

Part C State Annual Performance Report (APR) for 2006 - 2007

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

In this document, the Department of Health, Children's Medical Services, Early Steps State Office as the lead agency for implementation of IDEA, will be referred to as the "Lead Agency" or "LA". In order to ensure services are provided to eligible infants and toddlers and their families in accordance with IDEA, the LA enters into contract with 16 local entities. In this document, these 16 local entities will be referenced as "local ES", "LESSs" or if singular, an "LES".

Data which are 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".

Effective July 1, 2006, the LA implemented realignment of the LESSs to accomplish a more equitable distribution of geographic area, per child funding and numbers of children served by each LES. While this redistricting is expected to have an overall benefit in the years to come, the immediate effect has increased demand of administrative resources of the LA and affected LESSs, which impacted performance. In this redistricting, 2 LESSs were reduced in size by the number of counties and therefore, numbers of children served. Four LESSs gained counties and children. For the LESSs gaining counties and children, local resources were strained as the necessary infrastructure was developed and implemented. The LESSs impacted by the redistricting demonstrated fewer gains in performance during 2006 – 2007 as compared to performance in 2005 – 2006.

Through contract, each LES assumes responsibility for ensuring that services are provided in accordance with IDEA in a designated geographic area. Each LES employs service coordinators, family resource specialists, and other staff to ensure eligible infants and toddlers and their families have access to Part C services. Most service coordinators work under the direct employment of the LES. The remainder of the workforce necessary to provide early intervention services to eligible infants and toddlers is derived from early interventionists employed by the LES or more frequently, through a network of individuals or agencies that have a written agreement with the LES to deliver services. Historically, the Florida legislature through funding proviso limited the provision of services other than service coordination and evaluation and assessment by the LES. This limitation has been eliminated and in 2005, the LA included in LES contracts a provision for hiring of intervention service personnel by the LES. As a result, LESSs are gradually hiring intervention service staff. Demand due to increased referrals has forced the prioritization of workload for these personnel on eligibility evaluation. While this practice positively impacts performance on Indicator 7 (45-day timeline), it has a negative impact on performance on Indicator 1 (timely service delivery). It is expected that over time, a greater percentage of service delivery will be provided by staff of the LES, and therefore, the LES will have increased control over the availability of individuals providing ongoing early intervention services. A national shortage of pediatric therapists has inhibited LESSs from hiring more direct service staff since this staffing option was made available.

In this APR, service coordinators will be differentiated from other providers of services to eligible children. Therefore, reference will be made to "service coordinators", while those individuals who

provide other early intervention services will be referred to as “providers”. “Providers” include those individuals directly employed by the LES as well as community agency personnel.

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. Administrative challenges with this system have caused delays in processing and approval of applications, and subsequently, created a disincentive for early intervention providers to participate in Florida’s early intervention system. This exacerbated existing issues with provider availability for delivery of early intervention services and has negatively impacted performance in Indicators 1 (timely service delivery), 2 (services in natural environments), and 7 (45-day timeline).

During 2006 – 2007, substantial LA resources and attention were necessary to address financial solvency issues with one LES. As will be discussed further in Indicator 9, this LES received a determination of “needs substantial intervention” and subsequently, the LA terminated the contract with the LES due to failure of the LES to demonstrate a financial capacity to provide services to eligible infants and toddlers and their families.

Plans for the provision of technical assistance through statewide training have not been implemented as envisioned due to a six month vacancy in the statewide Training Director position. At the request of the LA, a stakeholder workgroup was asked to develop a training plan addressing short and long term needs of Florida’s early intervention system. The plan identifies short and long term goals to improve Florida’s performance on SPP/APR indicators and to strengthen the LA’s training infrastructure. These changes are expected to increase the capacity of the LA to address the training and personnel needs of LES administrators, staff, families, and their network of community providers.

Revisions to policies have been drafted so that all policy is consistent with the 2004 reauthorization of IDEA. However, delays in publication of the final regulations have delayed actions to finalize state policies. This has impeded the LA’s ability to provide clear policy and guidance for LESs.

New requirements pursuant to the 2004 reauthorization of IDEA (development of the State Performance Plan, APR, public reporting and determinations) have challenged the LA to analyze its organizational structure and make necessary changes to ensure sufficient resources are directed towards the state’s system of general supervision. The implementation of public reporting and determinations as required by federal law has increased statewide awareness of the importance of local and statewide performance. This has heightened attention to specific indicators and we believe will over time result in improved statewide performance.

During the timeframe addressed in this APR (July 1, 2006 through June 30, 2007), Florida was not impacted by significant weather events (such as hurricanes). Therefore, there were minimal interruptions in operations due to weather events.

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

Throughout the APR, references will be made to the Quality Assurance (QA) monitoring process. Annual QA reviews of each of the 16 LESs are conducted through self-assessment of child records randomly selected by the LA. For the review period of July 1, 2006 through June 30, 2007, the LA increased the number of child records reviewed to gain more representative information. Statewide, a total of 930 child records were reviewed during this monitoring cycle. The QA self-assessment information that is completed by each LES is submitted for review by LA staff. LA staff conduct a desk review of the self-assessment information and include in their analysis a review of other

pertinent data to determine consistency among various sources of information, such as: complaint history and other concerns raised by families, prior performance, progress on the Continuous Improvement Plan, and corrective actions that have been implemented by the LES. When there is unexplained inconsistency across sources of information, the LA requests copies of documentation from child records to support the self-assessment. If further verification is indicated, an on-site review is conducted to validate the QA monitoring results.

The finalized APR and revised SPP are posted to the ES website located at: <http://www.cms-kids.com/Earlystepshome.htm>. LES Directors, Family Resource Specialists, FICCIT members, Medicaid staff, the Department of Education staff, and other stakeholders will be made aware of the website availability of the APR and revised SPP. A hard copy of the APR will be made available at the office of the LA for public review. In addition, each LES Director will be requested to make available a hard copy of the APR for review by families, LES staff, providers of early intervention services, and other interested individuals. LES Directors and Family Resource Specialists will be asked to include information about how to access the hard copy and electronic version of the APR in newsletters and other materials being sent to their provider network and families.

In June 2007, the LA reported to the public on LES performance towards the targets in the SPP. Public reporting of state and LES performance is posted to the ES website located at: <http://www.cms-kids.com/Earlystepshome.htm>. The format for public reporting was developed in consultation with the Continuous Improvement Workgroup.

INDICATOR 1: TIMELY SERVICE DELIVERY

Monitoring Priority: Early Intervention Services in Natural Environments

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

(20 U.S.C. 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.

REPORT OF PROGRESS – INDICATOR 1				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005 *	Actual Target Data 2005-2006 *	Actual Target Data 2006-2007
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	100%	51%	50%	60%
* Baseline 2004-2005 and Actual Target Data for 2005-2006 have been revised, as previously submitted data were incorrectly based on the percent of services provided in a timely manner. All measures of performance for Indicator 1 now reflect the correct measurement of the percent of infants and toddlers receiving the early intervention services on their IFSPs in a timely manner.				

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

In consideration of the revised actual target data for 2005-2006 and the actual target data for 2006-2007, Florida has improved in its performance by 10%. A key factor in improvement on Indicator 1 has been the LA’s continued focus on the importance of timely service delivery. Providing technical assistance in the form of policy clarification and consultation to LESs, requiring timely service delivery to be addressed in Continuous Improvement Plans, special projects required of LESs to demonstrate correction of noncompliant practices, and enforcement actions have contributed to the state’s improved performance.

Florida’s policy for timely service delivery is that services must be initiated within 3 weeks from the date the service was agreed to by the IFSP team (which includes the parent and their provision of consent to early intervention services) and included on the IFSP.

Annual QA reviews of each of the 16 LESs is conducted through self-assessment of child records randomly selected by the LA. During the QA monitoring conducted in the late summer and early fall of 2007 (looking back at performance of 2006-2007), the LA increased reporting requirements related to timely service delivery. These increased reporting requirements provided more detailed information regarding the reason for any delays in timely service delivery and the actual date the service was initiated. The self-assessment information that is completed by each LES is submitted

for review by LA staff. LA staff conduct a desk review of the self-assessment information and include in their analysis a review of other pertinent data to determine consistency among various sources of information, such as: complaint history, prior performance, progress on the Continuous Improvement Plan, and corrective actions that have been implemented by the LES. When there is unexplained inconsistency across sources of information, the LA requests copies of documentation from child records to support the self-assessment. If further verification is indicated, an on-site review is conducted to validate the QA monitoring results.

Documented child and family issues that prevented timely service delivery are included in the numerator and denominator for calculating the baseline and the actual target data. The following chart shows the total number of child records reviewed during QA monitoring and the calculation for percentage of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner.

RAW DATA CALCULATION FOR INDICATOR 1: Timely Service Delivery				
A	B	C	D	E
Total Child Records Reviewed (Represents Children from all 16 LESs)	Total Children With IFSPs Receiving Early Intervention Services on Their IFSP in a Timely Manner	Total Children With IFSPs Not Receiving Early Intervention Services on Their IFSP in a Timely Manner Due to A Documented Child or Family Reason or Natural Disaster	% Children With IFSPs For Whom There Was a Documented Child or Family or Natural Disaster that Prevented Timely Service Delivery $(B + C) / A \times 100 = D$	Total Children Not Receiving Timely Service Delivery for Reasons Other Than Documented Child or Family or Natural Disaster $(A - B - C = E)$
295	126	50	60%	119

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

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the LA maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for timely service delivery.
2. In order to determine the range of days to initiate services and to determine, by LES, the extent of the problem with initiating services, an analysis was conducted to determine the range of delays for those children who did not receive timely service delivery. The statewide results of this analysis are as follows.

Range of Days to Initiate Services (For the 119 children not receiving services on their IFSP in a timely manner)		
A	B	C
Range of Days	Number of Children	% of Children Whose Services were Initiated in this Range of Days (B/119 X 100 = C)
23 – 30 Days	25	21%
31 – 60 Days	45	38%
61 – 90 Days	17	14%
91 – 120 Days	7	6%
120 Days & Beyond	25	21%

The disaggregated results of this analysis will be utilized, along with other performance information to identify those LESs that have the greatest need for technical assistance related to timely service delivery.

3. A service analysis was also used to account for the untimely initiation of services, to obtain a more thorough understanding of the issues faced by LESs and to inform the LA regarding statewide and LES technical assistance needs. Of the 295 children represented in the Actual Target Data, a total of 421 services were authorized during the review period (July 1, 2006 – June 30, 2007). The results of this analysis are represented in the chart below.

An Analysis of the Services Authorized for the 295 Children in the Actual Target Data		
	Number of Services	Percentage of Total Services
A. Services initiated in a timely manner (i.e. within 3 weeks from the date the service was agreed to by the IFSP team, which includes the parent and their provision of consent to early intervention services and included on the IFSP)	203	48.2%
B. Services not initiated in a timely manner due to a documented child or family reason or natural disaster	67	15.9%
C. Total services initiated in a timely manner or delayed due to a documented child or family reason or natural disaster (A + B = C)	270	64.1%
D. Services not initiated in a timely manner due to a provider availability issue	88	20.9%
E. Services not initiated in a timely manner due to an LES capacity issue (includes service coordinator or other staff vacancy, inadequate follow-up to ensure initiation of services, failure to document follow-up and service initiation date.)	56	13.3%
F. Services not initiated in a timely manner due to a delay in obtaining insurance authorization	7	1.7%
G. Total services delayed due to unacceptable reasons (D, E, + F = G)	151	35.9%
H. TOTAL (C + G = H)	421	100%

Based on this analysis, provider availability continues to be the greatest barrier to timely service delivery. As discussed in the overview of this APR, "provider" is defined as the therapist, Infant Toddler Developmental Specialist, nurse, or other early interventionist and does not include the service coordinator.

In July 2006, services provided by an Infant Toddler Developmental Specialist became an approved Medicaid reimbursable service, with the requirement that the Infant Toddler Developmental Specialist must receive "support and direction" from a licensed health care professional. The requirement for "support and direction" caused confusion among therapists and other licensed health care professionals and caused greater instability in our provider pool. In November 2007, a technical assistance document was disseminated to provide greater clarification regarding the conditions of "support and direct" in order to ensure full participation in Medicaid by Infant Toddler Development Specialists and therapists. While not within the reporting period of this APR, it is believed that this clarification will reduce the confusion among therapists and will result in greater stability in the provider pool.

In 2004, a centralized provider enrollment system was implemented to ensure all providers of Part C services meet a specified set of qualifications, training, and experience. However, administrative delays in processing applications of providers wishing to be enrolled in Early Steps have deterred potential providers from participating in Early Steps and exacerbated issues with provider availability.

The 2nd greatest reason for delay in initiation of services is a category of "LES capacity issues", which includes issues internal to the LES, such as service coordinator and other staff vacancies, miscommunication between service coordinators and service providers, inadequate follow-up to ensure initiation of services, and failure to document initiation of services. While to some extent, staff vacancies are beyond the control of the LES, this data indicate that statewide performance can be improved by training of service coordinators and sharing of best practices related to follow-up to ensure timely service delivery.

In December 2006, policy clarification was provided to LESs regarding the requirement that insurance authorization be sought expeditiously and that service initiation must not be delayed due to delays in insurance and other third party authorization. Based on current data, insurance and other third party authorization delays account for a much smaller percentage of delays (from 15.7% in FFY 2005 to 1.7% in FFY 2006).

4. Consideration has been given to policy revision regarding timely service delivery. Florida's policy for timely service delivery is that services must be initiated within 3 weeks from the date the service was agreed to by the IFSP team (which includes the parent and their provision of consent to early intervention services) and included on the IFSP. Based on the August 21, 2007, document "Part C SPP/APR Indicator Analyses", Florida's definition of timeliness is more stringent than a majority of other states and territories, as 32 states define timeliness as within 30 days and 1 state defines timeliness as more than 30 days. To be included in revised policy and therefore, subject to public review and comment will be a change to require services to be provided within 30 days from the date the service was agreed to by the IFSP team (which includes the parent and their provision of consent to early intervention services) and included on the IFSP. This seems a more reasonable definition of timeliness and, if implemented, will make Florida's definition of timeliness consistent with a majority of the states and territories. It will also result in improved performance on Indicator 1. Utilizing QA monitoring results of 2006-2007, the following is a breakdown of the percent of children receiving timely service delivery if this revised policy requiring services to be initiated within 30 calendar days instead of no greater than 3 weeks from the date the service was agreed to by the IFSP team (which includes the parent and their provision of consent to early intervention services) and included on the IFSP had been in effect during 2006-2007.

QA Monitoring of Timely Service Delivery: A Breakdown Showing the Percent of Children Whose Services Were Initiated Within 30 Calendar Days		
A	B	C
Total Child Records Reviewed (Represents Children from all 16 LESs)	Total Children With IFSPs Receiving Early Intervention Services on Their IFSP Within 30 Calendar Days (Includes Children For Whom Services Were Not Initiated Within 30 Calendar Days Due to A Documented Child or Family Reason or Natural Disaster)	% Children With IFSPs Receiving Early Intervention Services on Their IFSP Within 30 Calendar Days (B/A X 100 = C)
295	201	68%

5. Statewide and disaggregated performance on timely service delivery has been analyzed to assess statewide improvement in timely service delivery. In comparing LES performance on Indicator 1 from 2005-2006 to 2006-2007, 10 LESs demonstrated improved performance in timely service delivery from the 2005-2006 reporting period to the 2006-2007 reporting period, with 3 LESs demonstrating improvement of greater than 100% over the prior year.

6. LESs with identified noncompliance in timely service delivery have been required to develop Continuous Improvement Plans which include strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification. Requirements and timelines for Continuous Improvement Plan development and submission of updates are included in contracts with each LES. Timelines for achievement are included in the Continuous Improvement Plan and are tracked quarterly by the LA.

7. The LA has utilized desk reviews and on-site visits to provide technical assistance and to verify correction of noncompliant practices. In addition, the LA has developed specific correction activities designed as additional reporting requirements and framed to focus LESs on compliant practices as a part of consequences for noncompliance that is uncorrected after twelve months. The successful results from these assignments have prompted the LA to utilize these activities for LESs nearing the twelve month timeline without demonstration of correction. It is anticipated that this strategy will improve performance in correction within one year.

8. As a part of the LA's enforcement actions, determinations were made of LESs in August 2007. LES noncompliance with the requirement for timely service delivery was a factor in the determinations process. It is anticipated that this will result in improved performance on Indicator 1.

9. Public reporting of statewide and local performance related to Indicator 1, timely service delivery, was accomplished in July 2007.

In the Part C FFY 2005 SPP/APR Response Table, the Office of Special Education Programs (OSEP) notes that the Florida Department of Health (FDOH) did not report on correction of the noncompliance identified in Indicator 1 of the FFY 2004 SPP when it reported baseline data of 61% on Indicator 1. To explain what appears to be a discrepancy, it is helpful to understand the monitoring cycle for the LA. Each year, in the late summer and early fall, the LA engages in QA monitoring to determine statewide and LES performance for the fiscal year just past (July 1 through June 30). Noncompliance identified during this QA monitoring cycle is considered noncompliance identified in the current fiscal year. Therefore, in the fall of 2005, the LA engaged in QA monitoring to assess statewide and LES performance for the review period of July 1, 2004 – June 30, 2005. It was during this monitoring that the current method of measuring timely service delivery was implemented (i.e. child record review) and performance data were reported as baseline data in the SPP submitted January 30, 2006. Noncompliance identified during the QA monitoring conducted in late summer and

early fall of 2005 is being reported in the current APR as noncompliance identified in 2005 – 2006 and corrected in 2006-2007.

Also, in the Florida Part C FFY 2005 SPP/APR Response Table, OSEP notes that in the APR, FDOH reported that one LES was placed on high-risk status due to noncompliance with timely service delivery that was identified in 2003-2004 and not corrected within one year of identification. Further, OSEP noted that it was unable to determine whether the prior noncompliance regarding timely service delivery, as identified in the APR for FFY 2004, was corrected. The following chart shows identification and correction history for timely service delivery.

Indicator 1 - Identification and Correction of Noncompliance Related to Timely Service Delivery						
A	B	C	D	E	F	G
YEAR NONCOMPLIANCE IDENTIFIED	Total Findings of Noncompliance Related to Timely Service Delivery	Findings Corrected Within One Year of Identification	Percent Findings Corrected Within One Year (C/B X 100 = D)	Findings Corrected Within 13 - 15 Months of Identification	Total Findings Corrected As of 1/15/08 (C + E = F)	Percent Findings Corrected As of 1/15/08 (F/B X 100 = G)
2003 – 2004	2	1	50%	1	2	100%
2004 – 2005	0	n/a	n/a	n/a	n/a	n/a
2005 – 2006	7	2	29%	4	6	86%

All findings of noncompliance with timely service delivery identified in 2003-2004 have been corrected. In 2004-2005, there were no findings of noncompliance with timely service delivery. In 2005-2006, there were 7 findings of noncompliance with timely service delivery. Two of these findings were corrected within one year of identification of the noncompliance and 4 were corrected within 13 to 15 months of identification. When noncompliance is not corrected within twelve months of identification, the LA implements increased reporting requirements and activities on the LES's Continuous Improvement Plan.

One of the LESs with noncompliance with timely service delivery identified in 2005-2006 was determined to be in need of substantial intervention to implement the requirements of IDEA and subsequently, the contract with this LES was terminated effective June 30, 2007. The date of contract termination was 15 months from the date of identification of noncompliance with timely service delivery and therefore, the finding of noncompliance is reported in the above chart as being corrected within 15 months of identification of the noncompliance. Effective July 1, 2007, the FDOH put into place interim measures to ensure that there was no interruption in services for eligible infants and toddlers and their families in this service area. By November 1, 2007, the LA had competitively secured a new contract holder for this LES. An on-site review of this LES was conducted in January 2008, for the purpose of determining baseline performance for the new contract holder and to ensure that noncompliant practices had not been carried over to the new contract holder. Based on child records reviewed during the on-site visit in January 2008, the new contract holder has a baseline performance of 84.6% in timely service delivery.

At this writing, one finding of noncompliance with timely service delivery identified in 2005-2006 has not yet been corrected. This uncorrected finding was a factor in the determination of the LES in which the noncompliance was identified. Technical assistance and an on-site visit have been provided to the LES to assist with resolution of issues impacting timely service delivery. While there has not yet been a demonstration of correction, improvement has been demonstrated and verified by the LA.

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

The following improvement activity is added to Florida's SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 1, Improvement Activity 12	12. Analyze business practices related to provider enrollment and implement revised practices to gain greater efficiency in the Early Steps provider enrollment process.	July 2008	Lead Agency

INDICATOR 2: SERVICES IN NATURAL ENVIRONMENTS

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

REPORT OF PROGRESS – INDICATOR 2				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006 *	Actual Target Data 2006-2007
Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	50%	33%	70.9 %	71.6%
* Actual Target Data for 2005-2006 have been revised based on information provided by OSEP in the Part C FFY 2005 SPP/APR Response Table which states that infants and toddlers with IFSPs and receiving service coordination and/or developmental surveillance only should be counted as services in natural environments.				

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

In consideration of the revised actual target data for 2005-2006 and the actual target data for 2006-2007, Florida has improved in its performance and met its target. Although Florida's performance on Indicator 2 is significantly improved from baseline, Florida continues to struggle with implementation of services in the natural environment. Barriers for increasing the implementation of services in natural environments have been identified as increased cost and philosophical buy-in from community providers.

The actual target data for Indicator 2 are part of the state's 618 Data, are derived from the IFSP recommendations entered into the Early Steps Data System for children with IFSPs who were eligible on October 13, 2006, and were reported to WESTAT and OSEP on February 1, 2007. To determine each child's primary setting, the IFSP services for each child were analyzed to determine the location in which that child will receive the most hours of service.

The following chart shows the raw data calculation for Indicator 2.

RAW DATA CALCULATION FOR INDICATOR 2: SERVICES IN NATURAL ENVIRONMENTS					
A	B	C	D	E	F
Infants and Toddlers Receiving Services in the Home	Infants and Toddlers Receiving Services in Community-based Settings	Infants and Toddlers Receiving Services in Other Setting	Infants and Toddlers Receiving Service Coordination Only and/or Developmental Surveillance (Subset of C)	Total Children Reported (Column A + B + C = E)	Percent Children Receiving Services in Natural Environments (Column A + B + D / E X 100 = F)
4887	749	5832	2573	11,468	71.6%

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

1. Through monthly conference calls with LES Directors, biannual statewide meetings, and other technical assistance activities, the LA maintained a channel of communication with LESs Directors and other staff regarding the importance of and requirements for service delivery in natural environments.
2. To address provider buy-in to the concept of services in the natural environment, the LA facilitated the delivery of business model training for LES staff and providers of early intervention services. This training focused on philosophical and business approaches for how to provide services in natural environments. In addition to face-to-face training, video-tape follow-up of this training has been made available to all LESs for their use with providers.
3. To further reinforce the concept of service delivery in the natural environment, training on development of functional outcomes was provided.
4. A revised rate structure was developed in collaboration with a stakeholder workgroup to promote the provision of services in natural environments. This revised rate structure provides for enhanced payment of consultation services (collaboration among professionals) and provider travel to natural environments and was implemented July 2007.
5. On-site technical assistance has been provided to seven of the sixteen LESs and their provider networks to clarify policies related to service delivery in the natural environment and to address barriers to provision of services in natural environments.
6. To study the costs and personnel needs of a team based primary service provider model, a pilot project was initiated. Two LESs were granted funds to pilot a self-contained primary service provider team to learn how to better fiscally manage the delivery of services in the natural environment. The pilot project was officially started in September 2007, with team self-assessment and intensive training.
7. During 2005-2006, there was 1 finding of noncompliance with the requirement for the IFSP to include a justification for services not provided in the natural environment. Due to oversight by the LA, this finding of noncompliance was corrected within one year of identification.
8. Public reporting of statewide and local performance related to Indicator 2 was accomplished in July 2007.
9. As a part of the LA's enforcement actions, determinations were made of LESs in August 2007. LES noncompliance with the requirement for the IFSP to include a justification for services not

provided in the natural environment was a factor in the determinations process. It is anticipated that this will result in improved performance on Indicator 2.

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

No change is being made to the improvement activities for Indicator 2 in the SPP.

In view of the revised Actual Target Data for 2005-2006 and the Actual Target Data for 2006-2007, consideration will be given to revision of the measurable and rigorous targets for Indicator 2. Stakeholder input will be sought on this decision and any revisions to targets for Indicator 2 will be reported in the FFY 2007 APR.

INDICATOR 3 : CHILD OUTCOMES

Per instructions from the Office of Special Education Programs, this indicator is addressed in Florida's revised State Performance Plan, February 1, 2008.

INDICATOR 4: FAMILY OUTCOMES

Monitoring Priority: Early Intervention Services in Natural Environments

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

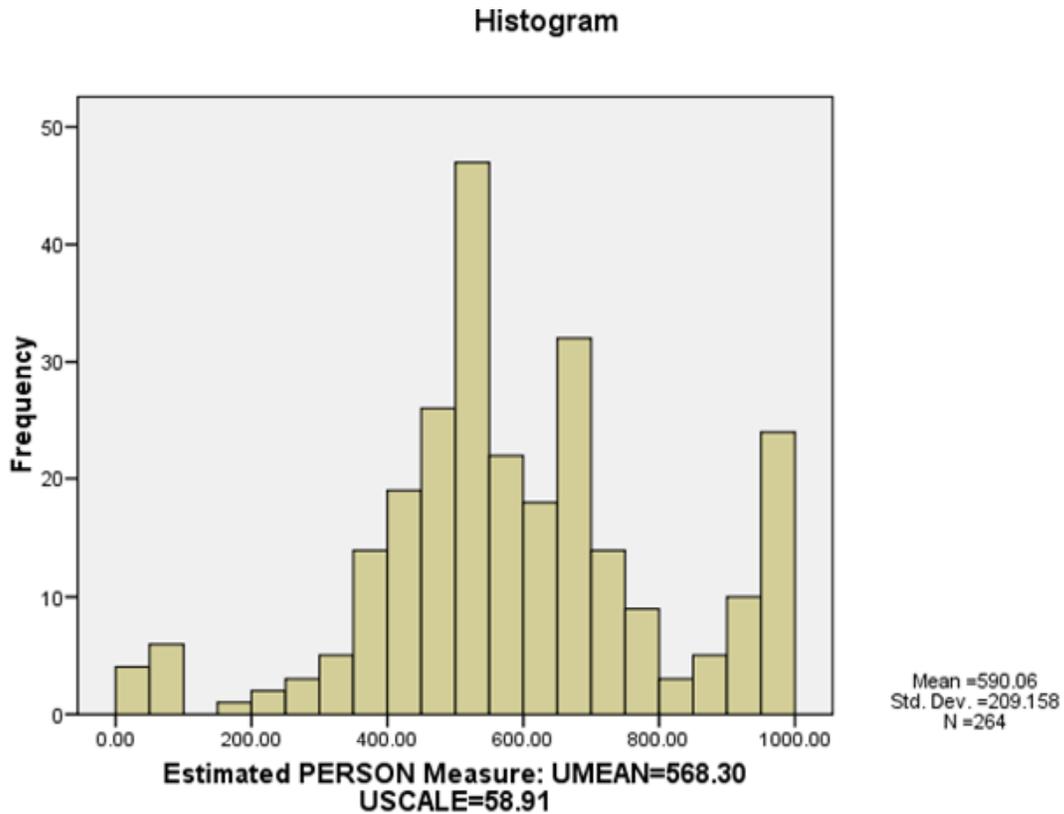
- A. Know their rights;
- B. Effectively communicate their children’s needs; and
- C. Help their child grow and learn.

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

REPORT OF PROGRESS – INDICATOR 4			
	Measurable and Rigorous Target 2006-2007	Baseline 2005-2006	Actual Target Data 2006-2007
Indicator 4A: Percent of families who report that early intervention services have helped the family know their rights.	55.9%	55.9%	53.8%
Indicator 4B: Percent of families who report that early intervention services have helped the family effectively communicate their children’s needs.	52.5%	52.5%	50.0%
Indicator 4C: Percent of families who report that early intervention services have helped the family help their child grow and learn.	57.6%	57.6%	64.4%

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida is using the National Center for Special Education Accountability Monitoring (NCSEAM) Family Survey as the measurement tool for Indicator 4. The histogram below displays the distribution of measures on the Impact on Family Scale for respondents to the 2006-2007 survey.



As recommended by NCSEAM, Florida applied the following standards to derive the statewide percents on the indicator: for Indicator 4A, the percent of measures at or above a measure of 539; for Indicator 4B, the percent of measures at or above a measure of 556; and for Indicator 4C, the percent of measures at or above a measure of 516.

While the 2006-2007 data above suggest that Florida had slippage in Indicator 4A and 4B and made progress in Indicator 4C, a closer analysis of the survey results suggests that there is no significant change from baseline, and that Florida therefore met its targets for this indicator. As seen in the table below, all the 2006-2007 percentages are within the 95% confidence interval estimated for the 2005-2006 data. This indicates that the difference between the 2005-2006 and 2006-2007 percentages is very likely due to random variation, and should not be interpreted as a meaningful change on the indicator.

Indicator	% 2005-2006	% 2006-2007	2005-2006 95% Confidence Interval	2006-2007 95% Confidence Interval
4A	55.9%	53.8%	43.3% - 67.8%	47.8% - 59.7%
4B	52.5%	50.0%	40.0% - 64.7%	44.0% - 56.0%
4C	57.6%	64.4%	44.9% - 69.4%	58.5% - 69.9%

For both the 2005-2006 reporting period and 2006-2007 reporting period, the survey was mailed to the families of all children with an IFSP who exited the program during a target window of time, excluding children who exited due to lost contact, transfer to another LES, or died. This methodology was designed to yield valid and reliable data since it was distributed to all families during the survey period. As noted in the original State Performance Plan, Florida experienced an error in its survey mail out for 2005-2006 and only received a 2% response rate from the distribution. The 2006-2007 survey response rate was improved at 9.5% (264 returned/2786 distributed.) Below is a table which identifies the degree to which the survey respondents are representative of the target population. The distribution of child's gender in the response sample is almost identical to the distribution of gender in the reference population; however, the response sample had a somewhat higher proportion of whites, and a somewhat lower proportion of blacks, than would be expected based on the distribution of race in the reference population. Also, the proportion of families on Medicaid was lower in the returned sample than in the reference population.

***Children Who Exited Early Steps July 1, 2006 – June 30, 2007**

Sex	Total Statewide Exit	Total Surveys Received	Percent Exit Statewide	Percent Surveys Received
F	3192	89	32.7%	33.7%
M	6559	174	67.3%	65.9%
Grand Total	9751	263		

Child's Race	Total Statewide Exit	Total Surveys Received	Percentage Exit Statewide	Percent Surveys Received
Black	1434	25	14.7%	9.5%
White	4255	141	43.6%	53.4%
Hispanic	2023	50	20.7%	18.9%
*Haitian	37	1	0.4%	0.4%
Asian	121	4	1.2%	1.5%
Native American	10	?	0.1%	0.0%
Unknown	1511	36	15.5%	13.6%
Other	360	6	3.7%	2.3%
Grand Total	9751	263		

Children Who Are Medicaid Enrolled	Total Statewide Exit	Total Surveys Received	Percentage Exit Statewide	Percent Surveys Received
No	4963	169	50.9%	64.0%
Yes	4788	95	49.1%	36.0%
Grand Total	9751	264		

RAW DATA CALCULATION FOR INDICATOR 4A: Families report that early intervention services have helped the family know their rights.		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped them know their rights	% Families reporting that early intervention services have helped them know their rights (B / A X 100 = C)
264	142	53.8%

RAW DATA CALCULATION FOR INDICATOR 4B: Families report that early intervention services have helped the family effectively communicate their child's needs.		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped the family effectively communicate their child's needs.	% Families reporting that early intervention services have helped the family effectively communicate their child's needs. (B / A X 100 = C)
264	132	50.0%

RAW DATA CALCULATION FOR INDICATOR 4C: Families report that early intervention services have helped the family help their child grow and learn.		
A	B	C
Total Surveys Received	Total Families reporting that early intervention services have helped the family help their child grow and learn.	% Families reporting that early intervention services have helped the family help their child grow and learn (B / A X 100 = C)
264	170	64.4%

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

1. The LA analyzed the responses to the survey distribution for 2006-2007.
2. The LA analyzed the demographics of the survey respondents and the reference population of children exiting ES.
3. The LA did not convene the System Evaluation Workgroup during 2006-2007 as planned and described in Indicator 4, Improvement Activity # 2 of the SPP due to prioritization of staff resources directed to planning and implementation of the child outcome measurement system.

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

The timelines for the following Improvement Activities are revised in Florida's SPP.

SPP Improvement Activity	Activities	Revised Timeline	Resources
Indicator 4, Improvement Activity 3	3. Provide TA/Training to local ES Programs to educate service providers and service coordinators about the family outcome indicators and survey results.	December 2008	Lead Agency, local ES Programs
Indicator 4, Improvement Activity 4	4. Provide information to Family Resource Specialists about survey results and brainstorm suggestions for strategies to impact family outcomes	December 2008	Lead Agency, local ES Programs

The following Improvement Activities are added to Florida's SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 4, Improvement Activity 7	7. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities	January 2008	Lead Agency
Indicator 4, Improvement Activity 8	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

INDICATOR 5 : INFANTS AND TODDLERS BIRTH TO 1

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

REPORT OF PROGRESS – INDICATOR 5				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data for Period of Review (July 1, 2005-June 30, 2006)	Actual Target Data for Period of Review (July 1, 2006-June 30, 2007)
Indicator 5: Percent of infants and toddlers with IFSPs birth to age 1.	.68%	.66%	.67%	.60%

A. Florida – 0.60% Broad eligibility states ranking = 20/23 (excludes American Samoa, Northern Marianas and Virgin Islands).

B. Florida – 0.60% National ranking = 45/52 (excludes American Samoa, Northern Marianas, Virgin Islands and Guam).

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has not met its Indicator 5 target for FFY 2006. A likely explanation for this slippage is an overall decreased emphasis on child find activities at the state and local levels due to prioritization of compliance indicators. In addition, there has been a decrease in the number of referrals received from neonatal intensive care units.

The actual target data for Indicator 5 are derived from the state’s 618 Data, reported to WESTAT and OSEP on February 1, 2007. These data are reported based on enrolled children who have an IFSP on October 13, 2006.

Florida served 1,396 infants and toddlers birth to age 1 with IFSPs out of a population of 233,381 children of the same age or .60% of the state's population of children from birth to 1 year of age.

Raw Calculation and Comparison of Birth to 1 Children with IFSPs with States of Similar Eligibility Criteria.						
	2005 State Child Count			2006 State Child Count		
	A	B	C	D	E	F
	Number of Children With IFSPs Age Birth to 1	State Population Age Birth to 1	Percent of Children With IFSPs Age Birth to 1 (A/B X 100 = C)	Number of Children With IFSPs Age Birth to 1	State Population Age Birth to 1	Percent of Children With IFSPs Age Birth to 1 (D/E X100 = F)
Ohio	1,983	148,584	1.33	2,099	146,341	1.43
Florida	1,499	224,617	0.67	1,396	233,381	0.60
Texas	3,121	379,873	0.82	3,562	394,904	0.90
National Average			0.95			1.04

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

1. The LA developed and implemented an annual public awareness plan that included 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 LESs to implement their local public awareness and outreach activities.
2. The LA surveyed LESs to assess their public awareness needs and re-evaluate the plan in order to meet those needs.
3. The LA participated in statewide outreach events including the annual Family Café conference, Children’s Week activities at the state capital, presentations at the Florida Speech and Hearing Association, Florida Academy of Audiologists, and One Goal annual conferences.
4. The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) produced and distributed the first Annual Report on Early Intervention Services in Spring 2007, targeting the general public, including parents and policy makers. FICCIT also hosted “Conversations with Families” and “Conversations with Providers”, public forums that are held in conjunction with the quarterly FICCIT business meetings held in rotating locations around the state.
5. The LA completed a state-level analysis of the referral sources for children referred in 2005-2006 and 2006-2007. The results of this analysis indicate that there has been a decrease in referrals coming from the neonatal intensive care units.

The LA has not completed improvement activities identified in the SPP for analysis of disaggregated child count/population data by LES service areas to identify those areas with lower performance in identification of children under a year old. When completed, this analysis will include percentage of children served as compared to the LES service area population, breakdown comparison of referral sources, and outreach activities conducted in the LES service areas. Results of this analysis will inform decision-making for specific action steps for those LESs with low performance on Indicators 5 and 6.

The LA has not completed improvement activities related to collaboration with the Newborn Screening Program or Birth Defects Surveillance Program. The LA attempted to implement an outreach effort which would disseminate program and referral information to newly licensed health care professionals; however, the Medical Boards did not agree to increase literature in the application packets. The LA is considering other strategies for statewide dissemination of program and referral information.

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

The following improvement activities are added to Florida’s SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 5, Improvement Activity 6	6. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities	January 2008	Lead Agency

<p>Indicator 5, Improvement Activity 7</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>Indicator 5, Improvement Activity 8</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>

INDICATOR 6 : INFANTS AND TODDLERS BIRTH TO 3

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

REPORT OF PROGRESS – INDICATOR 6				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data for Period of Review (July 1, 2005-June 30, 2006)	Actual Target Data for Period of Review (July 1, 2006-June 30, 2007)
Indicator 6: Percent of infants and toddlers with IFSPs birth to age 3.	1.87%	1.86%	1.80%	1.68%

A. Florida – 1.68% Broad eligibility states ranking = 19/23. (excludes American Samoa, Northern Marianas, and Virgin Islands)

B. Florida – 1.68% National ranking = 43/52. (excludes American Samoa, Northern Marianas, Virgin Islands and Guam)

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has not met its Indicator 6 target for 2006–2007. The actual target data for 2006-2007 reflect slippage of .12%. A likely explanation for this slippage is an overall decreased emphasis on child find activities at the state and local levels due to prioritization of compliance indicators.

The actual target data for Indicator 6 are derived from the state’s 618 data, reported to WESTAT and OSEP on February 1, 2007. These data are reported based on enrolled children who have an IFSP on October 13, 2006.

Florida served 11,468 infants and toddlers birth to age 3 with IFSPs out of a population of 683,637 children of the same age or 1.68% of the state’s population of children birth to 3 years of age.

Raw Calculation and Comparison of Birth to 3 Children with IFSPs with States of Similar Eligibility Criteria						
	2005 State Child Count			2006 State Child Count		
	A	B	C	D	E	F
	Number of Children With IFSPs Age Birth to 3	State Population Age Birth to 3	Percent of Children With IFSPs Age Birth to 3 (A/B X 100 = C)	Number of Children With IFSPs Age Birth to 3	State Population Age Birth to 3	Percent of Children With IFSPs Age Birth to 3 (D/E X100 = F)
Ohio	10,893	440,192	2.47	11,696	442,233	2.64
Florida	12,037	670,544	1.80	11,468	683,637	1.68
Texas	21,855	1,129,466	1.93	23,232	1,166,843	1.99
National Average			2.34			2.43

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

Data from the ES Data System support this premise, showing that the number of referrals to ES increased in 2006-2007 over the previous two years, and the percent of children found to be ineligible has increased each year since 2004-2005.

Comparison of Children Referred to Children Found Ineligible (Please note that the ES Data System is based on "live data". Therefore, the referral data for 2004-2005 and 2005-2006 varies from referral data previously submitted in Florida's SPP and FFY 2005 APR.			
	2004-2005	2005-2006	2006-2007
Total Children Referred	18,464	18,433	19387
Total Children Found Ineligible	2,889	3,232	3,832
Percent Ineligible	15.65%	17.53%	19.77%

Florida’s child count may have decreased due to Florida’s implementation of policies related to service delivery in the natural environment, as some families with resources (i.e. Medicaid and insurance), have chosen to access services on their own, instead of consenting to participation in Early Steps. A decrease in the number of families who self-refer supports this hypothesis.

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

1. The LA developed and implemented an annual public awareness plan that included 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 LESs to implement their local public awareness and outreach activities.
2. The LA surveyed LESs to assess their public awareness needs and re-evaluate the plan in order to meet those needs.
3. The LA participated in statewide outreach events including the annual Family Café conference, Children’s Week activities at the state capital, presentations at the Florida Speech and Hearing Association, Florida Academy of Audiologists, and One Goal annual conferences.
4. The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) produced and distributed the first Annual Report on Early Intervention Services in Spring 2007, targeting the general public, including parents and policy makers. FICCIT also hosted “Conversations with Families” and “Conversations with Providers”, public forums that are held in conjunction with the quarterly FICCIT business meetings held in rotating locations around the state.
5. The LA completed a state-level analysis of the referral sources for children referred in 2005-2006 and 2006-2007. The results of this analysis indicate that there has been a decrease in referrals coming from the neonatal intensive care units and self-referrals.

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

The following improvement activities are added to Florida’s SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 6, Improvement Activity 8	8. Implement reorganization of LA staff to more effectively allocate staff resources to ensure completion of Improvement Activities	January 2008	Lead Agency
Indicator 6, Improvement Activity 9	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
Indicator 6, Improvement Activity 10	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

INDICATOR 7: 45 - DAY TIMELINE

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

REPORT OF PROGRESS – INDICATOR 7				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 7: An evaluation and assessment and initial IFSP were conducted within 45 days of the date of referral.	100%	69%	85%	86%

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has improved by 1% in its performance on Indicator 7. A key factor impacting improvement on Indicator 7 has been the LA's continued focus on the importance of meeting the 45-day timeline. Providing technical assistance in the form of policy clarification and consultation to LESs, requiring 45-day timeline to be addressed in Continuous Improvement Plans, special projects required of LESs to demonstrate correction of noncompliant practices and enforcement actions have contributed to the state's improved performance.

The baseline data and the actual target data for the period of review are derived from QA monitoring results. Data for the baseline and actual target data represent review of randomly selected newly referred children in all 16 LESs. Documented child and family issues that prevented the timely completion of the evaluation and assessment and initial IFSP are included in the numerator and denominator for calculating the baseline and the actual target data. The following chart shows the total number of child records reviewed during QA monitoring and the calculation for percentage of timely evaluation and assessment and initial IFSP (as reflected in the actual target data).

RAW DATA CALCULATION FOR INDICATOR 7 (45-Day Timeline from Referral to Evaluation and Assessment and Initial IFSP)				
A	B	C	D	E
Total Child Records Reviewed	Children with timely evaluation and assessment and initial IFSP	Children with evaluation and assessment and initial IFSP completed more than 45 days from the child's referral, with documented child, family or natural disaster reasons that caused the delay	% Children for whom there is a documented child or family or natural disaster reason that caused the delay in completion of the evaluation and assessment and initial IFSP $(B + C) / A \times 100 = D$	Children whose evaluation and assessment and initial IFSP were held more than 45-days from date of referral for reasons other than documented child family or natural disaster $(A-B-C = E)$
320	241	34	86%	45

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

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the LA maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for meeting the 45-day timeline.
2. In order to determine the range of days to complete the evaluation and assessment and initial IFSP and to determine, by LES, the extent of the problem with the 45-day timeline, an analysis was conducted to determine the range of delayed evaluation and assessment for those children who did not receive an evaluation and assessment and initial IFSP within Part C's 45-day timeline. The statewide results of this analysis are as follows.

Range of Days to Receive Evaluation and Assessment and Initial IFSP (For the 45 children not receiving evaluation and assessment and initial IFSP within Part C's 45-day timeline)		
A	B	C
Range of Days	Number of Children	% of Children Whose Evaluation and Assessment and Initial IFSP were Conducted in this Range of Days $(B/45 \times 100 = C)$
46 – 60 Days	14	31%
61 – 90 Days	19	42%
91 – 120 Days	9	20%
120 Days & Beyond	3	7%

3. An analysis was also conducted to account for the untimely completion of the evaluation and assessment and initial IFSP, to obtain a more thorough understanding of the issues faced by LESs and to inform the LA regarding statewide and LES technical assistance needs. The results of this analysis are represented in the chart below.

An Analysis of the Barriers to Timely Completion of the Evaluation and Assessment and Initial IFSP for the 320 Children in the Actual Target Data		
	Number of Children	Percentage of Total Children in Actual Target Data
A. Evaluation and assessment and initial IFSP were completed with the 45-day timeline.	241	75.3%
B. Evaluation and assessment and initial IFSP were not completed with the 45-day timeline for documented child and family reasons.	34	10.6%
C. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to natural disaster	0	0%
D. Total children whose evaluation and assessment and initial IFSP was completed within the 45-day timeline or the evaluation and assessment and initial IFSP was delayed due to documented child or family reasons or natural disaster (A, B, + C = D)	275	85.9%
E. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to provider availability issues	4	1.2%
F. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to LES capacity issues (includes service coordinator or other staff vacancy, and inadequate documentation of follow-up to ensure evaluation and assessment and initial IFSP are completed timely)	41	12.8%
G. Evaluation and assessment and initial IFSP were not completed within the 45-day timeline due to delays in insurance authorization	0	0%
H. Total children whose evaluation and assessment and initial IFSP was not completed within the 45-day timeline for unacceptable reasons (E, F + G = H)	45	14%
I. TOTAL (D + H = I)	320	100%

As mentioned in the overview, Florida did not experience significant program closures during 2006-2007 due to natural disasters. This is reflected in the data related to reasons for delay in meeting the 45-day timeline. The greatest barrier to meeting the 45-day timeline is LES capacity issues which include service coordinator or other staff vacancy and inadequate documentation of follow-up to ensure evaluation and assessment and initial IFSP are completed (12.8%). This is consistent with the impact of LES capacity issues on Indicator 1, timely service delivery (13.3%).

4. QA monitoring results on Indicator 7 have been analyzed to identify LESs making the greatest improvement on Indicator 7 and to determine the possible impact of realignment of LES geographic areas. This analysis reflects a greater improvement than is represented in the 1% improvement as a state, as reflected in the actual target data. In 2005-2006, a total of 7 LESs scored 90% or above on the QA monitoring probe related to Indicator 7. In the monitoring conducted to determine 2006-2007 results, 10 LESs scored 90% or more on the probe related to Indicator 7.

5. As discussed in the Overview of this APR, on July 1, 2006, the LA implemented realignment of LESs to accomplish a more equitable distribution of geographic area, per child funding and numbers of children served by each LES. The LES that made the greatest gain toward Indicator 7 in 2006-2007 is an LES which reduced in size as a result of redistricting. The LES with the greatest decrease in performance on Indicator 7 received additional counties and the burden of development of an infrastructure to support these additional responsibilities negatively impacted performance on Indicator 7.

6. LESs with noncompliance in timely completion of the evaluation and assessment and initial IFSP are required to develop a Continuous Improvement Plan which addresses the strategies they will employ to correct the noncompliance as soon as possible, and in no case later than within one year of identification. Special activities & reporting have been required of those LESs that were identified as being out of compliance with the 45-day timeline. These special activities were required to provide an internal tickler system to ensure that the 45-day timeline is met.
7. In April 2006, barrier codes were added to the Early Steps Data System to provide for the recording of reasons for delay when the child's evaluation and assessment and initial IFSP is not conducted within 45 days of the child's referral. Both acceptable and unacceptable reasons for delay are tracked in the Early Steps Data System to allow for identification, statewide and by LES, of specific issues that negatively impact timely completion of the initial IFSP.
8. Performance on Indicator 7 is also measured through the Early Steps Data System. Each LES has the capacity to produce ad-hoc reports from the Early Steps Data System to self-assess for progress and slippage. Quarterly reports are also provided to LESs and LA staff for tracking of performance.
9. Included in QA monitoring is a measure of the documentation in the child's record supporting any barrier code which has been entered into the Early Steps Data System identifying a reason for delay in meeting the 45-day timeframe.
10. During 2005-2006, there were 3 findings of noncompliance with the 45-day timeframe, occurring in 3 separate LESs. All three of these findings of noncompliance were corrected within one year of identification.
11. As a part of the LA's enforcement actions, determinations were made of LESs in August 2007. LES noncompliance related to the 45-day timeframe was a factor in the determinations process. It is anticipated that this will result in improved performance on Indicator 7.
12. Public reporting of statewide and local performance related to Indicator 7 was accomplished in July 2007.

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

No change is being made to the improvement activities for Indicator 7 in the SPP.

INDICATOR 8: EFFECTIVE TRANSITION PLANNING

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

REPORT OF PROGRESS – INDICATOR 8				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 8A: IFSPs with transition steps and services.	100%	66%	64%	79%
Indicator 8B: Notification to the LEA if the child is potentially eligible.	100%	86%	88%	82%
Indicator 8C: Timely transition conference.	100%	68%	70%	78%

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has made progress in its performance on Indicator 8A, IFSPs include transition steps and services, slipped by 6% on Indicator 8B, notification to the LEA, and there has been improvement in performance on Indicator 8C, timely transition conference. A key factor in improvement on Indicator 8A and 8C has been the LA’s continued focus on the importance of transition. Providing technical assistance in the form of policy clarification and consultation to LESs, requiring transition to be addressed in Continuous Improvement Plans, special projects required of LESs to demonstrate correction of noncompliant practices, and enforcement actions have contributed to the state’s improved performance.

The baseline data and the actual target data for the period of review are derived from QA monitoring results. Data for the baseline and actual target data represent review of randomly selected children in all 16 LESs. Documented child and family issues that prevented the timely completion of the transition conference are included in the numerator and denominator for calculating the actual target data. The following charts show the total number of child records reviewed and the calculation of the actual target data for each subsection of Indicator 8.

RAW DATA CALCULATION FOR INDICATOR 8A: Transition Plans Include Steps & Services To Support the Child and Family's Transition			
A	B	C	D
Total child records reviewed (represents children from all 16 LEs)	Total children with transition plans that include steps and services to support the child's transition	Total children with transition plans that do not include steps and services to support the child's transition	% Children with transition plans including steps & services (B / A X 100 = D)
301	237	64	79%

RAW DATA CALCULATION FOR INDICATOR 8B: Timely Notification to the LEA if the child is potentially eligible.			
A	B	C	D
Total child records reviewed (represents children from all 16 LEs)	Total children with notification to the LEA at least 90 days prior to the child's third birthday.	Total children for whom the LEA was not notified at least 90 days prior to the child's third birthday.	% Children with timely notification to the LEA (B / A X 100 = D)
318	261	57	82%

RAW DATA CALCULATION FOR INDICATOR 8C: Timely Transition Conference				
A	B	C	D	E
Total child records reviewed	Total children with timely transition conference	Total children with the transition conference being held at least 90 days prior to the child's third birthday or with documented child, family or natural disaster reasons that caused the delay	% Children with a documented child or family or natural disaster reason that delayed the transition conference (B + C / A X 100 = D)	Children with the transition conference being held less than 90 days prior to the child's third birthday for reasons others than documented child family or natural disaster (A-B-C=E)
304	188	49	78%	67

The LA has implemented a more stringent measurement for Indicator 8B (notification to the local education agency) and this has negatively impacted our performance on this Indicator. Previously, documentation of notification to the child find system was considered notification to the local education agency (LEA). However, based on clarification received from DOE, the QA monitoring measurement used in 2006-2007 was changed to require specific notification to the LEA.

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

1. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the LA maintained a channel of communication with LES Directors and other staff regarding the importance of and requirements for transition.
2. Barrier codes have been implemented in the Early Steps Data System to improve tracking of compliance with timely transition conferences.
3. During 2005 -2006, there were a total of 8 findings of noncompliance related to Indicator 8. A total of 6 of these findings were corrected within one year of identification and the remaining two findings of noncompliance were corrected within 15 months of identification. When noncompliance is not corrected within twelve months of identification, the LA implements increased reporting requirements and increased activities on the LES's Continuous Improvement Plan.

TRANSITION – FINDINGS OF NONCOMPLIANCE AND CORRECTION (Noncompliance identified in 2005-2006)					
	A	B	C	D	E
	Total Findings of Noncompliance in 2005-2006	Total Findings Corrected Within One Year of Identification	Total Findings Corrected Within 13 - 15 Months of Identification	Total Findings Corrected As of 1/15/08	Total Findings of Noncompliance Not Corrected as of 1/15/08
Indicator 8A: IFSPs with transition steps and services.	3	2	1	3	0
Indicator 8B: Notification to the LEA if the child is potentially eligible.	4	3	1	4	0
Indicator 8C: Timely transition conference.	1	1	0	1	0
TOTAL	8	6	2	8	0

4. The LA has also worked closely with LESs to ensure correction of historical noncompliance related to transition. As reported in the FFY 2005 APR, there were three findings of noncompliance related to transition that had not been corrected as of January 15, 2007. Two of these three findings of noncompliance from 2004-2005 related to transition have now been corrected. The remaining noncompliance from 2004-2005 which has not yet been corrected is noncompliance with Indicator 8A (IFSPs include steps and services to support the child's transition). While compliance has not yet been demonstrated for this finding of noncompliance, significant progress has been demonstrated. This historical noncompliance was a factor in the determination of this LES and the LES is now required to report monthly until correction is demonstrated. Monthly reporting requires the LES to self-assess their performance, and the LA provides technical assistance by reviewing and providing feedback on IFSPs to ensure that steps and services to support transition are included. Due to these actions of the LA, the remaining finding of noncompliance was corrected as of April 14, 2008.

5. A Community of Practice conference call was held on April 2007, with Dr. Beth Rous, Director, Early Childhood at the Human Development Institute, University of Kentucky and Principal Investigator, National Early Childhood Transition Center, for the purpose of providing an overview of best practices in the process of transitioning eligible young children and their families. LA agency

staff, as well as LES staff, participated in the call which provided an opportunity to ask specific questions related to transition from Part C to Part B.

6. The Florida Transition Project (FTP) spearheaded a survey of families who recently exited ES to determine the extent to which transition planning and activities met the needs of their child and family. As a result of the survey, two products were developed: (1) *Getting To Know Me* and (2) *Getting to Know Your New Teacher and School*. These were disseminated statewide to LES staff, Pre-Kindergarten school district staff, Voluntary Pre-Kindergarten (VPK) Education program staff, Head Start staff, and others to be used to facilitate smooth transitions for young children and their families.

7. A Technical Assistance Paper which was collaboratively developed between the LA and DOE was finalized and disseminated in October 2007. This paper has been provided to LESs and Pre-Kindergarten disabilities school district staff and addresses the transition process, notification to the LEA, the transition conference, use of the IFSP and Individual Educational Plan (IEP), evaluation/eligibility determination, extended school year (ESY), and improving transition practices.

8. *A New Star* training continues to be provided by Family Resource Specialists to families of children approaching the age of three. Evaluations from this training are analyzed and improvements made to training materials as needed.

9. LESs with identified noncompliance related to transition have been required to develop Continuous Improvement Plans which include strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification. Requirements and timelines for Continuous Improvement Plan development and submission of updates are included in contracts with each LES. Timelines for achievement are included in the Continuous Improvement Plan and are tracked quarterly by the LA.

10. As a part of the LA's enforcement actions, determinations were made of LESs in August 2007. LES noncompliance related to transition was a factor in the determinations process. It is anticipated that this will result in improved performance on Indicators 8A, 8B, and 8C.

11. Public reporting of statewide and local performance related to Indicators 8A, 8B, and 8C was accomplished in July 2007.

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

Through a collaborative working relationship, the Florida Department of Education and the LA have committed significant resources towards transition in the past five years. Collaborative activities have included provision of technical assistance, support of joint workgroups and trainings provided to LEA and LES staff. With these factors in mind, progress towards Indicator 8 is not as robust as desired. Technical assistance expertise outside of the state will be sought to assist us in achieving compliance with Indicator 8. Therefore, the following improvement activity is added to Florida's SPP:

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 8, Improvement Activity 13	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.	July 2009	Lead Agency, DOE, SERRC, NECTAC

INDICATOR 9: GENERAL SUPERVISION

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

{20 USC 1416(a)(3)(B) and 1442}

REPORT OF PROGRESS – INDICATOR 9				
	Measurable and Rigorous Target 2005-2006	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 9: General supervision system identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.	100%	62%	74%	67%

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has slipped in its performance on Indicator 9, identification of noncompliance and ensuring correction as soon as possible, but no later than one year of identification. This slippage is a result of the LA's increased capacity to identify noncompliance. Each year since 2003-2004, there has been an increased number of findings of noncompliance. Increased findings of noncompliance have challenged the state's system of notification of noncompliance, working with LESs to facilitate correction, and tracking noncompliance correction.

RAW DATA CALCULATION FOR INDICATOR 9: Identification of Noncompliance and Correction Within One Year of Identification							
	A	B	C	D	E	F	G
	Total Findings of Noncompliance	Findings Corrected Within One Year of Identification	Percent Corrected Within One Year of Identification (B/A X 100 = C)	Findings Corrected Within 18 Months of Identification	Percent Corrected Within 18 Months of Identification (D/A X 100 = E)	Findings Corrected Within 21 Months of Identification	Percent Corrected within 21 Months of Identification (F/A X 100 = G)
NONCOMPLIANCE IDENTIFIED IN 2005 – 2006	43	29	67%	40	93%	41	95.3%

The baseline and actual target data reflect noncompliance identified through QA monitoring, complaints, due process hearings and other general supervision components during 2005-2006 and corrected during 2006-2007. While there has been slippage in correction of identified noncompliance as soon as possible, but no later than within one year of identification, through the general

supervision efforts of the LA, correction of 93% of the findings identified in 2005-2006 was verified by the LA within eighteen months of identification. Correction of 95.3% of the findings identified in 2005-2006 was verified by the LA within 21 months of identification. When noncompliance is not corrected within twelve months of identification, the LA implements increased reporting requirements and increased activities on the LES's Continuous Improvement Plan. To ensure correction of noncompliance identified in one "other" monitoring priority (six month & annual reviews of the IFSP), the LA has required additional reporting, correction activities, and has utilized information in the Early Steps Data system as a means to verify progress toward correction of the noncompliance. Technical assistance was provided on utilization of the Early Steps Data System to track six month and annual reviews of the IFSP. Program specific follow up activities for uncorrected findings of noncompliance are also noted in Indicators 1, 2, 7, and 8 of the Annual Performance Report.

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

1. The LA's capacity to identify noncompliance and track correction of noncompliance has been strengthened. Enhancements have been made so that there is a clear, systematic means of notification of noncompliance and the date that correction is due.
2. Contracts with each LES include the requirement that identified noncompliance findings must be corrected as soon as possible, but no later than within one year of identification. Effective July 1, 2007, provisions for determinations were included in contracts for each LES.
3. Through monthly conference calls with LES Directors, biannual statewide meetings, policy clarification and other technical assistance activities, the LA maintained a channel of communication with LESs regarding Indicators, performance improvement, and the requirement to correct identified noncompliance within one year of identification.
4. To assess performance and to identify noncompliance, annual QA reviews of each of the 16 LESs are conducted through self-assessment of child records randomly selected by the LA. For the review period of July 1, 2006 through June 30, 2007, the LA increased the number of child records reviewed to gain more representative information. Statewide, a total of 930 child records were reviewed during this monitoring cycle. The QA self-assessment information that is completed by each LES is submitted for review by LA staff. LA staff conduct a desk review of the self-assessment information and include in their analysis a review of other pertinent data to determine consistency among various sources of information, such as: complaint history and other concerns raised by families, prior performance, progress on the Continuous Improvement Plan, and corrective actions that have been implemented by the LES. When there is unexplained inconsistency across sources of information, the LA requests copies of documentation from child records to support the self-assessment. If further verification is indicated, an on-site review is conducted to validate the QA monitoring results.
5. Findings of noncompliance as a result of complaints and due process hearings are also tracked by the LA to ensure correction of noncompliance as soon as possible but no later than within one year of identification of noncompliance. During 2006-2007, there was a finding of noncompliance as a result of a complaint (failure to follow the IFSP process as specified in IDEA). Since this finding of noncompliance occurred in 2006-2007, it will be reported in Indicator 9 of the FFY 2007 APR.
6. To ensure valid and reliable data from the QA self-assessment process, a few LESs are selected each year to receive technical assistance in the form of a facilitated self-assessment. The facilitated self-assessment is conducted on-site at the LES and provides an opportunity for LA staff to coach LES administrative staff on the correct interpretation of compliance.
7. Technical assistance has been provided to all LESs, with a special emphasis on those LESs demonstrating noncompliance. LA staff customize the technical assistance provided based on the causal factors and identified needs for each LES to improve performance and to achieve or maintain compliance. Technical assistance has been provided in the form of on-site visits, review and

feedback on documentation submitted by the LES, conference calls with LESs, facilitation of training, policy clarification, and linking the LES to available expertise from OSEP, national technical assistance partners, and other resources.

8. LESs with identified noncompliance have been required to develop Continuous Improvement Plans which include strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification. Requirements and timelines for Continuous Improvement Plan development and submission of updates are included in contracts with each LES. Timelines for achievement are included in the Continuous Improvement Plan and are tracked quarterly by the LA.

9. The LA has utilized desk reviews and on-site visits to provide technical assistance and to verify correction of noncompliant practices. In addition, the LA has developed specific correction activities designed as additional reporting requirements and framed to focus LESs on compliant practices as a part of consequences for noncompliance that is uncorrected after twelve months. The successful results from these assignments have prompted the LA to utilize these activities for LESs nearing the twelve month timeline without demonstration of correction. It is anticipated that this strategy will improve performance in Indicator 9.

10. The LA has analyzed performance and compliance trends across LESs and statewide by implementing an ongoing review of data from all sources to provide for strategic planning to inform decision-making regarding personnel development and training activities, policy clarification, resource allocation, statewide and local technical assistance, and the implementation of incentives and enforcement actions. During 2006-2007, the LA utilized this analysis as a basis for development of a plan for reorganization of the LA state office functions. Effective January 1, 2008, this reorganization will allocate resources so each LES has an identified team of individuals to ensure the provision of training, policy clarification, and other technical assistance needs. This reorganization will also place additional resources towards data oversight, identification and correction of noncompliance, and performance improvement activities. This reorganization will allow the LA to meet the challenges of the additional general supervision requirements of states as specified in the 2004 reauthorization of IDEA.

11. Statewide recognition was provided to those LESs demonstrating highest levels of performance and compliance.

12. As a part of the LA's enforcement actions, determinations were implemented in accordance with the requirements of the 2004 reauthorization of IDEA. Utilizing stakeholder input, a determinations rating scale was developed. Subsequently, determinations of LESs were made and announced in August 2007. The results of the determinations process is noted in the following chart:

DETERMINATIONS - Based on 2006 – 2007 Performance and Announced in August, 2007				
	Meets Requirements	Needs Assistance	Needs Intervention	Needs Substantial Intervention
Number of LESs	12	1	2	1

The LA terminated the contract with the one LES which received a determination of “needs substantial intervention”. This contract termination was due to the failure of the LES to demonstrate a financial capacity to provide services to eligible infants and toddlers and their families and was effective June 30, 2007. Effective July 1, 2007, the FDOH put into place interim measures to ensure that there was no interruption in services for eligible infants and toddlers and their families in this service area. By November 1, 2007, the LA had competitively secured a new contract holder for this LES. An on-site visit to the new contract holder was conducted in January 2008, for the purpose of determining a baseline performance level for the new contract holder, ensure that noncompliant

practices have not been carried over to the new contract holder, and to assist the new contract holder in assessing their own performance. The baseline performance of this new contract holder shows improved performance over the previous contact holder.

13. Public reporting of statewide and LES performance was accomplished in July 2007 by posting to the Early Steps website at: <http://www.cms-kids.com/Earlystepshome.htm>. Stakeholder input was utilized to develop the format for public reporting. Statewide and local performance on Indicators 1, 2, 5, 6, 7, and 8 were included in public reporting. With stakeholder input, it was agreed to include statewide and local performance on Indicator 2 in public reporting, due to the close connection between performance on Indicators 1 and 2.

14. The LA has worked closely with LESs to ensure correction of historical noncompliance. In 2004-2005, there were a total of 38 findings of noncompliance. In the FFY 2005 APR, the LA reported a total of 34 (89%) of these findings had been corrected as of January 15, 2007. Therefore, there were 4 findings of noncompliance identified in 2004-2005 which had not been corrected by January 15, 2007. As of April 14, 2008, all 4 of these findings of noncompliance identified in 2004-2005 have now been corrected. The chart below provides a status on these 4 findings of noncompliance which had not been corrected as of January 15, 2007.

STATUS OF CORRECTION: NONCOMPLIANCE IDENTIFIED IN 2004 -2005 AND NOT CORRECTED AT THE TIME OF THE FFY 2005 APR			
Indicator or Other Monitoring Priority	Noncompliant Findings Not Corrected as of 1/15/07	Status as of 4/14/08	# Months Beyond One Year to Correct
Indicator 8A: Children exiting Part C have an IFSP with transition steps and services	1	Correction demonstrated by the LES. The LA utilized child record review to verify correction.	22
Indicator 8C: The transition conference is held at least 90 days prior to the child's 3 rd birthday	2	Correction demonstrated by the LES. The LA utilized child record review to verify correction.	17
Other Monitoring Priority: Procedural Safeguards are provided to families.	1	Correction demonstrated by the LES. The LA utilized child record review to verify correction.	12

As of January 15, 2008, compliance had not yet been demonstrated for one finding of noncompliance identified in 2004-2005, however, significant progress had been demonstrated. This historical noncompliance was a factor in the determination of this LES and the LES was required to report monthly until correction was demonstrated. Monthly reporting required the LES to self-assess their performance, and the LA provided technical assistance by reviewing and providing feedback on IFSPs to ensure that steps and services to support transition are included. As of April 14, 2008, this remaining finding of noncompliance identified in 2004-2005 had been corrected and the LA had verified correction by review of child records.

More information on noncompliant findings and corrections can be found in the [Indicator 9 Worksheet](#), which is an attachment to the Annual Performance Report and in Indicators 1, 2, 7, and 8 of the Annual Performance Report.

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

To improve the state's system of general supervision, the following Improvement Activities are added to Florida's SPP.

SPP Improvement Activity	Activities	Timelines	Resources
Indicator 9, Improvement Activity 8	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
Indicator 9, Improvement Activity 9	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, SERRC, NECTAC

INDICATOR 10: WRITTEN COMPLAINTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within the 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint. {20 USC 1416(a)(3)(B) and 1442}

REPORT OF PROGRESS – INDICATOR 10				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 10: Percent of signed written complaints with reports issued that were resolved within the 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.	100%	80%	No complaints reported	100%

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Florida has met its target for Indicator 10. The baseline and actual target data are based on information in Florida’s complaint tracking log. During 2006-2007, Florida received two signed written complaints. Both complaints were extended per the family’s request, due to exceptional circumstances. The second complaint was also extended due to the unexpected hospitalization of the complaint investigator and this extension was approved by the family. All extensions were requested and authorized within the 60-day complaint timeline. In each of the two complaints, the reports were issued within the agreed upon extension timeframe.

In one complaint, there was a finding of noncompliance as a result of failure to follow the IFSP process as specified in IDEA. Since this finding of noncompliance occurred in 2006-2007, it will be reported in Indicator 9 of the FFY 2007 APR.

The final report for the second complaint was completed in July 2007, which is beyond the reporting period for the current APR. Findings of noncompliance and correction of noncompliance subsequent to this complaint will be reported in the FFY 2007 APR.

A complaint received in June 2005 and reported in Florida’s SPP resulted in findings of noncompliance for failure to review the IFSP at least every six months. This finding was made during 2005-2006 and correction was due during 2006-2007. This noncompliance was not corrected within twelve months. A correction activity assigned to the LES and more frequent reporting requirements resulted in correction of the noncompliance within 17 months of identification of noncompliance. The correction of this noncompliance is reported in the [Indicator 9 worksheet](#) which is submitted as an attachment to the APR.

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

1. Continued tracking and internal accountability.
2. A group of highly trained complaint investigators were engaged by the LA to investigate signed written complaints on an as-needed basis. Provisions of the written agreement between each

investigator and the LA specify that the investigators must meet the required timelines related to complaint investigations.

3. Informal grievances, consisting of phone calls, emails, and letters were tracked and disaggregated by LES and component area. This information was compiled along with the issues of the signed written complaints (even those withdrawn due to local resolution) and analyzed for noncompliant practices, issues and trends statewide, and by LES. The results of this analysis have triggered further investigation by the LA, provision of technical assistance, and clarification of policy.

In response to OSEP's request under Indicator 10 of the Florida Part C FFY 2005 SPP/APR Response Table, the three signed written complaints received during 2005-2006 and subsequently withdrawn were withdrawn by the complainants due to local resolution within the 60-day timeline.

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

There are no changes to Improvement Activities for Indicator 10.

INDICATOR 11: DUE PROCESS HEARING REQUESTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

{20 USC 1416(a)(3)(B) and 1442}

There were no requests for due process hearings received during 2005-2006.

REPORT OF PROGRESS – INDICATOR 11				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	100%	N/A	No hearings held	No hearings held

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

In 2006-2007, no requests for due process hearings were received.

In the FFY 2005 APR, the LA reported that one due process hearing request was received during 2004-2005. Further, the LA reported that this hearing was held, but adjudication was withheld and the matter was placed in abeyance while the parties pursued mediation and the matter was subsequently resolved through mediation. Resolution was not reached within the 30-day timeframe due to the LA's efforts to consult with OSEP and FDOH legal counsel regarding the rights of the family and the responsibility of the LA (since the child was over three). In addition, scheduling conflicts with the family, Hearing Officer, and DOH legal counsel further delayed resolution through mediation.

Part B due process procedures have not been adopted.

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

There are no changes to Improvement Activities for Indicator 11.

INDICATOR 12: RESOLUTION OF DUE PROCESS HEARING REQUESTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

{20 USC 1416(a)(3)(B) and 1442}

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

INDICATOR 13: MEDIATIONS RESULTING IN MEDIATION AGREEMENTS

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

{20 USC 1416(a)(3)(B) and 1442}

REPORT OF PROGRESS – INDICATOR 13				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 13: Percent of mediations held that resulted in mediation agreements.	N/A	100%	100%	No mediations were held

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

During 2006-2007, the LA received one request for mediation. Within the 30-day timeframe, the parent requested to withdraw the request for mediation and opted to file a signed written complaint.

In response to Soap's request under Indicator 13 of the Florida Part C FFY 2005 SPP/APR Response Table, the one mediation request that was received during 2005-2006 and subsequently withdrawn was withdrawn by the complainant due to local resolution within the 30-day timeline.

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

There are no changes to Improvement Activities for Indicator 13.

INDICATOR 14: TIMELY AND ACCURATE DATA

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

{20 USC 1416(a)(3)(B) and 1442}

REPORT OF PROGRESS – INDICATOR 14				
	Measurable and Rigorous Target 2006-2007	Baseline 2004-2005	Actual Target Data 2005-2006	Actual Target Data 2006-2007
Indicator 14: State reported data are timely and accurate.	100%	100%	<100% *	100%
* In accordance with the Part C FFY 2005 SPP/APR Response Table, OSEP advises that the 2005-2006 actual target data should not have been reported as 100% due to a calculation error in Indicator 1. The Indicator 1 calculation has now been corrected, as Baseline 2004-2005 and Actual Target Data 2005-2006 for Indicator 1 have been recalculated.				

Florida has met its target for Indicator 14 and is now in compliance with the requirement to ensure that state reported data (618 data, State Performance Plan, and Annual Performance Reports) are submitted on or before due dates and are accurate. The actual target data reflect the timely and accurate submission of these federally required reports.

SPP/APR Data - Indicator 14				
APR Indicator	Valid and Reliable	Correct Calculation	Followed Instructions	Total
1	1	1	1	3
2	1	1	1	3
3	1	1	1	3
4	1	1	1	3
5	1	1	1	3
6	1	1	1	3
7	1	1	1	3
8A	1	1	1	3
8B	1	1	1	3
8C	1	1	1	3
9	1	1	1	3
10	1	1	1	3
11	1	1	1	3
12	1	1	1	3
13	1	1	1	3
			Subtotal	45
APR Score Calculation	Timely Submission Points - If the FFY 2006 APR was submitted on-time, place the number 5 in the cell on the right.			5
	Grand Total - (Sum of subtotal and Timely Submission Points) =			50

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/07	1	1	1	N/A	3
Table 2 - Program Settings Due Date: 2/1/07	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/07	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/07	1	1	1	N/A	3
				Subtotal	13
618 Score Calculation			Grand Total (Subtotal X 3) =		39

Indicator #14 Calculation	
A. APR Grand Total	50
B. 618 Grand Total	39
C. APR Grand Total (A) + 618 Grand Total (B) =	89
Total NA or N/A in APR	0
Total NA or N/A in 618	9
Base	89
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0
*Note any cell marked as N/A will decrease the denominator by 1 for APR and 3 for 618	

Explanation of Progress or Slippage and Discussion of Improvement Activities Completed 2006-2007:

Activities which have been completed to improve performance on Indicator 14 are:

1. Training and technical assistance has been provided at multiple levels of the system on the importance of specific data elements and how to correctly enter the information into the Early Steps Data System. This training and technical assistance included an overview of Florida's SPP, along with baseline data, and information on how local data entry fits into statewide compliance and was provided to LA staff, LES Directors and managers, LES Data Custodians, and Service Coordinators. Data accuracy and integrity have been topics of statewide technical assistance efforts through on-site visits, statewide meetings, and conference calls. FICCIT and other stakeholder groups have also been provided information to enhance their understanding of data sources and measurements.

2. Updates to the Early Steps Data System documentation on system rules and operation have been developed, disseminated and posted on the data system website as programming, collection, and reporting procedural changes are made.
3. Data entry requirements included in LES contracts, QA monitoring data expectations, and policies related to timelines and requirements for data entry requirements have been reviewed to determine if there is consistency across the documents and the extent to which existing policy documents are aligned with SPP Indicators. Based on the results of this review, changes were made to the data entry requirements included in LES contracts, QA monitoring data expectations, and policies related to data entry.
4. Prior to reporting of 618 data, "suspect" data have been identified and reports issued to LESs with a required timeframe for data clean up. These activities have been followed by review of data to ensure that required clean up occurred prior to inclusion of the data in submitted 618 data reports.
5. QA monitoring probes continue to assess accurate data entry, requiring reviewers to compare information in randomly selected child records with information recorded in the Early Steps Data System.
6. On a quarterly basis, reports from the ES Data System are provided to the LA and each LES to provide for tracking of compliance and performance on key indicators. These reports are reviewed by the LA staff in consultation with the LES Director to facilitate a common understanding of the progress and slippage of the LES and to inform decisions about technical assistance needs and local improvement activities.
7. A Data Users Workgroup, composed of representatives of the LA and LESs, continues to meet via conference call to provide a forum for discussion and decision-making regarding improvements to the ES Data System.
8. Training has been provided on administration and scoring of the BDI-2 and data collection procedures for the child outcome measurement system.
9. Barrier codes have been implemented in the Early Steps Data System to improve tracking for compliance with timely transition conferences.

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

Indicator 14, Activity 4 is being deleted from the SPP. Based on guidance from OSEP and in consultation with stakeholders, performance on data measures is not to be included in public reporting.

State Performance Plan Activity	Activity to be Deleted	Timelines	Resources
Indicator 14, Improvement Activity 4	4. Report to the public on performance with timely and accurate data entry, reporting on statewide performance as well as performance by LES.	June 2007 and annually through 2011	Lead Agency