

FLORIDA

ANNUAL PERFORMANCE REPORT (APR)

PART C

Federal Fiscal Year (FFY) 2007 – 2008
Revised April 7, 2009



**Florida Annual Performance Report
Part C
FFY 2007 – 2008**

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Part C State Annual Performance Report (APR) for 2007 – 2008

Overview of the Annual Performance Report Development: The Florida Department of Health, Children's Medical Services, Early Steps State Office, as the lead agency for implementation of the Individuals with Disabilities Education Act (IDEA), Part C, developed the Annual Performance Report (APR) in consultation with the Early Steps (ES) Continuous Improvement Workgroup which is a group of stakeholders representing families, providers, directors of local ES, members of the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), Department of Education (DOE), and the ES Data Center at the University of Florida. Representatives from the Office of Special Education Programs (OSEP), National Early Childhood Technical Assistance Center (NECTAC), and the Southeast Regional Resource Center (SERRC) also provided consultation in the development of the APR.

In this document, the Department of Health, Children's Medical Services (CMS), Early Steps State Office as the lead agency for implementation of IDEA, will be referred to as the "lead agency". In order to ensure services are provided to eligible infants and toddlers and their families in accordance with IDEA, the lead agency enters into contract with local entities. In this document, these local entities will be referenced as "local ES" or LESSs" or if singular, an "LES".

Data that are reported to OSEP through its contracted entity, WESTAT, in accordance with Public Law 108-446, Section 618 will be referenced in this document as "618 data".

Beginning July 1, 2006, the lead agency implemented realignment of the LESSs to accomplish a more equitable distribution of geographic area, per child funding and numbers of children served by each LES. As of July 1, 2008, this realignment was completed. During 2007-2008, there were 16 LESSs. Upon completion of the realignment July 1, 2008, the number of LESSs was reduced to 15.

In this APR, Service Coordinators will be differentiated from other providers of services to eligible children. Therefore, reference will be made to "Service Coordinators", while those individuals who provide other early intervention services will be referred to as "providers". "Providers" include those individuals directly employed by the LES as well as community agency personnel.

Through contract, each LES assumes responsibility for ensuring that services are provided in accordance with IDEA in a designated geographic area. Each LES employs Service Coordinators, Family Resource Specialists, and other staff to ensure eligible infants and toddlers and their families have access to Part C services. Most Service Coordinators work under the direct employment of the LES. The remainder of the workforce necessary to provide early intervention services to eligible infants and toddlers is derived from early interventionists employed by the LES or more frequently, through a network of individuals or agencies that have a written agreement with the LES to deliver services. Historically, the Florida legislature through funding proviso limited the direct provision of services by the LES to service coordination and evaluation and assessment. This limitation has been eliminated and in 2005, the lead agency included a provision in LES contracts for hiring intervention service personnel by the LES. As a result, some LESSs are gradually hiring intervention service staff. Demand due to increased referrals has forced the prioritization of workload for these personnel on eligibility evaluation. While this practice positively impacts performance on Indicator 7 (45-day timeline), it has a negative impact on performance on Indicator 1 (timely service delivery). A national shortage of pediatric therapists and relatively low reimbursement fees for service provision has inhibited LESSs from recruiting sufficient practitioners into the provider pool.

A centralized provider enrollment system was implemented in Florida in July 2004, in order to ensure that all providers of Part C services meet a specified set of training and experience qualifications. Administrative challenges with this system have caused delays in processing and approval of applications, and subsequently, created a disincentive for early intervention providers to participate in Florida's early intervention system. This exacerbated existing issues with provider availability for

delivery of early intervention services and has negatively impacted performance in Indicators 1 (timely service delivery), 2 (services in natural environments), and 7 (45-day timeline).

The Florida Medicaid system has continued to transition to managed care. This has significantly reduced benefit coverage for Individual Family Service Plan (IFSP) services, most notably therapy services. Medicaid HMO provider panels are closed in many areas of the state and panel members are primarily outpatient rehabilitation and hospital-affiliated clinic-based providers. In order to comply with IDEA's natural environment mandate, LESs have become the payer of last resort for an increasing number of therapy services for Medicaid recipients, which has created an additional burden to Early Steps resources. In addition, the Agency for Health Care Administration (AHCA) transitioned to a new fiscal agent effective July 1, 2008. This has created additional barriers as new administrative practices are implemented; problems are identified and subsequently improved upon. Since the Medicaid fiscal agent contract changed hands, payments for Medicaid services have been severely delayed as the new agent develops proficiency processing claims. The Florida economic forecast is bleak and budget reductions have been imposed for most state agencies for the remainder of 2008-2009. Further downturns in Florida's economic forecast are predicted for the next fiscal year.

Delays in publication of the final regulations of IDEA 2004 have delayed the lead agency's actions to finalize state policies. This has impeded the lead agency's ability to provide clear policy and guidance for LESs. Although the provisions of IDEA 2004 were effective July 2005, final regulations for implementation have not yet been released. Revisions to state policies have been drafted since 2007, following release of the proposed IDEA, Part C regulations. States have not received information related to projected plans or time lines for release of final regulations. With the expectation that release of final regulations was imminent, Florida issued "interim" policy documents, incorporating the requirements of IDEA 2004, although not the provisions of the proposed regulations. The goal was to provide the LESs clear policy and guidance to assist them in meeting requirements. Although final regulations have not yet been released; in Spring 2009, Florida will initiate the public participation process, per 34 CFR §§303.110 through 303.113, for those interim policies and will submit to OSEP for approval with the 2009 Part C application.

New requirements pursuant to the 2004 reauthorization of IDEA (development of the State Performance Plan, APR, public reporting and determinations) have challenged the lead agency to analyze its organizational structure and make necessary changes to ensure sufficient resources are directed towards the state's system of general supervision. A realignment of staff functions in the Early Steps State Office has placed additional resources towards data oversight, identification and correction of noncompliance, and performance improvement activities. This realignment of lead agency staff functions was initiated in March 2008, but not fully implemented until after the current review period.

The implementation of public reporting and determinations as required by federal law has increased statewide awareness of the importance of local and statewide performance. This has heightened attention to specific indicators and we believe will over time result in improved statewide performance.

During the timeframe addressed in this APR (July 1, 2007 through June 30, 2008), Florida was not impacted by significant weather events (such as hurricanes). Therefore, there were minimal interruptions in operations due to weather events.

On an ongoing basis during the past year, lead agency staff engaged in analysis of performance, both statewide and disaggregated by LES. This analysis included such information as: progress towards the State Performance Plan (SPP) targets, status of implementation of the team-based primary service provider approach to service delivery, identified training needs, dispute resolution issues, feedback from families, and results of Quality Assurance (QA) monitoring. This ongoing analysis provides a basis for decision-making regarding factors influencing progress or slippage and the efficacy of improvement activities. Through this analysis, the lead agency makes recommendations regarding future improvement activities.

The finalized APR and revised SPP are posted to the ES website located at: <http://www.cms-kids.com/earlysteps/reports/index.html>. LES Directors, Family Resource Specialists, FICCIT members, Medicaid staff, the DOE staff, and other stakeholders will be made aware of the website availability of the APR and revised SPP. LES Directors and Family Resource Specialists will be asked to include information about how to access the APR in newsletters and other materials being sent to their provider network and families.

In June 2008, the lead agency reported to the public on LES performance towards the targets in the SPP. Public reporting of state and LES performance is posted to the ES website located at: <http://www.cms-kids.com/earlysteps/reports/index.html>. The format for public reporting was developed in consultation with the Continuous Improvement Workgroup.

INDICATOR 1: TIMELY SERVICE DELIVERY

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

REPORT OF PROGRESS – INDICATOR 1			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	100%	60%	70%

RAW DATA CALCULATION FOR INDICATOR 1: Timely Service Delivery				
A	B	C	D	E
Total Child Records Reviewed (Represents Children from all 16 LESs)	Children With IFSPs Receiving Early Intervention Services on Their IFSPs in a Timely Manner	Children With IFSPs Not Receiving Early Intervention Services on Their IFSPs in a Timely Manner Due to A Documented Child or Family Reason or Natural Disaster	% Children With IFSPs Who Received Early Intervention Services on their IFSPs in a Timely Manner or there was a Documented Child or Family Reason or Natural Disaster that Prevented Timely Service Delivery (B + C) / A X 100 = D	Total Children Not Receiving Timely Service Delivery for Reasons Other Than Documented Child or Family or Natural Disaster (A - B - C = E)
271	163	27	70%	81

The baseline data and the actual target data for the period of review are derived from QA monitoring results. Data for the baseline and actual target data represent review of randomly selected child records in all 16 LESs. Documented child and family issues or office closures due to natural disasters that prevented the timely delivery of early intervention services are included in the numerator and denominator for calculating the baseline and the actual target data.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has made progress on Indicator 1. The lead agency’s continued focus on the importance of timely service delivery by providing technical assistance in the form of policy clarification and consultation to LESs, and requiring that timely service delivery be addressed in Continuous Improvement Plans were factors which positively impacted performance on Indicator 1. In addition, special projects required of LESs to demonstrate correction of noncompliant practices and enforcement actions contributed to the state’s progress on Indicator 1.

Florida issued “interim” policy documents on March 1, 2008, in order to provide clear guidance to local Early Steps in meeting requirements. They included the following definition of timely services: “as soon as possible, but within 30 calendar days from when the family consented to the service or by the start date of the authorization period listed on the IFSP, unless there is documentation of a child

or family related issue or natural disaster which caused the delay". This definition is more consistent with the majority of other states and territories.

Activities which have been completed to improve performance on Indicator 1 are:

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the lead agency maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for timely service delivery.
2. An analysis was conducted of the barriers to timely services to obtain a more thorough understanding of the issues faced by LESs and to inform the lead agency regarding statewide and LES technical assistance needs. The results of this analysis are represented in the chart below.

An Analysis of the Barriers to Timely Service Delivery (For the 271 children represented in the 2007-2008 Actual Target Data for Indicator 1)		
	Number of Children	% of Total Children
A. Children with IFSPs who received the early intervention services on their IFSP in a timely manner	163	60%
B. Children with IFSPs who did not receive the early intervention services on their IFSP in a timely manner due to a documented child or family reason	27	10%
C. Children with IFSPs who did not receive the early intervention services on their IFSP in a timely manner due to a documented natural disaster	0	0%
D. TOTAL: Children with IFSPs who received the early intervention services on their IFSPs in a timely manner or there was a documented child or family or natural disaster that prevented timely service delivery (A + B + C = D)	190	70%
E. Children with IFSPs who did not receive the early intervention services on their IFSPs in a timely manner due to a provider availability issue	42	16%
F. Children with IFSPs who did not receive the early intervention services on their IFSPs in a timely manner due to an LES capacity issue (includes Service Coordinator or other staff vacancy, inadequate follow-up to ensure initiation of services, failure to document follow-up and service initiation date)	33	12%
G. Children with IFSPs who did not receive the early intervention services on their IFSPs in a timely manner due to a delay in obtaining insurance authorization	6	2%
H. TOTAL: Children with IFSPs who did not receive the early intervention services on their IFSPs in a timely manner and there was no documented child or family reason or natural disaster (E + F + G = H)	81	30%
I. TOTAL (D + H = I)	271	100%

Based on this analysis, provider availability and LES capacity issues continue to be the greatest barriers to timely service delivery, as together they constitute 28% of the delays in timely service delivery.

A centralized provider enrollment system was implemented in Florida in July 2004, in order to ensure that all providers of Part C services meet a specified set of qualifications, training, and experience. Prior to delivering services to Early Steps children, Early Steps policy requires that the provider (i.e.

therapist, Infant Toddler Developmental Specialist, nurse, or other early interventionist) complete enrollment requirements of the Early Steps Provider Management System, complete an orientation period, and be enrolled as a Medicaid provider. Administrative challenges with this system continue to cause delays in processing and approving applications, and subsequently, exacerbate existing issues with provider availability for delivery of early intervention services.

Delays in timely service delivery due to difficulties obtaining insurance authorization are also of concern. Interim policies were effective March 1, 2008, which specified that "Part C funds may be used to pay for the provision of services and supports when it is necessary to prevent a delay in the timely provision of services". Interim policy was further revised on June 23, 2008, to clarify requirements for service provision when the provider refuses to continue services due to disputes regarding payment and to reflect acceptable reasons for denial of use of the family's insurance for payment of early intervention services. Since some of these revisions were not effective until near the end of 2007-2008, it is unlikely that they had an impact on performance during 2007-2008.

Of the child records reviewed, there were no delays due to a documented natural disaster or other state of emergency.

3. Disaggregated performance on Indicator 1 has been analyzed to identify progress and slippage by LES. In 2007-2008, 3 LESs demonstrated improved performance on Indicator 1 by 20% or more over prior year performance even when applying the 30 day timeline to 2006-2007 calculations. In addition, most LESs which scored 50% or less during the prior year demonstrated significant improvement in their 2007-2008 results. This achievement is a result of statewide dedicated effort and focus to assist low scoring LESs to improve performance.

4. To increase the number of qualified early intervention providers available to deliver services to eligible infants and toddlers and their families, the lead agency established a partnership with Florida's State Personnel Development Grant to recruit, prepare and retain highly qualified, effective personnel. Through this project, the lead agency funded 15 master's level early intervention students from 8 partner universities. These students are expected to matriculate in the summer of 2009 and in accordance with grant provisions, they have committed to work in Florida's early intervention system for a specified period of time. Due to the number of individuals expressing an interest in participation in the project, the lead agency is pursuing additional grant funding to support similar projects.

5. Timely service delivery is measured through QA monitoring which includes review of randomly selected child records in all 16 LESs. Each LES is required to provide detailed information regarding the specific services that are recommended for each identified child, including the type of services recommended on the IFSP, the date the service was agreed to by the IFSP team and included on the IFSP, and the date the service was initiated. If the service is delayed for any child or family reason or natural disaster, documentation is required to support the delay. This information is reviewed and verified by the lead agency prior to scoring of QA monitoring results. For children identified in QA monitoring whose services had not started at the time of the submission of the QA self assessment, follow-up reporting was required by the appropriate LES. LESs with noncompliance in timely service delivery are required to develop a Continuous Improvement Plan which addresses the strategies they will employ to correct the noncompliance as soon as possible, and in no case later than within one year of identification. Special activities & reporting have been required of those LESs that are identified as being out of compliance with timely service delivery. These special activities are required to provide an internal tickler system to ensure that the requirements related to timely service delivery are met and to promote sustained improvement over time.

6. To study the costs and personnel needs of a team-based primary service provider approach to service delivery, a pilot project was initiated. Two LESs were granted funds to pilot a self-contained primary service provider team to learn how to better fiscally manage the delivery of services in the natural environment. This pilot project began in September 2007 and ended March 30, 2008. This pilot project is discussed in more detail in Indicator 2. One finding of the pilot project was that children who received the team-based provider approach to service delivery were more likely to

receive services in a timely manner. In uncertain economic times, Florida is limited in its capacity to increase funding levels to provide additional support for service delivery in the natural environment. However, the pilot project provided valuable insight into how the primary service provider approach can be of benefit to the child, family and providers, with services more likely to be provided in a timely manner and in the natural environment. "Lessons learned" from this pilot project have been incorporated into training for providers and LES staff. This pilot project and the resulting trainings are discussed in more detail in Indicator 2.

7. During 2007-2008, a Data Users Workgroup, composed of representatives of the lead agency and LESs, began an intensive process of improving data system collection and reporting capabilities. Planned improvements to data collection methodologies are focused on tracking of IFSPs and timely service delivery. These improvements are expected to be implemented in 2008-2009 and are anticipated to provide LESs a more effective means of self-monitoring to ensure timely service delivery.

8. A system of sanctions has been implemented and includes increased reporting requirements, notifications to administrative personnel who are in a supervisory role above the LES director, determinations, directing the use of contract funds and resources, and eventual contract termination. During 2007-2008, the failure to correct noncompliance with timely service delivery was a factor in the determination of 1 LES which was determined to be in the category of Needs Assistance and 4 LESs which were determined to be in the category of Needs Intervention in order to implement the requirements of IDEA. Due to persistent noncompliance which had not been corrected, the determination letter of 2 of the Needs Intervention LESs were submitted to management personnel above the LES Director.

9. In 2006-2007, there were 5 findings of noncompliance related to Indicator 1. One of these findings was corrected within one year of identification, 1 finding was corrected within 18 months of identification, and 1 finding was corrected within 21 months of identification. Therefore, as of January 29, 2009, a total of 3 of the findings have been corrected and 2 findings have not yet been corrected. This is also reflected in the Indicator 9 Worksheet. The failure to correct noncompliance related to Indicator 1 was a factor in the determination of the 2 LESs which have not yet demonstrated correction. Sanctions which have been imposed include increased reporting requirements and notification to management personnel above the LES Director of the persistent noncompliance. While these actions by the lead agency have not yet resulted in demonstration of correction of the noncompliance, 1 LES has demonstrated improvement and 1 LES has demonstrated significant improvement.

Indicator 1 - Identification and Correction of Noncompliance				
A	B	C	D	E
	Findings of Noncompliance	Findings of Noncompliance Corrected within 1 year	Findings of Noncompliance Corrected as of January 29, 2009 (includes the finding in Column C)	Findings of Noncompliance Not Corrected as of January 29, 2009
Findings of Noncompliance in 2006-2007 (as reflected in the Indicator 9 Worksheet, FFY 2007 APR)	5	1	3	2

10. The lead agency has worked closely with LESs to ensure correction of persistent noncompliance (i.e. noncompliance that has not been corrected in one year). In 2005-2006, there were 7 findings of noncompliance related to Indicator 1. In the revised FFY 2006 APR, it was reported that 6 of these findings had been corrected as of April 14, 2008. Therefore, there was 1 finding of noncompliance related to Indicator 1 which was identified in 2005-2006 and had not been corrected by April 14, 2008. In the FFY 2006 SPP/APR Response Table, OSEP requires that the lead agency report correction of this remaining issue of noncompliance related to Indicator 1. As specified in the chart below, the lead agency verified that there had been a demonstration of correction of this remaining issue of noncompliance as of June 1, 2008. The lead agency reviewed child records to verify demonstration of correction.

STATUS OF CORRECTION: NONCOMPLIANCE IDENTIFIED IN 2005 -2006 AND NOT CORRECTED AS OF APRIL 14, 2008			
Indicator or Other Monitoring Priority	Noncompliant Findings Not Corrected as of 4/15/08	Status	Date correction Verified by the Lead Agency
Indicator 1: Timely Service Delivery	1	Correction demonstrated. The lead agency utilized child record review to verify correction	6/1/08

11. Public reporting of statewide and local performance related to Indicator 1 was accomplished in June 2008.

12. In its letter of June 6, 2008, OSEP advised the lead agency of technical assistance sources related to Indicator 1 and required the lead agency to report on the technical assistance sources utilized and the actions the lead agency has taken as a result of this technical assistance. The technical assistance sources which have been utilized and actions taken are as follows:

A. The NECTAC paper *Developing and Implementing an Effective System of General Supervision: Part C* was required reading of all Early Steps State Office staff and subsequently utilized as a basis for realignment of Early Steps State Office staff. This provided a means for the lead agency to consider the required components of general supervision and how these components should be addressed and interact with one another to form a comprehensive system. The resulting realignment of staff functions in the Early Steps State Office has placed additional resources towards data oversight, identification and correction of noncompliance, and performance improvement activities. This realignment of lead agency staff functions was initiated in March 2008, but not fully implemented until after the current review period ended. It is anticipated that these changes will enhance the capacity of the lead agency to more consistently intervene with LESs to ensure correction of noncompliance related to compliance indicators (including Indicator 1). This will also ensure that SPP improvement activities are implemented within planned timeframes.

B. Technical assistance from NECTAC and SERRC has been utilized to develop a system of sanctions which are implemented when noncompliance is not corrected within twelve months. This system of sanctions includes increased reporting requirements, notifications to management personnel who are in a supervisory role above the LES director, determinations, and eventual contract termination.

C. Utilizing resources and technical assistance provided by NECTAC, the *Early Intervention Monitoring Manual* from Wyoming, and the *Investigative Questions* for Indicator 1 provided by OSEP, a root cause analysis format was developed to address issues of noncompliance with Indicator 1 (timely service delivery). Utilizing this format, LESs with persistent noncompliance in timely service delivery will be required to conduct a root cause analysis and report results to the lead agency (see

revised Improvement Activity # 6). Elements of the root cause analysis are being utilized as a basis for discussion with other LESs with noncompliance in timely service delivery to assist them in developing strategies to address the noncompliance.

D. Lead agency staff participated in the sessions at the National Accountability Conference related to Indicator 1, as well as recruitment and retention of personnel. The session "Part C Personnel Recruitment and Retention: Current Challenges and Emerging Strategies" was especially helpful. Information provided in this session validated the work that Florida has done to promote provider recruitment.

E. The document *Part C SPP/APR 2008 Indicator Analysis (FFY 2006-2007)* was reviewed to gather information about improvement strategies used by other states to impact performance on Indicator 1.

F. The document *Part C SPP/APR Related Requirements* was reviewed to more fully understand other requirements that are associated with the requirement for timely service delivery. This information was utilized in the development of a root cause analysis for timely service delivery.

13. In order to improve efficiencies in the centralized provider enrollment process, the lead agency developed and implemented an electronic online Provider Management System. The system was implemented in phases beginning in May 2008 with the last phase implemented in September 2008. This system allows providers to submit and manage their provider application and includes a public search feature for approved providers. System enhancements are currently being designed to automate the approval process where possible and decrease the approval processing time. The target date for implementation of enhancements is by June 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

Indicator 1, Improvement Activity 6 is revised as follows:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 1, Improvement Activity 6	6. Conduct an analysis of non-compliance related to timely service delivery to determine causal factors which contribute to non-compliance and to determine the average number of days in which services are provided. Data will be disaggregated by LES and by type of service. Facilitate an analysis of low performing LESs to <u>identify and correct practices which contribute to not providing timely service delivery.</u> Based on the results of this analysis, implement provider recruitment, training, technical assistance, and policy changes as indicated.	January, 2008 July 2009 and ongoing	Lead Agency, LESs Programs, with input from partner agencies and the public.

INDICATOR 2: SERVICES IN NATURAL ENVIRONMENT

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

(20 U.S.C. 1416(a)(3)(A) and 1442)

REPORT OF PROGRESS – INDICATOR 2			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children	55%	72%	75%

RAW DATA CALCULATION FOR INDICATOR 2: SERVICES IN NATURAL ENVIRONMENTS					
A	B	C	D	E	F
Infants and Toddlers with IFSPs Receiving Services in the Home	Infants and Toddlers with IFSPs Receiving Services in Community-based Settings	Infants and Toddlers with IFSPs Receiving Services in Other Setting	Infants and Toddlers with IFSPs Receiving Service Coordination Only and/or Developmental Surveillance (Subset of C)	Total Infants and Toddlers with IFSPs Reported (Column A + B + C = E)	% Infants and Toddlers with IFSPs Receiving Services in Natural Environments (Column A + B + D / E X 100 = F)
5891	1032	4768	1803	11,691	75%

The actual target data for Indicator 2 are part of the state's 618 Data, and are derived from the services identified on the IFSP and entered into the Early Steps Data System for infants and toddlers with IFSPs who were eligible on October 12, 2007, and were reported to WESTAT and OSEP on February 1, 2008. To determine each child's primary setting, the IFSP services for each child were analyzed to determine the location in which that child will receive the most hours of service.

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2007-2008:

Florida has improved in its performance on Indicator 2 and exceeded the target. This improvement has been the result of a revised rate structure to promote service delivery in the natural environment and efforts to ensure accurate data entry related to documentation of services in the natural environment. While Florida continues to improve on delivery of services in the natural environment, the cost of delivery of services in the natural environment and philosophical buy-in from community providers are ongoing challenges.

Activities which have been completed to improve performance on Indicator 2 are:

1. Through monthly conference calls with LES Directors, biannual statewide meetings, and other technical assistance activities, the lead agency maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for service delivery in natural environments.
2. The lead agency has reinforced proper data collection methods and improved the quality of data related to the location of services by identifying "suspect" entries and requiring LESs to review the child's record and ensure that the data is correctly entered. These activities have been followed by review of working data by the lead agency to ensure that required clean up occurred prior to inclusion of the data in submitted WESTAT data reports.
3. Analysis of disaggregated data related to services in the natural environment led to the provision of technical assistance to one LES which had very low performance on services in the natural environment. The lead agency worked with the LES to conduct further analysis of local service delivery and data reporting. It was learned that services being provided in the natural environment were not being accurately reported in the Early Steps Data System. Therefore, the data significantly under-represented the actual percentage of services in the natural environment. After technical assistance was provided, the performance of the LES on services in the natural environment rose by 27%. The lead agency is continuing to track the performance of this LES related to documentation of services in the natural environment to ensure that the improvement is sustained.
4. A revised rate structure, which was developed in collaboration with a stakeholder workgroup to promote the provision of services in natural environments, was implemented July 2007. This revised rate structure provides for enhanced payment of consultation services (collaboration among professionals) and provider travel to natural environments.
5. To study the costs and personnel needs of a team-based primary service provider approach to service delivery, a pilot project was initiated. Two LESs were granted funds to pilot a self-contained primary service provider team to learn how to better fiscally manage the delivery of services in the natural environment. This pilot project began in September 2007 and ended March 30, 2008. Through the use of the primary service provider approach, the results of this project demonstrated that:
 - Families were satisfied and pleased to have "help at home"
 - Providers were more comfortable with family-guided interventions and were more likely to incorporate daily routines into early intervention sessions
 - Evaluation to intervention was more streamlined and therefore, services were more likely to be delivered in a timely manner
 - There was greater collaboration among IFSP team members (including the family)
 - IFSP team members felt more confident in their abilities to share information

In uncertain economic times, Florida is limited in its capacity to increase funding levels to provide additional support for service delivery in the natural environment. However, the pilot project provided valuable insight into how the primary service provider approach can be of benefit to the child, family and providers, with services more likely to be provided in a timely manner and in the natural environment.

6. "Lessons learned" from this pilot project have been incorporated into training for providers and LES staff. Using this material, 4 regional Primary Service Provider trainings were conducted May 2008, and a Train the Trainer training was held in June 2008, with all LESs represented. The intent of the training was to ensure providers were consistently providing services in the natural environment using a primary service provider approach. A post-training survey demonstrated that providers are more likely to work in the primary service provider approach if they are compensated for

their time. In 2008-2009, additional guidance materials will be developed and disseminated on how to use consultation as a way to be compensated.

7. During 2006-2007, there were 9 findings of noncompliance with the requirement for the IFSP to include a child-based justification for services not provided in the natural environment. Due to vigilance by the lead agency, 8 of these findings were corrected within one year of identification, and 1 finding was corrected within eighteen months of identification. The LES with the finding of noncompliance that was not corrected within one year was subject to increased reporting requirements until correction was demonstrated.

8. Public reporting of statewide and local performance related to Indicator 2 was accomplished in June 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

In consideration of the Actual Target Data for 2005-2006 and 2006-2007, and in consultation with the Early Steps Continuous Improvement Workgroup, the measurable and rigorous targets for Indicator 2 are being revised as follows:

INDICATOR 2 - REVISION TO MEASUREABLE AND RIGOROUS TARGETS		
Federal Fiscal Year (FFY)	Previous Target	Revised Target
FFY 2008 (2008-2009)	60%	76%
FFY 2009 (2009-2010)	65%	78%
FFY 2010 (2010-2011)	70%	80%

INDICATOR 3 : CHILD OUTCOMES

Per instructions from OSEP, this indicator is addressed in Florida's revised State Performance Plan

INDICATOR 4: FAMILY OUTCOMES

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

REPORT OF PROGRESS – INDICATOR 4			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 4A: Percent of families who report that early intervention services have helped the family know their rights	57%	54%	65%
Indicator 4B: Percent of families who report that early intervention services have helped the family effectively communicate their children's needs	54%	50%	61%
Indicator 4C: Percent of families who report that early intervention services have helped the family help their children develop and learn	59%	64%	75%

RAW DATA CALCULATION FOR INDICATOR 4A: Families report that early intervention services have helped their family know their rights		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped their family know their rights	% Families reporting that early intervention services have helped their family know their rights (B / A X 100 = C)
1653	1076	65%

RAW DATA CALCULATION FOR INDICATOR 4B: Families report that early intervention services have helped their family communicate their children's needs		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped their family communicate their children's needs	% Families reporting that early intervention services have helped their family communicate their children's needs (B / A X 100 = C)
1653	1013	61%

RAW DATA CALCULATION FOR INDICATOR 4C: Families report that early intervention services have helped their family help their child develop and learn		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped their family help their children develop and learn	% Families reporting that early intervention services have helped their family help their children develop and learn (B / A X 100 = C)
1653	1243	75%

The National Center for Special Education Accountability Monitoring (NCSEAM) survey was utilized as the measurement tool for Indicator 4. A census model process for distribution of the family survey was implemented that included a personal contact with families by the Service Coordinator or the Family Resource Specialist to provide an invitation to participate in the survey during a specified timeframe. The survey and cover letter were available in English and Spanish. For families needing the survey translated into another language, translators already working with the family assisted. The target audience for the 2007-2008 survey was all families whose children were enrolled in Early Steps and had been enrolled for at least six months. During a specified four week timeframe, Service Coordinators and Family Resource Specialists were asked to make personal contact with all families meeting the survey criteria and offer the family an opportunity to complete the survey.

In the following charts, child demographics as included in 618 data are compared to the demographics of survey respondents. This comparison demonstrates that the survey respondents were representative of the families served by Early Steps.

Sex	618 DATA 2007 – 2008		FAMILY SURVEY RESPONDENTS 2007 -2008	
	Total Statewide 618	Percent 618 Statewide	Total Surveys Received	Percent Surveys Received
Female	4278	36.6%	640	38.4%
Male	7413	63.4%	1028	61.6%
Total	11691	100%	1668	100%

Child's Race	618 DATA 2007 – 2008		FAMILY SURVEY RESPONDENTS 2007 -2008	
	Total Statewide 618	Percentage 618 Statewide	Total Surveys Received	Percent Surveys Received
Black	1987	17.0%	299	17.9%
White	5079	43.4%	748	44.8%
Hispanic	2808	24.0%	352	21.1%
Asian	184	1.6%	22	1.3%
Native American	6	0.1%	1	0.1%
Unknown	1176	10.1%	171	10.3%
Other	451	3.9%	75	4.5%
Total	11691	100%	1668	100%

	618 DATA 2007 – 2008		FAMILY SURVEY RESPONDENTS 2007 -2008	
Children Who Are Medicaid Enrolled	Total Statewide 618	Percentage 618 Statewide	Total Surveys Received	Percent Surveys Received
Medicaid Enrolled	5496	47.0%	762	45.7%
Not Medicaid Enrolled	6195	53.0%	906	54.3%
Total	11691	100%	1668	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has made progress in its performance on Indicators 4A, 4B and 4C. This progress is a result of ongoing efforts of the lead agency to promote family knowledge of their rights, improve family ability to communicate their child’s needs, and help their child develop and learn. These ongoing activities include the statewide network of Family Resource Specialists, family training initiatives, and enhanced communication efforts with families and family organizations.

Activities which have been completed to improve performance on Indicator 4 are:

1. Survey methodology and response rates from 2006-2007 and 2005-2006 were analyzed to identify a survey methodology for 2007-2008 which was more likely to result in an increased response rate. Based on this analysis, a survey method was selected which included personal contact with families to inform them of the opportunity to submit a family survey. To solicit a larger survey pool of potential respondents, the survey period was expanded from two weeks (the timeframe in prior years) to four weeks in 2007-2008. As indicated by the comparison of response rates in the chart below, the survey process and methodology used in 2007-2008 yielded a significantly higher response rate. A census model of distribution, coupled with a personal invitation to participate will be utilized again in 2008-2009. Service Coordinators, Family Resource Specialists, and other stakeholders will be consulted for input so that the process can be improved upon in the coming year.

Comparison of Family Survey Response Rates				
A	B	C	D	E
	Method of Survey Distribution	Total Surveys Distributed	Total Surveys Received	Response Rate (C/A X 100 = D)
2006-2007	Survey mailed to Families Who Exited Early Steps	2786	264	9.5%
2007-2008	Personal Contact with Families Before Sending the Survey	5934	1653	27.9%

2. Public reporting of family outcomes was completed June 2008 and will be done annually.

3. Local newsletters were written and developed that served as a direct link between each LES and the families it served. These local newsletters also included a quarterly newsletter article from the Early Steps State Office. Topics of these publications included the role of families in the IFSP process, procedural safeguards and rights in Early Steps, and family involvement.

4. *A New Star* trainings, a series of interactive trainings created to help parents understand and participate fully in Florida's Early Steps system, are provided at least quarterly by Family Resource Specialists and are intended to help families know their rights, understand their role in Early Steps, and offer family support activities. Information on the number of families trained has not been consistently collected, so the information is not yet available to assess the impact of these trainings. This information will be collected and analyzed in the future.
5. Family Resource Specialists were provided with ongoing technical assistance on how to effectively identify families experiencing difficulties understanding the Early Steps system and their rights, and opportunities to increase family involvement within their local Early Steps.
6. Training was provided at the statewide Family Resource Specialist meeting on Indicator 4 regarding how best to assist families in learning about, and how to advocate for, their rights in Early Steps.
7. Training and technical assistance were provided to Service Coordinators on ensuring families know their rights and their role in the Early Steps system. This was done on several statewide Service Coordinator conference calls and at the Statewide Service Coordinator meeting in October 2007. All Service Coordinators are required to take an orientation module which includes information on the mission, goals, and the philosophical basis of Florida's Early Steps system, as well as information about the federal and state laws governing Early Steps. This orientation module also explores family-centered practices in the field of early intervention and clarifies how attitudes and beliefs influence the ability to work with families from diverse cultural backgrounds.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 4 in the SPP.

INDICATOR 5: INFANTS AND TODDLERS BIRTH TO 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS – INDICATOR 5			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 5: Percent of infants and toddlers with IFSPs birth to age 1	.69%	.60%	.58%

Raw Calculation and Comparison of Birth to 1 Children with IFSPs with States of Similar Eligibility Criteria.						
	2006 State Child Count			2007 State Child Count		
	A	B	C	D	E	F
	Number of Children With IFSPs Age Birth to 1	State Population Age Birth to 1	Percent of Children With IFSPs Age Birth to 1 (A/B X100 = C)	Number of Children With IFSPs Age Birth to 1	State Population Age Birth to 1	Percent of Children With IFSPs Age Birth to 1 (D/E X100 = F)
Ohio	2,099	146,341	1.43	2,428	148,048	1.64
Florida	1,396	233,381	0.60	1,375	238,748	0.58
Texas	3,562	394,904	0.90	3,742	408,289	0.92
National Average			1.04			1.06

The actual target data for Indicator 5 are part of the state’s 618 Data, reported to WESTAT and OSEP on February 1, 2008. These data are reported based on enrolled children who had an IFSP on October 12, 2007. Florida served 1,375 infants and toddlers birth to age 1 with IFSPs out of a population of 238,748 children of the same age or .58% of the state’s population of children from birth to 1 year of age. Florida’s performance ranks 21st of the 25 states with broad eligibility criteria and 50th of the 56 states and territories.

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2007-2008:

Florida has slipped in its performance on Indicator 5. Analysis of data shows that Florida’s referrals for children from birth to age 1 increased from 2006-2007 to 2007-2008. The percent of children found ineligible has also increased. The increase in children found to be ineligible may be due to changes in policies regarding evaluation instruments and how eligibility is determined. Effective July 2004, policy was changed to require the use of the Developmental Assessment of Young Children (DAYC) or the Battelle Developmental Inventory-2 (BDI-2) as the instruments of first choice for eligibility determination. At approximately the same time, the lead agency began to stress the

importance of basing eligibility determination on a standard score (1.5 standard deviations below the mean in at least one area) rather than the less reliable calculation of age equivalency. LESs who have fully implemented use of the DAYC and the BDI-2 report that they are more sensitive than instruments previously used and, therefore, fewer children are being determined eligible for Part C. These results were not unexpected as research indicates that children whose development is well within the average range based on their standard scores appear to be delayed when age equivalency scores are used. The lower rate of eligibility may therefore, be due to greatly decreased use of 25% delay in one or more areas of development as the standard for eligibility determination. It should be noted that if the DAYC or the BDI-2 are not appropriate for a particular child, policy allows for additional evaluation instruments to be administered in specific discipline areas to further determine eligibility. The following chart provides a two-year trend of these factors:

Comparison of Children Birth to 1 Referred to Children Found Ineligible*		
	2006-2007	2007-2008
Total Children Referred	6497	6644
Total Children Found Ineligible	1300	1556
Percent Ineligible	20.01%	23.42%

*(Please note that the ES Data System is based on "live data". Therefore, the referral data for 2006-2007 varies from referral data previously submitted in Florida's SPP and FFY 2006 APR.)

Activities which have been completed to improve performance on Indicator 5 are:

1. The lead agency continued implementation of its annual public awareness plan that includes providing posters and other public awareness materials to LESs and local Children's Medical Services offices. Annually the lead agency surveys LESs to assess their public awareness needs and revises the public awareness plan as indicated.
2. The lead agency has collaborated with the CMS newborn screening program to review the established conditions that newborn screening may identify. A suggestion for parents to contact Early Steps if their child is found to have a disorder has been included on all newborn screening correspondence and communications with parents. Following inclusion of this information on newborn screening correspondence there was an increase in referrals received by our Central Directory.
3. The lead agency continues to participate in statewide outreach events including the annual Family Café conference, Children's Week activities at the state capitol, Department of Children and Families, Child Protection Teams, and One Goal annual conferences.
4. Utilizing one-time lump sum available funding, awareness materials were developed and provided to all birthing facilities and hospitals in the state, including neonatal intensive care units. Current figures do not reflect a significant increase in referrals from neonatal intensive care units or hospitals at this time however, there has been a significant increase in referrals from physicians. The lead agency will continue to monitor these sources to determine if the number of referrals from these sources are impacted by the distribution of the awareness materials.
5. The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) produces an Annual Report on Early Intervention Services, targeting the general public, including parents and policy makers. This annual report is a means of informing the public and policy makers about early

intervention services.

6. The lead agency consulted with the state of Texas to gather information on best practices from another state large in population with broad eligibility that is more successful in its performance on Indicators 5 and 6. The marketing materials, public awareness plan and public awareness budget information was reviewed and compared to Florida's. In contrast to Florida, the state of Texas has more robust outreach activities for recruiting healthcare professionals and its budgetary investment in public awareness is significantly greater than that of Florida. In spite of this significant difference in funding directed towards public awareness activities, we learned that their highest percentage of eligible referrals come from medical and healthcare professionals. We are using this information to place more emphasis on our internal relationships to newborn screening and Department of Health healthcare providers, as well as strategizing on cost-effective ways to improve these referrals. In the coming year, this same type of consultation will be sought with Ohio, another large population state with broad eligibility criteria which is more successful in meeting its targets on Indicators 5 and 6.

7. Data has been disaggregated and will be analyzed with population data for further analysis at the local level and may lead to identification of additional improvement strategies.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 5 in the SPP.

INDICATOR 6: INFANTS AND TODDLERS BIRTH TO 3

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS – INDICATOR 6			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 6: Percent of infants and toddlers with IFSPs birth to age 3	1.875%	1.68%	1.66%

Raw Calculation and Comparison of Birth to 3 Children with IFSPs with States of Similar Eligibility Criteria						
	2006 State Child Count			2007 State Child Count		
	A	B	C	D	E	F
	Number of Children With IFSPs Age Birth to 3	State Population Age Birth to 3	Percent of Children With IFSPs Age Birth to 3 (A/B X 100 = C)	Number of Children With IFSPs Age Birth to 3	State Population Age Birth to 3	Percent of Children With IFSPs Age Birth to 3 (D/E X100 = F)
Ohio	11,696	442,233	2.64	13,118	440,349	2.98
Florida	11,468	683,637	1.68	11,691	705,223	1.66
Texas	23,232	1,166,843	1.99	24,869	1,204,607	2.06
National Average			2.43			2.52

The actual target data for Indicator 6 are part of the state's 618 Data, reported to WESTAT and OSEP on February 1, 2008. These data are reported based on enrolled children who had an IFSP on October 12, 2007. Florida served 11,691 infants and toddlers birth to age 3 with IFSPs out of a population of 705,223 children of the same age or 1.66% of the state's population of children birth to 3 years of age. Florida's performance ranks 21st of the 25 states with broad eligibility criteria and 48th of the 56 states and territories.

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2007-2008:

Florida has not met its Indicator 6 target. The actual target data for 2007-2008 reflect slippage of .02%.

Analysis of data shows that Florida's overall number of referrals increased from 2006-2007 to 2007-2008. The percent of children found ineligible has also increased as well as the percentage of children who are withdrawn by parents prior to the development of an IFSP. The increase in children

found to be ineligible may be due to changes in policies regarding evaluation instruments and how eligibility is determined. Effective July 2004, policy was changed to require the use of the Developmental Assessment of Young Children (DAYC) or the Battelle Developmental Inventory-2 (BDI-2) as the instruments of first choice for eligibility determination. At approximately the same time, the lead agency began to stress the importance of basing eligibility determination on a standard score (1.5 standard deviations below the mean in at least one area) rather than the less reliable calculation of age equivalency. LESs who have fully implemented use of the DAYC and the BDI-2 report that they are more sensitive than instruments previously used and, therefore, fewer children are being determined eligible for Part C. These results were not unexpected as research indicates that children whose development is well within the average range based on their standard scores appear to be delayed when age equivalency scores are used. The lower rate of eligibility may therefore, be due to greatly decreased use of 25% delay in one or more areas of development as the standard for eligibility determination. It should be noted that if the DAYC or the BDI-2 are not appropriate for a particular child, policy allows for additional evaluation instruments to be administered in specific discipline areas to further determine eligibility. The increase in children who are withdrawn by parents prior to the development of the IFSP may be the result of delays in the system of service delivery. The following chart provides a two-year trend of these factors:

Comparison of Children Referred to Children Found Ineligible and Children Withdrawn Prior to IFSP*		
	2006-2007	2007-2008
Total Children Referred	20960	21366
Total Children Found Ineligible	4,032	4788
Percent Ineligible	19.24%	22.41%
Total Withdrawal by Parent prior to IFSP	1832	2131
Percent Withdrawal by Parent prior to IFSP	8.74%	9.97%

*(Please note that the ES Data System is based on "live data". Therefore, the referral data for 2006-2007 varies from referral data previously submitted in Florida's SPP and FFY 2006 APR.)

Activities which have been completed to improve performance on Indicator 6 are:

1. The lead agency continued implementation of its annual public awareness plan that includes providing posters and other public awareness materials to LESs and local Children's Medical Services offices. Annually the lead agency surveys LESs to assess their public awareness needs and revises the public awareness plan as indicated.
2. The lead agency consulted with the state of Texas to gather information on best practices from another state large in population with broad eligibility that is more successful in its performance on Indicators 5 and 6. The marketing materials, public awareness plan and public awareness budget information was reviewed and compared to Florida's. In contrast to Florida, the state of Texas has more robust outreach activities for recruiting healthcare professionals and its budgetary investment in public awareness is significantly greater than that of Florida. In spite of this significant difference in funding directed towards public awareness activities, we learned that their highest percentage of eligible referrals come from medical and healthcare professionals. We are using this information to place more emphasis on our internal relationships to newborn screening and Department of Health healthcare providers, as well as strategizing on cost-effective ways to improve these referrals. In the coming year, this same type of consultation will be sought with Ohio, another large population state with broad eligibility criteria which is more successful in meeting its targets on Indicators 5 and 6.

3. The lead agency has collaborated with the CMS newborn screening program to review the established conditions that newborn screening may identify. A suggestion for parents to contact Early Steps if their child is found to have a disorder has been included on all newborn screening correspondence and communications with parents. Following inclusion of this information on newborn screening correspondence there was an increase in referrals received by our Central Directory.

4. The lead agency continues to participate in statewide outreach events including the annual Family Café conference, Children’s Week activities at the state capitol, Department of Children and Families, Child Protection Teams, and One Goal annual conferences.

5. The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) produces an Annual Report on Early Intervention Services, targeting the general public, including parents and policy makers. This annual report is a means of informing the public and policy makers about early intervention services.

6. A disaggregated analysis of the number of referrals demonstrated that referrals to Early Steps have increased in 14 of 16 LESs. Population data will be disaggregated for further analysis of performance at the local level and may lead to the identification of additional improvement strategies.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

The following Improvement Activity is added to Florida’s SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 6, Improvement Activity 11	11. Analyze disaggregated data to determine need for local technical assistance needs.	July 2009	Lead Agency, LESs

INDICATOR 7: 45-DAY TIMELINE

Monitoring Priority: Effective General Supervision Part C / Child Find

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

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 7			
	Measurable and Rigorous Target 2007 -2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	100%	86%	80%

RAW DATA CALCULATION FOR INDICATOR 7 (45-Day Timeline from Referral to Evaluation and Assessment and Initial IFSP)				
A	B	C	D	E
Total Child Records Reviewed	Children with timely evaluation and assessment and initial IFSP	Children with evaluation and assessment and initial IFSP completed more than 45 days from the child's referral, with documented child, family or natural disaster reasons that caused the delay	% Children with timely evaluation and assessment and initial IFSP or there is a documented child or family or natural disaster reason that caused the delay in completion of the evaluation and assessment and initial IFSP $(B + C) / A \times 100 = D$	Children whose evaluation and assessment and initial IFSP were held more than 45 days from date of referral for reasons other than documented child, family or natural disaster $(A - B - C = E)$
310	208	40	80%	62

The baseline data and the actual target data for the period of review are derived from QA monitoring results. Data for the baseline and actual target data represent review of randomly selected, newly referred children in all 16 LESs. Documented child and family issues that prevented the timely completion of the evaluation and assessment and initial IFSP are included in the numerator and denominator for calculating the baseline and the actual target data.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has slipped in its performance on Indicator 7. In 2006-2007, there were 7 findings of noncompliance related to the 45-day timeline, occurring in 7 LESs. Correction of noncompliance was demonstrated within one year for 6 of these findings of noncompliance. The following year (2007-2008), these 6 LESs were unable to sustain the corrected performance over a year's period of time.

Activities which have been completed to improve performance on Indicator 7 are:

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the lead agency maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for meeting the 45-day timeline.
2. An analysis was conducted to account for the untimely completion of the evaluation and assessment and initial IFSP, to obtain a more thorough understanding of the issues faced by LESs and to inform the lead agency regarding statewide and LES technical assistance needs. The results of this analysis are represented in the following chart.

An Analysis of the Barriers to Timely Completion of the Evaluation and Assessment and Initial IFSP for the 310 Children in the Actual Target Data		
	Number of Children	% Total Children in Actual Target Data
A. Evaluation and assessment and initial IFSP were completed within the 45-day timeline	208	67%
B. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline for documented child and family reasons	40	13%
C. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to natural disaster	0	0%
D. TOTAL: Children whose evaluation and assessment and initial IFSP were completed within the 45-day timeline or the evaluation and assessment and initial IFSP were delayed due to documented child or family reasons or natural disaster (A, B, + C = D)	248	80%
E. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to provider availability issues	6	2%
F. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to LES capacity issues (includes Service Coordinator or other staff vacancy, and inadequate documentation of follow-up to ensure evaluation and assessment and initial IFSP were completed timely)	56	18%
G. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to delays in insurance authorization	0	0%
H. TOTAL: Children whose evaluation and assessment and initial IFSP was not completed within the 45-day timeline for unacceptable reasons (E, F + G = H)	62	20%
I. TOTAL (D + H = I)	310	100%

The greatest barrier to meeting the 45-day timeline is LES capacity issues which include Service Coordinator or evaluator vacancy and inadequate documentation of follow-up by staff to ensure the 45-day timeline is met. The role of Service Coordinators is key to the provision of timely evaluation and assessment and initial IFSP. When Service Coordinator positions are vacant due to staff turnover, leaves of absence, etc., the capacity of the LES to ensure timely initial IFSPs is significantly compromised.

As a part of the revised rate structure which was implemented July 2007, changes were made to the billing structure for multidisciplinary evaluations. The purpose of the change was to more equitably reimburse for the time involved in conducting multidisciplinary evaluations. The Medicaid fiscal agent provided policy clarification which specified that multidisciplinary evaluations could only be billed through the early intervention services category and no longer through the therapy category of

Medicaid services. An unintended consequence was that therapists who provided multidisciplinary evaluation services did not understand that the impending change required that they be enrolled in the Medicaid Early Intervention Services Program. This situation caused confusion among the available provider pool as therapists were resistant to conduct multidisciplinary evaluations under any Medicaid program other than the Therapy Program. Changes to the Medicaid fiscal agent (as discussed in the Overview to the APR) further hindered the resolution of this issue. Subsequently, clarification and guidance have been provided and therapists are now enrolling in the Medicaid Early Intervention Services Program.

Lead agency policies require newly hired Service Coordinators to complete enrollment requirements of the Early Steps Provider Management System, complete an orientation period, and be enrolled as a Medicaid provider. During 2007-2008, there were further administrative delays in processing applications for Service Coordinators within the Early Steps Provider Management System. Therefore, the negative impact of Service Coordinator turnover was exacerbated by lead agency policies and administrative processing issues.

Provider availability was responsible for 2% of the children who did not receive a timely evaluation and assessment and initial IFSP. In this context, "provider availability" refers to an evaluator who is employed outside of the LES. There were no delays due to difficulties obtaining insurance authorization for the evaluation and assessment. Also, there were no delays as a result of office closures due to natural disasters.

3. Actual target data have been analyzed to identify LESs making the most progress and slippage on Indicator 7. In 2006, the lead agency implemented a realignment of LESs to accomplish a more equitable distribution of geographic area, per child funding and numbers of children served by each LES. In 2007-2008, further realignment was accomplished by moving a county from 1 LES to another. The LES which received this new county experienced a decrease in performance on meeting the 45-day timeline. The long term impact of the realignments accomplished in the past two years is expected to result in improved performance on Indicator 7 by equalizing the number of children served and funding.

4. Actual target data has also been analyzed to assess the impact of Service Coordinator vacancies on Indicator 7 performance. Three of the LESs which demonstrated compliance on this indicator during 2006-2007 showed slippage during 2007-2008. Review of data showed that these 3 LESs also experienced significant turnover in Service Coordinators.

5. During 2007-2008, there was a statewide increase in referrals by 10%. Disaggregated performance on Indicator 7 was analyzed to identify a possible correlation between increase in referrals and corresponding decrease in performance on Indicator 7. This analysis demonstrated that there was not a consistent correlation between increase in referrals and decrease in performance on Indicator 7. Further analysis will be conducted with low performing LESs to identify and correct the practices which contribute to not meeting the 45-day timeline (see new Improvement Activity 8).

6. In order to improve efficiencies in the centralized provider enrollment process, the lead agency developed and implemented an electronic online Provider Management System. Service Coordinators were phased into the system in June 2008. It was subsequently determined that because Service Coordinators are employed directly by LESs, the Provider Management System was not a necessary process for enforcement of personnel standards, and a revised process has been implemented as of January 2009. It is anticipated that the new process, which is not contingent upon Medicaid enrollment and is beyond the control of the lead agency, will eliminate administrative barriers to timely caseload assignment for newly hired Service Coordinators.

7. Performance on Indicator 7 is also measured through the Early Steps Data System. Each LES has the capacity to produce ad-hoc reports from the Early Steps Data System to self-assess for progress and slippage. Quarterly reports are also provided to LESs for this purpose.

8. In April 2006, barrier codes were added to the Early Steps Data System to provide for the recording of reasons for delay when the child's evaluation and assessment and initial IFSP are not conducted within 45 days of the child's referral. Included in QA monitoring is a review of child record documentation and the barrier code that is entered in the Early Steps Data System to determine if the

appropriate barrier code was utilized. The addition of barrier codes to the Early Steps Data System provides for identification, statewide and by LES, of specific issues that negatively impact timely completion of the initial IFSP. Findings from monitoring indicate there is not yet consistency in interpretation and use of barrier codes. Further training and technical assistance will be provided to ensure that data collection is accurate and therefore, useful in root cause analysis.

9. LESs with noncompliance in timely completion of the evaluation and assessment and initial IFSP are required to develop a Continuous Improvement Plan which addresses the strategies they will employ to correct the noncompliance as soon as possible, and in no case later than within one year of identification. Special activities & reporting have been required of those LESs that were identified as being out of compliance with the 45-day timeline. These special activities are required to provide an internal tickler system to ensure that the 45-day timeline is met and to promote sustained improvement over time.

As reported on the Indicator 9 Worksheet of this APR, there were a total of 7 findings of noncompliance related to Indicator 7 during 2006-2007. Six of the findings of noncompliance were corrected within one year of identification. One finding of noncompliance was not corrected within one year of identification, however correction was demonstrated and verified by the lead agency within eighteen months of identification of noncompliance.

Indicator 7 - Identification and Correction of Noncompliance			
A	B	C	D
	Findings of Noncompliance	Findings of Noncompliance Corrected within 1 year	Findings of Noncompliance Corrected as of January 29, 2009
Findings of Noncompliance in 2006-2007 (as reflected in the Indicator 9 Worksheet, FFY 2007 APR)	7	6	7

10. Public reporting of statewide and local performance related to Indicator 7 was accomplished in June 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

The following Improvement Activity is added to Florida's SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 7, Improvement Activity 8	8. Facilitate an analysis of low performing LESs to identify and correct practices which contribute to not meeting the 45-day timeline. Based on the results of this analysis, implement provider recruitment, training, technical assistance, and policy changes as indicated.	January 2010 and ongoing	Lead Agency, LESs

INDICATOR 8: EFFECTIVE TRANSITION PLANNING

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

INDICATOR 8			
	Measurable and Rigorous Target 2007 -2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 8A: IFSPs with transition steps and services	100%	79%	79%
Indicator 8B: Notification to the LEA if the child is potentially eligible	100%	82%	86%
Indicator 8C: Timely transition conference	100%	78%	80%

RAW DATA CALCULATION FOR INDICATOR 8A: Transition Plans Include Steps & Services To Support the Child and Family's Transition			
A	B	C	D
Total child records reviewed (represents children from all 16 LESSs)	Children with transition plans that include steps and services to support the child's transition	Children with transition plans that do not include steps and services to support the child's transition	% Children with transition plans including steps & services (B /A X 100 = D)
298	235	63	79%

RAW DATA CALCULATION FOR INDICATOR 8B: Timely Notification to the LEA if the child is potentially eligible			
A	B	C	D
Total child records reviewed (represents children from all 16 LESSs)	Children with notification to the LEA at least 90 days prior to the child's third birthday	Children for whom the LEA was not notified at least 90 days prior to the child's third birthday	% Children with timely notification to the LEA (B /A X 100 = D)
310	267	43	86%

RAW DATA CALCULATION FOR INDICATOR 8C: Timely Transition Conference						
A	B	C	D	E	F	G
Total child records reviewed	Children for whom the family did not provide consent to conduct the transition conference	Total child records reviewed less the children for whom the family did not provide approval to conduct the transition conference (A - B = C)	Children with timely transition conference	Children with the transition conference being held less than 90 days prior to the child's third birthday, with documented child or family reasons that caused the delay	% Children with timely transition conference or with a documented child or family reasons that delayed the transition conference (D + E/C X 100 = F)	Children with the transition conference being held less than 90 days prior to the child's third birthday for reasons other than documented child or family (A-B-C=E)
309	6	303	208	33	80%	62

The baseline data and the actual target data for the period of review are derived from QA monitoring results. Data for the baseline and actual target data represent review of randomly selected children in all 16 LESs. Documented child and family issues that prevented the timely completion of the transition conference are included in the numerator and denominator for calculating the actual target data for Indicator 8C. Office closures due to a significant weather event or natural disaster did not cause a delay in the transition conference for any of the 309 child records monitored. Children for whom the family did not provide approval to conduct the transition conference are not included in the numerator or denominator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has maintained performance on Indicator 8A (IFSPs with transition steps and services). Progress has been made on Indicator 8B (notification to the LEA) and 8C (timely transition conference). A key factor impacting improvement on Indicator 8 has been the lead agency's continued focus on the importance of timely transition planning. Providing technical assistance in the form of policy clarification and consultation to LESs, requiring transition to be addressed in Continuous Improvement Plans, requiring special projects of LESs to demonstrate correction of noncompliant practices, and implementing enforcement actions have contributed to the state's improved performance.

Activities which have been completed to improve performance on Indicator 8 are:

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the lead agency maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for transition.
2. To improve performance related to Indicator 8A, examples of best practice IFSPs were provided to LESs in October 2007. These example IFSPs include well-documented steps and services to assist the child and family during the transition process. However, IFSPs reviewed after October 2007 show no appreciable improvement in performance. To provide more extensive direction regarding the proper documentation of steps and services to support transition, a Transition Training Tool has been developed and is expected to be implemented July 2009.
3. The lead agency has participated in the National Transition Initiative as a means to learn from other states and to receive technical assistance related to timely transition planning. The transition paper, *Designing and Implementing Effective Early Childhood Transition Processes*, developed by participants attending a transition meeting in San Antonio in November 2007, and the research brief

from the National Early Childhood Transition Center, *Desired Family Outcomes of the Early Childhood Transition Process*, provided guidance for the lead agency and DOE in preparing for the development of transition activities to improve local performance. In consultation with SERRC, NECTAC, and TATS, a pilot project was designed and implemented to improve performance on Part C Indicators 8A, 8B, and 8C and Part B Indicator 12. Through this project, 5 school districts and their corresponding LES have been provided a framework for self-assessment of transition practices. Based on the results of this self-assessment, the participating school districts and LESs will be required to collaboratively develop an Action Plan which includes strategies for improvement. The lead agency and the DOE will utilize the cumulative results of this project to further improve performance on Part C Indicator 8A, B, and C, and Indicator 12.

4. The transition section of the family training curriculum, *A New Star*, continues to be provided by Family Resource Specialists to families of children approaching the age of three. Evaluations from this training are analyzed and improvements are made to training materials to clarify the transition process and inform families of the requirements and their role in transition. This activity will positively impact performance in transitioning children from Part C to Part B.

5. LESs with noncompliance in timely transition planning are required to develop a Continuous Improvement Plan which addresses the strategies they will employ to correct the noncompliance as soon as possible, and in no case later than within one year of identification. Special activities and reporting have been required of those LESs that are identified as being out of compliance with transition requirements. These special activities are required to provide an internal tickler system to ensure that the requirements related to transition are met and to promote sustained improvement over time.

As noted in the chart below, there were a total of 20 findings of noncompliance related to Indicator 8 in 2006-2007. Due to vigilance by the lead agency, 16 of these findings were corrected within one year of identification. As of January 29, 2009, 19 of these findings have been corrected; therefore, there is 1 finding of noncompliance identified in 2006-2007 which has not yet been corrected. This persistent noncompliance was a factor in the determination of this LES and the LES is now subject to more stringent reporting requirements related to transition planning. In accordance with the lead agency's system of sanctions, notification to this LES about its determination in the category of Needs Intervention was sent to managers above the LES Director. Due to these actions by the lead agency, the remaining finding of noncompliance was corrected as of April 7, 2009.

Indicator 8 - Identification and Correction of Noncompliance					
	A	B	C	D	E
		Findings of Noncompliance	Findings of Noncompliance Corrected within 1 year	Findings of Noncompliance Corrected as of January 29, 2009	Findings of Noncompliance Corrected as of April 7, 2009
Findings of Noncompliance in 2006-2007 (as reflected in the Indicator 9 Worksheet, FFY 2007 APR)	Indicator 8A: IFSPs with transition steps and services	7	6	7	7
	Indicator 8B: Notification to the LEA if the child is potentially eligible	5	4	5	5
	Indicator 8C: Timely transition conference	8	6	7	8
Total Indicator 8 Findings of Noncompliance in 2006-2007		20	16	19	20

6. Changes were made to the Early Steps Data System to provide an automated means of LES tracking of performance related to timely transition conferences and notification, and identification of barriers to holding timely transition conferences. Full implementation of these changes occurred in November 2008; therefore, there was not a full year of implementation for these changes to impact Actual Target Data.
7. Public reporting of statewide and local performance related to Indicator 8 was accomplished in June 2008.
8. In collaboration with DOE, joint regional meetings for LESs and school districts are planned for Spring 2009. The focus of these meetings will be to provide training on LES and school district policies to ensure children and families receive a timely and seamless transition from Part C to Part B. This training is anticipated to result in improved performance on Part C Indicator 8A, B, and C and Part B Indicator 12.
9. The lead agency, in collaboration with the DOE has implemented a phase-in plan to meet the requirements for reporting on the progress of Part C and Part B child outcomes as measured in Part C indicator 3 and Part B indicator 7. Twenty-three school districts and their corresponding 9 LESs who participated in Phase-1 and Phase-2 have received materials and training in the administration of the child outcomes measurement system selected instrument, the Battelle Developmental Inventory Second Edition (BDI-2). When all LESs and school districts have been phased-in, we anticipate transition performance from Part C to Part B will be positively impacted as a result of the collaboration between LEAs and LESs in this activity.
10. At least once per year, the lead agency and the DOE conduct a joint meeting for LESs and regional pre kindergarten school district staff to communicate best practices/initiatives and areas of concern related to transition procedures. The sharing of information with the lead agency related to transition issues results in technical assistance planning and training to improve LES performance. Those who consistently participated in these meetings made improved performance as compared to those who did not participate.
11. The continued emphasis on transition by the LESs and LEAs impacts the process of interagency agreement development in a positive manner and allows Florida's Transition Project (FTP) and the Technical Assistance and Training System (TATS) project to design specific technical assistance that is tailored to each LES/LEA through activities, training, and resources or other support. The process of developing transition agreements has involved both LESs and LEAs in ongoing meetings resulting in improved communication, meaningful discussions and resolution of transition issues. This process has positively impacted LES progress in transition performance. The *Checklist for Monitoring and Evaluation of the Interagency Agreement*, newly developed by the FTP, will be employed as a basis for assessing progress on transition issues as written in the interagency agreements.

Revisions, with Justification, to Proposed Targets / Improvement Activities /Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 8 in the SPP.

INDICATOR 9: GENERAL SUPERVISION

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 9			
	Measurable and Rigorous Target 2007 - 2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification	100%	67%	73%

RAW DATA CALCULATION FOR INDICATOR 9: Identification of Noncompliance and Correction Within One Year of Identification							
	A	B	C	D	E	F	G
	Total Findings of Noncompliance	Findings Corrected Within One Year of Identification	Percent Corrected Within One Year of Identification (B/A X 100 = C)	Findings Corrected as of January 29, 2009	Percent Corrected as of January 29, 2009 (D/A X 100 = E)	Findings Corrected as of April 7, 2009	Percent Corrected as of April 7, 2009 (D/A X 100 = E)
NONCOMPLIANCE IDENTIFIED IN 2006 - 2007	66	48	73%	62	94%	64	97%

Florida has made progress on Indicator 9. The baseline and actual target data reflect noncompliance identified through QA monitoring and complaints from July 1, 2006 through June 30, 2007. Identification of noncompliance occurs when a finding of noncompliance is issued. In the case of noncompliance identified through QA monitoring, the date that the QA report is issued is the date of identification of noncompliance and the noncompliance must be corrected within one year of this date. In the case of a finding of noncompliance through a complaint, the date the final complaint report is issued is the date of identification of the noncompliance and the noncompliance must be corrected within one year of this date. The Indicator 9 Worksheet provided as an attachment to this APR includes detailed information regarding noncompliance which was identified in the timeframe of July 1, 2006 through June 30, 2007.

There were a total of 66 findings of noncompliance identified in the timeframe of July 1, 2006 through June 30, 2007. Forty-eight of these findings (73%) were corrected within one year of identification. As of January 29, 2009, the lead agency had verified that 62 of these findings had been corrected.

Therefore, as of January 29, 2009, 94% of these findings had been corrected. These 4 findings of noncompliance which have not yet been corrected represent noncompliance identified in 2 LESs. This uncorrected noncompliance was a factor in the determination of these LESs. Sanctions which have been imposed include increased reporting requirements, assignment of a root cause analysis, and notification to management personnel above the LES Director of the persistent noncompliance. While these actions by the lead agency have not yet resulted in demonstration of correction of the noncompliance, there has been significant improvement in 3 of these 4 findings of noncompliance. Due to actions taken by the lead agency, there was demonstration of correction of noncompliance for 2 of the 4 remaining findings as of April 7, 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for:

Florida has improved in its performance on Indicator 9. Key factors impacting this improvement have been the lead agency's continued focus on the importance of timely correction of identified noncompliance, and implementation of a system of sanctions.

Activities which have been completed to improve performance on Indicator 9 are:

1. Through monthly conference calls with LES Directors, statewide meetings, policy clarification and other technical assistance activities, the lead agency maintains a channel of communication with LESs regarding indicators, performance improvement, and the requirement to correct identified noncompliance within one year of identification.

2. To assess performance and to identify noncompliance, annual QA reviews of each of the 16 LESs are conducted through self-assessment of child records randomly selected by the lead agency. The QA self-assessment information that is completed by each LES is submitted to the lead agency for review. Lead agency staff conduct a desk review of the self-assessment information and include in their analysis a review of other pertinent data to determine consistency among various sources of information, such as: complaint history and other concerns raised by families, prior performance, progress on the Continuous Improvement Plan, and corrective actions that have been implemented by the LES. When there is unexplained inconsistency across sources of information, the lead agency requests copies of documentation from child records to verify the self-assessment. If further verification is indicated, an on-site review is conducted to validate the QA monitoring results.

3. Complaints and due process proceedings are another means through which noncompliance is identified. In the current reporting period for Indicator 9 (noncompliance identified in 2006-2007), there were 2 findings of noncompliance as a result of complaints. See Indicator 9 Worksheet for further information about these findings.

4. In its letter of June 6, 2008, OSEP has advised the lead agency of technical assistance sources related to Indicator 9 and required the lead agency to report on the technical assistance sources utilized and the actions the lead agency has taken as a result of this technical assistance. The technical assistance sources which have been utilized and their result are as follows:

A. The NECTAC paper *Developing and Implementing an Effective System of General Supervision: Part C* was required reading of all Early Steps State Office staff and subsequently utilized as a basis for realignment of Early Steps State Office staff. This provided a means for the lead agency to consider the required components of general supervision and how these components should be addressed and interact with one another to form a comprehensive system. The resulting realignment of staff functions in the Early Steps State Office has placed additional resources towards data oversight, identification and correction of noncompliance, and performance improvement activities. This realignment of lead agency staff functions was initiated in March 2008, but not fully implemented until after the current review period ended. It is anticipated that these changes will enhance the capacity of the lead agency to more consistently intervene with LESs to ensure correction of noncompliance within the twelve month timeframe and therefore, improve performance on Indicator 9. This will also ensure that SPP improvement activities are implemented within planned timeframes.

B. Technical assistance from NECTAC and SERRC has been utilized to develop a system of sanctions which are implemented when noncompliance is not corrected within twelve months. This system of sanctions includes increased reporting requirements, notifications to management personnel who are in a supervisory role above the LES director, determinations, mandatory structured root cause analysis activity, and eventual contract termination.

C. Utilizing resources and technical assistance provided by NECTAC, in addition to the *Early Intervention Monitoring Manual* from Wyoming, a root cause framework was developed to address issues of noncompliance with Indicator 1 (timely service delivery) and timely annual and periodic reviews of the IFSP. To date, two LESs with uncorrected persistent noncompliance have been required to complete a structured root cause analysis related to timely annual and periodic IFSP reviews. While neither LES has demonstrated correction of the noncompliance, actions taken as a result of the root cause analysis have resulted in significantly improved performance for one LES.

5. In response to guidance received from OSEP regarding thresholds for identification of noncompliance, the lead agency now identifies any monitoring result of less than 100% as a finding of noncompliance.

6. LESs with identified noncompliance have been required to develop Continuous Improvement Plans which include strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification. Requirements and timelines for Continuous Improvement Plan development and submission of updates are included in contracts with each LES. Timelines for achievement are included in the Continuous Improvement Plan and are tracked quarterly by the lead agency. With realignment of staff functions, mentoring is being provided to increase consistency across lead agency staff and to more actively intervene with lower performing LESs.

7. To ensure valid and reliable data from the QA self-assessment process, the lead agency requests documentation from selected child records as back-up information to verify that the information presented by the LES is correct. Further, a few LESs are selected each year to receive technical assistance in the form of a facilitated self-assessment. The facilitated self-assessment is conducted on-site at the LES and provides an opportunity for lead agency staff to coach LES administrative staff on the correct interpretation of compliance.

8. Technical assistance has been provided to all LESs, with a special emphasis on those LESs demonstrating noncompliance. Lead agency staff customize the technical assistance provided based on the causal factors and identified needs for each LES to improve performance and to achieve or maintain compliance. Technical assistance has been provided in the form of on-site visits, review and feedback on documentation submitted by the LES, conference calls with LESs, facilitation of training, policy clarification, and linking the LES to available expertise from OSEP, national technical assistance partners, and other resources.

9. In December 2008, a new system was implemented for tracking of corrective action assignments to LES which includes receipt of completed assignments by the lead agency, results of lead agency verification review, and next steps. This new system is anticipated to have a positive impact on Indicator 9 performance.

10. Statewide recognition was provided to those LESs demonstrating highest levels of performance and compliance. Recognition was also provided to those LESs demonstrating greatest improvement in performance.

11. As a part of the lead agency system of sanctions, determinations were implemented in accordance with the requirements of the 2004 reauthorization of IDEA. Subsequently, determinations of LESs were made and announced in August 2008. The results of the determinations process is noted in the following chart:

Two-Year Comparison of Determinations (Number of LESs in Each Determination Category in 2006-2007 and 2007-2008)					
	Meets Requirements	Needs Assistance	Needs Intervention	Needs Substantial Intervention	Number of LESs Receiving Determination
2006 – 2007 Determinations (announced in August 2007)	12	1	2	1	16
2007 – 2008 Determinations (announced in July 2008)	9	2	4	0	15

During 2006-2007, all 16 LESs received a determination. Effective June 30, 2007, the lead agency terminated its contract with the LES which received the determination of Needs Substantial Intervention. Effective July 1, 2007, the lead agency implemented interim measures to ensure that there was no interruption in services for eligible infants and toddlers and their families in this LES service area. By November 1, 2007, the lead agency had competitively secured a new contract holder for this LES. An on-site visit to the new contract holder was conducted in January 2008, for the purpose of determining a baseline performance level for the new contract holder, ensure that noncompliant practices had not been carried over to the new contract holder, and to assist the new contract holder in assessing their own performance. The baseline performance of this new contract holder showed improved performance over the previous contract holder. Since this new contract holder was not subject to determination during 2007-2008, there were 15 LESs which received a determination in 2007-2008. This new contract holder will be subject to determination in 2008-2009.

12. The lead agency has worked closely with LESs to ensure correction of persistent noncompliance. In 2005-2006, there were a total of 43 findings of noncompliance. In the revised FFY 2006 APR, it was reported that a total of 41 of these findings had been corrected as of April 14, 2008. Therefore, there were 2 findings of noncompliance identified in 2005-2006 which had not been corrected by April 14, 2008. In the 2005 SPP/APR Response Table, OSEP requires that the lead agency demonstrate correction of these two remaining findings of noncompliance. As specified in the chart below, the lead agency verified that there had been a demonstration of correction of both of these findings of noncompliance as of June 1, 2008. In order to verify correction, the lead agency reviewed child records and other pertinent information.

STATUS OF CORRECTION: NONCOMPLIANCE IDENTIFIED IN 2005 -2006 AND NOT CORRECTED AS OF APRIL 14, 2008			
Indicator or Other Monitoring Priority	Noncompliant Findings Not Corrected as of 4/15/08	Status	Date Correction Verified by the Lead Agency
Indicator 1: Timely Service Delivery	1	Correction demonstrated. The lead agency utilized child record review to verify correction	6/1/08
Other Monitoring Priority: Procedural Safeguards are provided to families.	1	Correction demonstrated. The lead agency utilized child record review to verify correction	6/1/08

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 9 in Florida's SPP:

INDICATOR 10: WRITTEN COMPLAINTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 10			
	Measurable and Rigorous Target 2007 - 2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint	100%	100%	100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has met its target for Indicator 10. The baseline and actual target data are based on information in Florida’s compliant tracking log. During 2007-2008, three written signed complaints were received. Reports, with findings, were issued within the 60-day timeline for two of the complaints. One complaint was withdrawn by the complainant within the 60-day timeline. In this case, the complainant chose to pursue informal resolution of the issues.

In 2007-2008, there were four findings of noncompliance identified as a result of complaints. These 4 findings will be reported in the Indicator 9 Worksheet in FFY 2008 APR.

Florida’s system of formal dispute resolution includes mediation, complaint investigation and due process hearings. While families and stakeholders are encouraged to address concerns about the early intervention system informally at the local level, these formal options are available. Families are informed of these options during their initial orientation to Early Steps by their Service Coordinator, at IFSP updates and when they express dissatisfaction or a concern. The family training curriculum, *A New Star*, includes a module on resolution of disputes.

Activities which have been completed to improve performance on Indicator 10 are:

1. Tracking and internal accountability has been ongoing.
2. Changes have been made to the process for logging of complaints to ensure improved coordination within the lead agency.
3. Informal grievances, consisting of phone calls, emails, and letters were tracked and disaggregated by LES and component area. This information was compiled along with the issues of the signed written complaints (even those withdrawn due to local resolution) and analyzed for noncompliant

practices, issues and trends statewide, and by LES. The results of this analysis have triggered further investigation by the lead agency, provision of technical assistance, and clarification of policy.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 10.

INDICATOR 11: DUE PROCESS HEARING REQUESTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 11			
	Measurable and Rigorous Target 2007 - 2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline	100%	No hearings held	0%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida has not met its target on Indicator 11. Three due process hearing requests were received, and 2 of the requests were resolved without a hearing. One was fully adjudicated, however not within the applicable timeline.

The absence of an official agreement between the lead agency and the state Department of Administrative Hearings hindered the rendering of an enforceable decision within the required timeline.

Activities which have been completed to improve performance on Indicator 11 are:

1. An agreement has been signed between the state Department of Administrative Hearings and the Department of Health which specifies that the Department of Administrative Hearings will oversee due process hearings for the lead agency.
2. A brochure was developed for families to help them understand the purpose and process for due process hearings.
3. Informational material has been developed to inform Department of Health attorneys and contracted administrative law judges/hearing officers about the differences between IDEA, Part C hearing requirements and IDEA, Part B hearing requirements.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 11.

INDICATOR 12: RESOLUTION OF DUE PROCESS HEARING REQUESTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

This indicator is not applicable to Florida, as the Part B due process procedures have not been adopted.

INDICATOR 13: MEDIATIONS RESULTING IN MEDIATION AGREEMENTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 13			
	Measurable and Rigorous Target 2007 - 2008	Actual Target Data 2006 - 2007	Actual Target Data 2007 - 2008
Indicator 13: Percent of mediations that resulted in mediation agreements	N/A	No mediations held	0%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007 – 2008:

Florida received two requests for mediation during 2007-2008. Neither of these mediation requests were related to due process. Mediation sessions were held for both of these mediation requests no later than 12 days from the date the lead agency received the request for mediation. However, neither mediation session resulted in a mediation agreement.

An activity which has been completed to improve performance on Indicator 13 is:

1. Tracking and internal accountability has been ongoing to ensure that mediation sessions are held within applicable timelines.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

In accordance with measurement instructions provided by OSEP for Indicator 13, states are not required to establish baseline or targets if the number of mediations is less than 10 annually. If the number of mediation requests reaches 10 or more in a given year, the lead agency will consult with stakeholders to establish a measurable and rigorous target.

There are no changes to Improvement Activities for Indicator 13.

INDICATOR 14: TIMELY AND ACCURATE DATA

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

REPORT OF PROGRESS - INDICATOR 14			
	Measurable and Rigorous Target 2007-2008	Actual Target Data 2006-2007	Actual Target Data 2007-2008
Indicator 14: State reported data are timely and accurate	100%	100%	100%

Florida has met its target for Indicator 14 and is now in compliance with the requirement to ensure that state reported data (618 data, State Performance Plan, and Annual Performance Reports) are submitted on or before due dates and are accurate. The actual target data reflect the timely and accurate submission of these federally required reports. In the charts that follow, 1 = Yes and NA = not applicable.

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	NA	NA	NA
13	1	1	2
		Subtotal	28
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 2, 2009)		5
	Grand Total		33

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/08	1	1	1	NA	3
Table 2 – Settings Due Date: 2/1/08	1	1	1	NA	3
Table 3 – Exiting Due Date: 11/1/08	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/08	1	1	1	N/A	3
				Subtotal	12
			Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)		30
Indicator # 14 Calculation					
			A. APR Total	33	33
			B. 618 Total	30	30
			C. Grand Total	63	63
Percent of timely and accurate data = (C divided by 63 times 100)			(C) / (63) X 100 =		100.0

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2007-2008:

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the lead agency maintained a channel of communication with LES Directors and other staff regarding the importance of timely and accurate data.
2. A revised service taxonomy was developed in collaboration with a stakeholder workgroup to promote the provision of services in natural environments. This revised service taxonomy implemented in July 2007 provides additional edit checks to improve accuracy and integrity of data.
3. Quarterly data fix reports are provided to each LES to ensure accuracy of data. These reports target specific data anomalies and provide ongoing reinforcement to accurate data collection methods.
4. Updates to the Early Steps Data System documentation on system rules and operation have been developed, disseminated, and posted on the data system website as programming, collection, and reporting procedural changes are made.
5. Prior to reporting of 618 data, “suspect” data have been identified and reports issued to LESs with a required timeframe for data clean up. These activities have been followed by review of data to

ensure that required clean up occurred prior to inclusion of the data in submitted 618 data reports.

6. QA monitoring probes continue to assess accurate data entry, requiring reviewers to compare information in randomly selected child records with information recorded in the Early Steps Data System.

7. On a quarterly basis, reports from the ES Data System are provided to LESs for tracking of performance. In addition, LESs have the capacity to produce ad-hoc reports for this purpose.

8. A Data Users Workgroup, composed of representatives of the lead agency and LESs, continues to meet via conference call to provide a forum for discussion and decision-making regarding improvements to the ES Data System.

9. A subgroup of the Data Users Workgroup was formed to provide targeted analysis of data collection, storage, and processing. The group's charge is to analyze system-wide weaknesses and recommend specific improvement strategies to increase quality and accuracy of data. In addition, this group assists in the development of training materials to reinforce changes made to data collection methodology.

10. Ongoing training has been provided on administration and scoring of the BDI-2 and data collection procedures for the child outcome measurement system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources:

No changes are being made to the Improvement Activities for Indicator 14 in the SPP.