

**DEPARTMENT OF HEALTH
LEGISLATIVE BUDGET REQUEST
FY 2010-2011 BUDGET ISSUE PROPOSAL (BIP)**

ISSUE SUMMARY PAGE

ISSUE TITLE: Increase Funding in Relation to the Impact of Serving Increasing Numbers of Children in the Autism Spectrum

DIVISION/OFFICE/CHD: CMS/Early Steps

REQUESTER/CONTACT: LynnMarie Price (850) 245-4444 x 2714

PROBLEM STATEMENT (NEED): *(Brief with 1 or 2 sentences explain need or issue)*

Children with Autism Spectrum Disorder (ASD) require a higher level of services than typical eligible children under the Individuals with Disabilities Act (IDEA), Part C. In order for Early Steps to ensure the provision of IDEA Part C entitled services to children with ASD, an increase in funding is needed.

SOLUTION (REQUEST): *(Brief description of the request not more than 3 to 4 sentences)*

Increase funding by \$3,000 per child for the anticipated number of children with ASD in Early Steps.

RESOURCES REQUIRED (ESTIMATED)

FTE: N/A

OPS: N/A

Contract Positions: N/A

	# Children with ASD	Increase	Percent Increase
FY 2010/11			
* FY 2009/10	842	113	15.48%
FY 2008/09	729	136	22.93%
FY 2007/08	593	257	76.49%
FY 2006/07	336	130	63.11%
FY 2005/06	206	78	60.94%
FY 2004/05	128		
		AVERAGE	47.79%

*As of 10-5-10, retrieving the data from the UF Data System is at a slower pace than usual. Therefore, the anticipated number of children with ASD is not the total number for FY 09-10.

Increased Cost per child with ASD	\$3,000.00
Total Estimated Children with ASD	842
Total Funding Needed	\$2,525,548.00

TOTAL BUDGET REQUEST (ESTIMATED DOLLAR AMOUNT): \$2,525,548.00

FUNDING SOURCE: *(Specify General Revenue, Trust Fund or both. Provide specific Trust Fund and revenue source for Trust Fund)*

General Revenue category 103629 revenue source 006000 and/or Tobacco Settlement category 103629 revenue source 015023

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REQUIRES LEGISLATIVE CHANGE: Yes No (If yes, please briefly explain in narrative section.)

DOES ISSUE INCLUDE AN INFORMATION TECHNOLOGY COMPONENT?

Yes (see below)

No

If yes, has project been approved by all applicable IT governance tiers?

Yes

No

N/A

(If yes, please attach approval document. If no, please attach explanation as to whether the IT governance review will be completed by the time BIP is presented to the Surgeon General for review. If not applicable, please briefly explain.)

NARRATIVE SUMMARY: (Be **brief** with **10-25 sentences**, this is just a proposal lengthy details are only necessary if this becomes an LBR Issue)

Consider when writing this narrative:

1. *What is the problem/issue to be addressed by this budget request?*
According to the Centers of Disease Control and Prevention in 2007, approximately one in every 150 children has an ASD. As the number of children diagnosed with ASD continues to skyrocket, so do the number of treatments. The increased prevalence of children referred to Early Steps who are in the Autism Spectrum has been steadily increasing each fiscal year with a large jump occurring from 2006-07 (336 children) to 2007-08 (593 children). The amount paid for children with ASD in one year is \$3,000 more than other Part C eligible children which is taxing the resources available for all Early Steps children.
2. *How will the requested resources be utilized?*
Funding will cover the overall services provided to children with ASD.
3. *What will be solved or accomplished with this issue?*
Ensure IDEA Part C entitled services to children with ASD.
4. *What new or existing services will be expanded or delivered?*
Early intervention services to children with ASD in accordance with IDEA Part C regulations.
5. *How will the services be delivered?*
Within the context of the Early Steps system of care.
6. *Does this request also require legislation?* No.
7. *Are you requesting positions? Explain why additional positions are necessary to address problem/issue.* N/A
8. *What are the measurable outcomes if this request is granted? What is the impact if not granted?*
The outcomes will ensure the provision of IDEA Part C entitled services such as behavioral and educational interventions. Also, cost-benefit analyses show that the positive outcomes of investments in early intervention services produce a rate of return of about 16% each fiscal year, which is higher than returns of traditional development projects.

SUBMIT COMPLETED BIP WITH ANY SUPPORTING DOCUMENTATION TO:
TY GENTLE (TY_GENTLE@DOH.STATE.FL.US) IN THE BUREAU OF BUDGET MANAGEMENT



Children's Medical Services

a comprehensive system of care for children with special health care needs



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CMS Children on the Road of Life

Regional Perinatal Intensive Care Centers (RPICC) serve high-risk babies even before birth.



Baby is born in a Florida hospital and receives Genetic & Hearing Screening through Newborn Screening Program

Child gets into household cleaning products and mother calls Poison Help Line. The Florida Poison Information Center Network gives the family emergency help.



No abnormalities detected.

Child continues on healthy road...

Newborn Screening detects hearing abnormality and child is referred to Early Steps for early intervention services.



Child receives early intervention services until age 3 to help prepare to enter school.

Child develops asthma & is medically & financially eligible to receive health care services through CMS Network.



Child is referred to CMS Child Protection Team for medical expertise.



Child is abused or neglected and DCF receives call to Child Abuse Hotline.

Child receives primary and specialty care in medical home through CMS Network.



Child may qualify for Medical Foster Care to receive special care.

To Department of Education



Child has critical condition & receives hospice care while continuing to pursue curative treatment through Partners in Care: Together for Kids (PIC:TFK)



Child is encouraged to take more responsibility for health care. When he/she turns 18, makes transition into adult health care with help of CMS Care Coordinators.



To Department of Children and Families



Children’s Medical Services (CMS) is a continuum of services providing children with special health care needs a family-centered and coordinated system of care. As Florida’s Title V Program for children with special needs since 1929, CMS continues to provide primary care, medical and therapeutic specialty care, prevention and intervention services, and long-term care.

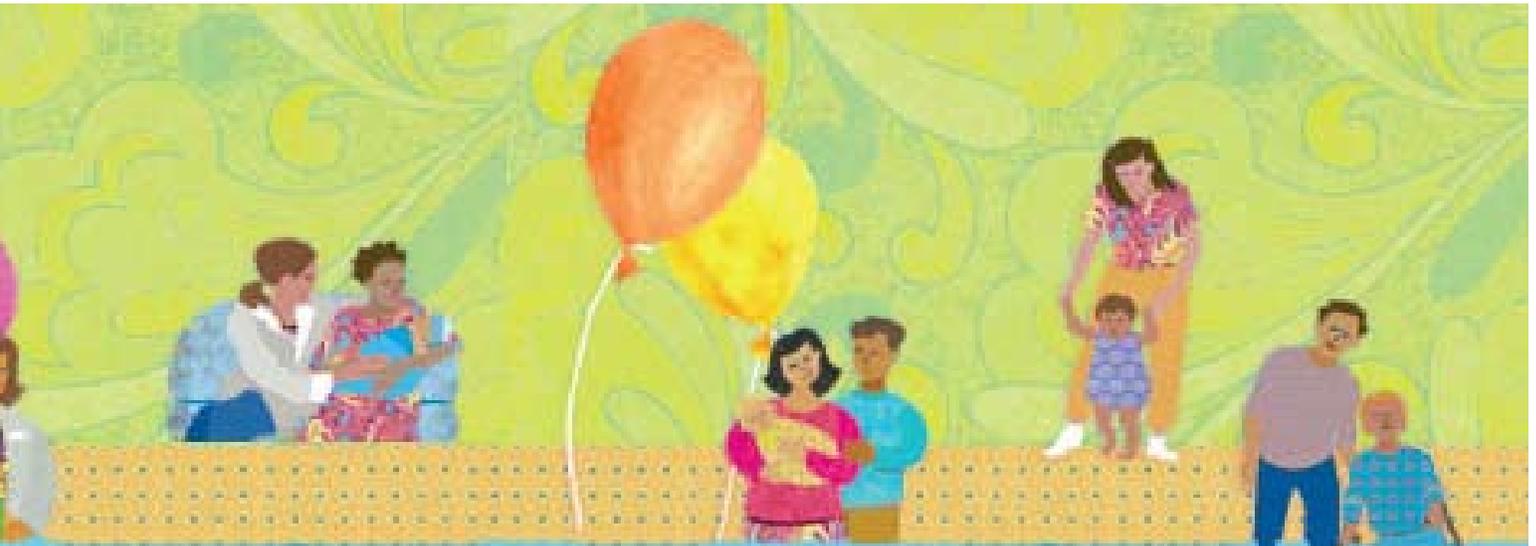
Children with special health care needs are those children under age 21 whose serious or chronic physical, developmental, behavioral, or emotional conditions require extensive preventative and maintenance care beyond that required by typically healthy children.

The CMS programs serve children in all stages of their life. From birth through transition to adulthood, CMS ensures that children have the tools to grow up healthy and safe.

Total Number of Children Served Annually by Children’s Medical Services

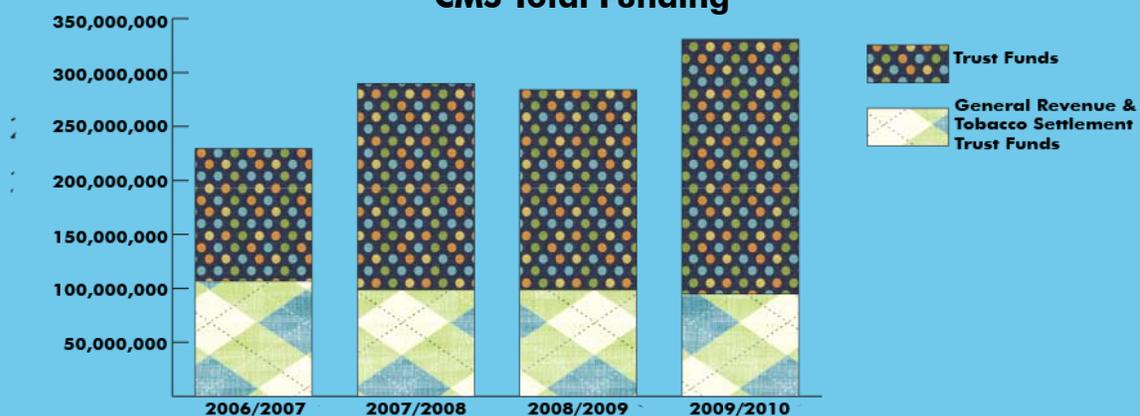


In today’s world, efficiency, value, and accountability are critical. At Children’s Medical Services, these concepts are incorporated in all we do. One way our delivery system embodies these ideals is in our use of public-private partnerships. A cornerstone



in our way of work since our inception in 1929, each of the CMS programs relies on partnerships with physicians and other health care professionals practicing in their local communities to provide a number of services. This has positioned CMS to be responsive to community needs and cultural variations in the provision of services while also remaining focused on value and efficiency.

CMS Total Funding



Statutory Authority:

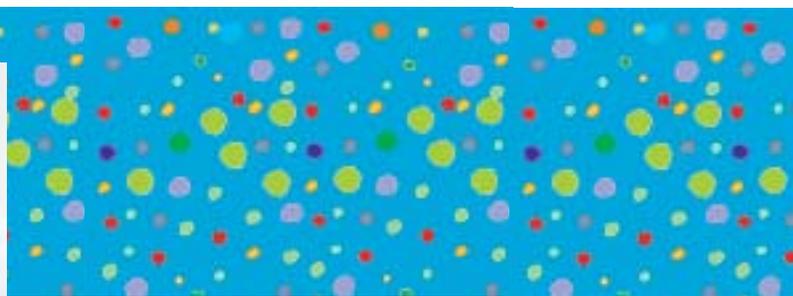
Children’s Medical Services programs, within the Florida Department of Health, are established under the following Federal and State Statutes:

Federal:

- Titles V, XIX, and XXI, Social Security Act
- Early Steps: IDEA, Part C, 34 CFR Part 303

State:

- Chapter 20, F.S., Section 20.43, F.S. - Division of Children’s Medical Services Network, Division of Children’s Medical Services Prevention and Intervention
- Chapter 39, F.S. - Child Protection Teams
- Chapter 383, F.S. - Regional Perinatal Intensive Care Centers, Newborn Screening
- Chapter 391, F.S. - Children’s Medical Services and Early Steps
- Chapter 395, F.S. - Poison Control Centers
- Chapter 409, Sections 409.810-409.821, F.S. - Florida KidCare
- Chapter 409, F.S. - Medicaid-CMS Network as a Managed Care Plan

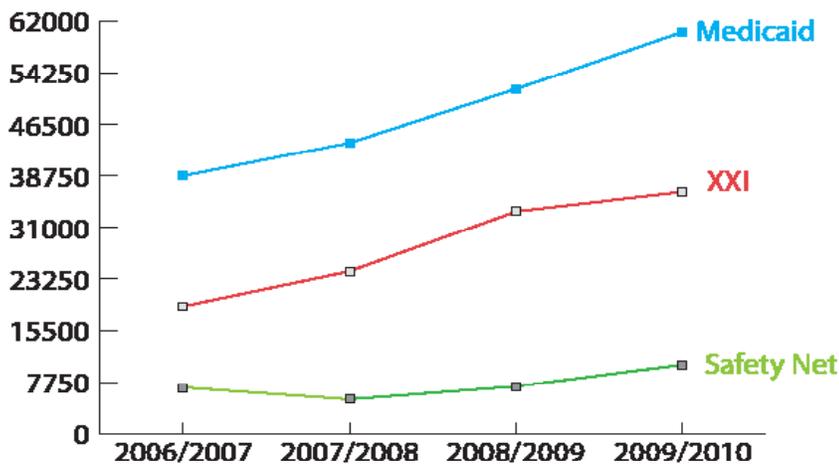


Children's Medical Services (CMS) Network

is a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary regional, and tertiary pediatric care. CMS Network is the

principal provider in Florida for children with special health care needs (through Title V of the Social Security Act) and a Florida KidCare program partner.

CMS Network Enrollment by Funding Source



Safety Net is a funding category for children whose finances do not qualify them for Medicaid or Title XXI, but whose condition causes a financial hardship on the family that would make them eligible for care.

CMS Network eligibility is based both on clinical and financial criteria. A family's financial eligibility will determine the funding source of each child's care.

CMS Network services are available statewide through 22 area offices within 8 regions. This regional structure was created in 2000 and allows for greater efficiency in the administrative areas of purchasing, personnel, IT, and member services.

The Agency for Health Care Administration (AHCA) recently announced that the CMS Specialty Managed Care Plan is the best performing health plan in Florida's Medicaid Reform Counties (information to be posted on the AHCA website in the near future).

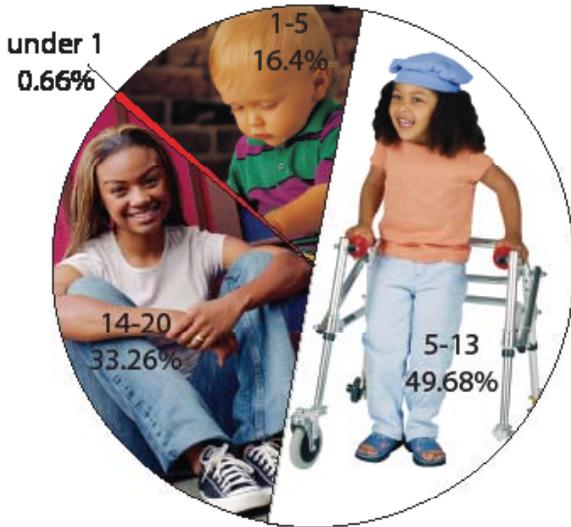


CMS Network through partnerships with South Florida Community Care Network, Ped-I-Care, and Collier Health Systems, is a managed care option in Medicaid Reform counties as well. Cost-savings for the most recent operating period (March 2009-August 2009) were over 25% after deducting administrative operating expenditures (the savings is based on AHCA Medicaid Reform Reconciliation draft report). These savings were achieved through better management. Through a multidisciplinary review process, children were moved to more appropriate placements which also achieved savings.

For the past four years, CMS Network has not requested an increase in monthly premiums, while other KidCare components have seen increases ranging from 3-7% annually. The CMS Network is an effective and efficient model of integrated health care delivery for children with special health care needs (KidCare Estimating Conference Reports).



CMS Network Enrollment by Age



CMS children are diverse in age, gender, ethnicity, and diagnosis. But at CMS, we understand that every child is special and that treating special health care needs and providing a strong medical home is an investment today that saves Floridians money tomorrow.

With a statewide network of over 11,000 doctors, hospitals, university medical centers, and other health care providers, CMS Network is specially qualified to meet Florida's children's unique health care needs.

93% of Families report satisfaction with their primary care physician

(Institute for Child Health Policy Family Satisfaction Report 2009-2010)

The foundation of CMS' family-centered managed health care delivery system is its skilled physicians, nurses, and other health care providers. CMS' network of providers include board certified physicians, pediatric sub-specialists, and other talented professionals able to treat the complex health care needs of the children enrolled in Children's Medical Services.

In June 2008, CMS implemented an internet-based provider credentialing system to include physicians, dentists, and other licensed health care practitioners. The Provider Management System was expanded at the end of 2008 to include non-licensed health care practitioners (behavioral analysts, hearing and vision specialists, etc). Implementation of this electronic database has helped to automate primary source verification of provider credentials resulting in a current list of approved CMS providers that is available to the public.



This automated system has reduced application processing time - It now takes 1/5th the time to process each application and has also resulted in a 90% savings in manpower costs.

CMS Providers by Category Total 11,121





Children’s Medical Services provides a medical home for children with special health care needs which includes essential preventative, evaluative, and early intervention services.

A team of trained nursing and social work professionals and support staff at each location coordinate services with the family through local community providers. **These CMS Care Coordinators work to integrate all the elements of a child’s life related to his/her special health care need.**

Working in coordination with the child’s primary care provider, specialty providers, and family, CMS Care Coordinators assist families in accessing needed care and services.

Care Coordinators allow families and children the opportunity to develop in an atmosphere that is receptive and supportive to each child’s individual needs and each family’s cultural beliefs, values, and practices. They create a partnership among CMS, the family, the child, and physicians that embodies the idea of a true medical home.

Professionals agree that care coordination is a critical link in obtaining the appropriate clinical care services and providing the correct social and emotional development tools for a child within the context of their family, school, and community.

At CMS, we understand that the role parents play in their child’s care is important. Nearly 90% of CMS parents report that they had a say in the development of their child’s plan of care

(Institute for Child Health Policy Family Satisfaction Report 2009-2010)

Specialty Programs

In addition to providing health care services to children and young adults through a managed system of care, the CMS Network taps into a variety of specialty programs:

Eligible children in need of specialized medical care receive services though partnerships with subspecialists, community organizations, other state agencies, and university medical centers.

- Hematology/Oncology
- Genetics
- Diabetes/Endocrine
- Craniofacial/Cleft Lip Cleft Palate
- Cardiac
- Pulmonary
- Kidney (Children’s Comprehensive Kidney Failure Center)
- Sickle Cell
- Brain and Spinal Cord Injury Program
- HIV/AIDS
- Medical Foster Care
- Regional Perinatal Intensive Care Centers (RPICC)

CMS Network coordinates over \$2.5 billion worth of health care expenditures each year!

CMS families consistently praise the work of the program and the effort CMS staff makes to ensure their children receive care. **Families receiving services from CMS Network are overwhelmingly satisfied. Over 96% of families reported a positive rating of the quality of care, and 93% have a positive rating of the program overall** (Institute of Child Health Policy Family Satisfaction Report 2009-2010)

Partners in Care: Together for Kids (PIC:TFK) is the CMS specialty program that provides palliative care services to children enrolled in CMS Network.

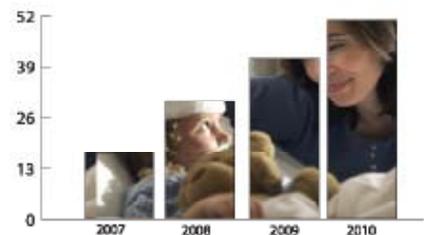
PIC:TFK identifies children with life-limiting illnesses to provide them and their families with an opportunity to continue to seek ongoing curative care while accessing hospice-like services to address physical and emotional pain and symptoms.

CMS has partnered with Hospice agencies around the state to provide counseling and supportive services from the time of diagnosis to the end of life or to resolution of the health care crisis. There is also a partnership among these licensed hospices, CMS area offices and Agency for Health Care Administration area offices. An evaluation of needs and plan of care is developed initially and reevaluated quarterly to address each child's individual needs.

Since the inception of the program, almost 1,000 children have received PIC:TFK's comprehensive, compassionate, and family-centered care and services including:

- 24-hour access to a palliative care team for pain and symptom management
- specialized nursing and personal services
- expressive therapies
- psychological and spiritual counseling

Total Counties served by PIC:TFK



By engaging families during the early diagnosis stage, the child, their siblings, and parents may access needed services to help improve the quality of life for each family member.

PIC:TFK is the first publically funded pediatric palliative care program in the nation and Florida's success in implementing this program offers important lessons for other states (Institute for



"This one small screening

Newborn Screening is a set of tests done to see if a baby has certain diseases or disorders. There are two types of screenings - The first is the Newborn Blood Screening which tests a baby's blood for metabolic, hematological, and genetic

disorders through a few small drops of blood from the baby's heel. The second is Newborn Hearing Screening which checks to see if a baby has a hearing loss.



Florida currently screens for 35 disorders and hearing deficiency, including all disorders recommended by the March of Dimes and American College of Medical Genetics. The abnormalities screened include:

Disorder Type	Year Screening Began	# Diagnosed since 1980	# Diagnosed in 2009
Genetic/Metabolic/Enzyme Disorders (29)	1965 (PKU)	107	39
Hemoglobinopathis (3)	1989 (Sickle Cell)	4031	225
Endocrine disorders (2)	1980 (Congenital Hypothyroidism)	1636	73
Cystic Fibrosis	2007	108	36
Hearing Deficiencies	2000	993	197

Screening is free to families and, for children whose screening has indicated an abnormality, Children's Medical Services provides follow up services including:

- Diagnostic and confirmatory testing by regionally-located geneticists
- Dietary counseling and education
- Genetic counseling
- Consultation and support to primary care providers
- Connection to local community support groups
- Confirmatory testing results to CMS in Tallahassee for tracking and surveillance

has changed the entire outcome of our daughter's life"
- a New Parent

The Newborn Screening Disorders are reviewed regularly by a 15-member Advisory Council and may be expanded to include new disorders based on certain criteria:

- whether a reliable screening testing process exists
- what the follow-up treatment would be
- how widely available the treatment is
- cost

The Advisory Council closely follows the recommendations of the American College of Medical Genetics and the Advisory Committee on Hereditary Disorders in Newborns and Children (ACHDNC) when considering the addition of new disorders.



Early detection and treatment of health issues will help ensure babies grow up healthier. The American Academy of Pediatrics (AAP) has estimated that **early detection of a newborn disorder saves approximately \$900,000 of health care costs during the lifetime of that individual** (Pediatrics, Vol 117, #5, Supplement, May 2006)

In 2009 alone, this would be over \$500,000,000 in savings due to Newborn Screening.

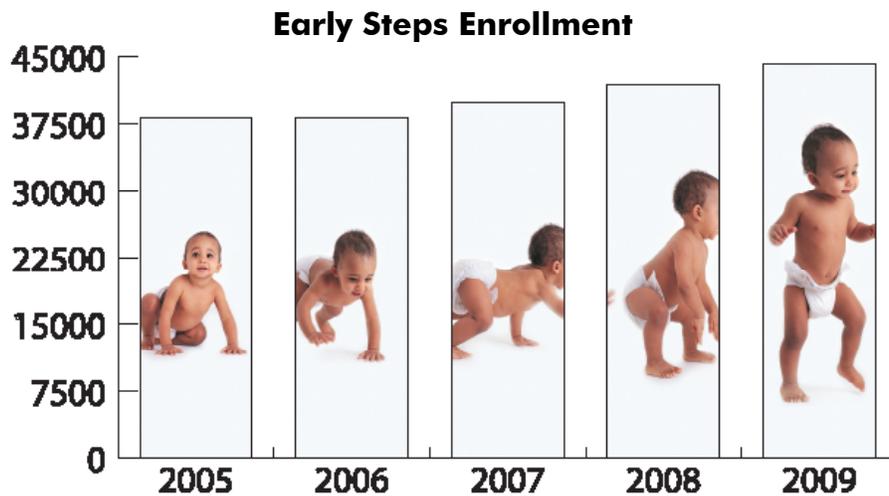


Early Steps provides families with early intervention services and supports that are intended to improve a child’s chances by helping them achieve their developmental milestones and develop to their full potential. These milestones are essential to develop a child’s ability to learn, speak, and move at critical periods that research shows leads to optimal abilities later in life. Families are eligible if their infant or toddler (from birth to 36 months) has a developmental delay, or an established condition that has a high probability of resulting in delay.

The Florida Early Steps System, through collaborative community partnerships, ensures that the families of infants and toddlers with developmental disabilities, or developmental delays, have the support needed to achieve their full potential in the context of everyday relationships, activities, and places. Federal legislation requires that early intervention services and supports are provided in “natural environments”, including the home, early care and education facilities, and community settings in which children without disabilities participate.

Early Steps services are delivered within the everyday routines, activities and places of the child and family. We recognize that parents are a child’s first teachers, and the involvement of family is essential to supporting a child’s development. Many types of specialized services are available through Early Steps for eligible children and their families, including

- multidisciplinary evaluations,
- service coordination,
- individualized family support planning,
- intervention services, therapies and supports,
- assistive technology, and
- hearing and vision services.



A large majority of families report that early intervention services have helped their children develop and learn (Early Steps Family Survey results for 2010)

Early help is the best step...

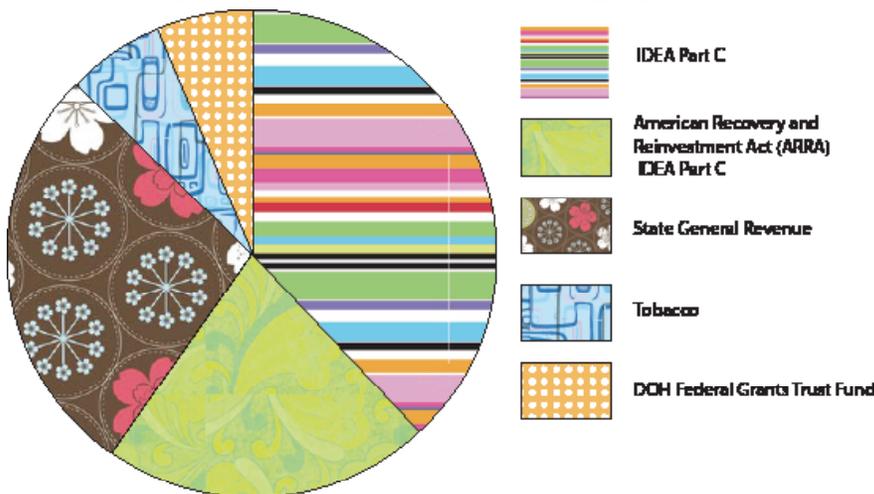
Number of Children Receiving Services by age of referral

Early Steps works to identify eligible infants early and create an Individualized Family Support Plan based on the family's concerns or priorities and the child's needs.

Early Steps, through IDEA Part C, reflects a new view of the family - one that recognizes the family as the constant in the child's life, as most knowledgeable about particular aspects of the child, and as the provider of the stimulation and emotional support needed by children to grow and thrive. This family-centered model strives to bring real and lasting skills to families in providing for their child's individual needs.



Early Steps 2010/2011 Funding by Source



Early Steps services are provided by contracted local offices across the state that coordinate with community agencies and providers to deliver needed supports and care. Early Steps leverages all available resources, including health insurance and Medicaid, and is the payer of last resort. The Early Steps system is administered by the Florida Department of Health, Children's Medical Services Network in accordance with the Federal Individuals with Disabilities Education Act (IDEA), Part C.

Early identification and treatment of children who are at risk of developmental delay produce economic benefits up to \$17 for each \$1 spent.

The earlier the intervention, the greater the savings. (World Health Organization's Commission on the Social Determinants of Health. Early child development: a powerful equalizer world health organization. Available at: http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf)

Because early intervention helps children improve their thinking skills and develop socially, children lead more successful lives and are less dependent on future government assistance. High-quality early childhood programs can keep children out of expensive special education programs, reduce the number of students who must repeat a grade in school, and increase high school graduation rates.





CMS Division of Prevention and Intervention promotes the safety and well-being of Florida’s children by

providing specialized services to children associated with abuse and neglect.

Within this division, the **Child Protection Team (CPT) program** is based on the understanding that child abuse and neglect are complex issues that require the expertise of many professionals to protect children.

Working in concert with the Department of Children and Families, local law enforcement, states attorney, and community-based care providers to assess reports of abuse and neglect, Child Protection Teams provide medical expertise and consultation in evaluating alleged cases of child abuse and neglect, appraising risk and protective factors, ascertaining both the validity of the current alleged maltreatment and the likelihood of re-abuse, and providing recommendations for interventions to protect children and enhance a caregiver’s capacity to provide a safer environment when possible.

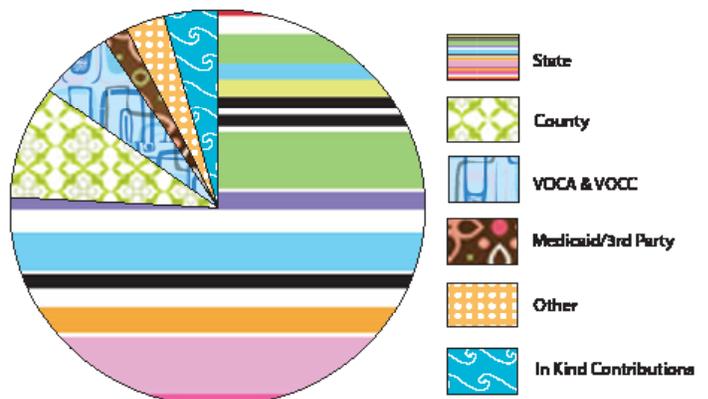
With 25 Child Protection Teams and a variety of satellite offices throughout the state staffed with board-certified pediatricians, nurses, psychologists, and social workers, the CPTs provide a number of services including:

- medical diagnosis, evaluation, and consultation
- forensic interviews of suspected child victims
- specialized interviews of children and their family members
- family psychosocial assessment
- nursing assessment
- psychological evaluation
- multidisciplinary staffing
- expert court testimony

Teams also make recommendations and direct referrals for interventions that increase the child’s resiliency. These interventions have a positive impact on reducing the impact of trauma and the risk for long term negative health outcomes.

CPTs are a long-standing public-private partnership with local entities to provide program services and leverage community financial and personnel resources to encourage continued funding of the Team

Child Protection Team Funding by Source





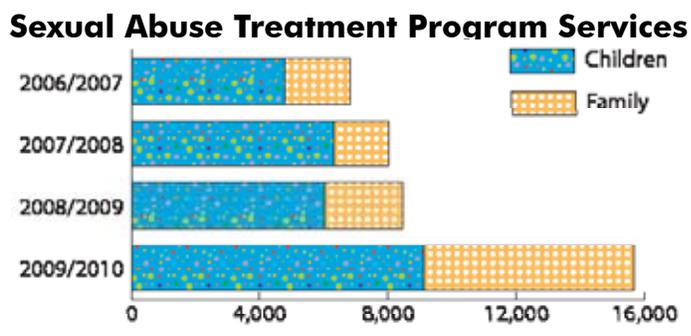
Suspicion of child maltreatment reported to the Florida Abuse Hotline and accepted for investigation provides automatic eligibility for Child Protection Team assessment activities. There are no financial criteria for team services.

Economic stress can be a factor in increases of child maltreatment. As the national economy has slumped, Florida’s children have needed more help from the CMS Child Protection Teams.

The **Sexual Abuse Treatment Program (SATP)** promotes the safety and well-being of Florida’s children by providing specialized, comprehensive, multidisciplinary assessment and treatment services for children who have experienced sexual abuse or chronic physical abuse. Through a combination of group, family, and individual counseling for child sexual abuse survivors and their families, SATP works to reduce the trauma caused by the child sexual victimization, assist the family recover, prevent further child sexual victimization from occurring, and enable families to have healthy, non-abusive relationships.

Any child who has been sexually abused and whose abuse has generated a Florida Abuse Hotline and/or law enforcement report, is eligible for SATP therapeutic services.

A recent Victims of Crimes Act (VOCA) grant has allowed the SATPs to expand their services to include children who have been physically abused. Children and their families are primarily referred to the SATP through Child Protection Teams, the Department of Children and Families, law enforcement, and community agencies. Individuals and other professionals may also make referrals.



In the past four years, the number of children and families receiving services has more than doubled (6,810 in FY 2006/2007 to 15,695 in FY 2009/2010) while the number of SATP programs has expanded from 11 to 17 statewide.



The focus and intent of **Prevention programs** and activities is to ensure that children have a safe and nurturing environment in which to grow and develop to their optimal potential.

Children's Medical Services understands that injury and violence prevention and family education and support are fundamental components of the public health spectrum. Research has shown that adverse childhood experiences, such as child maltreatment and trauma, can lead to poor adult health and social outcomes decades later. Children with special health care needs are four times more likely to experience traumatic experiences or child maltreatment than their peers. With such a strong link between what occurs in childhood and health status as adults, child maltreatment prevention is an important public health concern and is a critical tactic to the prevention of a number of chronic diseases, including diabetes, obesity, cardiovascular disease, alcoholism, sexually transmitted diseases and mental health issues that can be traced back to adverse childhood experiences. (Adverse Childhood Experiences Study)

Florida's work in treating child maltreatment prevention as a critical public health tactic is unique in the country and has been recognized by the Centers for Disease Control as a best practice.

Within our Prevention work, CMS also has the responsibility for **Shaken Baby Syndrome/ Abusive Head Trauma** information. These brochures containing educational information are given to parents of every newborn prior to hospital discharge and are centered on reducing the most common cause of SBS, caregivers' reaction to babies crying. Our prevention work in this area includes:

- Distribution of brochures to hospitals and pediatrician/family practice physician offices. In FY 2009/2010, over 350,000 "Coping with Crying" brochures were distributed to all birthing facilities in Florida.
- Training for hospital-based nurses on teaching coping strategies to new parents.
- Production and distribution of a professional training session on "Coping with Crying Shaken Baby Syndrome Prevention."



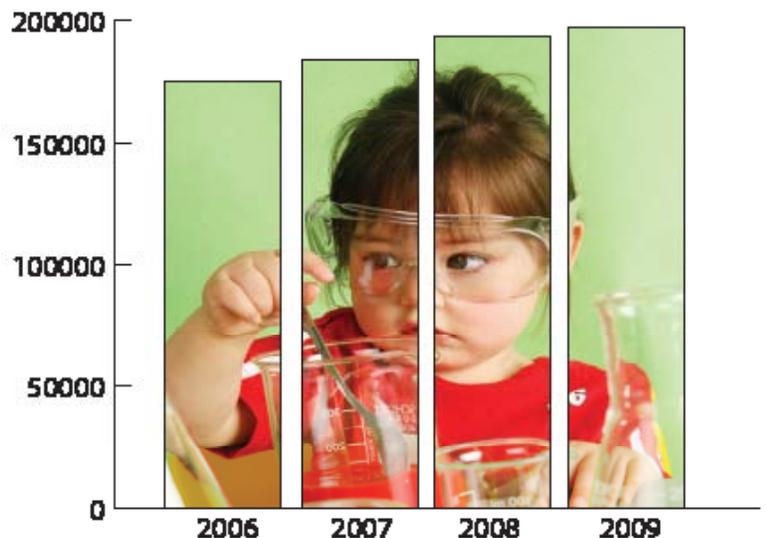
While there are no Florida-specific reports or data, Michigan conducted research beginning in 1992 and updated in 2005 regarding "The Costs of Child Abuse vs. Child Abuse Prevention: Michigan's Experience." Their state-level analysis took into account the costs associated with child maltreatment and its consequences and compared it to the cost of providing child maltreatment services. The 1992 costs of child abuse were estimated at \$823 million annually compared to \$43 million for prevention. In the 2002 update, the cost for abuse rose to \$1,827,694,855, reflecting **a minimum 19 to 1 cost advantage to prevention.**



Children’s Medical Services Division of Prevention and Intervention also oversees the statewide **Florida Poison Information Center Network**. The Network, made up of three nationally accredited centers located in Miami, Tampa, and Jacksonville, provides emergency poisoning advice 24 hours a day, 365 days a year via the Poison Help Line (1-800-222-1222), a toll-free hotline. Each Center is staffed by doctors, nurses, and pharmacists that are specially trained in toxicology and are able to provide a number of services, including:

- poison information
- triage of potentially poisoned patients
- collection of pertinent data
- professional consultation for health care professionals
- professional and consumer education

Since FY 2003/2004, the Poison Centers have received Health Resources and Services Administration (HRSA) bioterrorism funds to develop, enhance, and maintain a system for rapid response to bioterrorism threats and natural disasters. This system includes real-time data reporting and analysis. The Poison Centers play an important role in responding to public health emergencies. This role was most recently highlighted by the Centers’ involvement in the H1N1 outbreak response and 2010 Deepwater Horizon oil spill.



While it is difficult to know the precise amount, it is estimated that **Poison Centers save between \$10 and \$36 in health care expenditures for every \$1 invested** and rank second only to childhood immunization programs in their ability to save health care dollars.

(Institute of Medicine Committee on Poison Prevention and Control, Board on Health Promotion and Disease Prevention and Public Health Reports, May-June 2009).

The Poison Centers are responsible for an estimated annual cost savings in Florida (2005) of \$109,049,391

(based on calculations by Dr. Cynthia Lewis-Younger in 2008 - a combination of avoided Emergency Department expenditures \$36,097,600 and shortened length of hospital stay \$72,951,791. It is important to note that this calculation does not include the value/cost savings of the disaster support capabilities the Centers have provided for the State, for example, H1N1 and Deepwater Horizon oil spill, or the cost savings related to real-time public health surveillance via our data system, which is used by a number of DOH divisions).



Children’s Medical Services is known for our compassionate, caring work, but we are also known for doing that work efficiently, effectively, and with accountability. Over the years, we have created a number of cost-saving administrative support services that help our collection of programs work in the most cost-effective way - Telehealth/ Telemedicine uses technology to save time and money, Pharmacy Benefits Management saves on prescription drugs, and Provider Management System (discussed earlier on page 7) that saves provider credentialing resources.

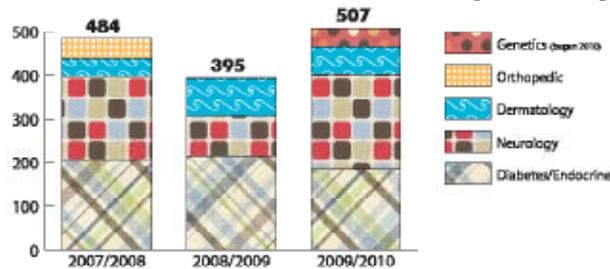
Telehealth and Telemedicine

Cost-saving access-to-care tool used by a number of programs within CMS:



- Child Protection Teams use diagnostic quality video and transmission technology to provide medical examinations of alleged child victims located in remote areas. Currently, CPT telemedicine services are available in Northwest, Central, and South Florida connecting children and physicians across the state.
- Children’s Medical Services Network uses special computer equipment and secure telephone lines to provide special health care services to children and youth who are at a different location than the specialty physician. Telemedicine improves children’s access to highly specialized services including dermatology, genetics, neurology, and endocrinology with improved clinical outcomes, reduced transportation costs, reduced emergency room visits, and reduced lengths of stay at Florida’s hospitals.
- A Federal 1915b waiver allowed CMS to bill Medicaid starting in 18 counties in 2007. Currently, 61 counties are covered and our goal is that this service will soon be available for children statewide.

Telemedicine Clinic Encounters by Clinic Type



Telemedicine uses modern technology to provide cost-saving access to care. Time and money is saved for the child, family, and providers by:

- providing specialized services using state-of-the-art technology instead of paying for either the child or provider to travel to the other for services
- avoiding the creation of additional CMS Network area offices or Child Protection Teams in every county



Pharmacy Benefits Management

The CMS Network contracts with a Pharmacy Benefits Management (PBM) service to provide comprehensive and efficient services for CMS members statewide. The services provided by our PBM include

- Eligibility verification using real-time online eligibility data
- Claims processing and adjudication
- Customer service
- Drug utilization review and related reporting services
- Optimal prescription drug pricing
- Quality assurance



Third Party Administrator (TPA)

In 2009, the Legislature gave CMS the authority to procure a replacement for the CMS legacy system. In January 2010, the decision was made to award the contract to MED3000. Following an eighteen to twenty-four month period for development and pilot testing, the TPA will provide:

- Competitive procurement
- Governance oversight: Internal and External
- Claims processing (service authorization tied to care plan)
- Statewide single claims processing system - removed claims payment functions from CMS area offices
- Claims edits
- HIPAA compliance
- Eliminates limitations of legacy system, including:
 - Lack of electronic system edits
 - Paper claims



The Provider Management System will be integrated into the new CMS Information System. Management by the third party administrator will result in a cost savings of over \$14 million in human and other resources.

Children’s Medical Services has a number of special initiatives and projects related to the health and safety of children with special health care needs:

Medical Home

A Medical Home is a comprehensive, high-quality and cost-effective approach to providing health care to children with special health care needs. It is a way of delivering care and having a stable health care team who understands a patient’s personal medical situation and knows how to best meet his/her needs. Central to the medical home approach to care is the partnership among primary care health professionals, specialty care physicians, community resources, the child, and the family. This partnership ensures access to coordinated specialty care, educational services, out-of-home care, and family support services which are choreographed through public and private providers.

CMS is currently involved in two special projects related to medical homes -- Medical Homes for Children in Foster Care and Medical Homes for Children with Special Health Care Needs. Both populations need special attention that is well-served by the medical home approach.



Health Care Transition

Health Care Transition means moving from childhood health care to adult health care. Over the last several years, CMS has partnered with key agency representatives across the state to enhance our Health Care Transition Initiative. The CMS Transition program has been at the forefront in recognizing the challenges young adults face as they age out of pediatric health care. This is especially true for young adults with special health care needs who may have more complex medical conditions to care for as they enter adulthood with fewer providers able to care for their unique medical needs.

In 2008, the Florida Legislature created a task force to develop strategies to encourage successful transition. In response, CMS convened the Health Care Transition Task Force and ultimately created the State Office of Health Care Transition within Children’s Medical Services to oversee regional pilot projects in Escambia and Hillsborough counties modeled after the award-winning JaxHats program in Jacksonville. All of these projects work to make transition easier for everyone involved.

83% of CMS parents said their child’s doctor or health care provider had encouraged their adolescent child to take responsibility for his/her health care needs



Children’s Medical Services is excited about the future as we continue to help children with special health care needs become healthy, adult Floridians.

Looking ahead, we will continue to focus on serving children with special health care needs with efficiency, care, and compassion. Florida’s children are certainly our future, but at Children’s Medical Services, we understand that “to worry about what a child will become tomorrow, we must not forget that he/she is someone today...” (quote written by CMS area office employee)





FAMILIES... TELL US YOUR STORY

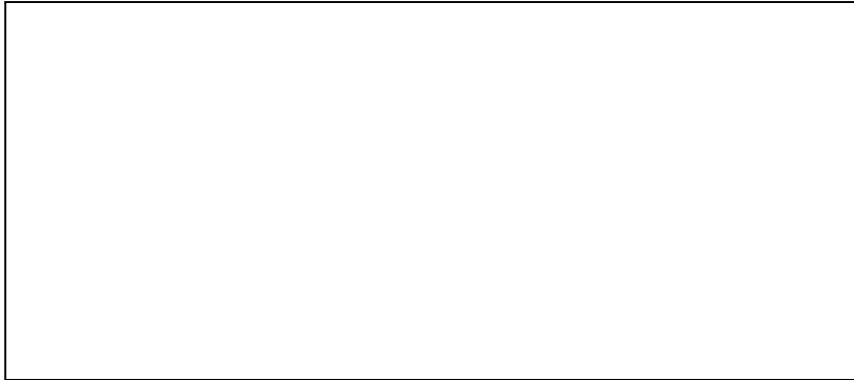
Early Steps is looking for *Family Stories* that share your positive experiences receiving Early Steps services in your everyday activities, routines, and settings. The *Family Stories* will be used in public awareness materials and might be shared with other families, programs, websites, and communities throughout Florida, and possibly nationally.

Here are some ideas for writing your Family Story. You may write in the box below each question or on a separate sheet.

- ❖ What was your child and family's life like before you began receiving services in your everyday routines, activities, and settings?

- ❖ What is your child now able to accomplish since receiving services in your everyday routines, activities, and settings?

- ❖ What is your family now able to accomplish since receiving services in your everyday routines, activities, and settings?



- ❖ How has your family become empowered since receiving services in your everyday routines, activities, and settings?



Please send your *Family Story*, a picture of your child and/or family if possible, and a completed Photo/Material Consent Form.

Send items and stories to:
Kelly Purvis, State Parent Consultant
Children's Medical Services
Bin #A06
4052 Bald Cypress Way
Tallahassee, FL 32399-1707
Kelly_Purvis@doh.state.fl.us

Thank you for sharing your personal *Family Stories*. We wish you continued success!
Florida's Early Steps looks forward to the continuing partnership with families in providing quality services that support children's well-being and development where they love, learn, and play.



Rick Scott
Governor

PHOTO/MATERIAL RELEASE FORM

I hereby authorize the use of written material which may include name and photographs of my child:

(print full name of child)

and family members (including myself):

(print full names of family members)

by the Florida Department of Health in promoting programs and services for families and their children served by Children's Medical Services and Early Steps. I understand that these written material and photos will be used for informational and educational purposes with permission given to edit content for the purpose of format and design, and will appear on materials published or distributed by the Children's Medical Services program which may include their website.

Signed:

Parent/guardian

Date

Your Address (will NOT be published):

Street

City and Zip code



FAMILIAS... COMPARTAN SU HISTORIA CON NOSOTROS

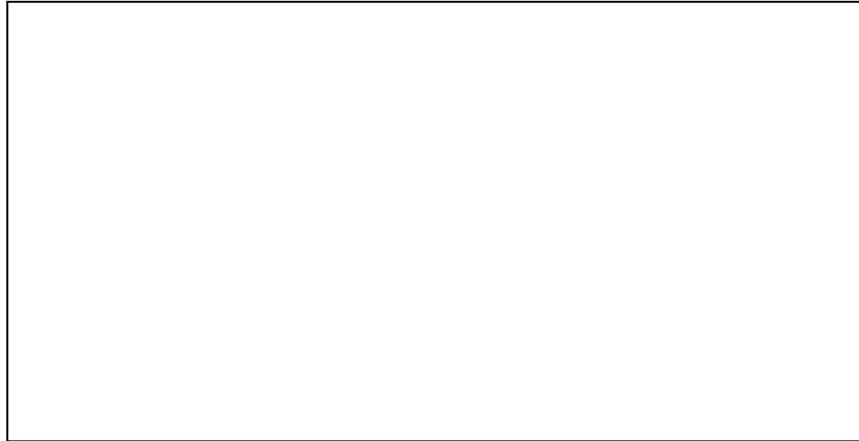
Pasos Tempranos anda en busca de historias de familias que compartan su experiencia positiva acerca de los servicios recibidos por Pasos Tempranos en sus actividades diarias. Las historias de las familias serán utilizadas para la elaboración de materiales informativos y posiblemente serán compartidas con otras familias, programas, páginas web, y comunidades alrededor del Estado de Florida y posiblemente nacionalmente.

*A continuación algunas ideas para escribir la historia de su Familia.
Usted podrá contestar a la pregunta dentro del cuadro abajo de cada pregunta o en una página adicional.*

- ❖ **Cómo era la vida de su familia y su hijo hasta que comenzaron a recibir los servicios en sus rutinas diarias, entorno y actividades ?**

- ❖ **Qué avances ha conseguido su hijo gracias a los servicios recibidos por Pasos tempranos en sus rutinas diarias, entorno y actividades?**

- ❖ **Cómo se ha fortalecido su familia desde que comenzaron a recibir los servicios en sus actividades diarias, entorno y rutinas?**



Porfavor envíe la historia de su familia, una fotografía de su hijo y su familia si es posible y un formulario de consentimiento para el uso de la fotografía.

Envíe la historia y los materiales a:
Kelly Purvis, State Parent Consultant
Children's Medical Services
Bin #A06
4052 Bald Cypress Way
Tallahassee, FL 32399-1707
Kelly_Purvis@doh.state.fl.us

Gracias por compartir la historia de su familia con nosotros. Deseamos el constante progreso de su hijo!

Pasos Tempranos de la Florida desea continuar creando lazos con las familias entregando servicios de calidad que soporten el bienestar de los niños y su desarrollo integral a través del amor, aprendizaje y juego.



FORMA DE CONSENTIMIENTO PARA FOTO/MATERIAL

Por éste medio autorizo el uso del material escrito que puede incluir nombre y fotografías de mi niño/a:

(nombre completo del niño/a en letra de imprenta)

y miembros de la familia (incluyéndome):

(nombres completos de los miembros de la familia en letra de imprenta)

por el Departamento de Salud de la Florida en la promoción de programas de servicios para las familias y sus niños ofrecidos por medio de “*Children’s Medical Services*” y “*Early Steps*”. Tengo entendido que éste material escrito y fotografías serán utilizados con propósitos informativos y educacionales con el permiso dado para corregir el contenido con fines de formato y diseño, y aparecerán en materiales publicados o distribuidos por el programa de “*Children’s Medical Services*” el cual podría incluir su página de Internet.

Firmado:

Padre/Guardián

Fecha

Su dirección (NO será publicada):

Calle

Ciudad y Código Postal

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

**Renee Vallentutti, Chairperson
Debra Dowds, Executive Director**

REQUEST FOR PROPOSALS (FDDC # 2011-CD-8900) Disability Awareness Language Arts and Literacy Guide

The Florida Developmental Disabilities Council, Inc. (FDDC) is pleased to announce that this request for proposals (RFP #2011-CD-8900) is released in order to develop two Disability Awareness Language Arts and Literacy Guides.

Individuals and companies may submit proposals in response to this RFP. The amount of this contract will be up to \$27,000 and the exact amount of this contract will be finalized during contract negotiations.

Copies of this RFP can be downloaded from the FDDC website (www.fddc.org) or copies may be requested by writing FDDC at 124 Marriott Drive, Suite 201, Tallahassee, FL 32301, or calling (850) 488-4180 or Toll Free 1-800-580-7801 or TDD Toll Free (888) 488-8633.

The deadline for submitting written questions and letters of intent for this RFP is **February 16, 2011 by 4:00 p.m. EST**. Letters of intent are encouraged but not mandatory. Letters of Intent will only be accepted by fax, mail, or hand delivery. Letters of Intent by email will not be accepted. All answers to written questions will be posted on the FDDC website during the week of **February 28, 2011**. The deadline for submitting proposals for this RFP to FDDC is **March 28, 2011 by 2:00 p.m. EDT**.

THE ABOVE ANNOUNCEMENT WILL APPEAR IN THE FLORIDA ADMINISTRATIVE WEEKLY AND ON THE FDDC WEB PAGE (www.fddc.org) **ON January 28, 2011**.

PLEASE FORWARD ALL REQUESTS FOR COPIES
OF THIS RFP TO Misty Grimm

**QUESTIONS ARE TO BE SUBMITTED IN WRITTEN FORMAT ONLY. THIS IS A LEGAL PROCESS
AND WE CANNOT ANSWER QUESTIONS VERBAL.**

Attachment Difficulties, Childhood Trauma, and Reactive Attachment Disorder: Clinical Guidelines for Assessment, Diagnosis and Treatment

FEBRUARY 8 & 9

**TALLAHASSEE
COMMUNITY
COLLEGE**

**CENTER FOR
WORKFORCE
DEVELOPMENT**

444 APLEYARD DR.

TALLAHASSEE, FL

**FEBRUARY 8
9 AM - 4:30 PM**

**FEBRUARY 9
9 AM - 3 PM**

**(LUNCH BREAK 12PM-
1:15PM EACH DAY)**

Note: this training will also be provided in the following cities:

Orlando 3/16-17, 2011

Ft. Lauderdale 4/19-20, 2011

Jacksonville 6/22-23, 2011

Ft Myers 9/13-14, 2011

Miami 10/12-13, 2011

Gainesville 11/16-17, 2011

Pensacola 1/10-11, 2012

Panama City 2/7-8, 2012

Training sponsored by:



CEUs sponsored by:



Workshop Description:

To a great extent children derive their personal sense of security and worth from their relationship with their caregivers. This process is more commonly referred to as attachment. Childhood traumatic stress occurs when exposure to traumatic events overwhelms a child's ability to cope.

Even though many children are resilient, trauma symptoms are more likely to occur in instances of child abuse and neglect and interpersonal violence than in other less personal forms of trauma. Participants will learn about the child-caregiver attachment process, the effects of traumatic stress, caregiver deprivation, and the reciprocal influences of attachment and childhood trauma. These complex issues have led to diagnostic confusion, including the over diagnosis of Reactive Attachment Disorder. Also examined

will be appropriate diagnoses for children with behavior problems who have experienced trauma. Evidence-based treatment interventions for children with these presenting problems will also be discussed.

How to register for the workshop

- **Email Nicole_Stookey@dcf.state.fl.us**
- **Please print materials for the training on the following website after February 1:**
www.dcf.state.fl.us/programs/samh/MentalHealth/index.shtml

**REGISTRATION 8:15-8:55AM
EACH DAY**

Trainers:

Donna Potter, MSW, is a Licensed Clinical Social Worker and Instructor and **Kelly Sullivan**, Ph.D., is a Licensed Psychologist and an Assistant Professor. Both work for Duke University Medical Center in the Department of Psychiatry and Behavioral Sciences at the Center for Child and Family Health (CCFH). They conduct assessments, provide training, and consult with the NC State Division of Mental Health/DD/SA on diagnosis and treatment of Reactive Attachment Disorder. In their positions at CCFH, which is a community treatment services center site within the National Child Traumatic Stress Network, both have experience in providing evidence-based treatments and disseminating them locally and across the country.

FFY 2008 APR PERFORMANCE DATA

(reported in the FFY 2008 APR submitted February 1, 2010)

FFY 2009 APR Performance Data

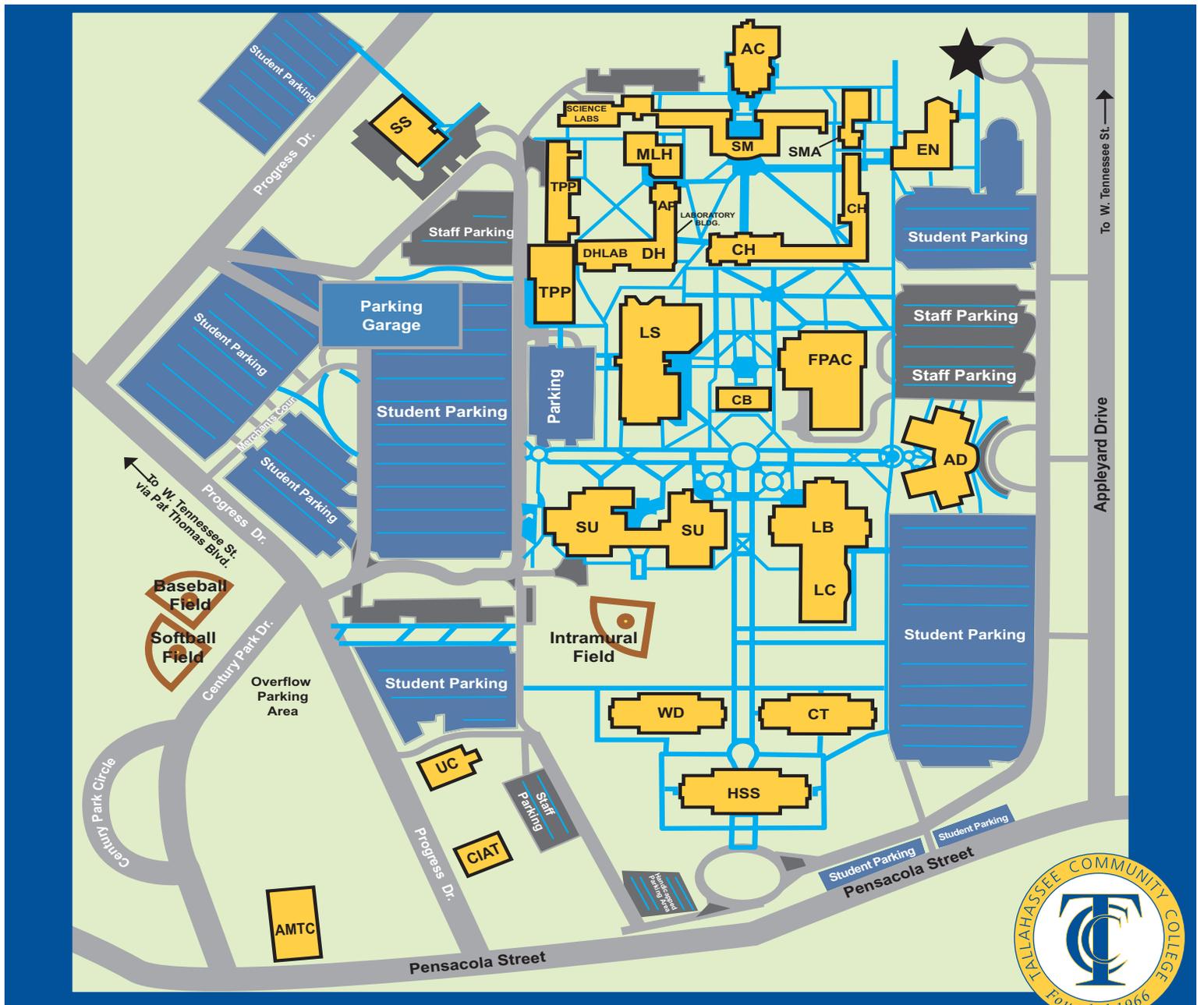
(reported in the FFY 2009 APR submitted February 1, 2011)

	Measurable and Rigorous Target 2009-2010	Actual Target Data 2008-2009	Actual Target Data 2009-2010	
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	100%	72%	98%	
Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	78%	77%	79%	
Indicator 3A-1: Percent of infants and toddlers who substantially increased their rate of growth in positive social emotional skills by exit from program.	36.0%	36.0%	33.7%	
Indicator 3A-2: Percent of infants and toddlers who were functioning within age expectations in social emotional skills by exit from program.	75.6%	75.6%	76.1%	
Indicator 3B-1: Percent of infants and toddlers who substantially increased their rate of growth in acquisition and use of knowledge and skills by exit from program.	52.6%	52.6%	53.0%	
Indicator 3B-2: Percent of infants and toddlers who were functioning within age expectations in acquisition and use of knowledge and skills by exit from program.	49.6%	49.6%	49.9%	
Indicator 3C-1: Percent of infants and toddlers who substantially increased their rate of growth in use of appropriate behaviors to meet their needs by exit from program.	52.4%	52.4%	54.8%	
Indicator 3C-2: Percent of infants and toddlers who were functioning within age expectations in use of appropriate behaviors to meet their needs by exit from program.	76%	76%	76%	
Indicator 4A: Percent of families who report that early intervention services have helped the family know their rights.	60.0%	67.0%	68.0%	
Indicator 4B: Percent of families who report that early intervention services have helped the family effectively communicate their children's needs.	56.0%	64.0%	65.0%	
Indicator 4C: Percent of families who report that early intervention services have helped the family help their child grow and learn.	61.0%	78.0%	80.0%	
Indicator 5: Percent of infants and toddlers with IFSPs birth to age 1.	0.71%	0.59%	0.64%	

FFY 2008 APR PERFORMANCE DATA

(reported in the FFY 2008 APR submitted February 1, 2010)

Indicator 6: Percent of infants and toddlers with IFSPs birth to age 3.	1.89%	1.91%	2.06%	
Indicator 7: An evaluation and assessment and initial IFSP were conducted within 45 days of the date of referral.	100%	91%	92%	
Indicator 8A: IFSPs with transition steps and services.	100%	92%	94%	
Indicator 8B: Notification to the LEA if the child is potentially eligible.	100%	95%	96%	
Indicator 8C: Timely transition conference.	100%	80%	85%	
Indicator 9: General supervision system identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.	100%	61%	88%	
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%	100% (5/5)	100% (1/1)	
Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	100%	No due process requests	No due process requests	
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).	<i>Not applicable for Florida.</i>			
Indicator 13: Percent of mediations held that resulted in mediation agreements.	N/A	50% (1/2)	0% (0/1)	
Indicator 14: State reported data are timely and accurate.	100%	96.3%	100.0%	



TCC CAMPUS MAP LEGEND

AC	Academic Computing Center	CT	Computer Technology Building	SU	Student Union <i>Bookstore Campus Life Career Center Cashier College Reach-Out Program (CROP) Disability Support Services Enrollment Services and Student Success Financial Aid Food Court International Student Services Student Activities Student Affairs Veterans Center</i>
AD	Hinson Administration Building <i>Academic Affairs Administrative Services Business Office Communications and Public Information General Services and Procurement Human Resources Information Center Information Technology Office of the President TCC Foundation</i>	DH	Dental Hygiene Building <i>Dental Hygiene Lab</i>	TPP	Technology and Professional Programs Building
AMTC	Advanced Manufacturing Training Center	EN	English Building	UC	University Center <i>Barry University Embry-Riddle Aeronautical University Flagler College Saint Leo University</i>
AP	Academic Support Building	FPAC	Fine and Performing Arts Center <i>Center for Teaching Excellence Ralph Hurst Gallery TCC Fine Art Gallery Testing Center Turner Auditorium</i>	WD	Center for Workforce Development
CB	Center Building <i>Campus Police Print Shop</i>	LS	Lifetime Sports Complex <i>Athletics Fitness Center</i>	★	Star Metro Bus Stop
CH	Communications and Humanities Building	MLH	Judge Walter T. Moore Science Lecture Hall		
CIAT	Construction/Industrial Applied Technology Building <i>Thomas University</i>	SM	Science and Mathematics Building		
		SMA	Science and Mathematics Annex		
		SS	Support Services Building		

Not Shown on Map: TCC Capitol Center, Florida Public Safety Institute, Quincey House, Wakulla Center



VIISA 0-3

Vision In-Service in America

March 25-26-27 and May 20-21-22 2011

St. Augustine, FL

Participants must attend all six days and complete homework assignments.

Registration must be received by March 4, 2011. Class is limited to 25 participants.

This course is available to early interventionists with a college degree in varying exceptionalities, vision, special education, OT, PT, SLP, or in a related field of study. **You must have a bachelor's degree or higher. You do not need a background in visual impairments to take this course.** VIISA is designed to provide information about 0-3 year olds with visual impairments and their families to professionals in early intervention settings.

First Weekend:

- ✓ Understanding Visual Impairments and Effect on Learning
- ✓ Medical Aspects and Implications
- ✓ Eye Specialists and Eye Reports, Functional Vision Assessments
- ✓ Encouraging the Use of Functional Vision
- ✓ Partnering with and Understanding Families (systems, culture, grief, communication)
- ✓ Attachment, Communication, Social Skill Development
- ✓ Active Learning

Second Weekend:

- ✓ Service Delivery in Florida
- ✓ Motor and Orientation and Mobility
- ✓ Use of Touch and Hearing
- ✓ Interaction with Objects, Play, Cognition
- ✓ Pre-maturity and Other Vulnerable Infants
- ✓ Child Assessment
- ✓ IFSP
- ✓ Transition from Home to Pre-School
- ✓ Practicum with Child and Family
- ✓ Summary and Course Evaluation

If you are interested in taking the course mail or fax the attached registration form to **The Florida School for the Deaf and the Blind, Parent Infant Program**
207 North San Marco Ave., St. Augustine, FL 32084
Fax 904-827-2293

Participants are required to have or have access to the VIISA Model which can be obtained by ordering it from HOPE, Inc. 1-435-245-2888 or online
<http://www.hopepubl.com> --- cost \$128.00 plus S & H

Participants will be assessed \$275 for the course and Home Study Manual payable to FSDB (Outreach Division). There are 7 homework assignments with accompanying readings.

FSDB Parent Infant Program Training Registration

Specialized training for working with young children with sensory loss and their families in natural environments is available for professionals with a background in sensory loss, child development, special education, speech/ language pathology, audiology, physical and occupational therapy, social work, and other related fields. If you have any questions please contact the Parent Infant Program staff: Kim Carr, 904-827-2232 carrk@fsdb.k12.fl.us or Gail Strassel 904-827-2257 strasselg@fsdb.k12.fl.us

To register for this training, please check the training you want to take and complete the form below.

SKI-HI Jan. 21-22-23 and Feb. 25-26-27, 2011
For working with families/caregivers with children birth-5 with a hearing loss

VIISA (0-3) March 25-26-27 and May 20-21-22, 2011
For working with families/caregivers with children birth-3 with a vision loss, home-based

VIISA (3-5) March 23-24-25 and May 18-19-20 2012
For working with children 3-5 with a vision loss and their families, center-based

INSITE Oct. 14-15-16 and Nov. 4-5-6 (*3 weeks in between classes)
For working with families/caregivers with children birth-5 with a sensory loss and additional disabilities

Name: _____

Address: _____
City State ZIP

Telephone: _____
Home Work FAX

E-mail Address: _____

BACKGROUND INFORMATION

Degree/Major: _____
Certification: _____
Title/Job: _____

Description of Present Position:

EXPERIENCE:

What experiences do you have working with young children or families of young children with sensory loss and/or other challenges?

Please check below to indicate your understanding and agreement with the conditions specified.

"I realize that I must complete all sessions of the Parent Advisor Training to be certified. The certification is valid for 5 years at which time it can be renewed. I also acknowledge that I am aware that there will be independent homework assignment(s) between the training sessions.

"My program and I are willing to participate in the ongoing Technical Assistance offered by the Florida School for the Deaf and the Blind, Parent Infant Program, as part of my Parent Advisor Training. This Technical Assistance is offered at no cost to me or my program."

Sign

Date

Please return to:
Parent Infant Program
Florida School for the Deaf and Blind
207 N. San Marco Ave., St. Augustine, FL 32084
FAX # 904-827-2293

SAVE THE DATE!

Wrightslaw

**Special Education Law & Advocacy
Training Program**

With Peter Wright, Esq.

Saturday, June 4, 2011 • 9:00am-4:30pm

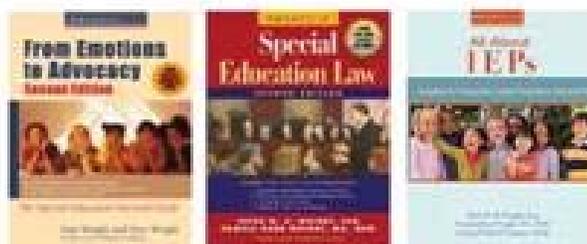
**Campus Activity Center at USF St. Petersburg
199 6th Ave. South, St. Petersburg, FL 33701**

The Wrightslaw special education law and advocacy training program will focus on four areas:

- Special education law, rights & responsibilities
- Tests and measurements to measure progress & regression
- SMART IEP's
- Introduction to tactics & strategies for effective advocacy

Wrightslaw Programs

are designed to meet the needs of parents, educators, health care providers, advocates and attorneys who represent children with disabilities regarding special education.



**Wrightslaw Training Program
Hosted by**



In Partnership With

