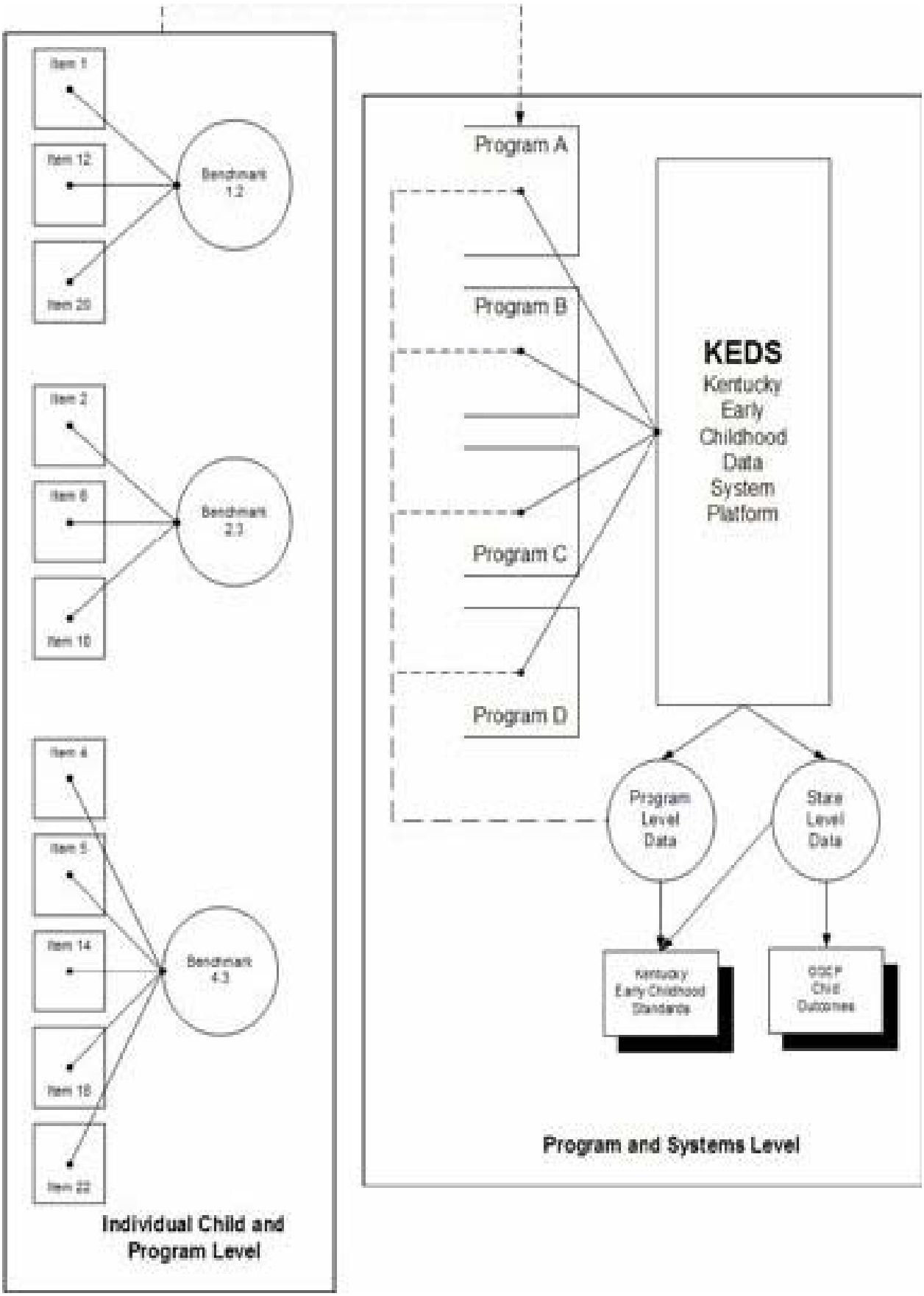
(1) use of the Child Outcome Summary Form (COSF), developed by OSEP for use by any of the states
(2) use of the platform system developed for Kentucky through a grant from OSEP and in collaboration with KDE, First Steps/Cabinet for Health and Family Services, and OSEP staff.

	COSF	**KY Platform**
Assessment Instruments	▪ Any instruments currently being used in KY may continue to be used or list of acceptable tools generated by First Steps ▪ No assurance of validity or reliability of instruments if any instrument can be used ▪ If one instrument is designated for use, it may not be appropriate for every child	▪ Use of any of the 8 instruments approved by a statewide representative workgroup (published in *Continuous Assessment Guide*) for infants/toddlers ▪ Approved instruments met validity, reliability, and other standards set by workgroup ▪ Choice of approved instruments allows providers to select one best suited to each child
Data Process	▪ Assessments conducted/updated by providers ▪ Multiple sources of assessment information used ▪ Team decides progress rating for child ▪ Requires meeting and consensus process, similar to current DSS (Developmental Status Scale) process ▪ Question of consistency in ratings across teams ▪ COSF currently being field tested; validity and reliability not yet established	▪ Continuous assessment process, with periodic compilation of data by providers ▪ Multiple sources of assessment information used ▪ Data entered into platform by selected primary provider, with input from all team members ▪ Platform compiles data and generates progress ratings in consistent manner. NO additional meeting required.

	COSF	KY Platform
Training	▪ Procedures for use of COSF to be developed by First Steps ▪ Training for all providers in use of COSF: ECO Center staff recommend day and a half group training with periodic follow-up sessions for feedback. Sample training materials available on ECO web site.	▪ Purchase of and training to use an approved instrument for some providers ▪ Many providers already using an approved instrument (e.g., HELP, AEPS, Carolina Curriculum) ▪ Training available in use of several instruments through TATs and other state/community training resources
Family Involvement	▪ Family may be part of team making decision on child's progress and contribute information to decision; if not part of team, results must be shared with families ▪ Decision is a rating (score) and may be discouraging to families; does not provide detailed information for planning ▪ Uses different process and generates different type of results from that being used by school districts and which families will encounter in preschool	▪ All approved assessment instruments include parent involvement/input and reporting to families rich information about the child, which can be used for planning purposes ▪ Consistency in process and reports for families across Part C and Part B
Accountability	▪ Meets OSEP requirements	▪ Meets OSEP requirements ▪ Reports child progress across 5 domains
Looking to the Future	▪ COSF may change as a result of field testing and/or to meet future requirements ▪ Changes in COSF following field testing and/or from OSEP will require additional training and changes for providers	▪ Platform is flexible; changes can be made at the state level to meet future requirements ▪ No changes or re-training required for providers

We offer these comparisons to the ICC for discussion as you consider what is best for young children and families in early intervention services in Kentucky, what is practical for providers, and what is cost-effective. We acknowledge that the ICC is an advisory body to First Steps and will not make the decision as to which process to use for OSEP reporting. The University of Kentucky early childhood group will respect the advice of the ICC and the final decision made by First Steps.

Attachment F



Attachment G

WEISSKOPF CHILD EVALUATION CENTER, UNIVERSITY OF LOUISVILLE
Summary of Record Reviews FY 2006 – 2007
07/01/06 – 10/27/06

Review Type	N	Determinations	Criteria
Eligibility	40	34 - Eligible 3 - Denied 3 - Deferred pending additional testing	• Request • PLE Report
Intensive Authorization	39	29 - Approved for autism diagnosis and related program planning	• Review of Request Form • Review of all submitted records • Description of child's social-communication • MCHAT conducted with parents and providers
		4 - Approved for Childhood Apraxia of Speech (CAS)/ Dyspraxia diagnosis and related programming	• Review of Request Form • Review of all submitted records • Review of phone contact questions • Receptive language vs. expressive language findings in relation to measured cognitive skills • Description of speech sound production • Description of oral mechanism and oral-motor status • Description of feeding status
		1 - Approved for other – (e.g., Regulatory/Anxiety Disorders; motor/CP)	• Review of Request Form • Review of all submitted records • Review of phone contact questions • Clinical judgment, DSM-IV criteria
		5 – Denied/deferred -Diagnosis established -Appropriate plan -Single discipline recommended	•

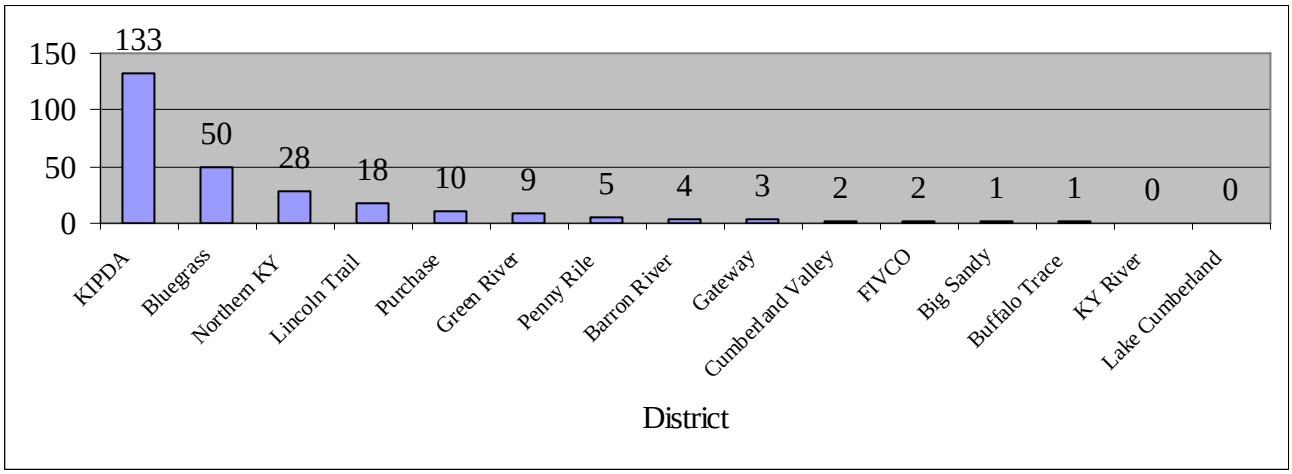
Service Exception	187	183 - Service Exception Approved
		Units Approved per Plan:
		Range: 8 – 344
		Mean: 186
		Unit Frequencies:
		- 0 – 144: 35
		-145 – 164: 10
		-165 – 184: 23
		-185 – 204: 45
		-205 – 224: 25
		-225 – 244: 24
		-245 – 264: 12
		-265 – 284: 01
		-285 – 304: 06
		- > 305: 02
			• Review of Request Form and letters
			• Review of all submitted records
			  • Current developmental presentation/status
			  • Rate of documented progress
			  • Current and proposed interventions
			• Request merit
			• Review of phone contact questions
			• Available practice standards or guidelines (Autism, CAS)
			• Movement from service to support model

		4 – Denied service exception/units	
Total	266		

Notes:

- 39.1% (n = 84) of the 266 requests have had previous reviews (majority for service exception)
- Data reflects an increase of 23.2% over the same period of FY 2005-2006 (N = 216)
    - Eligibility Request: increase of 14.3% (n = 35)
    - Request for ILE: no increase or decrease (n = 39)
    - Service Exception Request: increase of 31.7% (n = 142)
- Data does not reflect an additional 211Primary Service Coordination Unit reviews also completed in this reporting period

Referrals by District:



Timeline Indicators:

Average days from complete file to review: 4.77 days

Average days from review to reports being mailed to IFSP Team: 4.74 days

Average total days from complete file to final notification mailed to IFSP Team: 9.54

Projected FY 2006-2007:

- **Total:** 811 Record Reviews
- **By Review Type:**
    - Eligibility Request: 121
    - Request for ILE: 118
    - Service Exception Request: 572

- FY 2005-2006: 12.87/week average
- FY 2006-2007: 15.6/week average

Attachment H

Buffalo Trace DEIC
Annual Report
November 2005 to November 2006

The Buffalo Trace DEIC meets bi-monthly at the BTADD in Maysville, KY. The group is comprised of representatives from local health and human services agencies, a local pediatrician, Directors of Special Education from the six school districts, and First Steps personnel.

Special presentations during the past year were provided by Allison Adams, Healthy Start Coordinator, Buffalo Trace Health Department and Brie Bickley, Director of the Buffalo Trace CASA program.

First Steps programmatic changes and issues discussed during the year include:

- 45 Day Time Line for Initial IFSP completion
- Delay Ranking Scale to Developmental Status Scale (addition of Progress Status)
- CAPTA referrals to First Steps
- Transition to pre-school
- Changing Part C Coordinators
- Provider Find – Flyers distributed at Infant/Toddler Institute, local school districts, add in newspaper (funded by BT DEIC)
- PSC personnel requirements
- Part Time FS providers
- Child Find
- Headstart Legislation
- 1 ISC at POE

To enhance Child Find efforts and Parent Involvement, the BT DEIC provided funding for:

- First Steps brochures
- Pens, pencils, POE business card magnets
- Calendars, binders & hole punches for FS families

On October 14, 2006, the BT DEIC funded a picnic at a local pumpkin farm and petting zoo for First Steps families and providers. 60 persons attended.
Money was allocated for 2 FS families to attend an Autism Training however, the families did not attend.

A collaborative effort among the members of the BT DEIC resulted in the distribution of information baskets to doctor's offices, health departments, day care facilities, and the local hospital. DEIC members were successful in getting baskets donated by the local Walmart and filling them with information about programs in the district offered to families and children, Birth-age 5, from the DEIC member's respective entities. This is an ongoing project, to distribute more and refill those already in place.

Each year, First Steps is represented at the Annual Baby Gala, sponsored by the BT Health Department. The BT ISC and providers distribute brochures, child development information, pens and pencils, and provide a basket filled with items appropriate for infants and toddlers to be given to a family that attends the gala. Approximately 250-300 people attend the event.

Members of the BT DEIC participated in revising the local Transition Interagency Agreement.

Samantha Gieske was hired as the Parent Consultant for the NKY Region. She is sending birthday cards to FS children, inserting her contact info for parents. Greta Stanfield, DOSE Mason Co. Schools, was nominated for representation from the BT District for the ICC.

A shortage of Speech Therapists and PSC's in all counties continues to be an issue, however, due to extensive recruitment efforts, 4 persons are currently attending PSC training.

Northern Kentucky
District Early Intervention Committee
Annual Report
for Fiscal Year 2005-2006

October 10th, 2006

The Northern Kentucky DEIC is comprised of approximately 16-20 active members and meets monthly. The membership includes representatives from local agencies, independent providers, and parents.

The budget for Fiscal year 2005-2006 was $1000 of which $399.50 was used to purchase 350 calendars for the Point of Entry to give to new families. $120.92 was used for Birthday Cards and stamps to be sent by Sam Gieske, Parent Consultant, to children participating in First Steps in our district. $92.23 was used to purchase refreshments for the meeting with administration. $51.01 was used to provide refreshments for an All-Provider Meeting. A gift card was purchased with the remaining budget for the Point of Entry to use toward Child Find activities.

The Northern Kentucky DEIC frequently invites representatives from local supporting agencies to present information at our meetings. Those who presented during fiscal year 2005-2006 include:
Mike Kathman and Deborah Walker, RN, St Luke's FAME Program/ Success by Six
Kelly Claskens and Virginia Peppers from Therapeutic Collaborative regarding mental health services
Donna Lynne regarding the Kentucky Deaf/Blind Project
Debra Able, Silverlake Family Recreational Center

The Point of Entry, the Technical Assistance Team Program Consultant and Parent Consultant report monthly to update the DEIC on the current activity in the program and to report any concerns. Issues are also frequently introduced by the members of the DEIC for open discussion.

Topics addressed by the DEIC this fiscal year have included:
Continuing to improve communication among providers for better consistency among agencies and Independent providers The DEIC gave input and provided refreshments for an All Provider Meeting held in May 2006.
Recruiting and retaining providers, especially PSC's.
Resolving staffing shortages in the POE office relative to the increasing number of children and families being served.
Hearing feedback from families about strengths and weaknesses of the services they receive. Sam Gieske, Parent Consultant, reports on this monthly.
Reviewing recent changes in the Provider Agreements.
Educating local referral sources about First Steps services, especially pediatricians. The DEIC gave feedback to Sam Gieske in drafting a letter to send to local pediatricians. This effort is ongoing.
Managing membership in the DEIC for a broader perspective and more collaborative approach to problem solving.
Giving input to Transition Committee for revision of the Transition Agreement.

The Northern Kentucky DEIC welcomes any feedback the ICC may have on how this committee might serve the families in our district better. Please feel free to communicate any recommendations.

Respectfully Submitted,

Amy J. Martin, PT
Northern Kentucky DEIC Co-Chair
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Fort Thomas, KY 41075-1030

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Northern Kentucky Region
First Steps Annual Report for ICC
November 1, 2005 – November 1, 2006

The First Steps NKY Region is comprised of 13 counties divided into 2 districts. The NKY District includes Carroll, Owen, Gallatin, Grant, Boone, Kenton, Campbell, and Pendleton counties. The Buffalo Trace District includes Bracken, Robertson, Mason, Fleming, and Lewis counties. 9 of the counties border the Ohio River. Most of the counties are considered rural and sparsely populated except, the counties of Boone, Kenton, and Campbell. The 3 heavily populated counties contain more people than the remaining 10 counties put together!

The Technical Assistance Team for the NKY Region is contracted through NorthKey Community Care.

The Point of Entry Office in the BT District is housed in Maysville and contracted through Comprehend, Inc. The Point of Entry of in the NKY District is housed in Covington and contracted through NorthKey Community Care and St. Elizabeth's Hospital.

Point of Entry Information

First Steps Referrals	Number of ISC's at POE's
BT District: 105	BT – 1 FT
NKY District: 996	NKY – 2 FT (.9 FTE, .8 FTE), 3 PT (.5 FTE)
Total:	1 PT Secretary

The number of ISC's compared to the number of referrals at the NKY POE office has been listed as the number 1 issue of concern on all monthly TA reports since November 2005. With 15 referrals considered a full time caseload for an ISC per month and including the secretary as a .5 FTE First Steps contracted employee, the POE should be handling approximately 62 referrals per month (15, 15, 8, 8, 8, 7) however, the numbers show that the office handles an average of 83 referrals per month and the secretary is not an ISC handling a caseload. Both NorthKey and St. Elizabeth's are paying for the ISC's to work overtime in an effort to keep up with the number of referrals. Even though there is an ISC deficiency at the NKY POE, the ISC's have been able to complete almost 70% of Initial IFSP's within the 45 day timeline. The 5th highest average in the state! This number represents the dedication the ISC's have for the First Steps Program and the families they serve. Both NorthKey and St. Elizabeth's, cite funding amounts from the state to support the POE, as the reason for being unable to acquire more ISC's. A meeting between the grant holders and Administration is recommended. The goal of having 100% of referrals to IFSP within the 45 day timeline is not attainable for the NKY District without adding ISC's. Stress and dissatisfaction of job performance are affecting current ISC's at the NKY POE. Again, this issue is the number one concern of the NKY district.
In the BT District, there is concern of having just one person in the POE office. When the ISC is out of the office for any reason, there is no one to act on referrals.

Providers in the NKY Region

BT District: 57 NKY District: 159 Total: 216

ISC's:	1	2 FT, 3 PT
PSC's:	7	23
PLE's:	4	8
DI's:	8	25
OT's & OTA's:	11	15
PT's & PTA's	10	13
SLP's:	14	58
AT's		4
Audiologist		3
Dieticians		2
Nutritionist	1	
Behavior/Family Therapist		3
VI Teacher	1	

Approximately 80% of the First Steps providers in the NKY Region provide First Steps services in conjunction with other programs or are part-time providers.
In the NKY District, approximately 50% of the providers are independent providers, with the exception of PT's, 77% of PT's work for an agency. Typically, Speech Therapists are the most consistently needed providers however, PT's, OT's, and PSC's are currently needed in all areas. Providers to serve in the outlying counties of the district are a constant need.
In the BT District, all PSC's and PLE's are independent providers and all OT's, OTA's, PT's, & PTA's work for an agency. Speech Therapists are the most consistently needed providers. Currently, PSC's are a critical need for the district however, 5 persons have begun the service coordination training. PT's are needed in Fleming and Robertson Counties.

Since November 2005, the NKY District has welcomed 30 new providers while, 16 have left. In the BT District, 13 new providers began serving the area while, 3 have left.

Responsibilities for adding new providers include: reviewing Post Tests, reviewing PSC Homework, collection and review of Forms 5, 6, & 8, sending registration forms to Frankfort, securing copy of license & certificate then, mailing information to Frankfort.

Provider Recruitment and Training

In an effort to recruit new providers, flyers specifying counties and disciplines of need in the NKY Region were placed at the First Steps booth during the Infant/Toddler Institute. DEIC members took the flyers to post at their respective entities and Director's of Special Education took flyers to post at their schools. Provider's needed were included in the Regional Newsletter emailed to all regional providers, in August. With funding provided by the BT DEIC, I placed an advertisement for PSC's in the local newspaper and received approximately 60 telephone calls from interested persons. I personally met with 4 prospective PSC's in the BT district to review responsibilities of the position. To date, 8 have been approved as PSC's for the BT District. Qualifications for the position have made it difficult to acquire the needed amount of PSC's for both districts.

3 Provider Orientations have been held in the region since last November. (Feb.10, July 28, Oct.6)
1 Service Coordination Training was held with the Bluegrass TA's. (Jan. 25, 26, Feb. 1, 2, April 27)

DEIC Responsibilities

NKY - attended 9 of 10 meetings held
BT – attended 4 of 5 meetings held (unable to attend in Jan. due to TAT mtg. in Frankfort)
Attended and assisted in revising NKY Interagency Agreement. (3 meetings) Trained PSC's 6/20/06
Attended and assisted in revising BT Interagency Agreement. (1meeting) Trained PSC's 12/14/06
Non Identifying Lists sent to 27 school districts – March, June, September, December
Assisted in distributing Child Find information baskets – Lewis, Fleming, Mason 7/14/06, 9/22/06
Assisted in distributing child development & FS info at District "Baby Gala" & Back to School Fairs-BT
Complete paperwork for reimbursement/payment for DEIC activities – BT, NKY

PSC & Provider Quarterly Meetings Conducted

NKY Dec. 6, April 4, June 20, Sept.19
BT Dec. 1, March 30, June 15, Sept. 14

Provider Meetings attended (sponsored by NKY DEIC)
May 12, 2006, Oct. 13, 2006

Issues addressed and discussed in the NKY Region (DEIC, PSC, Provider meetings)

ISC shortage at NKY POE
1 ISC at BT POE
Delay Ranking Scale - Developmental Status Scale
45 Day Timeline (ways to attain, barriers)
Amendment Procedures (documentation for different scenarios)
Record Reviews (PSC's not receiving info in specified amount of time)
Required Forms (need statewide forms, forms need to be online)
CBIS Forms
DOCs (eliminating children B-age 1, not cost effective)
Family Share
CAPTA Referrals (causing POE to exceed 45 day time line, need parent signature) Resolved w/DCBS
Insurance Billing (proper documentation, need for person in Frankfort to bill companies)
PSC Personnel requirements (eliminating some good applicants) Reg. Change
4 unit limit for IFSP meetings (many plans rushed through, not good for child & family) Study being con.
Compensation rates for PSC's & Providers (rate reduced, paperwork increased)
Discharge Summaries (documentation, DSS)
Provider Shortages & Recruitment
Family Orientation
Family Involvement (methods and phrases to encourage)
Consultative Service Delivery (implementation)
Primary Service Provider (benefits)
Transition into pre-school/HeadStart (process & paperwork)
Professionalism/Best Practices
Staff notes – need to reflect Consultative Service Delivery

The NKY District is conducting a study on the amount of units IFSP meetings actually are taking during the month of November. All providers have been asked to document time spent at IFSP meetings. This study is being conducted due to complaints concerning payment limitation for IFSP meetings and quality of plans being affected by limitation.

Training Provided to PSC's & Providers

Writing Outcomes – Routine based
Writing Strategies & activities
Interagency Agreements
Discharge procedure
Amendment requirements & process
Documentation for additional assessment

Guest Speakers & Trainings

KIT-TAP, Heuser Hearing Institute - Paula Carby
Insights into the Spanish Culture – Anna Carr
Dealing with Mental Illness while in the Home – Teresa Garera-Izquierdo
Parent Child Interactive Therapy, Therapeutic Collaborative – Virginia Peppers & Kelly Clasgen
Kentucky Deaf/Blind Project, CHARGE Syndrome & Usher Syndrome – Donna Lynne
Silver Lake Family Recreational Center – Debra Able
Assistive Technology Community Resource, Redwood Rehabilitation Center – Latasha Lampkin
Healthy Start, BT Health Department – Allison Adams

Trainings Attended by Program Consultant

Early Childhood Regional Training Forum
Cultural Diversity
Implementing Best Practices
Bioterrorism
Emergency Preparedness
Fire Safety
Infection Control
Hazardous Chemicals
Confidentiality & HIPPA
What is Technical Assistance
Using the HELP to Meet the Needs of Students & Parents
Practical Steps in Consultative Early Intervention
Microsoft Word 2003

TAT Meeting Attendance

Attended 4 of 4 meetings in Frankfort
Attended 6 of 7 videoconferences

Other Technical Assistance Information

Average 75 phone consultations and 200 email consultations/ month (except Aug. 06, 170 phone)
24 on-site provider consultations/assistance
Compiling information from Program Evaluator Reports to address at Quarterly meetings
Regular phone & email contacts with Regional Program Evaluator
2 meetings held with families
Compiled Provider Directory with contact info for each district, updated monthly
Newsletter and Provider Updates in region via email
Email training notices, notices from Frankfort & CBIS, meeting notices to providers
Participated in revising PSC Training
Update Provider Orientation when warranted (billing insurance, NPI, outcome & strategy writing activity)

Respectfully Submitted,

Jane Fay

NKY Region Program Consultant
845 Jersey Ridge Rd. 606-564-8334 office
Maysville, KY 41056 janefay@maysvilleky.net

Date: November 5, 2006
To: The ICC
Re: First Steps Assistance Report for:
Northern Kentucky Region Parent Consultant, Samantha Gieske

Family Orientations

Family orientations attempted Jan. – March, 2006, with no interest in attendance from parents.

Mentor Role

October 2006 – Requested to mentor new Parent Consultant working with Annette Lane –Bartley.

Parent Consultations

Parent interested in home-based pre-school services – found no such resource available. FS discharged child complaint regarding a not having time to see child. Result – a new provider was assigned, and the family was pleased.

Provider complaint was lodged by parent, because provider was not showing-up to child's home to administer services.

Parent requested that I meet with her to discuss FS, and wanted to come to my home. I suggested meeting where there was a playland for her children, and she did not show-up, although she indicated that she would be there.

I called a FS parent regarding Parent Orientation, and a complaint was lodged against a provider. I followed-up with the FS parent, the provider, the provider's supervisor, as well as the PSC after the provider had her second visit. Although everything went well, the parent chose another provider.

Two parents called requesting that I schedule speech evaluations for their children – I referred them to the POE.

FS mother called because she had not received a call from her child's ISC following the child's psychiatric evaluation. I contacted the ISC, who in turn contacted the FS mother and rectified the situation.

I was made aware via the NKY Program Consultant, of a disgruntled FS parent regarding potential billing discrepancies of a PSC (billing for visits she did not attend). I contacted the FS parent and referred her to the NKY Program Evaluator, because she was interested in filing a formal complaint against the PSC. This situation was resolved through due process or mediation.

I received a call from a FS parent of a PSC not providing services within a three month timeframe, which I referred to the NKY Program Evaluator. This situation was resolved.

A complaint was lodged against the NKY POE and PLE, regarding lack of professionalism toward one another, lack of concern for the child, and disorganization. I referred this to the NKY Program Evaluator.

A current FS parent called and made me aware that she did not feel favorably toward a specific DEIC member's comments, which were stated at the meeting that the parent attended. She expressed concern regarding this person working with families, and that the individual appeared "burnt-out" in her profession. I attempted to make the FS person's remarks available to the supervisor, but to my knowledge, nothing was ever mentioned to the FS individual.

Current FS parent required emotional support and guidance while awaiting child's formal diagnosis.

FS parent invited me to attend a NPI fundraiser to meet the other parent, as well as their child.

Current FS parent requested a new SLP after one month, due to SLP missing over 50% of visits – with little or no contact. I made child's PSC aware of the situation, and a new PSC was immediately assigned. I also made NKY Program Evaluator aware of situation.

A FS parent contacted me as a result of experiencing difficulty with transitioning her CP child from FS in the Public School System. The child was initially denied services because there was not a PT or OT on staff at the local school. I made the parent aware of rights, and spoke with the child's PSC. I gave the name and number of the local NKY co-op transition individual, as well as called the liaison myself to alert her of the situation. I was invited to and attended the child's meeting with the school district, in which the PSC, parent and I made the school personnel aware of the child's rights. The child was eventually admitted to the school.

Promotion of Community Awareness

Composed letter to NKY Pediatricians that was disseminated throughout the region by a pediatrician at St. Elizabeth Medical Center.

Sent birthday cards each month to NKY region children, including a letter about myself and including contact information, as well as ways in which I could assist families.

I met with NKY representative with KY School for the deaf. I offered my support to a newly formed NKY support group for the deaf and hard of hearing. I have since spoken

with the lead support group person, and have distributed my contact information sheet, including ways in which I may be of assistance.

I have attempted to assist in child-find efforts by obtaining FS Posters to display at local organizations. My immediate focus has changed to daycare efforts, as a result of schools and churches not being interested in displaying our posters.

Trainings Attended

Therapeutic Collaborative Psychological and Behavioral services,
KIT-TAP/The Heuser Hearing Institute
Hispanic Cultual Awareness Training
Infant Toddler Conference 2006
Met with NKY Program Evaluator at an evaluation site, to better understand her position/role in the FS process. The review process was explained to me, along with examples, in detail.
Received information and training on Assistive Technology devices by NKY AT person located at Redwood Rehabilitation.

DEIC Work

Utilized Family Survey to contact parents of discharged children, as well as new children to FS program, to gauge problems, concerns, issues, etc…

Transition Committee Meeting with three subsequent interagency agreement meetings, and editing of the final document concerning FS regulations and procedures.

I scheduled a licensed psychologist friend of mine to speak at a DEIC Meeting on providers dealing with mental illness in the family while working with FS children.

I spoke with Frankfort employees regarding POE shortage of ISCs, as the number of referrals continues to monthly climb. The Kentucky Commission for Children with Special Healthcare Needs representative in NKY and I spoke, and I related all comments received from Frankfort with her. She also began speaking with Frankfort.

I requested money to assist the Family Orientation DVD current effort from the NKY DEIC. I was asked to find-out how much money other DEIC's were giving, and it is between $200-$300. The NKY DEIC Treasurer did not attend the October 2006 meeting, so I will finalize this at the November meeting and report back to the FS Part C Coordinator.

Site Responsibilities

Developed a website resource list for families
Conducted a random survey to determine potential issues within our POE and ISC usage of providers/provider choice.
Annual online training completed required by North Key Community Care.
Developing a FS family newsletter, which will be distributed at the NKY district PSC Meeting in December, to give to families.
Met with other Parent Consultants twice to arrange group roles and go over each individual's presentation for the August 2006 Infant/Toddler Institute.
Met with two NKY PSCs to learn more about their specific roles in the FS process, as well as to fulfill my annual review requirement for December 2006.
I edited Provider Newsletter for NKY Program Consultant.
I am currently assisting the FS Part C Coordinator in the scripting and editing of a Family Orientation DVD.

Attachment L

November 2006
NKY Program Evaluator yearly ICC Report

In an attempt to capture information in the past year this report is an accumulation of NKY monthly reports. The information below starts November 2005 thru October 2006. Based upon information received from Program Consultant, Central Office, and DEIC reports, NKY region currently has approx. 75 providers with the majority being independent providers.

Potential Training Issues: Each month the evaluator's monthly report is sent to the Program and Parent Consultant for training issues as well as Central office and the project director. The program consultant either puts in as an agenda item for PSC quarterly, sends e-mail to appropriate providers and/or discusses issues at the local DEIC meetings for technical assistance. The following are issues in NKY region in past year. These issues remain each month on the evaluator's monthly report until consistent implementation is observed during record reviews. As of this date some issues have been resolved and NKY providers are beginning to implement them consistently.

- Review of the Assistive Technology Section in the First Steps manual is needed by the PSC and AT personnel. Transition of the AT devices purchased for children are not identified on a Transition plan. AT center need to be aware of the items disposition when the child turns 3yrs. Recommended practice of borrowing items for 60 days prior to purchase, within the policy, should be implemented by AT center or the record should be documented as to the reason why it is not possible.
- AT assessment timelines should follow 2:130 sections 1 (7) (a), 10 working days from date of referral.
- Whenever a parent chooses to use their insurance for First Steps services this information should be "highlighted" from the ISC to the PSC. PSC should make all providers aware of the family's choice to bill insurance, giving providers necessary information. (Res-10, page 2).
- PSC should complete the appropriate IFSP pages documenting the information in 2:130 Sec. 1 (4) (a-c) and 2; 130 Sec. 2 (7) when additional assessments are requested after the identified initial assessments have been completed.
- PSC need to follow 2; 130 Sec. 2 (7) and IFSP form instructions when making service changes. All appropriate pages of the IFSP should be included in the authorization of changes sending the changes to all team members according to 2:140 Sec. 1 (h) (I) (j). During program reviews all pages for authorization have not been evident.
- Therapist need to be informed (reminded??) that they must complete a staff note when they verbally approve service changes on the IFSP according KAR 2:130 Sec. 2 (7) (b). OR if they are unable to attend an IFSP meeting due to scheduling conflicts and the PSC contacts for approval. If they give written approval that documentation should also be available in the record. All members of the team must approve the IFSP for authorization of covered services, according to 2:160 sec. 1 (1) a. b.

- Ethical and professionalism training for providers needs to be addressed due to a complaint from parents regarding a provider "talking" about other providers during home visits.
- Up to date CBIS Summary sheets need to be utilized by the PSC.
- Writing outcomes and strategies that reflect parent concerns in daily routines. 2:130 Sec. 2 (4) (i) and 2:130 Sec. 2 (9) (f) 1.2. Outcomes and strategies need to reflect family friendly terminology and activities/strategies need to be identified within a routine along with outcomes so that families can easily implement, and identify if an outcome has been met.
- Routine based interviews are initially conducted by the Service Coordinator but therapists also need to discuss how routines are influenced by the child's developmental delays and include this information in staff notes, evaluations assessment reports and progress reports. 2:120 Sec. 1 (11) 12. And 2:130 Sec. 1 (3) (a.) 2. c. and 2:130 Sec. 1 (6) (e) (f).
- Staff notes of service providers do not reveal the consultative model of service delivery. Most notes show a strong documentation of direct service delivery with the child and do not reflect activities discussed with parent that have been implement since last session nor does activities given to parents reflect suggestion of incorporating activities into DAILY Routines. 2:130 Sec. 2 (4) (a)-(g) and Orientation Training pages 97-101.
- Services should not be discontinued or changes prior to implementing 2:130 Sec. 2 7(a) 1. And 2:130 Sec. 2 7(b), Policy and Procedure Family Rights Sec. VII. Services should continue until the PSC has finalized any changes on the IFSP, sent IFSP to team members AND Form 15 has been sent to the family explaining changes. The above regulation and Policy and Procedure should be reviewed with and implement by the PSC and therapist. Documentation in records during provider program reviews does not always reveal the above regulation and policy implementation.
- Consultative model is rarely being documented on staff notes of therapist. Pages 98-101 of Orientation training (staff note documentation) given to providers during exit meetings.
- Release for Information is not being obtained and/or filed in record of person receiving information.
- PSP does not appear to be implemented. Units are generally divided equally between therapists; IFSP does not contain any reference to PSP nor does staff notes.
- PSC and therapist need to document when a complete referral is sent/rec'd and what information was sent/rec'd for tracking the 10 WORKING day timeline. 2; 130 (7) (a) 1-4.
- PSC need to document on the IFSP the need/rational for additional assessments per 2:130 (4) a-c.
- Team need to focus on parent concerns and utilizing the fewest disciplines needed to address those concerns according to 2:130(1) (a)(b), so parents don't feel overwhelmed with service delivery but still KNOW their concerns and child's needs are being addressed.
- Following assessment procedure as indicated in 2:130 Section 1 (1) a) (b). This regulation may assist the team with identifying the Primary Service Provider based upon the family's greatest concern for their child and other services that support the PSP with teaching the parent strategies to implement during the family's daily life.
- Whenever a parent chooses to use their insurance for First Steps services this information should be "highlighted" from the ISC to the PSC. PSC should make all providers aware of the family's choice to bill insurance, giving providers necessary information. (Res-10, page 2)

- Review of the Assistive Technology Section in the First Steps manual is needed by the PSC and AT personnel. Transition of the AT devices purchased for children are not identified on a Transition plan. AT center need to be aware of the items disposition when the child turns 3yrs. Recommended practice of borrowing items for 60 days prior to purchase, within the policy, should be implemented by AT center or the record should be documented as to the reason why it is not possible.
- AT assessment timelines should follow 2:130 section 1 (7)(a), 10 working days from date of referral.

Potential Family Issues: .

- Families need information regarding their role and responsibility regarding implementation of IFSP activities/ strategies to meet outcomes.
- Need to continually market the Parent Consultant to First Steps families so they are aware of this resource.
- Families need to be allowed to refuse numerous services on a particular day if they feel it is intrusive to family and it will not benefit the child.
- Families can assist with monitoring the system by reviewing their provider's billing by looking over the quarterly letters sent to them from CBIS regarding services received
- Families need to be informed of complaint process at local and state level.

- Reviews: 32 reviews
- Potential # of families impacted through Review process: Approx. 2628, this number includes three POE reviews within the year.
- Action Plans approved: 30
- Review reports written: 26, co-reviews were conducted with other evaluators out of my region, they are responsible for writing the report.
- Complaints received: 12, = 10 parent complaints and 2 provider complaints. Complaints stemmed from providers missing services, ethical issues, billing of Family Share, delay of services and quality. Parent consultant assisted with complaints.
- Complaints still processing: 1
- Average travel per month : 576

In summary, during exit interviews with providers, they are very willing and eager to understand and implement regulations. Most citations are based upon interpretation of regulations or not being aware of requirements. On-going training with therapeutic intervention providers would be beneficial.

Public Comment Response
ICC Evaluation Sub-Committee
11/9/06

Subject: appropriate/approved tests to be used for discipline initial assessments, six- month progress reports and determining the developmental status of children in First Steps

Concerns:

1. Regulations and policies do not define which tests are acceptable.
    - Other states provide a listing of approved tests.
    - There is confusion in the field regarding what tests should/should not be used

RESPONSE: The ICC Evaluation Subcommittee recognizes that for some providers, there is confusion regarding what tests are appropriate to use for evaluation and assessment and for particular populations within the First Steps system. The committee is reluctant, however, to prescribe, define, or even recommend specific developmental evaluation and assessment tools for a variety of reasons. First, the First Steps program in Kentucky is made up of a diverse network of providers from many different disciplines, each of whom adds their own skills and talents to the program. By defining a core set of instruments that can/should be used, some providers may be limited or excluded from practice within the First Steps system. Secondly, our current program is based on the assumption that those practicing are qualified and competent to make judgments about appropriate evaluation and assessment techniques and we respect the professional expertise of each and every provider. Thirdly, a list of even "recommended" evaluation and assessment tools (list of inclusion) often instead becomes one of exclusion (i.e. if my test is not listed here then I cannot use it) even when that is not the intention of the original "recommended" list. Fourth, maintaining a choice with regard to evaluation and assessment tools allows for use of new (and perhaps better) tools as soon as they become available. Fifth, there continues to be uncertainty regarding the Continuous Assessment Guide (CAG) and its application to Part C. Trainings are currently being arranged to facilitate a better understanding of the CAG and its application in First Steps and this committee will send representation to such trainings. Should the First Steps Central Office staff decide to implement the CAG within the First Steps system, a list of acceptable tests will be prescribed. Lastly, this question posed above highlights the continuing training needs of all our providers within the First Steps system.

2. Need definitions of standardized, norm referenced, criterion referenced, and curriculum based.

- It appears that there may be confusion in the field regarding types of tests and which are most appropriate for determining eligibility and which are most appropriate for program planning.
- Therefore eligibility criteria may not be applied consistently from provider to provider across the state.

RESPONSE: Please see attached the definitions for the terms listed above. This question again highlights the need for further training at all levels of the First Steps system with regard to evaluation and assessment. While the Primary Level Evaluation Coordinator could present training on these issues to the primary level evaluators, there is not a good forum to date in the First Steps system that could serve to educate ALL providers regarding these issues.

With regard to determining eligibility, for all children who do not qualify by established risk or by Intensive Level Evaluation, NORM-REFERENCED tools that are standardized on a clearly defined norm group and allow for computation of a standard score that can be converted to a standard deviation score <u>must</u> be used. With the use of norm-referenced tests, eligibility criteria are implemented consistently across the state. This is a clear benefit of using norm-referenced tools, as standard scores derived from different tools can be compared.

With regard to program planning, either norm-referenced or criterion-referenced tools can be used, and some would argue that both should be used to provide families and the First Steps system maximal information about the success of the child/program.

3. The addendum to the policy and procedure manual relating to 911KAR 2:120 – evaluation and eligibility- states that the use of standardized test instruments is recommended and a justification must be given if one is not used. The calculation of the developmental status is based on standard deviations below the mean which are not available from criterion referenced measures, observation, parental judgment or parental report. This addendum further states that continuing program eligibility is determined at each IFSP review using the developmental status scale.

- Does this mean that a standardized test should be used to determine eligibility and developmental status and that a criterion referenced test should also be used to assist with program planning?

- What constitutes an appropriate justification for not using a standardized test?
- Would providers and children benefit from some guidance on when standardized measures would not be appropriate?

RESPONSE: This is a valid point of confusion. The Policies and Procedures pertaining to the Developmental Status Score reads "use of standardized test instruments" but really should say "use of test instruments that provide standard scores." Thus, our recommendation to the First Steps Central Office Staff is to amend this Policy/Procedure to clarify this issue.

Thus, with regard to the questions raised above, the policy should explain that a *norm-referenced* test should be used to determine eligibility and developmental status, and *criterion referenced* tests can be used to assist with program planning. There are instances when the use of norm-referenced tests for determining developmental status is not necessarily ideal. For example, in the very young infant or for infants with muscle tone abnormalities, there are not norm-referenced tools that are appropriate. Additionally, many norm-referenced instruments have not been normed for vision and/or hearing impaired populations. Other exceptions to the use of norm-referenced tests also exists and the Policy/Procedure related to 911 KAR 2:120 clearly states that use of clinical judgment is to be used in addition to testing to determine a child's developmental status score. Finally, we all agree that training continues to be an issue throughout the First Steps program and many providers in the field have received little or no training regarding these issues.

4. It appears that outcome and eligibility data will be difficult to aggregate due to the variance in methods used to determine developmental status and eligibility.

RESPONSE: When the Developmental Status Scale was developed, everyone realized that this was an inherent flaw in the system but the program needed to immediately respond to House Bill 260. Pending resolution of issues regarding the Continuous Assessment Guide, ECO Center findings, and other issues at that state level that would impact Part C, the committee is ready to work toward a more useful measure of child and system success. Given that this will be a labor intensive endeavor, the committee does not plan to devise an alternative to the DSS scale until such a request is made from the First Steps central office and when some of these issues are more fully defined.

Definitions

Standardized: A standardized test is a type of test that is administered and scored in a standard manner. The tests are designed in such a way that the questions, conditions for administering, scoring procedures, and interpretations are consistent and are administered and scored in a predetermined and standard manner. Generally, there are two types of standardized tests, norm-referenced and criterion-referenced. One of the main advantages of standardized testing is that it is able to provide an assessment that is psychometrically valid and reliable, as well as results which are generalizable and replicable.

Norm-Referenced: Norm referenced tests are tests standardized on a clearly defined group, termed the *norm group*, and scaled so that each score reflects a rank within the norm group. Norms are needed because the number of correct responses in itself is not very meaningful. For example, knowing the child obtained a score of 20 or correctly answered 70% of the items on the test is of little use unless we also know how other children performed on the same test. Thus, we need a relevant normative population. Norm-referenced tests provide some degree of quantification of the child's functioning. Quantification (i.e. assigning numbers to responses) serves many purposes including describing the child's present level of functioning in reference to his or her peer group, sorting out the nature of specific weaknesses and strengths, and providing a baseline to assist in measuring progress during and after intervention.

Criterion-Referenced: Where norm-referenced tests are used to evaluate a child's performance relative to their peers, criterion referenced testing is used to identify a child's status with respect to an established standard of performance. Criterion referenced tests provide information relevant to instructional decisions, such as whether a child is ready to proceed to the next level of instruction, whether there are certain subskills that require more attention than others, and which curriculum materials might best help the child master skills. Performance on a given criterion is made without reference to the level of performance of the child's peers.

Curriculum-Based Assessment: Like in criterion-referenced tests, curriculum based assessments also are used to compare a child's performance to some predetermined criterion rather than to the performance of other children. Curriculum based assessment uses direct observation and recording of a child's performance in the local curriculum as a basis for gathering information to make instructional decisions and determine mastery. Typically, these approaches have emphasized direct, repeated assessment of target behaviors to see how well a child performs on the materials the teacher is assigning the class.

Standard Score: Standard scores are raw scores that have been transformed to have a designated mean and standard deviation. They express how far a child's score lies from the mean of the distribution in terms of the standard deviation. Z scores, T scores, Developmental Quotient, and Deviation IQ, scores are all types of standard scores. A Z score has a mean of 0 and a standard deviation of 1. A T score, in contrast, has a mean of 50 and a standard deviation of 10. Finally, the Deviation IQ score has a mean of 100 and a standard deviation of 15 or 16, depending on the test used.

Sattler, J. (2001). Assessment of Children, Fourth Edition. Jerome M. Sattler, Publisher, Inc.