

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

The Florida Department of Health, Children's Medical Services, Early Steps State Office (ESSO), as the Lead Agency for implementation of the Individuals with Disabilities Education Act (IDEA), Part C, developed the State Performance Plan (SPP) in consultation with the Early Steps (ES) Continuous Improvement Workgroup which is a group of stakeholders representing families, providers, directors of local ES Programs, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), Medicaid, Department of Education (DOE), and the ES Data Center at the University of Florida. Florida's Technical Assistance Liaison with the National Early Childhood Technical Assistance Center (NECTAC) also consulted with this stakeholder workgroup. This group met face to face one time and accomplished the remainder of their work through review of material, email discussion, and conference calls. Draft versions of the SPP were prepared and reviewed by members of the stakeholder workgroup.

The SPP was the primary focus of the November 2005 meeting of FICCIT. All FICCIT members were given an opportunity to review the draft SPP prior to the FICCIT meeting. At the meeting, FICCIT members discussed and came to consensus on their recommendations for changes to the draft SPP. Additional stakeholder input was gathered by the draft version of the SPP being made available on the ES web site, and circulated to all directors of local ES Programs and family resource specialists. Input received from this process was used to create the final version of the SPP.

Unless otherwise noted, all sections of the SPP were developed in accordance with the process as described above.

The finalized SPP will be posted to the ES website, as well as sent to all local ES Program directors, family resource specialists, FICCIT, Medicaid, and the Department of Education. A hard copy of the SPP will be made available at the office of the Lead Agency for public review. In addition, each local ES Program director will be requested to make available a hard copy of the SPP for review by families, local ES Program staff, providers of early intervention services, and other interested individuals. ES directors and family resource specialists will be asked to include information about how to access the hard copy and electronic version of the SPP in newsletters and other materials being sent to their provider and family network.

Data which is reported to the Office of Special Education Programs (OSEP) through its contracted entity "WESTAT" in accordance with Public Law 108-446, Section 618 will be referenced in this document as "618 data".

Overview of Florida and the System of Early Intervention

Florida, known as the Sunshine State, covers 53,927 square miles of land area and is approximately 800 miles long with several thousand miles of coastline. It is a 14-hour drive from Pensacola in the northwest panhandle area of the state to Key West at the southern tip of the Florida Keys. The state consists of several large metropolitan areas (Miami/Dade County, Broward County, Tampa, Jacksonville, West Palm and Orlando).

While Florida is best known for its beaches and tourist attractions, there are a significant number of rural and agricultural communities in the state. The most sparsely populated counties are primarily rural panhandle areas with a small cluster in the southern peninsula around Lake Okeechobee.

Florida continues to grow in population both from natural increases in its younger population and from migratory patterns which are affecting all southern states and Florida in particular. Florida is currently ranked as the fourth most populous state in the nation. During the April 2000 to July 2004 period, Florida was the third fastest growing state in the United States. According to the 2000 United States Census data, the percentage of 0 – 5 year olds in Florida is 5.9%, a little less than the national

average percentage of 6.8%.

Florida has the third largest numbers of immigrants in the country. The largest number (72.8%) of foreign-born residents of Florida reporting to the 2000 federal census were from the Caribbean, Mexico, and Central and South America.

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 16 local entities. These 16 local entities will be referenced in the SPP as "local ES Programs".

Through contract, each local ES Program assumes responsibility for ensuring that services are provided in accordance with IDEA in a designated county/counties. Dade County is shared between a South Miami program and a North Miami program, allowing families to choose which of these locations works best for them. The fourteen other local ES Programs cover either 1 county or multiple counties. For example, the Broward and Brevard local ES Programs each serve only 1 county, while the Tallahassee local ES Program covers 14 counties and the Gainesville local ES Program covers 16 counties. Each local ES Program 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 local ES Program. Required Part C services are delivered by a network of individuals or agencies that have a written agreement with the local ES Program to deliver services. 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.

In 2004, major changes were made to the early intervention service delivery system in Florida in order to ensure the provision of services within the context of the natural environment. A team-based primary service delivery model was implemented and articulated in the policy and guidance paper entitled "Service Delivery Policy and Guidance". This paper, effective July 1, 2004 and revised February 1, 2005, states as its objective to ensure that "families and caregivers of infants and toddlers with disabilities have the opportunity to enhance the development of their children within their everyday routines, activities, and places".

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with Individualized Family Support Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

The Lead Agency acknowledges that there may be a delay between the time of the Individualized Family Support Plan (IFSP) and the initiation of services due to the time needed to identify and contact service providers and to make arrangements for service delivery to begin. For this reason, Florida's current policy is that services must begin within 3 weeks or 21 calendar days of the IFSP meeting in which services are authorized. In instances in which the payer of a recommended service has not yet been determined, policy directs that there be an emergency authorization for payment of the service through Part C funds until the correct payer is identified. This policy ensures that service delivery is not delayed when there is an uncertainty regarding the appropriate payer for a particular service.

Compliance with timely service delivery is measured through the Continuous Improvement Quality Assurance (QA) Process and tracked by the ES Data System. Beginning in 2004-2005, Florida's QA process was revised to include the completion of self assessments by all 16 local ES Programs. One of the QA probes addresses whether services begin within 21 calendar days of being authorized on the IFSP. The self assessment information that is submitted by each local ES Program is reviewed and analyzed by Lead Agency staff. In addition, Lead Agency staff include in their analysis, a review of other pertinent data to determine consistency among various sources of information, including such information as: family survey responses, the complaint history of the local ES Program (i.e. if timely service delivery has been identified as an issue in any complaint), the local ES Program's performance related to timely service delivery from prior years, and whether corrective actions have been implemented to address timely service delivery. Based on the results of this analysis, the Lead Agency may conduct an on-site or a desk review verification of the performance of the local ES Program. When a local ES Program is found to be out of compliance with timely service delivery, the program is required to develop a Continuous Improvement Plan to address strategies that will be implemented to achieve compliance as soon as possible but no later than within one year of identification. The Continuous Improvement Plans also include strategies that are to be implemented by the Lead Agency to provide targeted Technical Assistance (TA) to help the local ES Program to achieve compliance and to verify that compliance is reached.

Data from the QA process is noted in Baseline Data for FFY (Federal Fiscal Year) 2004.

Baseline Data for FFY 2004 (2004-2005):

61% percent of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

Discussion of Baseline Data:

The baseline data for Indicator 1 is derived from QA monitoring. It represents the review of randomly selected child records in all 16 local ES Programs and is based on the actual number of days from the date of the IFSP authorization of each service and the date that each service began. Florida's benchmark for timely service delivery is within 3 weeks (no greater than 21 days) of the IFSP date. The baseline data reflects the review period of July 1, 2004 through June 30, 2005.

Known causal factors that impact untimely delivery of services are related to the following:

1. After the Individualized Family Support Plan (IFSP) meeting, families may request additional time to consider the recommendations made by the IFSP team (including the family).
2. Accessibility of providers in some areas may impact timely service delivery. In some instances, the need to locate providers who are available to provide services in a remote area delays timely service delivery. In the past year, instability in our provider pool has been exacerbated by Florida's strong stance regarding services being provided in natural environments.
3. Florida has been impacted by several major hurricanes in the last two years. As a result, many families in affected areas were required to evacuate their homes for a period of time, and it was necessary for several local ES Programs to suspend operations due to impending hurricanes and hurricane aftermath.

In order to further identify causal factors related to timely service delivery from a statewide perspective and also by each local ES Program, an analysis of timely service delivery will be conducted. This analysis will include review of the records of children who did not receive services in a timely manner in a specified time period to determine the cause of delay in service delivery. This will assist the Lead Agency and each local ES Program in determining the root causes of services being provided in an untimely fashion and will assist the Lead Agency in strategically providing TA related to timely service delivery. This analysis will also include collection of data to determine the average number of days in which services are provided. This will provide information to support decision-making regarding the current policy that services must be provided within three weeks (21 days) of the date of the child's IFSP.

Timely service delivery is also tracked by the ES Data System. At the present time, this measurement consists of comparison of two data points: the IFSP date and the date that one of the child's services began. An effective method to measure the timely delivery of all services is needed to provide for use of information from the ES Data System to support other methods of measuring timely service delivery (QA child record review, family surveys, etc.). The ES Data Users Workgroup will be asked to determine the most effective methodology for measuring the timely delivery of all services. This workgroup, composed of representatives from all local ES Programs, meets via conference call monthly to provide a forum for discussion and decision making regarding improvements to the ES Data System.

During February 2005, a Family Participation Survey was piloted. Service coordinators and family resource specialists in all local ES Programs were instructed to provide the survey to families they encountered during a specified 2 week time frame, whether the encounter was through face-to-face contact or telephone contact. In order to ensure that families responding to the survey had sufficient experience with Early Steps, the survey was only provided to families whose children had been enrolled in Early Steps for at least six months. Families had the choice of responding to the survey

via the internet or by using a pre-stamped envelope to send their survey to a neutral third party who received all surveys. During the specified time frame, a total of 1,609 surveys were distributed to families. A total of 402 completed surveys were returned (25% return rate). Of the 402 survey respondents, 85.3% agreed with the statement: “The services on our IFSP have been provided in a timely manner.” It should be noted that the family survey provided no definition of timely. Therefore, the survey was asking for the family’s perception of timely service delivery, without regard to the actual number of days that transpired from the IFSP and the date of services beginning.

Enhanced measures for oversight of statewide and local compliance with timely service delivery are needed. The ES Continuous Improvement Workgroup will assist the Lead Agency by conducting a quarterly review of pertinent information related to compliance with timely service delivery and provide recommendations to the Lead Agency to ensure compliance.

Measurable and Rigorous Targets for Timely Service Delivery (Indicator 1) for the next six years are as follows:

FFY	
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Continue to measure timely service delivery through QA monitoring (including child record review). Local ES Programs that are not in compliance with services being provided in a timely manner will be required to develop strategies to ensure compliance is reached as soon as possible, but no later than within one year of identification. The Lead Agency will verify compliance and utilize sanctions and enforcement actions if compliance is	Ongoing through 2011	Lead Agency, local ES Programs

not reached within one year of identification.		
2. Continue to measure family perception of timeliness of service delivery through family surveys.	July 2006 and annually through 2011	Lead Agency, in consultation with family resource specialists, and local ES Programs
3. Review data from QA monitoring child record review and the ES Data System to determine the efficacy of improvement strategies and identify additional improvement activities that need to be implemented to ensure compliance with timely service delivery.	July 2006 and continuing through 2011	ES Continuous Improvement Workgroup, Lead Agency
4. Monitor the effectiveness of improvement strategies by review of compliance data and family survey results related to timely service delivery and implement improvement strategies as indicated.	July 2006, and ongoing through 2011	Lead Agency, FICCIT
5. Develop and implement initiatives to promote the recruitment, preparation, and retention of qualified early intervention providers through pre-service and in-service training and technical assistance activities.	July, 2006 through 2008	Lead Agency
<i>Strategy revised per FFY 2007 APR:</i> 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 identify and correct practices which contribute to not providing timely service delivery. Based on the results of this analysis, implement provider recruitment, training, technical assistance, and policy changes as indicated.	January 2007 <i>Timeline Revised Per FFY 2005 APR:</i> January, 2008 <i>Timeline Revised Per FFY 2007 APR:</i> July 2009 and ongoing	<i>Resources Revised Per FFY 2007 APR:</i> Lead Agency, LESs Programs with input from partner agencies and the public.
7. Report to the public on ES performance with timely service delivery, reporting on statewide performance as well as performance by local ES Programs.	March 2007 and annually through 2011 <i>Timeline Revised Per FFY 2005 APR:</i> June 2007 and annually through 2011	Lead Agency
8. Consider adding a barrier code to the ES Data System to indicate the reason for delay when services are not provided within the required timeframe for reasons related to child and family	July 2007	ES Data Users Workgroup and Lead Agency

issues or natural disaster.		
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<p>9. Implement a revised methodology for measuring timely service delivery through the ES Data System, so that the measure captures whether all services authorized for the child are delivered in a timely manner.</p>	<p>July 2008</p>	<p>ES Data Users Workgroup and Lead Agency</p>
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New Improvement Activities Added per FFY 2005 APR:

<p>10. Provide revised policies and guidance documents supporting timely service delivery and provision of services while awaiting third party authorization.</p>	<p>June 30, 2008</p>	<p>Lead Agency</p>
<p>11. Implement additional training of LES staff and providers on team based primary service provider model and service delivery in the natural environment.</p>	<p>July 2008</p>	<p>Lead Agency</p>

New Improvement Activity Added per FFY 2006 APR:

<p>12. Analyze business practices related to provider enrollment and implement revised practices to gain greater efficiency in the Early Steps provider enrollment process.</p>	<p>July 2008</p>	<p>Lead Agency</p>
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Florida has strengthened its policies and practices related to the provision of services within the context of the natural environment through the implementation of a new service delivery model and policies stipulated in the paper "Service Delivery Policy and Guidance". This paper was the culmination of several years' collaboration between the Lead Agency, partner agencies and other stakeholders including families, local ES Program staff, providers, etc. This paper was accompanied by major initiatives which were implemented to ensure compliance with the requirements of IDEA related to natural environments:

1. Team Training series – this series of 4 instructor-led modules was provided to all local ES Programs. Participants included service coordinators, family resource specialists and other local ES Program staff, in addition to providers of early intervention services. The objective of this training series was to increase the knowledge base of staff and providers related to the philosophical concepts underlying delivery of services within the context of natural environments. (Implemented July 2004)
2. On-line Orientation modules – This series of 7 on-line modules addresses topics related to delivery of services within the context of the family's everyday routines, activities and places. (Two modules are now on-line, with the remaining 5 to go on-line by July 2006.)
3. A centralized provider enrollment system was implemented to ensure consistent qualifications and competencies for the early intervention workforce in Florida. (Implemented July 2004)
4. Each local ES Program was required to conduct a self assessment to identify strengths, barriers, and issues related to compliance with natural environment. The Lead Agency used this information to develop statewide and targeted TA to ensure compliance with service provision within the context of the natural environment.

Baseline Data for FFY 2004 (2004-2005):

33% Percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

Chart 2.A.		
Reflects data from all 16 local ES Programs		
Information Source: ES Data System		
Service Locations	2003	2004 BASELINE
Home	23%	30%
Programs designed for typically developing children	3%	3%
<i>Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children</i>	26%	33%
Service Provider Locations	30%	27%
Programs designed for children with disabilities	1.50%	1.07%
Hospital	0.15%	0.00%
Residential setting	0.01%	0.01%
<i>Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the programs designed for children with disabilities, hospitals or residential settings.</i>	32%	28%
<i>Percent of infants and toddlers with IFSPs whose service setting is designated as "Other" or for whom there is no designation of location of services</i>	41%	39%

Discussion of Baseline Data:

The baseline data is derived from the IFSP recommendations entered into the ES Data System for children with IFSPs who are eligible on December 1st of the indicated year. To determine each child's primary setting of service, the IFSP recommendations for each child which are entered into the Early Steps Data System are reviewed to determine the location in which that child will receive the most hours of service. Based on a comparison of this data with the results of QA monitoring child record review related to services being provided in the natural environment, discrepancies have been identified which indicate a need to further address data entry related to service provision in the natural environment.

Besides the high percentage of children in the "Other" category and the low percentage of infants and toddlers with IFSPs receiving early intervention services in the home or programs for typically developing children, the Chart 2.A. reflects that 28% of infants and toddlers with IFSPs primarily received early intervention services in service provider locations or to a lesser extent, in hospitals. This information is inconsistent with the results of QA monitoring of randomly selected child records which have been conducted by all local ES Programs and verified by the Lead Agency. This indicates a need to examine both processes (collection and reporting of WESTAT data as well as QA monitoring) to ensure that the processes accurately reflect the percentage of children receiving services in the natural environment.

Further analysis of disaggregated data from Chart 2.A. indicates that 2 local ES Programs in a contiguous geographic area have less than 1% of their children being served in the home or programs for typically developing children and more than half of their children are coded as "Other". While strategic TA will be provided to all local ES Programs to ensure service provision in the natural environment based on the individualized needs of the child, specific targeted efforts will be directed to these 2 local ES Programs to ensure correct coding of service locations and service provision in the natural environment.

Additional data reflecting services to infants and toddlers in the home and programs for typically developing children indicates an improving trend. The data in Chart 2.B. shows the percent of services that were authorized to be provided in the natural environment. The information in Chart

2.B. is derived from the results of QA monitoring of randomly selected child records in all 16 local ES Programs.

CHART 2.B.		
(Reflects data from all 16 local ES Programs)		
Information Source: QA Monitoring of Child Records		
	2003-2004	2004-2005
Probe II.3.1.(b) Services are authorized to be provided in the natural environment.	51%	72%

Included in QA monitoring is a determination if there is a justification documented in the child's record if services are not to be provided in the natural environment. As noted in Chart 2.C., there has been an increase in the percent of children for whom there is a justification documented in the child's record when services are not provided in the natural environment. Verification of the monitoring results for 2004-2005 has been conducted by the Lead Agency. Revisions to Florida's IFSP have been made to support documentation of child-outcome based justifications when a child is not receiving services in the natural environment.

CHART 2.C.		
(Reflects data from all 16 local ES Programs)		
Information Source: QA Monitoring		
	2003-2004	2004-2005
When Services Are Not Provided in the Natural Environment, a Justification for Provision of Services Not in the Natural Environment is completed.	70%	76%

The most immediate priority with regard to provision of services in the natural environment will be ensuring accurate data entry reflecting the location of service delivery. These activities are expected to positively impact Florida's performance by 2006-2007. Improved performance as a result of the team-based primary service provider model, revisions to Florida's IFSP form which provide enhanced documentation of service delivery in the natural environment, more clearly articulated policies related to natural environment, and training activities are expected to impact performance gradually through 2011.

Measurable and Rigorous Targets revised per FFY 2006 APR:

Measurable and Rigorous Targets for Infants and Toddlers with IFSPs receiving early intervention services in the home or programs for typically developing children (Indicator 2):

FFY	Measurable and Rigorous Target	Revised Measurable and Rigorous Target Per FFY 2007 APR
2005 (2005-2006)	38%	n/a
2006 (2006-2007)	50%	n/a

2007 (2007-2008)	55%	n/a
2008 (2008-2009)	60%	76%
2009 (2009-2010)	65%	78%
2010 (2010-2011)	70%	80%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Continue to measure the provision of services within the context of the natural environment and whether appropriate child-outcome based justifications are documented when services are not provided in the natural environment. This will be done through QA monitoring (including child record review). Local ES Programs that are not demonstrating compliance in delivery of services within the context of the natural environment (including documentation of appropriate child-outcome based justifications when the child is not receiving services within the natural environment) will be required to develop strategies to ensure compliance is reached as soon as possible, but no later than within one year of identification. The Lead Agency will verify compliance and utilize sanctions and enforcement actions if compliance is not reached within one year of identification.	Ongoing through 2011	Lead Agency staff, in consultation with family resource specialists, and FICCIT
2. Implement training and TA to improve data quality for entry of IFSP service authorizations, including location of services and IFSP dates.	January 2006	Lead Agency, local ES Programs
3. Provide TA to local ES Programs to ensure individualized decision making by IFSP teams and that services are provided in natural environments whenever possible, based on identified child-centered outcomes.	January 2006 and ongoing	Lead Agency, local ES Programs
4. Provide training to service coordinators related to provision of services within the natural environment, including appropriate documentation of services authorized to be provided in the natural environment.	April 2006	Lead Agency, DOE, local ES Programs

5. Review data related to the provision of services in the natural environment on a quarterly basis and provide guidance to the Lead Agency to ensure that services are provided within the context of the natural environment to the maximum extent possible.	July 2006	ES Continuous Improvement Workgroup, Lead Agency staff
6. Report to the public on ES performance with service provision in the natural environment, reporting on statewide performance as well as performance by local ES Programs.	March 2007 and annually through 2011 <i>Timeline Revised Per FFY 2005 APR: June 2007 and annually through 2011</i>	Lead Agency
7. Analyze WESTAT data collection methodologies and QA monitoring to determine effectiveness of each process to identify performance in the provision of services in the natural environment. Based on this analysis, improvement strategies to be implemented to ensure accurate, reliable measurement of the state's performance in the provision of services in the natural environment.	July 2007	Lead Agency, ES Data Users Workgroup, ES Continuous Improvement Workgroup
8. Review all data related to the state's performance related to delivery of services in the natural environment to determine the effectiveness of enhanced policies related to delivery of services in the natural environment, personnel development and training activities provided, and other revisions to the ES system to support service delivery in the natural environment. Data to be reviewed for this analysis will include results of QA monitoring (including child record review), WESTAT data, other data from the ES Data System and information from any complaints related to the delivery of services in the natural environment. This analysis to include performance trends across time, on a statewide basis and disaggregated by local ES Program.	July 2007 and ongoing	Lead Agency, FICCIT
9. Analyze disaggregated data related to provision of services in the context of natural environments to identify those local ES Programs with most positive performance in delivery of services in the natural environment. Identify factors contributing to success in each of these local ES Programs and implement a plan to share these practices statewide as indicated.	July 2008	Lead Agency, FICCIT, ES Continuous Improvement Workgroup, local ES Programs

New Improvement Activity Added per FFY 2005 APR:

10. Implement additional training of LES staff and providers on team-based primary service provider model and service delivery in the natural environment.	July 2008	Lead Agency
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Part C State Performance Plan (SPP) for 2005-2010**Monitoring Priority: Early Intervention Services In Natural Environments**

Indicator 3: Percent of infants and toddlers with Individualized Family Support Plans (IFSPs) who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of the State Performance Plan Development:

This section of the SPP was developed in accordance with the process described on page 1. In addition, the ES System Evaluation Workgroup played a key role in development of a child and family outcomes measurement system, as described in the following paragraphs.

The ES System Evaluation Workgroup was formed in January 2004 and is composed of stakeholders representing the variety of roles and responsibilities within the ES service delivery system. Workgroup membership is composed of individuals representing families, local ES Programs, providers of early intervention services, FICCIT, DOE, institutions of higher education, ES Data System, the Lead Agency and resource consultants from the Early Childhood Outcomes (ECO) Center. In October 2004, the ECO Center received federal funding from the Office of Special Education Programs (OSEP) to enhance Florida's system evaluation of Part C services. Through the General Supervision Enhancement Grant (GSEG) award, the ES System Evaluation Workgroup has worked with the ECO Center in the development of a child outcome measurement system. This system is designed to be part of Part C's system evaluation and will focus on child and family outcomes assessment in the context of Florida's new service delivery system. In the fall of 2005, colleagues from the DOE Part B 619/Preschool program began working more closely with the ES System Evaluation Workgroup and decisions were made to develop a collaborative statewide birth-to-five child outcome measurement system. An interagency leadership team was developed to jointly plan and implement this system.

Overview of Issue/Description of System or Process:

A cohort of Early Adopters was identified from LESs across the state to begin the phase-in of the data collection for the child outcome measurement system. Participants were identified for this first phase based on current practice with use of the identified evaluation tool (Battelle Developmental Inventory, Second Edition [BDI2]), potential participation by partnering school district, and willingness to participate in the initial data collection phase. Data collection of children entering occurred during January through June 2006. The development of an electronic data collection and reporting system began in January 2006, and has been utilized to aggregate the first phase of data collected for status at entry during the collection period. Four of sixteen LESs provided data for the initial collection period identified above and submitted all entry assessment data available for children entering the program who were less than 30 months of age at the time of their initial IFSP date. Sampling was not used to determine those children for whom data would be collected, but rather all children who had been assessed with the BDI2 were included. Early Adopter LESs continue to build capacity to phase in data collection so that all children in the service area who participate in Early Steps for a minimum of six months will be included.

Progress Data and Improvement Activities, February 1, 2009 Update

Six of sixteen LESs and ten local school districts received training in March 2007, and began collecting data using the selected instrument during the 2006-2007 reporting period. During 2007-2008, two additional cadres of LESs and school districts were phased in, bringing the total number of LESs collecting data to thirteen. These data were submitted to the data collection entity for processing and analysis. Data is submitted on a quarterly basis according to a data submission schedule and includes assessment event information (C-in [assessment serving as the Part C entry data point], C-out [assessment serving as the Part C exit data point], or C-to-B [assessment serving as both the Part C exit data point and the Part B/619 entry data point]). A list of children is provided to each participating LES/school district for whom entry data have been received in order to track those children who will need to be assessed on exit. An additional two LESs and fourteen local school districts received training in November 2008, and began collecting data in January 2009. Additional materials have been secured for those participating in data collection.

The quality of data has been reviewed by ESSO and DOE staff, as well as data consultants. Feedback has been provided to participating LES/school district staff in order to improve data quality. Guidance documents have been revised by the interagency leadership team and periodic conference calls and face-to-face meetings have been held to refine the system as lessons are learned. During 2007-2008, a decision was made to proceed with implementation of a web-based data collection and management system available from the publisher of the selected assessment instrument. The state interagency leadership team conferred with other states using this application, met with staff from the publisher, and worked with selected LES and school district staff to consider implementation issues. It is anticipated that data collection with the web-based data management tool will begin in Spring 2009.

Also during 2007-2008, planning was initiated for the development of materials to be used for a train-the-trainer process to meet the ongoing training needs of the statewide system. Video clips of assessment administration were determined to be critical to the effectiveness of training materials and were developed with technical consultation from the publisher. These materials were utilized during trainings in November and December 2008, and were favorably received. Additional training is scheduled for March 2009.

Progress Data:

For the purposes of reporting progress data for the three OSEP child outcome indicators, Florida has identified the following crosswalk of BDI2 domain results:

- A. Positive social-emotional skills (including social relationships) = Personal-social domain
- B. Acquisition and use of knowledge and skills (including early language/communication) = Communication domain
- C. Use of appropriate behaviors to meet their needs = Adaptive domain

As more data are collected and analyzed, Florida will determine whether including scores from the two other BDI2 domains (Cognitive and Motor) will, or will not, improve the quality and interpretability of the data used to report on this indicator.

For the purpose of reporting progress data for the five outcome categories, Florida has defined the categories as follows:

- a. Percent of children who did not improve functioning
This category may include BOTH (a) children who at entry were below typical (standard score <80) and (b) children who at entry were in the typical range (standard score \geq 80) but below typical on exit (standard score <80). Children in this category did not show any raw score gain (raw score at exit \leq raw score at entry) in any subdomain assessed for this domain.

- b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
This category may include BOTH (a) children who at entry were below typical (standard score <80) and (b) children who at entry were in the typical range (standard score \geq 80) but below typical on exit (standard score <80). Children in this category showed a raw score gain in at least one subdomain assessed for this domain, but did not show a gain in their standard score.
- c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach it
This category includes ONLY children who were below typical (standard score < 80) at both entry and exit. Children in this category showed both raw score gain (raw score at exit > raw score at entry) and standard score gain (standard score at exit > standard score at entry).
- d. Percent of children who improved functioning to reach a level comparable to same-aged peers
This category includes ONLY children who were below typical at entry (standard score < 80) and in the typical range at exit (standard score \geq 80). Children in this category showed both raw score gain (raw score at exit > raw score at entry) and standard score gain (standard score at exit > standard score at entry).
- e. Percent of children who maintained functioning at a level comparable to same-aged peers
This category includes ONLY children who were in the typical range (standard score \geq 80) at both entry and exit.

The data below show the progress data for children who exited during the 2007-2008 reporting period, had both entry and exit data, and participated in Early Steps for at least six months. Data for a total of 329 children were obtained during the collection period. To determine children's performance as "comparable to same-aged peers," Florida is using the benchmark established by the publisher of the BDI2, namely, a standard score \geq 80 which is equivalent to 1.33 standard deviations below the mean. Data on status at entry have been collected for a total of 3970 children during the 2006-2007 reporting period.

A. Positive social-emotional skills (including social relationships)	To be submitted in February 2009	
	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	20	6.1
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	86	26.1
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	8	2.4
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	22	6.7
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	193	58.7
Total	N=329	100%

	To be submitted in February 2009	
B. Acquisition and use of knowledge and skills (including early language/communication)	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	26	7.9
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	116	35.3
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	56	17.0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	54	16.4
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	77	23.4
Total	N=329	100%

	To be submitted in February 2009	
C. Use of appropriate behaviors to meet their needs	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	21	6.4
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	61	18.5
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	19	5.8
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	43	13.1
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	185	56.2
Total	N=329	100%

Baseline Data:

Progress data reported in February 2010, will be considered baseline data.

Measurable and Rigorous Targets:

Targets will be set once baseline data are available.

Improvement Activities

Activity	Timelines	Resources
1. Expand number of LESs included in system (Phases Two and Three) and provide an orientation meeting for these service areas	July 2007 through June 2008	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)
2. Provide training on the selected instrument to LESs participating in Phases Two and Three	July 2007 through June 2008	DOH/Early Steps State Office FDOE/BEESS GSEG University of Miami Discretionary Project Technical Assistance and Training System (TATS)
3. Acquire assessment materials for Early Adopters and Phases Two and Three Adopters	July 2007 through June 2008	DOH/Early Steps State Office Publisher
4. Explore technology applications available from publisher	July 2007 through June 2008	DOH/Early Steps FDOE/BEESS Administrative Services Discretionary Project University of Miami Discretionary Project Publisher
5. Develop train-the-trainer materials/process	July 2007 through June 2008	DOH/Early Steps State Office FDOE/BEESS GSEG University of Miami Discretionary Project Technical Assistance and Training System (TATS)
6. Review data quality/provide feedback to Early Adopters and Phases Two and Three adopters	July 2007 through June 2008	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)
7. Review and revise technical assistance documents and other support materials; maintain communication with Early Adopters and Phases Two and Three adopters	July 2007 through June 2008	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)
8. Analyze and prepare data for reporting in SPP (February 2008)	July 2007 through December 2007	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project
9. Complete expansion to all LESs statewide and provide an orientation meeting for these service areas	July 2008 through June 2009	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)

10. Provide training on the selected instrument to LESs participating in final phase; on an as-needed basis, provide training to LESs from earlier phases	July 2008 through June 2009	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project Technical Assistance and Training System (TATS)
11. Acquire assessment materials for final phase; assess additional materials needed by Early Adopters and Phases Two and Three Adopters	July 2008 through June 2009	DOH/Early Steps State Office Publisher
12. Implement train-the-trainer materials/process	July 2008 through June 2009	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project Technical Assistance and Training System (TATS)
13. Review data quality/provide feedback to all participating LESs	July 2008 through June 2009	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project Technical Assistance and Training System (TATS)
14. Review and revise technical assistance documents and other support materials; maintain communication with all participating LESs	July 2008 through June 2009	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project Technical Assistance and Training System (TATS)
15. Analyze and prepare data for SPP (February 2009)	July 2008 through December 2008	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project
16. Assess ongoing training needs of LESs on the selected instrument	July 2009 through June 2010 July 2010 through June 2011	DOH/Early Steps State Office FDOE/BEES University of Miami Discretionary Project Technical Assistance and Training System (TATS)
17. Assess ongoing needs of LESs for assessment materials and acquire additional materials as appropriate	July 2009 through June 2010 July 2010 through June 2011	DOH/Early Steps State Office Publisher

18. Implement and support the train-the-trainer materials/process	July 2009 through June 2010 July 2010 through June 2011	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)
19. Review data quality/provide feedback to all participating LESs	July 2009 through June 2010 July 2010 through June 2011	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project and data custodian Technical Assistance and Training System (TATS)
20. Review and revise technical assistance documents and other support materials; maintain communication with all participating LESs	July 2009 through June 2010 July 2010 through June 2011	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project Technical Assistance and Training System (TATS)
21. Analyze and prepare data for SPP; establish baseline and targets (February 2010)	July 2009 through December 2009 July 2010 through December 2010	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project
22. Analyze LES performance against baseline data (February 2011)	July 2010 through June 2011	DOH/Early Steps State Office FDOE/BEESS University of Miami Discretionary Project

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

During February 2005, Florida piloted a Family Participation Survey. Most of the survey items were derived from the bank of family participation survey items being piloted at that time by the National Center for Special Education Accountability and Monitoring (NCSEAM). Survey items included family outcome measures, such as "Early intervention services have helped me and/or my family feel more confident in caring for my child".

To implement this point-of-contact survey, service coordinators and family resource specialists in all local ES Programs were instructed to provide the survey to any family enrolled for at least six months that they encountered during a specified 2 week time frame, whether the encounter was through face-to-face contact or telephone contact. Families had the choice of responding to the survey via the internet or by using a pre-stamped envelope to send their survey to a neutral third party who received all surveys. During the specified time frame, a total of 1,609 surveys were distributed to families. A total of 402 completed surveys were returned (25% return rate).

The ES System Evaluation Workgroup analyzed the survey process used during 2005 and reviewed available instruments for measurement of family outcomes. The NCSEAM survey was identified as the instrument to be utilized for the purposes of the SPP baseline and is attached. The survey was mailed to the families of all children exiting ES services between April 1, 2006 and July 31, 2006. A total of 2926 surveys were mailed to families. Due to technical error in the development of the mailing list, demographic errors were included in the mail out which mismatched families' names with addresses. This error was discovered in November 2006, when there was insufficient time to complete a subsequent mail out for inclusion in the analysis for baseline data. A subsequent mail out

has been initiated but results are not yet available. This error is believed to have substantially impacted the poor return rate of the survey (59 of 2926, or 2%.)

Data from the 59 completed surveys were analyzed as described below.

The survey included two scales. The scale that directly addresses SPP Indicator #4 is the 22-item Impact of Early Intervention on the Family scale (hereafter referred to simply as the Impact on Family Scale, or IFS). Two different approaches were used to calculating measurement reliability. Reliability estimated through the Rasch framework was .99. Reliability calculated as Cronbach's alpha was .94.

As indicated in Table 1, the mean measure on the IFS scale for this sample was 582, with a standard deviation of 244 and a standard error of 31.8. The 95% confidence interval for the population mean indicates that, owing to the small sample size and the large dispersion of measures in the sample (i.e., the large standard deviation), the true population measure is likely to lie somewhere between 518 and 646.

Table 1. Properties of IFS Measures			
Sample Mean	Standard Deviation	Standard Error of the Sample Mean	95% Confidence Interval for the Population Mean
582.0	244.4	31.8	518.3 – 645.7

The distribution of measures is displayed in Figure 1. Each bar represents the number of families with measures at a certain value. Note that, compared to the bell-curve shape of a normal distribution, there are two unexpectedly high bars, one at either end of the range. These represent families who responded in a single category – “very strongly disagree” at the low end, and “very strongly agree” at the high end – to every item. The meaningfulness of such “response sets” is dubious.

Figure 1. Distribution of IFS Measures

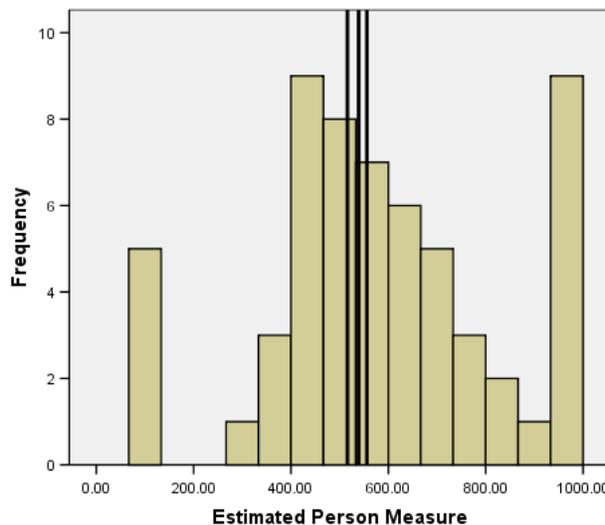


Table 2 displays the percent of families who reported that early intervention services helped them know their rights (4A), effectively communicate their children’s needs (4B), and help their children develop and learn (4C).

Table 2. Percent of Respondents At or Above the Adopted Standard for Each Indicator			
	Indicator 4-A	Indicator 4-B	Indicator 4-C
Percentage	55.9%	52.5%	57.6%
95% Confidence Interval	43.3% - 67.8%	40.0% – 64.7%	44.9% – 69.4%

Standard statistical formulas could be applied to the calculation of the amount of gain that would be statistically significant for this sample, however, this would be a largely meaningless exercise. Given the very small sample size and extremely large standard error of the mean, the data from this sample do not represent a sound baseline from which to project improvements.

Measurable and Rigorous Targets for Timely Service Delivery (Indicator 1) for the next six years are as follows:

FFY	
2006 (2006-2007)	A. 55.9% B. 52.5% C. 57.6%
2007 (2007-2008)	A. 57.1% B. 53.7% C. 58.8%
2008 (2008-2009)	A. 58.3% B. 54.9% C. 60%
2009 (2009-2010)	A. 59.5% B. 56.1% C. 61.2%
2010 (2010-2011)	A. 60.7% B. 57.3% C. 62.4%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Complete the analysis of the follow-up mail out survey for children exiting between August and November 2006.	April 2007	Lead Agency staff, in consultation University of Miami
2. Convene System Evaluation Workgroup to consider response rate of 2005 baseline point of contact survey with 2006 mail out survey and make recommendations for future survey process.	June 2007	Lead Agency, System Evaluation Workgroup (GSEG)
3. Provide TA/Training to local ES Programs to educate service providers and service coordinators about the family outcome indicators and survey results.	November 2007 <i>Timeline Revised Per FFY 2006 APR: December 2008</i>	Lead Agency, local ES Programs
4. Provide information to Family Resource Specialists about survey results and brainstorm suggestions for strategies to impact family outcomes	January 2008 <i>Timeline Revised Per FFY 2006 APR: December 2008</i>	Lead Agency, local ES Programs
5. Analyze disaggregated data related to family outcomes to identify those local ES Programs with most positive performance. Identify factors contributing to success in each of these local ES Programs and implement a plan to share these practices statewide as indicated.	July 2008	Lead Agency, FICCIT, ES Continuous Improvement Workgroup, local ES Programs
6. Report to the public on ES performance with family outcomes, reporting on statewide performance as well as performance by local ES Programs.	June 2007 and annually through 2011	Lead Agency

New Improvement Activities Added per FFY 2006 APR:

7. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities	January 2008	Lead Agency
8. Identify and implement strategies to increase the response rate as well as the degree to which survey respondents are representative of the target population	July 2009	Lead Agency, NECTAC, SERRC, and other states

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 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 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

Prior to the implementation of IDEA, Part H, in October 1993, Florida's early intervention system was limited to a developmental follow-up program for economically and biomedically at risk NICU graduates through the Developmental Evaluation and Intervention Program (DEI) and limited intervention services through the Developmental Disabilities program. Florida's eligibility criteria definition for IDEA does not include the at risk population, therefore, resources to follow these infants and toddlers were redirected. Recent funding challenges for Florida's Part C program have significantly limited the DEI program which may be adversely impacting early identification of Part C infants.

The Early Steps service delivery system in Florida provides shared responsibility between the Lead Agency and local ES Programs for public awareness and outreach activities designed to identify children who are potentially eligible for early intervention services. Each local ES Program is required to submit an annual comprehensive Child Find Plan delineating the service area's plan for formal Child Find activities. The purpose of the Child Find system is to assure that all children who are in need of early intervention or special education services are located, identified and referred. The plans developed by the local programs include who is responsible, for what activity, as well as when and where each Child Find activity will occur in the community. In general, the Child Find Plan includes collaboration methods with community resources and/or partners. Each activity incorporates timelines and activities to ensure a complete system of identification.

The Lead Agency develops and implements an annual public awareness plan that includes the development of posters and public awareness materials for distribution to local programs, the development of graphics for use in local publications, and the development of eligibility information material for pediatric healthcare professionals. These materials are used by local ES Programs to implement their public awareness and outreach activities. Additionally, the Lead Agency surveys the local ES Programs annually to assess their public awareness needs and re-evaluate the plan in order

to meet those needs. The Lead Agency also provides support for specific local public awareness products used for Child Find activities.

Child Find activities include screening and identification initiatives that are conducted in the community to identify infants and toddlers who may potentially be eligible for IDEA, Part C and other program services. Local initiatives may include interagency agreements for screening and referral, community screening events, and public awareness presentations/expos. Each local ES Program area must inform its stakeholders and potential referral sources of the requirement under Part C to make referrals within 2 working days of identification. Aggregate referral source data indicate that most Florida children (about 84%) are being referred by the following sources:

- Self/Family (27%)
- NICU (22.5%)
- Physicians (21%)
- Community Agency/Provider (13.4%)

In November 2004, former Secretary of Health, Dr. John Agwunobi sent a letter to physicians about Early Steps, stating how important it is to make early referrals. This outreach letter was mailed to pediatricians and family practitioners in the state, informing them of the new program identity, stressing the importance of early identification, and providing contact information for the 16 local Early Steps service areas. The 618 data for 2004-2005 likely does not reflect the maximum results of this effort due to the timing.

Baseline Data for FFY 2004 (2004-2005):

Using 618 data from 2004, Florida served 1441 infants and toddlers birth to 1 with IFSPs out of a population of 219,312 children of the same age or **0.66%** of the population.

- A. Florida = 0.66% Broad Eligibility States average = 0.76%
- B. Florida = 0.66% National average = 0.92%

Chart 5.A.			
ES Data System Baseline data.			
A comparison of birth to one children with IFSPs with states of similar eligibility criteria, and the National Average.			
2004 State Child Count	Age birth to one Number of Children	Age birth to one Population	Percent of Population ^a
Ohio	1,154	146,646	0.79
Florida	1,441	219,312	0.66
Texas	3,054	378,946	0.81
National Average			0.92

^aPercent of population = Number of infants under 1 year of age receiving early intervention services divided by the population under 1 year of age multiplied by 100. Source OSEP child count data.

Discussion of Baseline Data:

In order to compare the percent of birth to one infants and toddlers with an IFSP, Florida used numbers from those states with similar (broad) eligibility criteria which do not include at risk children.

Additionally, we decided to look at states with similar population sizes so that we could have comparable population data.

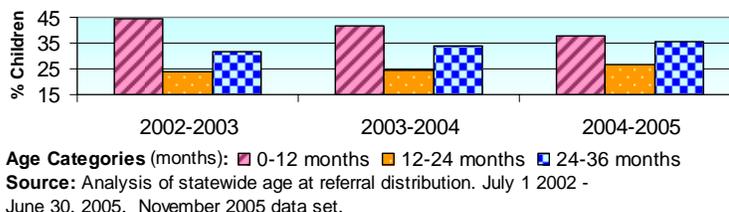
National IFSP data from OSEP was used to compare the number of children birth to one receiving an IFSP to that of our state. Analysis of the data show that in general, states with larger birth to one populations tend to have a higher percentage of the population reported in the count.

Based on the 2004 baseline data reported to OSEP, Florida has developed an IFSP for 0.66% of the birth to one population (Chart 5.A.). The national average for this age group is 0.92%. States similar in size to Florida and with similar eligibility criteria (broad) include Ohio (0.79% served) and Texas (0.81% served).

Florida is serving the lowest percent of the population when compared to these two states. One of the reasons for our lower baseline is that it was based on 618 child count data for children with an IFSP on December 1; this was the last day of the hurricane season, and Florida has been impacted by several major hurricanes in the last two years. As a result, many families were evacuated, and several local ES Programs were required to suspend operations due to impending hurricanes and hurricane aftermath. Local ES Programs have also indicated that after the implementation of the team-based primary service provider model, some families with resources (i.e. Medicaid and insurance), have declined referral to the public early intervention system. Florida also has a greater demographic diversity, such as non-English speaking or English as second language families, which makes our Child Find efforts more challenging. Finally, funding limitations have impacted overall Child Find activities.

Florida's median age at referral has been increasing in the last few years. In 2002-2003 the median was 484 days (half of the referrals are after 16 months). This number increased to 530 days (17.7 months for 2003-2004). The median age at referral in the current year (2004-2005) was 564 days (19 months). Disaggregated data reveals that there is a range for the average age of referral for local ES Programs from 14 months to 21 months. Funding limitations have impacted overall Child Find activities. Child Find efforts for early identification will be more heavily focused for local ES Programs with higher average age at referral.

Chart 5.B. Trends in Statewide Age at Referral Category (2002-2005 FY)



Data from 2002 to 2005 indicate that about 40% of our children are referred early (birth to 12 months of age – Chart 5.B.). However, almost 60% of our children are referred after their first birthday. A component of Florida's ES Program which is not included in our Part C eligibility is a follow-up program for NICU graduates who are identified with combined biomedical and economic risk. Fiscal issues in recent years have reduced the emphasis on this follow-up program which has likely impacted early identification of Part C eligible infants.

Statewide, there is an overall decline in the total number of children birth to one with an IFSP (on December 1) served (from over 3,000 children in 2002-2003 to about 1440 in 2004-2005). This decrease may be because of both inadequate early identification (children referred at a later age), and a delay in the recording of the IFSP completion date (data integrity issue). Further, when looking

at a trend from fiscal years 2002 to 2005, there is a gradual shift from referral at an earlier age to referral at a later date (Chart 5.B.).

Analysis of the disaggregated data indicates that the percentage of children referred at a later age is increasing in half (8) of the local ES Programs, representing 89% of the population. Further, birth to 1 referral age is decreasing in seven programs, representing 58% of the total population referred to ES. Statewide data indicates the same trends (see Chart 5B).

Measurable and Rigorous Targets for the Percent of infants and toddlers birth to 1 with IFSPs (Indicator 5) for the next six years are as follows:

FFY	
2005 (2005-2006)	Increase the birth to one population served to .67%
2006 (2006-2007)	Increase the birth to one population served to .68%
2007 (2007-2008)	Increase the birth to one population served to .69%
2008 (2008-2009)	Increase the birth to one population served to .70%
2009 (2009-2010)	Increase the birth to one population served to .71%
2010 (2010-2011)	Increase the birth to one population served to .72%

Florida’s target may appear conservative, however, the growing population trend makes the percentage increase quite challenging. Florida’s population has been projected to increase 9.25% by the year 2010 (Source: www.floridacharts.com).

Improvement Activities/Timelines/Resources:

To facilitate the improvement of Florida’s IFSP baseline, we will continue working on our child find, public awareness and the early screening and identification of young children with disabilities, or of those who may be at risk for developmental delay. Consideration will be given to results from our efforts to enhance public awareness aimed at the medical community serving young children. Future analysis of referrals and referral sources will be conducted to determine if the outreach letter to physicians campaign has been successful.

Strategic Technical Assistance (TA) will be provided to all local ES Programs to enhance early referral, and specific targeted efforts will be directed to these local ES Programs to ensure that children are referred as early as possible.

Activities	Timelines	Resources
1. Analyze disaggregated data on the population served and referral source to determine if there is a specific birth to 1 “target population” that may be under-represented. Implement TA and outreach efforts to targeted local ES Programs to improve their child find results.	Annually	Lead Agency, in consultation with ES Data Center

<p>2. Consider the potential use of the Birth Defects Surveillance Program data, and enhance collaboration with Children’s Medical Services (CMS) Newborn Screening Program. Florida expanded the newborn screening at no cost and performs routine tests screen for 34 disorders which provide opportunities for earlier detection and intervention for newborn children. Collaboration will continue with Department of Children and Families (DCF) on the role of the Lead Agency on the implementation of IDEA 2004, section 637(a)(6)(A) and (B).</p>	<p>Annually The newborn screening expansion took effect January 2006</p>	<p>Lead Agency, in consultation with ES Data Center, DCF, and FICCIT</p>
<p>3. Include this performance indicator on guidelines given to local ES Programs for developing their annual Child Find Plans. Additionally, suggest outreach activities and TA to achieve desired performance.</p>	<p>Annually</p>	<p>Lead Agency</p>
<p>4. Increase outreach to local referral sources (Healthy Start, school districts, etc.) which provide low number of referrals so they are informed about eligibility, identification of children who may be eligible, and about procedures for making appropriate referrals to ES Programs. Activities may include: continued community outreach, improved service coordination efforts, outreach to early childhood provider partnerships, participation at community fairs, outreach to child care programs, and participation in child development screening days.</p>	<p>July 2006 and Ongoing through 2011</p>	<p>Local ES Programs, in coordination with Lead Agency and with input from partner agencies and the public</p>
<p>5. Continue public awareness efforts for medical professionals, especially pediatricians and other health care personnel, on the importance of early identification and referral. Analyze results of previous outreach letter campaign and determine next steps.</p>	<p>Ongoing through 2011</p>	<p>Lead Agency, local ES Programs</p>

New Improvement Activities Added per FFY 2006 APR:

<p>6. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities</p>	<p>January 2008</p>	<p>Lead Agency</p>
<p>7. Review the SPP and APR for Ohio and Texas, two states with population and eligibility criteria (broad) similar to Florida. Contact state office staff to identify potential improvement activities</p>	<p>January 2009</p>	<p>Lead Agency</p>
<p>8. Develop statewide marketing plan directed toward primary referral sources, including parents and the general public, birthing hospitals, physicians, health care professionals, early care and education providers, and early intervention providers</p>	<p>July 2010</p>	<p>Lead Agency, Stakeholders</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

The ES service delivery system in Florida provides for shared responsibility between the Lead Agency and local ES Programs for public awareness and outreach activities, designed to identify children who are potentially eligible for early intervention services (these activities were described under indicator 5). Additionally, any improvement on indicator 5 would likely have a long-term impact on Indicator 6.

In order to compare the percent of infants and toddlers birth to 3 with IFSPs, Florida used numbers from those states with similar (broad) eligibility criteria which do not include at risk children. Additionally, we decided to examine data from states of similar population size in order to have comparable data.

Baseline Data for FFY 2004 (2004-2005):

Using 618 data from 2004, Florida served 12,214 infants and toddlers birth to 3 with IFSPs out of a population of 655,203 children of the same age or 1.86% of the population.

- A. Florida = 1.86% Broad Eligibility States = 1.88%
- B. Florida = 1.86% National Data = 2.24%

Chart 6.A.			
ES Data System Baseline data.			
A comparison of birth to three children with IFSPs with states of similar eligibility criteria.			
2004 State Child Count	age birth to 3 Number of Children	age birth to 3 Population	Percent of Population ^a
Ohio	7,991	435,667	1.83
Florida	12,214	655,203	1.86
Texas	20,641	1,121,408	1.84
National Average			2.24

^aPercent of population = Number of infants under 3 years of age receiving early intervention services divided by the population under 3 years of age multiplied by 100.

Discussion of Baseline Data:

Statewide, there is an overall decline in the total number of children birth to 3 with an IFSP (on December 1) served (from over 16,800 children in 2002-2003 to about 12,200 in 2004-2005). Although there is an overall decreasing trend, the number of children served by some local ES programs has increased, while it has decreased at others. This decrease may be because some large local ES Programs in Florida have been impacted by an unusually active hurricane season during that year.

The baseline data in Chart 6.A. is derived from data reported by Florida to OSEP. Based on the 2004 specified baseline data, Florida has developed IFSPs for 1.86% of the birth to 3 population. The national average for this age group is 2.24%. States similar in size to Florida with comparable eligibility criteria (broad) and population size include Ohio (1.83% served) and Texas (1.84% served). Thus, Florida is already serving more children than these states.

Measurable and Rigorous Targets for the Percent of infants and toddlers birth to 3 with IFSPs (Indicator 6) for the next six years are as follows:

FFY	
2005 (2005-2006)	Increase the birth to three population served (excluding at risk) to 1.865%
2006 (2006-2007)	Increase the birth to three population served (excluding at risk) 1.87%
2007 (2007-2008)	Increase the birth to three population served (excluding at risk) 1.875%
2008 (2008-2009)	Increase the birth to three population served (excluding at risk) 1.88%
2009 (2009-2010)	Increase the birth to three population served (excluding at risk) 1.885%
2010 (2010-2011)	Increase the birth to three population served (excluding at risk) 1.89%

When looking at **all** states with the same eligibility criteria, the average birth to 3 population with an IFSP is 1.88%. Thus Florida may potentially be under-representing 0.02% of the population. Florida's targets are rigorous due to the projected population increase of 9.25% by the year 2010 (Source: www.floridacharts.com).

Improvement Activities/Timelines/Resources:

Florida should determine any future changes in the trends to establish needed improvement efforts at each program. Florida will examine our policies and practices in Child Find, public awareness and the early screening and identification of young children with disabilities or who may be at risk for developmental delay in order to improve our IFSP baseline. We should then move towards generating our specific solutions. Consideration will be given to results from our efforts to enhance public awareness aimed at the medical community serving young children.

In order to increase the percent of birth to three children served, Florida would need to increase our Child Find activities as described below. Increasing the number of children we serve will have a fiscal impact on the system and will require an infusion of additional federal and/or state dollars. It is unlikely this will occur in the next fiscal year. However, the Lead Agency is developing a Legislative Budget Request for Early Steps and we hope to receive additional funding for the 2007-2008 Fiscal Year.

Activities	Timelines	Resources
1. Determine if there is a specific birth to 3 "target population" that may be under-represented. First, compare the population served with groups that are under represented in certain programs. Then, increase TA and outreach efforts in those programs to improve Child Find.	Annually	Lead Agency, in consultation with ES Data Center, and FICCIT
2. Continue public awareness efforts for medical professionals, especially pediatricians and other health care personnel. Analyze results of previous outreach campaign and determine what we need to do next. We will consider disseminating a new outreach letter to physicians and will communicate future program and eligibility changes to healthcare professionals.	Ongoing through 2011	Lead Agency, local ES Programs
3. Liaison with DOE Child Find office (FDLRS) which coordinates with the school districts and locates children who are potentially eligible for services under the Individuals with Disabilities Education Act (IDEA) to link them with needed services. The goal would be to combine and coordinate state efforts to reach under-represented groups such as Hispanics, migrant and homeless children.	July 2006 and Ongoing through 2011	Lead Agency, local ES Programs
4. Include this performance indicator on continuous improvement guidelines given to local ES Programs for developing their annual Child Find Plans. This can be accomplished by suggesting outreach activities (listed in #5) and provide TA to achieve performance	Annually	Lead Agency
5. Increase outreach to local referral sources (Healthy Start, school districts, etc.) which provide low number of referrals so they are informed about eligibility, identification of children who may be eligible, and about procedures for making appropriate referrals to ES. Activities may include: continued	July 2006 and Ongoing through	Local ES Programs in coordination with Lead

community outreach, improved service coordination efforts, outreach to early childhood provider partnerships, participation at community fairs, outreach to child care programs, and participation in child development screening days.	2011	Agency and with input from partner agencies and the public
6. Expand awareness about ES, the children served and how to refer them to relevant state agencies in order to enhance Child Find efforts. ES will contact programs in other agencies to educate them about our efforts and resources. Activities may include continued public communications campaigns, marketing to specific groups, and the development and distribution of printed materials.	July 2006 and ongoing through 2011	Lead Agency, with input from partner agencies and the public

New Improvement Activity Added per FFY 2005 APR:

7. Track the percentage of children determined to be ineligible by LES and statewide to determine implications and need for technical assistance, training, etc.	Beginning July 2007	Lead Agency
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New Improvement Activities Added per FFY 2006 APR:

8. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities	January 2008	Lead Agency
9. Review the SPP and APR for Ohio and Texas, two states with population and eligibility criteria (broad) similar to Florida. Contact state office staff to identify potential improvement activities.	January 2009	Lead Agency
10. Develop statewide marketing plan directed toward primary referral sources, including parents and the general public, birthing hospitals, physicians, health care professionals, early care and education providers, and early intervention providers.	July 2010	Lead Agency, Stakeholders

New Improvement Activity Added per FFY 2007 APR:

11. Analyze disaggregated data to determine need for local technical assistance needs.	July 2009	Lead Agency, LESS
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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 USC 1416(a)(3)(B) and 1442)

Measurement:

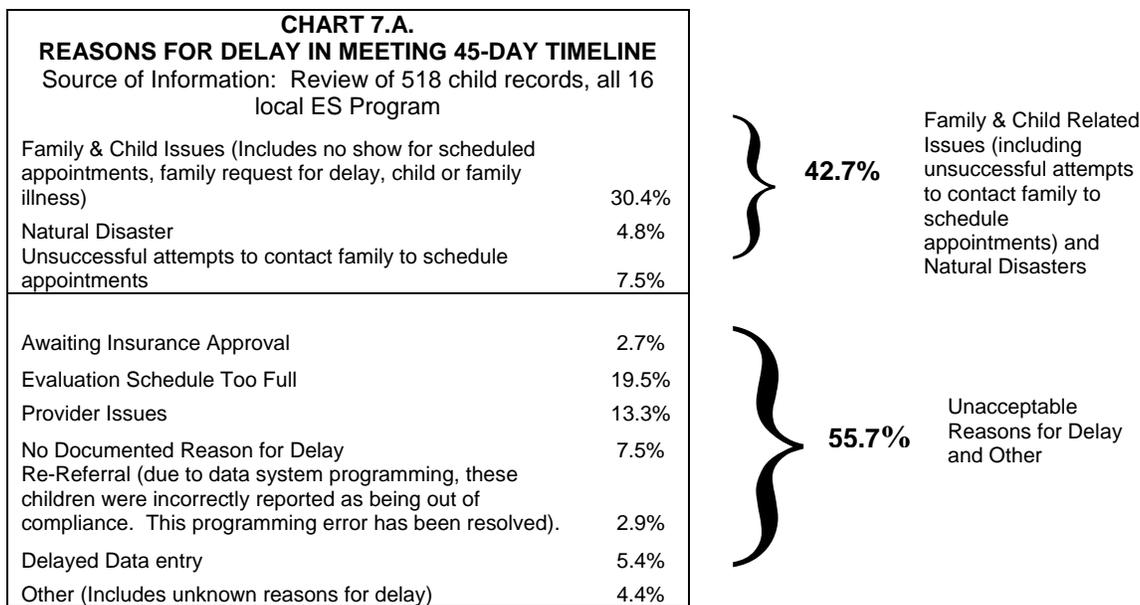
Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

Policy supporting Part C's 45-day timeline has been in place since the inception of IDEA, Part H in Florida. For some time, however, the methodology used to track compliance with the 45-day timeline in the ES Data System overstated compliance by using inappropriate formulas. In 2004, revisions were made to formulas and populations used in the QA monitoring process in order to more accurately reflect true compliance with the 45-day timeline. The Lead Agency and local ES Programs are provided with quarterly reports from the ES Data System with data reflecting this revised methodology so that compliance can be monitored on a regular basis.

In June 2005, local ES Programs completed an analysis of child records which were out of compliance with the 45-day timeline during a specified six-month period. The purpose of this analysis was to provide local and statewide information on barriers to completion of the initial IFSP within 45-days of the child's referral, and to assist local ES Programs in determining root causes of non-compliance. A total of 518 child records, representing all 16 local ES Programs, were reviewed during this project. Results indicated that family and child related issues (including unsuccessful attempts to contact the family) and natural disasters were the cause of delay in meeting the 45-day timeline for 42.7% of the records reviewed. Unacceptable reasons for delay which were found during this analysis were: evaluation schedules being too full (19.5%) and provider availability and scheduling issues (13.3%). The results of this analysis are shown in Chart 7.A. A further analysis of the data indicated that 53.6% of the non-compliant IFSPs during this specified six-month period were from five local ES Programs. Therefore, targeted improvement efforts will be directed towards these five programs.



Compliance with the 45-day timeline is measured through the Continuous Improvement Quality Assurance Process (QA) and tracked by the ES Data System. Beginning in 2004-2005, Florida's QA process was revised to include the completion of self assessments by all 16 local ES Programs. To determine compliance with the 45-day timeline, records of newly referred children are reviewed as part of the self assessment that is completed by each local ES Program. This self assessment information is reviewed and analyzed by Lead Agency staff. In addition, Lead Agency staff include in their analysis, a review of other pertinent data to determine consistency among various sources of information, including such information as: information from the ES Data System related to the 45-day timeline, family survey responses, the complaint history of the local ES Program (i.e. if failure to meet the 45-day timeline has been identified as an issue in any complaint), the local ES Program's performance related to the 45-day timeline from prior years, and whether corrective actions have been implemented to address noncompliance with the 45-day timeline. Based on the results of this analysis, the Lead Agency may conduct an on-site or a desk review verification of the performance of the local ES Program. When a local ES Program is found to be out of compliance with the 45-day timeline, the program is required to develop a Continuous Improvement Plan to address strategies that will be implemented to achieve compliance as soon as possible but no later than within one year of identification. The Continuous Improvement Plans also include strategies that are to be implemented by the Lead Agency to provide targeted Technical Assistance (TA) to help the local ES Program to achieve compliance and to verify that compliance is reached.

Baseline Data for FFY 2004 (2004-2005):

69% of eligible infants and toddlers with IFSPs have an initial IFSP meeting conducted within Part C's 45-day timeline.

Discussion of Baseline Data:

The baseline data is derived from QA monitoring results of 2004-2005. It represents the review of randomly selected records of newly referred children in all 16 local ES Programs. Chart 7.B. compares QA monitoring results for the past 2 years with data from the ES Data System. In 2003-2004, the results were consistent across both methods of measurement. The QA child record review results from 2004-2005 show a higher performance in meeting the 45-day timeframe. The difference between the data sources in 2004-2005 is that the child record review took into consideration any documented child/family or natural disaster related reason for any delay in conducting the evaluation and initial IFSP. During 2004-2005, the ES Data System did not have this capability; therefore, it measures only whether the multidisciplinary evaluation and initial IFSP is more than 45-days from the date of referral, without consideration for a justifiable rationale for any delay.

CHART 7.B. ES Data System Timeline Compliance A comparison of QA monitoring results and information from the ES Data System		
	2003-2004	2004-2005
QA Child Record Review (160 Child Records, all local ES Programs reporting. Takes into consideration the acceptable child and family reasons for delay, and delays as a result of natural disasters)	58%	69%
Data from the ES Data System (Reflects data on all children enrolled with IFSPs, but does not take into account acceptable child and family reasons for delay or delays as a result of natural disasters)	58%	53.9%

Measurable and Rigorous Targets for Infants and Toddlers with IFSPs receiving an initial IFSP within Part C's 45-day timeline (Indicator 7) for the next six years are as follows:

FFY	
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Continue to determine compliance with the 45-day timeframe through QA monitoring (including child record review). Local ES Programs that are not in compliance with the 45-day timeline will be required to develop strategies to ensure compliance is reached as soon as possible, but no later than within one year of identification. The Lead Agency will verify compliance and utilize sanctions and enforcement actions if compliance is not reached within one year of identification.	Ongoing through 2011	Lead Agency, local ES Programs

<p>2. Targeted TA and improvement efforts will be directed to the five local ES Programs which together constitute 53.6% of Florida's non compliance and those local ES Programs which have issues related to evaluation schedules being too full. Verify improvement results. Share successes with other local ES Programs and take enforcement actions as needed to ensure compliance with 45-day timeline.</p>	<p>January 2006, Completion July 2006</p>	<p>Lead Agency</p>
<p>3. Review data from QA monitoring child record review and the ES Data System to determine the efficacy of improvement strategies and identify additional improvement activities that need to be implemented.</p>	<p>July 2006 and continuing through 2011</p>	<p>ES Continuous Improvement Workgroup, Lead Agency</p>
<p>4. Monitor effectiveness of improvement strategies by review of compliance data, issues arising from complaints, due process hearings, and mediation requests related to the 45-day timeline and implement improvement strategies as indicated.</p>	<p>July 2006, and ongoing through 2011</p>	<p>Lead Agency, FICCIT</p>
<p>5. Report to the public on ES compliance with 45-day timeline, reporting on statewide compliance as well as compliance by each local ES Program.</p>	<p>March 2007 and annually through 2011 <i>Timeline Revised Per FFY 2005 APR: June 2007 and annually through 2011</i></p>	<p>Lead Agency</p>
<p>6. Barrier codes to be added to the ES Data System. When the child's multidisciplinary evaluation and initial IFSP are not held within the 45-day timeframe, reasons for delay will be recorded in the data system. This will provide an electronic mechanism for assessing the percentage of multidisciplinary evaluations and initial IFSPs which are not held within the 45-day timeline due to acceptable reasons and also provide data for analysis of inappropriate reasons for delay.</p>	<p>July 2007</p>	<p>Lead Agency, ES Data Center</p>

New Improvement Activity Added per FFY 2005 APR:

<p>7. Conduct an analysis of barrier codes used statewide and disaggregated by LES to determine effectiveness of improvement strategies related to Indicator 7.</p>	<p>July 2008</p>	<p>Lead Agency</p>
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New Improvement Activity Added per FFY 2007 APR:

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
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

To enhance coordination across the state and across various programs serving infants and young children, the Lead Agency is an active partner in cross-agency projects related to transition. One of these projects is Florida's Transition Project for Infants, Young Children and their Families, a special project funded by the State of Florida, Department of Education, Bureau of Exceptional Education and Student Services, through federal assistance under the Individuals with Disabilities Education Act (IDEA), Part B. Florida's Transition Project coordinates local, regional, and statewide activities to enhance a community's ability to develop a seamless transition process for pregnant women, families and children from birth to age six who use prevention, early intervention, and school services. The project is based on the Sequenced Transition to Education in the Public Schools (STEPS) model training, and provides training, TA and support to interagency teams in local ES Program communities. A state interagency transition team representing state-level agencies/programs and projects, including representation from the Lead Agency and families, serves as an advisory team, providing input into the planning and implementation process for Florida's Transition Project.

Florida's Transition Project has facilitated the development or revision of local interagency transition agreements with a specific focus on transition from local ES Programs to the local school district prekindergarten disabilities program or other community services. In this effort to achieve improved interactions between local education agencies (LEAs) and local ES Programs, local interagency transition agreements are being revised to include clearly defined procedures and timelines for transition planning and coordination. Additionally, training of interagency transition teams at the local level is ongoing so as to accommodate the turnover of program personnel who are involved in the transition process.

Florida's Transition Project Interagency State Team has developed a Family Survey for dissemination to families who have participated in the transition of their child from early intervention services to the school system or other services in the community. Information provided through this survey will be analyzed in an effort to assist both the Part C and Part B Preschool Program to determine the extent to which the needs of the child and family have been met. This useful input from families will also provide information that will drive the development of transition training and program improvement.

In addition, the Lead Agency, as an active stakeholder with the DOE and the University of Central Florida, works to assist in the implementation of the Technical Assistance and Training System (TATS) project, also funded by the Florida Department of Education, Bureau of Exceptional Education and Student Services through IDEA, Part B. As an activity of the TATS project, workgroups have been established to develop a plan of work in support of communities of practice related to the TATS priority areas of service, one of which is transition. This transition workgroup has brought together a small group of family members and professionals who have experience, knowledge and expertise in the area of transition. Representatives of the Lead Agency are active participants on this workgroup.

In the past five years, multiple strategies have been implemented to provide clarification to local ES Program staff and LEAs on roles and responsibilities related to transition. In 2001-2002, instructor-led regional trainings were provided jointly to local early intervention staff and LEA's. Each training participant, each local ES Program, and each LEA representative were provided with a resource notebook of transition policies, requirements, best practices, and other helpful information related to transition. In 2002-2003, targeted training was provided to specific local ES Programs to address transition. A technical assistance paper (TAP) "Transition from the Infants and Toddlers Early Intervention Program to the School District Prekindergarten Program for Children with Disabilities" was jointly developed between the Lead Agency and DOE in 2003. With the reauthorization of IDEA, a revised TAP paper is now being jointly developed and will be disseminated statewide. This TAP will address questions raised by local ES Programs and prekindergarten disabilities program school district staff regarding the transition process, the transition planning meeting, use of the IFSP and Individual Educational Plan (IEP), and service delivery options.

In the past two years, the Lead Agency has extensively revised Florida's IFSP to support the provision of services within the context of the child's natural environment and to support transition planning. In September 2004, a revised IFSP was implemented. This revised document included revisions to the transition page of the IFSP to support documentation of the family's concerns related to transition. Additional revisions to Florida's IFSP document have been drafted and implementation is planned in 2006. This most recent revision to the IFSP document incorporates extensive revisions to the transition plan page of the IFSP. These revisions include changes to the transition plan to support documentation of transition planning consistent with the requirements of IDEA reauthorization, documentation of steps and services to support the child's transition to preschool and other appropriate community services by their third birthday and documentation of strategies to address the family's concerns related to their child's transition. A guidance document "Instructions for Completing the IFSP" has been developed to provide specific instructions and examples of documentation of the IFSP planning process including transition on the revised IFSP form. This guidance document includes instructions and examples for documentation of the transition planning process. Implementation of the revised IFSP and the accompanying instructions is expected to improve documentation of transition planning, and have a positive impact on Florida's compliance with the requirement for the transition plan to include steps and services to support the child's transition.

The Lead Agency and the DOE have entered into an interagency agreement which facilitates the sharing of data on children served by the Lead Agency who are approaching their third birthday and are potentially eligible for Part B services. This data exchange will include information from DOE regarding the eligibility and placement in Part B, 619 services for children who have exited Part C. Ongoing monitoring of this data will be done to determine timeliness of transition from Part C to Part B.

To support tracking of compliance with the requirement to hold transition planning meetings at least 90 days prior to the child's third birthday, the ES Data System includes an element to specifically record when transition planning meetings are held. However, based on a recent analysis of data from the ES Data System, it is evident that this data element is not yet being used consistently by local ES Programs.

Until a reliable electronic method is implemented to monitor compliance with the timelines for notification to the LEA and the actual occurrence of the transition planning meeting date, Florida will continue to monitor for timely notification to the LEA and timely transition planning in QA monitoring record review.

A New Star, A Families Guide to Navigating Early Steps, was implemented in March 2002. It is a training curriculum developed for families, by families, and is delivered by family resource specialists either in a one-on-one or group setting. The goal of *A New Star* is to ensure families in ES are fully aware of the ES system, including their role as active participants throughout the early intervention process. *A New Star* offers 6 modules; however, one module specifically addresses transition: "Sailing Through Transition".

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator # 8 is as follows:

- A. **66%** of children exiting Part C have an IFSP with transition steps and services.
- B. **86%** of children exiting Part C and potentially eligible for Part B have documentation of notification to the LEA.
- C. **68%** of children exiting Part C and potentially eligible for Part B have a transition conference at least 90 days prior to the child's third birthday.

Discussion of Baseline Data:

The baseline data is derived from QA monitoring results of 2004-2005. It represents the review of randomly selected records of children turning 33 months of age during 2004-2005 in all 16 local ES Programs. Child records were reviewed to determine if the child's IFSP contained a transition plan which included steps and services to support the child's transition to the new setting, if the LEA was notified at least 90 days prior to the child's third birthday, and if a transition planning meeting was held at least 90 days prior to the child's third birthday. Due to the changes in this QA monitoring probe and potential for misinterpretation, the Lead Agency conducted verification of all child records reflected in the baseline to ensure consistent interpretation of compliance.

Notifying the LEA at least 90 days prior to the child's third birthday has not been measured in the QA monitoring process for many years. Child record review reflected 86% compliance during 2004-2005. Consideration will be given to implementation of an electronic means of notifying the LEA of children who are potentially eligible for Part B.

Child record review reflects that 68% of children turning three received a transition planning meeting in a timely manner (at least 90 days prior to the child's third birthday). This performance is inclusive of children for whom the transition planning meeting was delayed due to a documented child or family issue or natural disaster. Improving compliance with data entry of the transition planning meeting date will improve data quality and provide for a reliable mechanism for the Lead Agency and local ES Programs to self-assess on this measure.

Measurable and Rigorous Targets for Infants and Toddlers with IFSPs receiving timely transition planning (Indicator 8) for the next six years are as follows:

FFY	
2005 (2005-2006)	A. 100% B. 100% C. 100%
2006 (2006-2007)	A. 100% B. 100% C. 100%
2007 (2007-2008)	A. 100% B. 100% C. 100%
2008 (2008-2009)	A. 100% B. 100% C. 100%
2009 (2009-2010)	A. 100% B. 100% C. 100%
2010 (2010-2011)	A. 100% B. 100% C. 100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Continue to measure compliance with transition requirements through QA monitoring (including child record review). Local ES Programs that are not in compliance with transition requirements will be required to develop strategies to ensure compliance is reached as soon as possible, but no later than within one year of identification. The Lead Agency will verify compliance and utilize sanctions and enforcement actions if compliance is not reached within one year of identification.	Ongoing through 2011	Lead Agency staff, local ES Programs
2. Continue to offer <i>A New Star</i> training to families whose children are approaching the age of three. Analyze evaluations from this training and make adjustments as indicated.	Ongoing through 2011	Local ES Programs, Family Resource Specialists
3. Implement the Interagency Agreement between the Florida DOE and the Lead Agency to provide	January 2006	Lead Agency, DOE, and ES Data System

sharing of data on children served through Part C.		
4. Track the use of the specified data element to denote that the transition planning meeting occurred and verify the reliability of this data by comparing it to the results of QA monitoring. Local ES Programs not consistently using this data element will be required to report corrective actions taken. Lead Agency to verify corrections and utilize sanctions and enforcement actions as necessary.	January 2006 and quarterly through 2011	Lead Agency staff, local ES Programs
5. Finalize an updated TAP between the Florida DOE and the Lead Agency to provide direction to LEA's and local ES Programs to clarify requirements and expectations to support transition planning in accordance with the reauthorization of IDEA.	March 2006 <i>Timeline Revised Per FFY 2005 APR: June 30, 2008</i>	DOE and Lead Agency
6. Implement the revised IFSP which includes new requirements subsequent to the reauthorization of IDEA and significantly enhanced support of documentation of individualized transition planning activities.	April 2006	Lead Agency, local ES Programs
7. Provide training to service coordinators related to documentation of timely and individualized transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.	April 2006	Lead Agency, DOE, local ES Programs
8. Implement an online training module "Transition Planning for Infants, Toddlers and their Families", which will be required of all service coordinators and providers of early intervention services.	July 2006	Lead Agency
9. Consider implementation of barrier codes in the ES Data System to identify family/ child centered or natural disaster reasons for delay of the transition planning meeting.	July 2007	Lead Agency and ES Data System
10. Monitor the effectiveness of improvement strategies related to transition by review of statewide and disaggregated compliance data, data on exiting children, family survey results, and issues identified in complaints to determine the effectiveness of improvement strategies and if additional actions are needed to effect compliance.	July 2006, and ongoing through 2011	Lead Agency, FICCIT, DOE
11. Develop, implement, and disseminate a survey	March 2007	Lead Agency, DOE,

<p>of families who have recently exited ES to determine the extent to which transition planning and activities met the needs of their child and family. Information will be analyzed to determine trends and areas of concerns. Recommendations will be provided to assist the Lead Agency and DOE in developing program improvement strategies and to Florida's Transition Project in developing future project goals.</p>		<p>Florida's Transition Project</p>
<p>12. Report to the public on ES compliance with transition requirements, reporting on statewide compliance as well as compliance by each local ES Program.</p>	<p>March 2007 and annually through 2011 <i>Timeline Revised Per FFY 2005 APR: June 2007 and annually through 2011</i></p>	<p>Lead Agency</p>

New Improvement Activity Added per FFY 2006 APR:

<p>13. In partnership with Florida Department of Education, participate in the National Transition Initiative and utilize technical assistance provided by SERRC and NECTAC to improve statewide performance towards Indicator 8.</p>	<p>July 2009</p>	<p>Lead Agency, DOE, SERRC, NECTAC</p>
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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)

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including TA and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including TA and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
 - # of findings of noncompliance made.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including TA and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

Within the Lead Agency, specific units are designated as responsible for:

- Policy Development (includes family involvement and oversight of complaints, mediations, and due process hearings)
- Personnel Development and Training (includes the system of provider enrollment)
- Service Delivery (includes oversight of data, the Continuous Improvement QA Process and management of contracts with local ES Programs)

A management team oversees and coordinates the activities of these 3 units.

In order to ensure services are provided to eligible infants and toddlers and their families in accordance with IDEA, the ES State Office enters into contract with 16 local entities throughout the state. Through contract, each local ES Program assumes responsibility for ensuring that services are provided in accordance with IDEA in designated counties. A specific Lead Agency staff member is designated the primary point of contact for each local ES Program and also manages the contract with the specified local ES Program(s). This staff member is referred to as the technical assistance liaison (TA Liaison) and is responsible for providing TA to their assigned local ES Program and to track and verify the local ES Program's performance and completion of corrective actions.

Prior to July 1, 2004, the manner in which the Lead Agency conducted QA monitoring hindered its capacity to identify noncompliance across local ES Programs and across years. The Lead Agency implemented a Continuous Improvement Quality Assurance Process in 2004-2005 to ensure that noncompliance is identified and corrected as soon as possible, but no later than within one year of identification and to provide the capability to track performance trends across local ES Programs and across years. Key features of the Continuous Improvement Quality Assurance Process are:

1. Focused QA monitoring
2. Analysis of information from a variety of sources
3. Self assessment by local ES Programs
4. Accountability and verification
5. On-going review of local and state performance
6. Customized TA
7. Completion of Continuous Improvement Plans by each local ES Program
8. Analysis of compliance trends across years and across service areas
9. Incentives and Consequences
10. Publication of results to FICCIT, local ES directors, and other stakeholders

The Continuous Improvement QA monitoring consists of self assessment by all 16 local ES Programs, and review and verification by the Lead Agency of the self assessment results. Data from the ES Data System is also incorporated and is a source of information regarding the performance of the state and local ES Programs. Each local ES Program is required to develop a Continuous Improvement Plan to identify strategies which will be implemented by the local service area to improve performance and to achieve compliance. In addition, the Continuous Improvement Plan includes TA, training and verification activities which will be implemented by the Lead Agency to ensure compliance is achieved as soon as possible but no later than within one year from the date of identification of noncompliance. Timelines for achievement are included in the Continuous Improvement Plan and are tracked quarterly by the TA Liaison. TA Liaisons customize the TA provided based on the causal factors and identified needs for each local ES Program to improve performance and to achieve or maintain compliance. Those local ES Programs achieving the highest performance receive awards and recognition at a statewide meeting.

While the above process incorporates ongoing review as a necessary component, there has been a weakness in the Lead Agency's systematic review of statewide and disaggregated data from a variety of sources. This has negatively impacted the Lead Agency's capacity for strategic planning to inform decision making regarding personnel development and training activities, policy clarification, resource allocation, statewide and local TA, and the implementation of incentives and consequences. In addition to a QA monitoring process which did not support analysis of performance trends across local ES Programs and across years prior to 2004-2005, there has been no clearly defined set of enforcement actions, criteria and timelines that are applied if a local ES Program fails to correct noncompliance as soon as possible, but no later than within one year of identification of the noncompliance. Therefore, procedures to increase accountability are required.

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator 9 is as follows:

62% of noncompliance related to indicators and other monitoring priority areas were corrected within one year of identification.

Discussion of Baseline Data:

Compilation tables showing noncompliance findings and corrections can be found in Attachment II to the State Performance Plan. The baseline data reflects noncompliance identified through QA monitoring and other means during 2003-2004 and corrected during 2004-2005.

During 2003-2004, the Lead Agency made the decision to limit QA monitoring activities in order to focus resources on assisting local ES Programs to come into compliance with services being provided in the natural environment. During the 2003-2004 year, six local ES Programs received a QA monitoring on-site review, and a desk review of data from the ES Data System was conducted for all 16 local ES Programs. As mentioned above, in 2004-2005, a more focused Continuous Improvement QA Process was initiated which provided enhanced capacity to identify noncompliance across time and across local ES Programs.

The baseline data for Indicator 9A reflects that a total of 20 findings of noncompliance related to the monitoring priorities were made and 11 of these findings were corrected within one year of identification. Verification of compliance was conducted by the Lead Agency through review of child records and data from the ES Data System. Nine of the 20 findings of noncompliance have not yet been corrected. The local ES Programs which have not yet demonstrated correction of noncompliance will be advised of their designation as a “high risk program”. These four local ES Programs who have among them a total of 9 findings of noncompliance identified in 2003-2004 which have not yet been corrected will be required to submit documentation demonstrating correction of the noncompliance by July 1, 2006 or be subject to more stringent enforcement actions. The system of enforcement actions is being developed and is expected to be completed by July, 2006, to be included as performance specifications in the Lead Agency’s contract with each local ES Program.

Baseline data for Indicator 9B shows that there were 7 findings of noncompliance in areas not included in 9A. Three of these findings were corrected within one year of identification. Local ES Programs which have not yet demonstrated correction of noncompliance will be designated as a “high risk program” and will be required to submit documentation demonstrating correction of the noncompliance by July 1, 2006 or be subject to more stringent enforcement actions.

Baseline data for Indicator 9C shows that the 2 findings of noncompliance that were identified through other mechanisms, i.e. complaints, were corrected within one year of identification. The Lead Agency utilized review of Continuous Improvement Plans, child record review, and review of data from the ES Data System to verify that compliance has been corrected.

Measurable and Rigorous Targets for General Supervision system (including monitoring, complaints, hearings, etc.) identification and correction of noncompliance as soon as possible but in no case later than one year from identification (Indicator 9) for the next six years are as follows:

FFY	
2005 (2005-2006)	A. 100% B. 100% C. 100%

2006 (2006-2007)	A. 100% B. 100% C. 100%
2007 (2007-2008)	A. 100% B. 100% C. 100%
2008 (2008-2009)	A. 100% B. 100% C. 100%
2009 (2009-2010)	A. 100% B. 100% C. 100%
2010 (2010-2011)	A. 100% B. 100% C. 100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Ensure compliance by review of statewide and disaggregated compliance and performance data on at least a quarterly basis by the Lead Agency and other key stakeholders to inform decision making regarding personnel development and training needs, resource allocation, and the implementation of incentives and enforcement actions. Information to be reviewed to include: compliance and performance data from the ES Data System (including 618 data), family survey results, issues identified in complaints, due process hearings, and mediations, QA monitoring results, and Continuous Improvement Plan activities completed.	January 2006 and ongoing through 2011.	Lead Agency, FICCIT, ES Continuous Improvement Workgroup
2. Evaluate the effectiveness of the system for General Supervision including its ability to monitor, support and ensure compliance by analyzing statewide and local ES Program performance across time. Based on the results of this analysis, recommend and implement actions for improvement.	January 2006 and ongoing through 2011	Lead Agency, FICCIT, ES Continuous Improvement Workgroup

3. Develop a system of enforcement actions, including timelines and criteria, the least intrusive measure possible to achieve compliance and progressing to termination of contract.	March 2006	Lead Agency
4. Review the information described in Activity # 1 and provide recommendations to the Lead Agency regarding improvement activities (including TA, personnel development and training, policy clarification), compliance correction, and incentives and enforcement actions.	March 2006 and ongoing through 2011	FICCIT, ES Continuous Improvement Workgroup, Lead Agency
5. Include enforcement actions, consequences, and timelines in contracts with local ES Programs. Implement enforcement actions per contract specifications.	July 2006 and annually through 2011	Lead Agency
6. Implement enforcement actions.	July 2006 and annually through 2011	Lead Agency

New Improvement Activity Added per FFY 2005 APR:

7. Develop and/revise policies, procedures, and guidance documents as are necessary to bring them into compliance with the requirements of Public Law 108-446, Individuals with Disabilities Education Improvement Act of 2004 and to reflect the complexities of the system of general supervision.	June 30, 2008	Lead Agency
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New Improvement Activities Added per FFY 2006 APR:

8. Implement reorganization of LA state office functions to place additional resources towards data oversight, identification and correction of noncompliance, and performance improvement activities.	January 2008	Lead Agency
9. Utilize guidance and expertise from OSEP, federal technical assistance partners, and other states to develop sanctions to be implemented when correction is not demonstrated within 12 months of identification.	July 2009	Lead Agency, OSEP, SERRC, NECTAC

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

Florida's system of formal dispute resolution includes mediation, complaint investigation, and due process hearings. While families and other stakeholders are encouraged to address concerns about the early intervention system informally at the local level, these formal options are identified as available and offered to them when a potential complaint or concern arises. Families are informed of these options during their initial orientation to ES by their service coordinator, and then again throughout their participation in the program when they express dissatisfaction and at IFSP updates which result in a new, changed, or terminated service or in which the IFSP team (including the family) does not act upon a family's request. Local ES Program staff and providers are informed of the family's rights related to dispute resolution (complaints, mediations and due process hearings) through the required ES Orientation Modules and through the ES Complaint Procedures. Local ES Programs' interagency agreements and sub-contracts with providers must include information about the dispute resolution process. The family training curriculum, *A New Star*, includes a module on resolution of disputes and provides information for families on their dispute resolution options. This training is provided to families in each local ES Program.

When a family member or other concerned party contacts the Lead Agency to identify a possible complaint, the party is informed of the dispute resolution options. Procedural safeguard information and dispute resolution options are also provided in writing to the concerned party via mail or email. All signed written complaints are referred to the Policy Unit within the Lead Agency for review and preliminary determination of whether the allegations constitute a violation of IDEA regulations. The party who submitted the signed written complaint is then contacted by phone to discuss the content of the letter and get clarification of the intent of the party. Local informal dispute resolution and mediation are always offered as an option to resolve the dispute. If the party confirms intent for a formal signed written complaint, it is assigned a complaint number and officially logged as a formal complaint. The formal complaint is then referred to an independent contractor who completes the complaint investigation.

Florida's complaint procedures provide for the filing of complaints to the Lead Agency, the completion of an independent investigation which includes the opportunity for the complainant and respondent to submit information orally or in writing, a review of preliminary findings and opportunity to provide further information, and the issuance of a final written decision that addresses each allegation and the associated findings. The complaint procedures specify that these activities must be completed within 60 days and that the Lead Agency inform any affected parties of findings of noncompliance and ensure that corrective action is implemented to bring about compliance with the IDEA. Completion of corrective actions is monitored and verified by the TA Liaison assigned to the local ES Program.

Oversight tracking of all complaints, due process hearings and mediations is assigned to one individual within Policy Unit of the Lead Agency.

As mentioned in the discussion in Indicator 9, the Lead Agency will implement a quarterly review by Lead Agency staff and key stakeholders of data from a variety of sources for strategic planning and to inform decision making regarding personnel development and training activities, policy clarification, resource allocation, statewide and local TA, and the application of incentives and enforcement actions. Specific findings identified through the dispute resolution process, the local ES Program involved, and the timeliness of completion of corrective actions will be included in this review.

The Family Participation Survey which was piloted in February 2005, included questions related to the family's comfort in expressing their dissatisfaction with the local ES Program and if they were provided with information on how to resolve disagreements using processes like conflict resolution and mediation.

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator 10 is as follows:

80% of signed written complaints with reports issued which were resolved within the 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Discussion of Baseline Data:

There were six signed written complaints submitted to the Lead Agency during the 2004-2005 fiscal year. Of these complaints, one was withdrawn by the family due to informal resolution at the local level. The remaining five were investigated and resulted in issued reports with findings. This represents an increase in complaints received in a year's period, as there were only two complaints received during each of the preceding three years.

Of the five complaints which resulted in reports being issued, three of these reports were completed within the required 60-day timeline. Of the two complaint reports that were issued beyond the 60-day timeline, one timeline was extended due to a mailing error which delayed the complainant's receipt of the Preliminary Report. Therefore, four of the five or 80% of the complaints received resulted in reports being issued within the required 60-day timeframe or within extended timelines. Root causes for the noncompliance with timelines included the reorganization of the state office staff, including transfer of responsibilities for oversight of the dispute resolution system and turnover in support staff.

The Lead Agency has reorganized responsibilities for oversight of the dispute resolution system again in order to improve compliance with state and federal requirements. The State Parent Consultant now has oversight responsibilities, including responsibility for initiating contact with complainants upon receipt of signed written complaints. Procedures for timeline tracking have also been revised to allow for checks and balances by including the TA Liaison assigned to the local ES Program from which the complaint was generated.

See Attachment I of the State Performance Plan for the Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act.

Measurable and Rigorous Targets for Indicator 10:

FFY	
2005 (2005-2006)	100%

2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Evaluate the timeliness and effectiveness of the dispute resolution system by analyzing complaints, due process hearing, and mediation requests received, timeliness of investigations, reports and other actions, and verification of correction of any compliance issues identified. Based on the results of this analysis, take actions as necessary to ensure that all timelines are met and compliance is corrected as soon as possible or, at least within one year of identification of the noncompliance.	February 2006 and annually through 2011	Lead Agency, FICCIT, ES Continuous Improvement Workgroup
2. Ensure compliance by review of statewide and disaggregated compliance and performance data on at least a quarterly basis by the Lead Agency and other key stakeholders to inform decision making regarding personnel development and training needs, resource allocation, and the implementation of incentives and enforcement actions. Information to be reviewed to include: compliance and performance data from the ES Data System (including 618 data), family survey results, issues identified in complaints, due process hearings, and mediations, QA monitoring results, and Continuous Improvement Plan activities completed.	March 2006 and Quarterly through 2011	Lead Agency, FICCIT

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

Florida's system for dispute resolution and notification to families, staff and providers of options related to dispute resolution is discussed under Indicator 10. Policy provides for the complainant to exercise the option of pursuing a due process hearing as a means of resolving their complaints.

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator 11 is as follows:

N/A percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. There is no baseline data as the one due process hearing request received during 2004-2005 was resolved via mediation.

Discussion of Baseline Data:

One request for a due process hearing was received during 2004-2005. This due process hearing was held but adjudication was withheld and the matter was placed in abeyance while the parties pursued mediation. A mediation agreement was reached which resolved the matter.

Therefore, Florida has no fully adjudicated due process hearings in 2004-2005.

Measurable and Rigorous Targets for Indicator 11:

FFY	
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%

2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Evaluate the timeliness and effectiveness of the dispute resolution system by analyzing complaints, due process hearing, and mediation requests received, timeliness of investigations, reports and other actions, and verification of correction of any compliance issues identified. Based on the results of this analysis, take actions as necessary to ensure that all timelines are met and compliance is corrected as soon as possible or, at least within one year of identification of the noncompliance.	February 2006 and annually through 2011	Lead Agency, FICCIT, ES Continuous Improvement Workgroup
2. Report the status of due process hearing requests received monthly to the Lead Agency ES Management Team.	March 2006 and monthly through 2011	Lead Agency

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

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)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Florida's system for dispute resolution and notification to families, staff and providers of options related to dispute resolution is discussed under Indicator 10. Policy provides for the complainant to exercise the option of pursuing a due process hearing as a means of resolving their complaints.

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator 12 is as follows:

N/A 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). The Lead Agency has not adopted the Part B due process procedures.

Discussion of Baseline Data:

No baseline data is provided, as the Lead Agency has not adopted the Part B due process procedures.

Measurable and Rigorous Targets for Indicator 12:

In accordance with instructions from the Office of Special Education Programs (OSEP), measurable and rigorous targets are not required for any state which received less than 10 due process hearing requests.

In the event that 10 or more due process hearing requests are received during in 2005-2006 or any subsequent year through 2010-2011, the Lead Agency will identify measurable and rigorous targets for this indicator as required.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

Florida's system for dispute resolution and notification to families, staff and providers of options related to dispute resolution is discussed under Indicator 10. Policy provides for the complainant to exercise the option of mediation as a means of resolving their complaints.

Baseline Data for FFY 2004 (2004-2005):

Florida's baseline for Indicator 13 is as follows:

100% of mediations held resulted in mediation agreements.

Discussion of Baseline Data:

During 2004-2005, the Lead Agency received only one request for mediation. This mediation request resulted in a mediation agreement.

Measurable and Rigorous Targets for Indicator 13:

In accordance with instructions from the Office of Special Education Programs (OSEP), measurable and rigorous targets are not required for any state which received less than 10 mediation requests.

In the event that 10 or more mediation requests are received during 2005-2006 or any subsequent year through 2010-2011, the Lead Agency will identify measurable and rigorous targets for this indicator as required.

Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Evaluate the timeliness and effectiveness of the dispute resolution system by analyzing complaints, due process hearing, and mediation requests received, timeliness of investigations, reports and other actions, and verification of correction of any compliance issues identified. Based on the results of this analysis, take actions as necessary to ensure that all timelines are met and compliance is	February 2006 and annually through 2011	Lead Agency, FICCIT, ES Continuous Improvement Workgroup

corrected as soon as possible or, at least within one year of identification of the noncompliance.		
2. Report the status of due process hearing requests monthly to the Lead Agency ES Management Team.	March 2006 and Monthly through 2011	Lead Agency, FICCIT

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: This section of the State Performance Plan was developed in accordance with the process described on page 1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Since the implementation of IDEA, Part C in the state, Florida has maintained a computerized database management system to collect, summarize, and analyze data about infants and toddlers served and services provided in accordance with IDEA. This data system is now web-based and permits each local ES Program to create, maintain, and modify its own child information and fiscal database via the internet.

The ES Data System has four major goals:

- To collect data that will facilitate the evaluation of the effectiveness and adequacy of early intervention services.
- To track and evaluate the outcomes/consequences of the provision of early intervention services on the development of eligible infants and toddlers and their families.
- To operate and maintain a monitoring and quality control system for services delivered to infants and toddlers.
- To operate and maintain a monitoring and fiscal management system

Data on specific child and family demographics, services authorized, services delivered, providers and payers of services is entered for each child. The actual data entry is accomplished at the local ES Program level by service coordinators or designated data entry staff. Each local ES Program has a designated Data Custodian who is responsible for the oversight of data entry functions and to ensure accuracy and integrity of the data entered. The Data Reporting Handbook provides direction on the requirements and protocols for data entry. A Data Users Workgroup, composed of representatives of local ES Programs, meets via conference call monthly to provide a forum for discussion and decision making regarding improvements to the ES Data System.

Standardized quarterly reports are generated by the ES Data System to facilitate monitoring of statewide and local compliance, for example: compliance with 45-day timeline for IFSP development, compliance with timely service delivery, compliance with timely transition meetings, etc. The Lead Agency has established multiple means of assuring data integrity. To ensure accurate data entry, the Lead Agency monitors and compares data from multiple sources on an ongoing basis. For example,

data which is derived from the ES Data System is compared to data derived from the QA monitoring process to ensure that the ES Data System is accurately reflecting desired measures. Each TA Liaison assigned from the Lead Agency maintains an "Issues and Assignments Tracking" log of their assigned local ES Program to track requests made to local ES Programs and their response time as well as issues that are brought to the attention of the TA Liaison by families, providers, local ES Program staff, etc.

Statewide reporting to the Office of Special Education Programs (OSEP) is accomplished by the Lead Agency. Specific staff persons are designated as responsible for the submission of data to WESTAT, the Annual Performance Report (APR) and the State Performance Plan (SPP). The Bureau Chief for Prevention and Interventions has responsibility for ensuring that required reports are submitted in a timely manner.

Baseline Data for FFY 2004 (2004-2005):

100% of state reported data, including 618 data, State Performance Plan, and Annual Performance Reports are submitted on or before due dates and are accurate.

Chart 14.A.			
State Performance Plan and Annual Performance Report Submissions 2004-2005			
Deliverable	Due Date	Date Submitted	Submitted on Time?
618 Data, Table 2, (Settings Data)	November 1, 2004	October 29, 2004	Yes
618 Data, Table 3, (Exit Data)	November 1, 2004	October 29, 2004	Yes
618 Data, Table 4, (Services Data)	November 1, 2004	October 29, 2004	Yes
618 Data, Table 5, (Personnel)	November 1, 2004	October 29, 2004	Yes
618 Data, Table 1, (Child Count)	February 1, 2005	January 26, 2005	Yes
Annual Performance Report (APR)	March 30, 2005	March 30, 2005	Yes

Discussion of Baseline Data:

All reports required to be submitted during FFY 2004 were submitted on time. Reports have been modified if accuracy issues were identified.

Standardized quarterly reports are generated by the ES Data System to facilitate monitoring of statewide and local compliance, for example: compliance with 45-day timeline for IFSP development, compliance with timely service delivery and compliance with timely transition meetings. The Lead Agency has established multiple means of assuring data integrity. Specific probes included in the QA monitoring process look at timelines for data entry, and verify whether data is entered correctly. As noted in Chart 14.B., timely data entry has improved since the 2002-2003 year, but remains basically unchanged in the past year.

Chart 14.B.			
TIMELY DATA ENTRY			
All Local ES Programs Reporting			
Data Source: ES Data System			
	2002-2003	2003-2004	2004-2005
Data is entered into the ES Data System in a timely manner (timely = within 60 days of the date of service).	65.8%	80.0%	79.6%

An analysis of the 3-year trend data, disaggregated by local ES Program (not shown here), indicates that three local ES Programs have maintained 90% or higher on the requirement to enter data within 60 days of the date of service. These three local ES Programs will be asked to share their best practices for data entry with other local ES Programs.

With changing needs of our program through the years, additional data elements have been added for collection. With each additional data element that is added, the burden of data entry increases, which also increases the potential for error and failure to enter all required data. Improved data entry could be accomplished by eliminating or clearly designating as optional those data elements that might be useful to some local ES Programs, but are not essential to meeting statewide objectives. The ES Data Handbook has not been revised in several years and it has been recommended that a step-by-step guide for data entry would also enhance data timeliness and accuracy.

An analysis of Florida's performance on federally identified compliance and performance measures for timely service delivery, service delivery in the natural environment, percent of children with IFSPs, and timeliness of transition planning meetings indicates that data understates Florida's compliance with these critical indicators. Therefore, ensuring timely and consistent data entry is the top priority to accurately reflect Florida's compliance.

Measurable and Rigorous Targets for state reported data, including 618 data, State Performance Plan, and Annual Performance Reports being submitted on or before due dates and are accurate (Indicator 14) for the next six years are as follows:

FFY	
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%

2010 (2010-2011)	100%
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Improvement Activities/Timelines/Resources:

Activities	Timelines	Resources
1. Provide refresher training to service coordinators on data entry requirements. An overview of Florida's SPP will be provided, along with baseline data, and information on how local data entry fits into statewide compliance.	April 2006	Lead Agency, Service Coordinators
2. Update the ES Data Handbook to provide enhanced step-by-step data entry instructions, as well as to more clearly identify how local ES Programs can use the data system to self-assess on critical state and federal measures.	July 2006	Lead Agency, ES Data System
3. Add additional QA measures to verify specific data entry for each child. For identified data element which is critical to IDEA, Part C compliance, local ES Programs will be required to submit the results of a review of a specified number of child records. Any local ES Program found to be out of compliance with data entry requirements will be required to implement strategies for correction as soon as possible, but no later than within one year of identification.	July 2006 and ongoing through 2011	Lead Agency, local ES Programs
4. Report to the public on ES performance with timely and accurate data entry, reporting on statewide performance as well as performance by local ES Programs. This Improvement Activity deleted per FFY 2006 APR	March 2007 and annually through 2011 Timeline Revised Per FFY 2005 APR: June 2007 and annually through 2011	Lead Agency
5. Conduct an analysis of all data elements collected and determine which elements are not central to statewide objectives. These elements will be either eliminated or clearly noted as optional.	July 2008	Lead Agency ES Data Users Workgroup
6. Implement sharing of best practices related to timely data entry and data integrity among local ES Programs.	September 2008	Lead Agency, local ES Programs