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Interest in toys predicts effectiveness of autism treatment in toddlers

Toddlers who played with a limited number of toys showed more improvement in their communication skills following parent-guided treatment than those receiving other community-based treatments.

The report is the first to examine this autism treatment – called [Hanan's More Than Words](#) – for children younger than 2 showing early signs of an autism spectrum disorder. Caught early enough and treated with the right behavioral therapy, autism symptoms can improve dramatically.

The paper appears online March 22 in the [Journal of Child Psychology and Psychiatry](#).

“This report adds to our emerging knowledge about which interventions work for which kids. It will help match children with the right intervention and not waste time enrolling them in treatments that are not well-suited for them,” said co-author Wendy Stone, director of the [UW Autism Center](#).

Stone said that parents often detect autism symptoms when their children reach about 17 to 18 months old. At this age, typical signs of autism include the child using fewer gestures and facial expressions to communicate, and being less likely to initiate social exchanges, such as pointing out something of interest, than other children the same age.

One in 110 children has autism spectrum disorders, which include autistic disorder, Asperger's syndrome and pervasive developmental disorder-not otherwise specified. More boys, one in 70, than girls are affected.

Few autism interventions focus on toddlers – children aged 1 to 3 – and those that do can be time-intensive and expensive. Stone and her collaborators wanted to study the effectiveness of a short-term, relatively low-cost intervention for toddlers showing warning signs.

“Our ultimate goal is to catch the symptoms early and find effective preventive

interventions so that these children can attain their full potential,” Stone said.

Sixty-two children (51 boys and 11 girls) younger than age 2 and meeting criteria for autism disorders, participated in the study with their parents. The researchers measured the toddlers’ baseline social and communication skills during a pretest in which parents and their children played with toys and read books while a researcher observed.

Then the youngsters were randomly assigned either to the Hanen’s More Than Words program or to a treatment-as-usual control condition. The program is intended to stimulate mature communication, language development and social skills.

The parents in the treatment group learned strategies to help their toddlers communicate, such as practicing taking turns, encouraging eye contact and modeling simple sentences from the child’s perspective. For instance, when the child pointed to crackers, the parent wouldn’t just hand over the food. Instead, the parent would get down at eye-level with the child and say, “I want crackers.”

“By age 2, most kids have already learned how to interact and communicate with others,” Stone said. Children showing early signs of autism spectrum disorders don’t seem to learn basic social interactions without coaching, she said.

To the researchers’ surprise, the intervention did not make a difference in communication skills when they compared the 32 children in the intervention group and the 30 children in the no-treatment group.

But they did find that the intervention helped a subset of the children. Kids who played with fewer toys during the pretest showed more improvement if they received the treatment than if they didn’t. They showed more instances of making eye contact, pointing to or reaching for objects of interest and showing or giving the experimenter a toy.

The effect lasted for at least four months after the intervention ended.

To Stone, playtime is a logical time to help children develop communication skills. “Playing with toys provides great opportunities for teaching social and communication skills,” she said. “It enables children and caregivers to share a focus of attention.”

The advocacy organization [Autism Speaks](#) and the [Marino Autism Research Institute](#) funded the research.

Co-authors are [Alice Carter](#), professor of psychology at the University of Massachusetts Boston; [Paul Yoder](#), professor of special education at Vanderbilt University; [Daniel Messinger](#), associate professor of psychology at the University of Miami; [Seniz Celimli](#), postdoctoral

researcher at the University of Miami; and [Allison Nahmias](#), a psychology graduate student at the University of Pennsylvania.

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April 1, 2011

Dear School Administrators and Counselors, School Liaison Officers and Military Families,

April is the Month of the Military Child. This special celebration is a legacy of former Defense Secretary Caspar Weinberger and was established to underscore the important role children play in the Armed Forces community. Military children are our nation's children. Care of military children sustains our fighting force and strengthens the health, security and safety of our nation's families and communities. It is important to emphasize and recognize the role that military children play while a parent or important adult is serving. The Military Interstate Children's Compact Commission is committed to resolving the educational transitional issues that are faced by these children and their families.

Military families move between postings on a regular basis, and while reassignments can often be a boon for career personnel, they can be difficult for the children of military families. The average military student faces transition challenges more than twice during high school and most military children will attend six to nine different school systems in their lives from kindergarten to 12th grade. The Compact therefore seeks to make transition easier for the children of military families so that they are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals.

As part of the Compact, the Interstate Commission on Educational Opportunities for Military Children was established (also referred to as the Military Interstate Children's Compact Commission or MIC3). Thirty-six states have adopted the Compact and placed it in statute. The Department of Defense continues to work with the Commission, Council of State Governments, national organizations, and state leaders to bring the remaining states on board. Member states are forming their State Councils and inform school districts of the terms of the Compact.

Please take time this month to recognize the service of our military servicemen and women, their families and their children.

Sincerely,



Mark D. Needham
Commission Chairman
MIC3 Commissioner - Kentucky



Project SPARKLE

Supporting Parent Access to Resources, Knowledge, Linkages, & Education

Project SPARKLE is a unique training program designed specifically for families of children and youth with deaf-blindness. *Deaf-Blindness* describes the presence of BOTH hearing loss AND vision loss, with or without other disabilities. Many persons with deaf-blindness have other disabilities. Since hearing and vision are the senses we use to access the majority of information about our world, hearing and vision losses must be recognized and addressed so that learning can occur.

Families use the SPARKLE program in their own homes, with the support of a state SPARKLE facilitator. SPARKLE is designed to help families apply what they learn to address the developmental and educational needs of children with deaf-blindness.



Contact your Florida SPARKLE facilitators to join this amazing community and access many wonderful resources! Shelly Voelker, shellyv@ufl.edu

Pam Kissoondyal, pamsk@ufl.edu

800-667-4052

Primary Service Provider Monitoring Data

TEMPLATE WITH 2010 CALENDAR QUARTERS DATA FOR REPRESENTATION OF MONITORING APPROACH

Quarterly FSPSA reports will be run for each LES from the Early Steps Data System for new FSPSAs in the quarter

Set targets at 7/1/11 based on quarter ending 3/31/11 at a level where at least 4, or 26.7%, of LESs achieve the target for each service

Monitoring Expectations

Per quarter, increase EIIF-T1027SC by 10% of gap between current and target

Per quarter, decrease therapies by 10% of gap between current and target

10 LES with at least one target achieved in any quarter in any service

Number of LESs with at least one quarter achieving target per service

% of Children with FSPSA per Service Code

TARGET BENCHMARK	EI INDIVIDUAL SESSION BY EI PROF				OT SESSION BY LICENSED OT				PT SESSION BY LICENSED PT				SPL THERAPY SESSION BY LICENSED SLP			
	-T1027SC EIIF	-97530 OCCT	-97110 PHY	-92507 SPL	-T1027SC EIIF	-97530 OCCT	-97110 PHY	-92507 SPL	-T1027SC EIIF	-97530 OCCT	-97110 PHY	-92507 SPL	-T1027SC EIIF	-97530 OCCT	-97110 PHY	-92507 SPL
	60.00%	15.00%	15.00%	30.00%	LES GAPS TO TARGET				LES TARGETS				5	5	7	5
Bay Area																
Q1	57.46%	5.18%	12.79%	29.34%	-2.54%	-	-	-	57.72%	achieved	achieved	achieved				
Q2	55.70%	5.05%	12.80%	24.49%	-4.30%	-	-	-	56.13%	achieved	achieved	achieved				
Q3	61.25%	3.03%	13.01%	25.15%	-	-	-	-	achieved	achieved	achieved	achieved				
Q4	57.00%	4.18%	12.30%	21.67%	-3.00%	-	-	-	57.30%	achieved	achieved	achieved				
Big Bend																
Q1	48.21%	27.00%	29.48%	57.58%	-11.79%	12.00%	14.48%	27.58%	49.39%	25.80%	28.03%	54.82%				
Q2	50.00%	21.01%	25.80%	57.98%	-10.00%	6.01%	10.80%	27.98%	51.00%	20.41%	24.72%	55.18%				
Q3	55.63%	22.52%	26.49%	58.61%	-4.37%	7.52%	11.49%	28.61%	56.07%	21.76%	25.34%	55.75%				
Q4	55.49%	20.73%	25.00%	63.41%	-4.51%	5.73%	10.00%	33.41%	55.94%	20.16%	24.00%	60.07%				
Central Florida																
Q1	25.44%	12.54%	24.14%	61.42%	-34.56%	-	9.14%	31.42%	28.90%	achieved	23.23%	58.28%				
Q2	27.68%	13.16%	23.74%	52.28%	-32.32%	-	8.74%	22.28%	30.91%	achieved	22.87%	50.05%				
Q3	24.83%	11.28%	22.15%	45.23%	-35.17%	-	7.15%	15.23%	28.35%	achieved	21.43%	43.71%				
Q4	29.00%	11.25%	23.45%	42.16%	-31.00%	-	8.45%	12.16%	32.10%	achieved	22.61%	40.94%				

	-T1027SC	-97530	-97110	-92507	-T1027SC	-97530	-97110	-92507	-T1027SC	-97530	-97110	-92507
	EIIF	OCCT	PHY	SPL	EIIF	OCCT	PHY	SPL	EIIF	OCCT	PHY	SPL
TARGET BENCHMARK	60.00%	15.00%	15.00%	30.00%	LES GAPS TO TARGET				LES TARGETS			
Gold Coast												
Q1	25.10%	23.75%	37.16%	51.35%	-34.90%	8.75%	22.16%	21.35%	28.59%	22.87%	34.95%	49.22%
Q2	27.36%	22.88%	34.47%	53.75%	-32.64%	7.88%	19.47%	23.75%	30.63%	22.09%	32.52%	51.37%
Q3	29.13%	27.92%	38.61%	50.91%	-30.87%	12.92%	23.61%	20.91%	32.22%	26.63%	36.25%	48.82%
Q4	26.94%	26.72%	39.37%	49.40%	-33.06%	11.72%	24.37%	19.40%	30.24%	25.55%	36.93%	47.46%
Gulf Central												
Q1	43.96%	21.43%	13.55%	33.52%	-16.04%	6.43%	-	3.52%	45.56%	20.79%	achieved	33.16%
Q2	46.56%	22.28%	12.68%	32.43%	-13.44%	7.28%	-	2.43%	47.90%	21.55%	achieved	32.18%
Q3	47.75%	20.97%	13.11%	33.33%	-12.25%	5.97%	-	3.33%	48.98%	20.38%	achieved	33.00%
Q4	49.11%	22.32%	13.17%	27.46%	-10.89%	7.32%	-	-	50.20%	21.59%	achieved	achieved
North Beaches												
Q1	15.76%	25.54%	14.40%	64.95%	-44.24%	10.54%	-	34.95%	20.18%	24.49%	achieved	61.45%
Q2	12.14%	26.20%	17.89%	69.01%	-47.86%	11.20%	2.89%	39.01%	16.93%	25.08%	17.60%	65.11%
Q3	16.62%	26.71%	13.35%	64.39%	-43.38%	11.71%	-	34.39%	20.96%	25.54%	achieved	60.95%
Q4	12.15%	27.78%	16.32%	63.89%	-47.85%	12.78%	1.32%	33.89%	16.94%	26.50%	16.19%	60.50%
North Central												
Q1	44.93%	18.06%	11.01%	29.96%	-15.07%	3.06%	-	-	46.44%	17.76%	achieved	achieved
Q2	50.83%	17.36%	13.22%	24.79%	-9.17%	2.36%	-	-	51.74%	17.12%	achieved	achieved
Q3	47.49%	21.00%	12.33%	26.48%	-12.51%	6.00%	-	-	48.74%	20.40%	achieved	achieved
Q4	46.23%	18.87%	14.15%	19.34%	-13.77%	3.87%	-	-	47.60%	18.48%	achieved	achieved
North Dade												
Q1	65.57%	41.11%	31.27%	46.66%	-	26.11%	16.27%	16.66%	achieved	38.50%	29.65%	44.99%
Q2	68.33%	38.69%	28.81%	45.95%	-	23.69%	13.81%	15.95%	achieved	36.32%	27.43%	44.36%
Q3	69.69%	39.86%	31.15%	44.75%	-	24.86%	16.15%	14.75%	achieved	37.37%	29.53%	43.27%
Q4	71.23%	35.69%	30.66%	42.74%	-	20.69%	15.66%	12.74%	achieved	33.62%	29.10%	41.47%
Northeastern												
Q1	47.38%	20.19%	22.10%	40.06%	-12.62%	5.19%	7.10%	10.06%	48.64%	19.67%	21.39%	39.06%
Q2	46.90%	21.21%	21.90%	36.21%	-13.10%	6.21%	6.90%	6.21%	48.21%	20.59%	21.21%	35.59%
Q3	51.52%	16.40%	19.25%	31.55%	-8.48%	1.40%	4.25%	1.55%	52.36%	16.26%	18.83%	31.40%
Q4	46.68%	17.46%	15.56%	30.93%	-13.32%	2.46%	0.56%	0.93%	48.01%	17.21%	15.50%	30.84%
Southernmost Coast												
Q1	61.94%	16.80%	16.27%	59.71%	-	1.80%	1.27%	29.71%	achieved	16.62%	16.15%	56.74%
Q2	58.05%	15.82%	19.81%	60.25%	-1.95%	0.82%	4.81%	30.25%	58.24%	15.74%	19.33%	57.22%
Q3	61.37%	23.32%	23.03%	58.66%	-	8.32%	8.03%	28.66%	achieved	22.49%	22.23%	55.79%
Q4	58.35%	18.55%	24.45%	59.70%	-1.65%	3.55%	9.45%	29.70%	58.51%	18.19%	23.51%	56.73%

	-T1027SC	-97530	-97110	-92507	-T1027SC	-97530	-97110	-92507	-T1027SC	-97530	-97110	-92507
	EIIF	OCCT	PHY	SPL	EIIF	OCCT	PHY	SPL	EIIF	OCCT	PHY	SPL
TARGET BENCHMARK	60.00%	15.00%	15.00%	30.00%	LES GAPS TO TARGET				LES TARGETS			
Southwest Florida												
Q1	70.39%	0.84%	2.23%	1.68%	-	-	-	-	achieved	achieved	achieved	achieved
Q2	72.49%	1.78%	2.37%	2.96%	-	-	-	-	achieved	achieved	achieved	achieved
Q3	65.06%	1.28%	3.85%	2.24%	-	-	-	-	achieved	achieved	achieved	achieved
Q4	74.49%	0.58%	3.77%	1.74%	-	-	-	-	achieved	achieved	achieved	achieved
Space Coast												
Q1	34.74%	20.10%	24.57%	64.76%	-25.26%	5.10%	9.57%	34.76%	37.27%	19.59%	23.61%	61.29%
Q2	33.01%	18.20%	18.45%	61.41%	-26.99%	3.20%	3.45%	31.41%	35.71%	17.88%	18.10%	58.27%
Q3	34.65%	17.08%	24.75%	59.16%	-25.35%	2.08%	9.75%	29.16%	37.19%	16.87%	23.78%	56.24%
Q4	35.96%	18.82%	19.10%	58.71%	-24.04%	3.82%	4.10%	28.71%	38.36%	18.44%	18.69%	55.84%
Treasure Coast												
Q1	35.15%	30.15%	30.33%	64.85%	-24.85%	15.15%	15.33%	34.85%	37.64%	28.63%	28.80%	61.36%
Q2	35.04%	30.57%	30.20%	64.23%	-24.96%	15.57%	15.20%	34.23%	37.53%	29.01%	28.68%	60.81%
Q3	33.27%	30.28%	30.75%	66.17%	-26.73%	15.28%	15.75%	36.17%	35.94%	28.75%	29.17%	62.55%
Q4	39.64%	30.50%	33.26%	65.99%	-20.36%	15.50%	18.26%	35.99%	41.67%	28.95%	31.44%	62.39%
West Central												
Q1	46.89%	13.64%	13.38%	34.17%	-13.11%	-	-	4.17%	48.20%	achieved	achieved	33.75%
Q2	48.37%	12.52%	12.65%	40.29%	-11.63%	-	-	10.29%	49.53%	achieved	achieved	39.26%
Q3	50.27%	15.27%	13.51%	36.35%	-9.73%	0.27%	-	6.35%	51.24%	15.24%	achieved	35.72%
Q4	53.04%	12.82%	11.06%	35.90%	-6.96%	-	-	5.90%	53.74%	achieved	achieved	35.31%
Western Panhandle												
Q1	42.11%	11.08%	15.24%	30.47%	-17.89%	-	0.24%	0.47%	43.89%	achieved	15.21%	30.42%
Q2	67.01%	10.66%	17.77%	25.63%	-	-	2.77%	-	achieved	achieved	17.49%	achieved
Q3	60.31%	9.28%	13.66%	28.09%	-	-	-	-	achieved	achieved	achieved	achieved
Q4	71.01%	8.51%	15.96%	36.44%	-	-	0.96%	6.44%	achieved	achieved	15.86%	35.79%

STRATEGIC PLAN FOR SUSTAINABILITY



The Florida Developmental Disabilities Council contracted with the Ounce of Prevention Fund to facilitate a strategic planning process and develop a viable plan for the sustainability of the Early Steps program. This report is the result of that Strategic Plan and provides details about strategies that are currently completed, in progress, or still need completion. This report will function as a tool to monitor the progress of action steps needed to complete strategies.

Priority: T-To Be Completed, C-Completed or in Progress, N-Not Feasible at This Time			Area of Impact: R-Revenue, CE-Cost Effectiveness, V-Visibility, T-Training					PR=Prior to Report Receipt	
Strategy	Priority	Action Steps	Area of Impact		Start Date	End Date	Benchmark	Entities Responsible	STATUS
			Primary	Secondary					
Strategy 1: Develop a definitive definition of the Team Based Primary Service Provider (TBPSP) approach for Florida, clarify (since many LES had different interpretations of what ESSO was communicating), and strengthen state policy requiring the use of the TBPSP model for service delivery.									
1.1	C	All parties involved in implementation will need to be informed and reinforced that the natural environment aspect of the TBPSP is the approach that fits the federal requirements and draws down the federal dollars for Part C. Anecdotally there is evidence that the approach is cost saving compared to clinic based services but this has not been validated in Florida.	T		Prior to Report Receipt (PR)	6/30/2011		ESSO	Materials have been developed for physician referral sources, families and providers. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LESS).
1.2	C	Establish cost effectiveness of the TBPSP approach via a cost analysis. (See strategy 5)	CE		n/a	n/a		ESSO	Cost effectiveness is not the issue with using the TBPSP, but rather it is the most effective way for infants and toddlers to gain new skills.
1.3	C	Review the policy and guidance documents of TBPSP approach in order to see if revisions are needed. Develop additional training tools beyond these documents.	T		PR	6/30/2011		ESSO	Requests for clarification or enhancement of policy and guidance are constantly considered by the Policy Unit. Policy changes are limited due to the requirement for public hearings, but guidance is updated on a quarterly basis. University of Florida is developing a training tool kit, Tools for Early Steps Teams (TEST), for LESSs on the TBPSP which will be available after June 30.
1.4	C	Provide education and training for LES and service providers on what the TBPSP approach is that includes a coaching piece.	T		PR	6/30/2011		U of F	The TEST project being developed with ARRA funds by University of Florida will accomplish this strategy.
1.5	T	Require teams to be trained together.	T					SIWG	These are requirements that should be the responsibility of the Service Implementation Workgroup (SIWG) to formulate a recommended plan utilizing the upcoming Tools for Early Steps Teams (TEST) tool kit.
1.6	T	Look at the strengths/challenges within each LES.	CE					SIWG	
1.7	T	Do a self assessment with each LES using an outside facilitator.	CE					SIWG	
1.8	T	Develop indicators based on the results of the self assessment.	CE					SIWG	
1.9	C	Flow of training should include an introductory learning unit, facilitated self assessment, then learning units followed by the coaching component.	T		PR	6/30/2011		U of F	The TEST project being developed with ARRA funds by University of Florida will accomplish this strategy.
1.10	C	ESSO policy on TBPSP approach needs to be given to local providers, parents, physicians (i.e. stakeholders) in the form of a public relations campaign in order to ensure that everyone is implementing the TBPSP approach with fidelity (see additional strategy at the end of Tier 1 below).	T		PR	6/30/2011		ESSO	Materials have been developed for physician referral sources, families and providers. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LESSs).
1.11	C	Ensure that the material on the team based approach emphasizes that the team is responsible for establishing needed services via the IFSP which in turn may result in one provider, e.g. a speech therapist, providing the services.	T		PR	6/30/2011		U of F	The TEST project being developed with ARRA funds by University of Florida will accomplish this strategy.
Strategy 2: Provide support for local creative partnerships for resource development, e.g. fund-raising.									
2.1	T	Investigate and plan resource development options to be as cost neutral as possible. It will be important to limit as much as possible costs for resource development while still meeting strategy goals to maintain overall congruence with the cost savings goal of this plan.	R					FCAIT	These are requirements that should be the responsibility of the Florida Consortium of Advocates for Infants and Toddlers (FCAIT) to formulate.

2.2a	C	Define current restrictions on resource development efforts by LES based on the agency/entity in which they are housed as well as the internal expertise re: fund raising/development and communications.	R		PR	7/1/2011		ESSO	The ITN included the following as a requirement of being an Early Steps Contract Provider. "The provider will allow local fund raising to benefit the Local Early Steps System, as well as the ability to apply for grant opportunities to enhance the program, with all funds obtained to be used to support the Local Early Steps."
2.2b	T	Obtain and disseminate information on which LES can and do conduct community outreach activities, what is the role of public awareness in their communications strategies, and who their current corporate and community partners are.	V					SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
2.3	T	Explore establishment of Direct Service Organization (DSO) in legislation to serve as a statewide vehicle for the Florida Consortium or other entity to conduct strategic communications and resource development outreach.	R					FCAIT	These are requirements that should be the responsibility of the Florida Consortium of Advocates for Infants and Toddlers (FCAIT) to formulate.
2.4	T	Explore mechanisms for establishing an Early Steps Scholarship/Education Trust to attract private donations and perhaps utilize the corporate tax credit model similar to those created for private school tuition support.	R					FCAIT	
2.5	T	Explore cause-related marketing opportunities to align Early Steps program services with commercial entities, child-related industries, and celebrities who are or can be identified with child development promotion. Examples include the sports/athletics, athletic training/fitness, nutritional and child products industries.	V					FCAIT	
2.8	T	Survey LES for their capacity in identifying family members of Early Steps-served children for their interest in being more active in communications, financial support, or other volunteer activities in support of Early Steps program services. If there are parents/grandparents and family members who express interest, a plan of action to engage them should be piloted in three-four locations.	V					FICCIT	These are requirements that should be the responsibility of the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) to develop recommendations to present to the ESSO.
2.9	T	Develop a framework for an Early Steps Alumni Association to promote the success stories of children/youth and family members to leverage their authentic voices for the value of the services and the importance of community involvement in support activities.	V					FICCIT	
2.10	T	Develop and implement an outreach plan to engage the FL Assn of Children's Hospitals in developing coordinated communications and outreach activities for ES. Develop similar outreach plans to engage the Florida Pediatric Society, OB/Gyn network, Florida Occupational Therapist Association and other like-minded allied organizations.	V					FCAIT	These are requirements that should be the responsibility of the FCAIT to formulate.
2.11	T	Develop connections with like-minded statewide and community-based organizations (e.g. literacy/libraries, extension services/parenting and child development resources, nutritional/obesity prevention).	V					FCAIT	These are requirements that should be the responsibility of the SIWG and FCAIT to formulate.
9.3	T	Look for corporate partnerships to support an incentive program to provide compliant providers with additional resources they want and need: therapy tools/products, conference registration/scholarships, gas cards, etc.	R					FCAIT	These are requirements that should be the responsibility of the FCAIT to formulate.
Strategy 3: Increase level of reimbursement for Medicaid, Medicaid HMO's and Part C providers to better recruit and retain quality providers.									
3.1	N	Conduct cost study of rates and use the results to communicate the need for an increase for therapists providing EI services at same rate as currently in the Therapy Handbook.	CE		Pend	Pend		ESSO	This is unlikely as legislation is expected that will require all Medicaid to be Managed Care. PMPM
3.2	C	Explore use of follow up evaluation for exit.	T		n/a	n/a		ESSO	Currently all Part C children get an Exit evaluation.
3.3	N	Increase allowable cost reimbursement of EI Group sessions from one hour to two hours.	R		Pend	Pend		ESSO	This is unlikely as legislation is expected that will require all Medicaid to be Managed Care. PMPM
3.4	N	Propose an interpretation response to the medical necessity definition to be included in the Medicaid EI handbook currently under revision.	R		Pend	Pend		ESSO	
3.5	C	ESSO will work with AHCA to develop a process to investigate Medicaid denials that appear to not follow Medicaid rules and disseminate to LES for their education and use.	T		PR	On-Going		ESSO	ESSO has been working on this with Medicaid on-going.

3.6	C	Work with AHCA to have the IFSP considered as the sole authorizing document for Part C children with Medicaid. Improve the current process of getting physician approval which is frequently a barrier to getting services started within 30 days. Investigate whether other states have the IFSP as the sole authorizing document and incorporate their process if feasible.	CE		Dec. 2010	Pend		DD Council	The Florida Developmental Disabilities Council procured the writing of a paper to be used to talk to legislators crafting the Medicaid Managed Care legislation to have Early Steps services paid as a Per Member Per Month (PMPM) payment from Agency for Health Care Administration (AHCA) to CMS Network. The paper includes acknowledging the IFSP as the authorizing document for Medicaid Early Intervention services.
3.7	N	Develop a plan to have provider-to-provider consultations and IFSP development, meetings and updates paid for by Medicaid.	CE		Pend	Pend		ESSO	This is unlikely as legislation is expected that will require all Medicaid to be Managed Care. PMPM
Strategy 4: Reduce Service Coordinator caseloads.									
4.1	N	Assess reasons for high caseloads across LES and develop responses so they are suitable to the needs of each LES.	T		n/a	n/a		ESSO	High case loads for Service Coordinators is strictly a funding issue. More funds are needed to reduce the current calculated ratio of 1:65.
4.2	T	Develop empirically based responses or models in the form of pilot programs.	CE					SIWG	Some Local Early Steps (LES) are already utilizing Service Coordinators that are also ITDS. Rather than doing a Pilot Project, collect information from LES already doing this. Check results of SC model study done by UTAH State. Assign SIWG to formulate a recommended approach for this action step.
4.3	T	Implement pilot programs across the state to determine if using a blended (some dedicated and some dual role service coordinators) service coordination system would reduce caseloads. Vary options in service coordinator models in the pilot projects per the models developed in the previous step.	T					SIWG	
4.4	T	Evaluate the success of each model and decide whether one or multiple models will be used based on differing contextual and implementation issues specific to sites while ensuring that the core components of the TBSP are not violated.	T					SIWG	
4.5	C	Consider establishing a career ladder with different responsibilities for different levels. Share current practices throughout the state.	T					SIWG	Personnel classification systems, that would include a career ladder are part of the contract providers agency policies and procedures. The state cannot dictate these to contract providers. Recommendation for career ladder within local agencies could be made. Assign SIWG to formulate a recommended approach for this action step.
4.6	T	Look at opportunities for alignment with other partners in the community (Head Start/Healthy Families) to reduce caseloads through empirically supported referrals to developmental parenting or other programs.	CE					ESSO	This is an item for ESSO to discuss.
4.7	C	Implement dismissal criteria during periodic reviews (6 months, 1 year) in order to dismiss children who no longer need services and ensure children are getting the right services to make optimum progress.	CE		n/a	n/a/		ESSO	This has always been part of Early Steps policy, however, the policy revisions to be submitted to OSEP for approval strengthen these by requiring annual redetermination of eligibility for Part C, and emphasizing that when children reach developmental milestones appropriate for their age that they transition out of Early Steps.
28.2	N	Evaluate efficacy of having dual positions by caseload, client type and other factors.	CE		n/a	n/a/		ESSO	The ITN requirement that all providers are part of a consistent team that services a case load assigned to them would preclude this as a practice. It is the intent of TBSP that one team determines eligibility, does the IFSP and provides services through transition at three or until the child no longer meets eligibility criteria.
28.3	N	Use more experienced/stronger service coordinators to pilot the dual role responsibility.	CE		n/a	n/a/			
28.4	N	Consider less severe cases without an established condition.	CE		n/a	n/a/			
28.5	N	Consider families potentially transitioning out of Early Steps services.	CE		n/a	n/a/			
Strategy 5: Obtain evidence of effectiveness and return on investment specific to Early Steps and its implementation of the TBSP approach.									
5.1	N	Complete a cost effectiveness analysis comparing the TBSP to clinic based services as the first step in completing a cost-benefit, return on investment (ROI) study. A cost analysis is the beginning of the ROI research process.	CE		n/a	n/a		ESSO	Not an immediate priority. Funding needs to be stabilized for direct services before funds can be spent on this project, unless funding from another source, such as the FDDC can fund this. TBSP was not identified as way to reduce cost. In the long term a ROI for Florida Early Steps would be valuable. NECTAC is compiling this data and
5.2	N	Conduct retrospective study of Florida Early Steps effectiveness including but not limited to the TBSP approach.	CE		n/a	n/a			
5.3	N	Conduct a prospective effectiveness study of the TBSP once uniformity and fidelity are increased across LESs.	CE		n/a	n/a			

5.4	N	Complete an intensive cost-benefit study utilizing the cost effectiveness, retrospective and prospective studies, that includes tangible, intangible and other costs/benefits, arriving at an empirically based ROI number that can be used for funding, grant writing, and other needs.	CE		n/a	n/a			Early steps would be valuable. NECTAC is compiling this data and while the data is needed for Florida it is cost prohibitive at this time.
AS3	T	When available, update public relations material based on effectiveness and ROI results and include in materials targeted to funders, providers, referring sources and parents. Ensure that the evidence of the effectiveness of the TBSP approach for birth to three kids is available to counteract perceptions that the approach was selected to cut services and save money or that clinic based services are automatically more effective.	V		Pend	Pend		DD Council	Pending project to determine ROI for Early Steps.
AS4	T	Test the material using appropriate methods, e.g. product oriented focus groups, analyze results, and update material based on results.	T		PR	6/30/2011		DD Council	Materials have been developed for physician referral sources, families and providers. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LES).
AS5	T	Systematically disseminate materials (from the dissemination component of the public relations plan) to key stakeholders.	T		PR	6/30/2011		ESSO	
Strategy 6: Standardize, systematize and provide greater state level support for travel as this is a major cost as well as barrier for providing services in line with the TBSP approach.									
6.1	T	Develop protocol for monitoring travel and service delivery. Consider workgroup to develop this protocol.	CE					SIWG	Assign SIWG to formulate a recommended approach for these action steps.
6.2	T	Share current practices across LES.	T						
6.3	C	Develop options and categorize in order to test various travel reimbursement methods.	CE		PR	2012		TPA Workgroup	With the Third Party Administrator (TPA) system coming in the 2012, Travel Reimbursement will have to be standardized across LESS. Informal discussions with LES have brought to light that most have gone to a flat rate per trip. The Early Steps TPA Workgroup which includes 5 LES representative have recommended a flat rate with 3 tiers for long trip, medium trip, and short trip.
6.4	C	Consider piloting a flat rate for travel for each visit in certain LES. (include rural and urban LES)	CE		PR	2012			
6.5	T	Develop mechanism for capturing data related to no-shows. Look at no show data and analyze cost to the system/provider.	CE					SIWG	Assign SIWG to formulate a recommended approach for these action steps.
6.6	C	Link with fee based sliding scale.	R		PR	2012		ESSO	A sliding fee scale will be implemented when the TPA goes live in 2012. It will be treated like a co-pay. The Policy Unit is developing proposed policies for determining the co-pay.
Strategy 7: Investigate the practices and processes of LES that are routinely coming in on or under budget so they can be shared statewide, then develop a plan for sharing and evaluating across the state.									
7.1	C	Collect cost containment management practices for each LES.	CE		PR	7/1/2011		ESSO	The Program Managers are looking at the LES administrative tools the LESs sent to make recommendations for processes and tools that we will consider requiring in the new contract.
7.3	C	Analyze information and categorize.	CE		PR	7/1/2011			
7.4	C	Drill down with each LES to determine who is staying within budget.	CE		PR	7/1/2011		ESSO	Surplus/deficit reporting accomplishes this, as well as end of fiscal year revenue and expenditure analysis. ESSO will do trend analysis of past 5 years to provide to the SIWG for a recommended approach to this action step.
7.5	T	Develop a plan for sharing strategies across the state.	T					SIWG	Assign SIWG for a recommended approach to this action step.
7.6	C	Incorporate effective strategies within contractual requirements.	CE		PR	7/1/2011		ESSO	The Program Managers are looking at the LES administrative tools the LESs sent to make recommendations for processes and tools that we will consider requiring in the new contract.
Strategy 8: Develop and operationalize empirically based procedures to ensure that only children in need of services continue to receive them.									
8.1	T	Add/change exit code: Age appropriate skills.	CE					SIWG	Assign SIWG for a recommended approach to this action step.
8.2	C	Review the work and recommendations of the Eligibility Workgroup currently reviewing/altering eligibility information and incorporate as needed.	CE		PR	12/31/2011		ESSO	The policy revisions to be submitted to OSEP for approval include the strengthening of the eligibility criteria that was implemented July 1, 2011, annual redetermination of eligibility for Part C, and emphasizing that when children reach developmental milestones appropriate for
8.3	C	Look at other state's policies to see how they are addressing "dismissal criteria." Develop these or similar criteria for Early Steps.	CE		PR	12/31/2011			

8.4	C	Strengthen policy related to transitioning children out of Early Steps prior to age three. Provide training related to models for decreasing services gradually prior to transitioning the child out of the program.	CE		pr	12/31/2011			their age that they by dismissed from services. Training on policy changes will ensure understanding of these policies.
8.5	T	Review data to determine frequency of children leaving program prior to age three, statewide and within LES. Review child outcome data for further information.	CE					SIWG	Assign SIWG for a recommended approach to these action steps.
8.6	T	Develop best practice criteria for LES that are dismissing children appropriately and with greater frequency then share with other LES. Track implementation for impact.	CE						
8.7	N	Require ongoing assessment to determine if services should be decreased on a regular basis by IFSP team. Provide training if needed and develop a tracking system to ensure that assessments are being completed in a timely and accurate manner.	CE		PR	n/a		ESSO	Ongoing assessment of child progress is part of IDEA Part C services. These are not formal assessments and we do not encourage these as they are too costly. Use of BDI2 screening to determine continued eligibility is recommended in the proposed policy guidance as an approach to eligibility redetermination.
Strategy 9: Develop incentives and consequences for providers to correctly implement and support the TBSP approach.									
9.1	C	Prior to this strategy, issues should be better addressed during provider recruitment and training and LES contracts with providers: CEUs for current providers to increase their desire to be Early Steps providers.	T		n/a	n/a		ESSO	Early Steps currently pays for CEU applicability review and assignment for the following boards: nursing, speech therapy, occupational therapy, physical therapy, nutrition (dieticians), and social work, we can also add on complimentary boards at no charge (which covers just about everything else including school psychologists). All of our online training can be used for CEUs for the boards that accept them. Each Early Steps hired a Provider Recruiter through a statewide contract with ARRA funding to assist with provider recruitment and enrollment. All current Medicaid enrollment forms are available on the Medicaid website.
9.2	C	Providers need training on appropriate documentation that meets medical and developmental requirements, training that qualifies for CEUs and is available in person and online or through conference calls. Providers also need enrollment packets (hard copy and online) that include "how to" on Medicaid billing with key terms to use, and access to most updated forms.	T		n/a	n/a		ESSO	
9.4	N	Higher reimbursement rate from Medicaid, Medicaid HMO's and private insurances (raising Part C rates should be carefully assessed to avoid being counterproductive) to accommodate for additional cost of providing services in the natural environment.	R		Pend	Pend		ESSO	This is unlikely as legislation is expected that will require all Medicaid to be Managed Care.
9.5	T	Identify key provider performance measures and track performance, putting low performers on corrective action and kicking them out if issues are not addressed. Provide examples of measures.	CE					SIWG	Assign SIWG for a recommended approach to these action steps.
Strategy 10: Work cooperatively with Medicaid, Medicaid HMO's and insurance orgs to provide coverage for services related to the PSP.									
10.1	C	Through research, define and determine the issues relating to refusal for coverage of TBSP services by Medicaid HMO's and private insurance providers. Likewise, determine what the appeals/complaint process is and seek counsel as per legal alternatives when coverage is denied. Collect prevalence information on denials of coverage and research how other states handle this process.	CE		PR	On-Going		ESSO	ESSO works with AHCA on an on-going basis to bring these issues to their attention. According to national therapy associations, the TBSP model (aka Transdisciplinary model) is a legitimate therapy practice. The United States District Court, Southern District of Indiana, Indianapolis Division ruled that Medicaid in Indiana violated 42 U.S.C. § 1396a(a)(10). in denying or limiting class members' prescribed therapies.
10.2	N	Analyze the impact of the Federal Health Care legislation on Early Steps families and participants. If the October 1, 2010 implementation addresses children's coverage and pre-existing conditions, what do we know and what steps need to be taken to determine how many Early Steps participants are affected and what can be accomplished in the short term to expand access to coverage?	CE		Pend	Pend		ESSO	With the uncertainty of the outcome of healthcare legislation, any determination of the impact will be delayed until either provisions become law, or the certainty of the law is established.
10.3	C	Assess the relationship between AHCA and Medicaid HMO's in drawing contracts that affect Early Steps client families. What services are covered, to what extent, and how are important dimensions such as transportation for services handled? Is AHCA enforcing all of the federal Medicaid requirements and through what mechanism are concerns with HMO services being expressed? Is there a clear grievance mechanism through an easily accessed on-line and telephone services?	CE		PR	On-Going		AHCA	LESs have not provided documentation to support the claim that HMO's are inappropriately denying Medicaid services. The cumbersome authorization process is likely the bigger issue. This is an issue that may be addressed with the Per Member Per Month Medicaid Reform. AHCA held a meeting with Medicaid HMO representatives to go over the Early Intervention Services required to be provided under their contracts.

10.4	T	HMO executives should be educated on the cost benefit of the TBSP approach so that up-front parent/child focused services can be shown to avoid later costs in more extensive and expensive therapies. Outreach to Managed Care Association, the lobbying arm of the HMO network, should focus on the statewide impact and benefit of preventive/early intervention care and services. Presentations should be both factual and in language which is easy to digest in business terms.	V					FCAIT	Assign these action steps to FCAIT.
10.5	C	Utilize the opportunities presented by the coming transition of state leadership (Governor, Cabinet Members and Legislative Leadership) to educate on the importance of early intervention services as both cost-beneficial and necessary for positive outcomes to a significant population of children. A unified voice among parents, providers, community leaders and stage agency allies can assist transition planners in placing Early Steps services on the their agenda for policy and budgetary priority.	V		PR	On-Going		DD Council	The FDDC has procured a marketing firm to develop an advocacy campaign for 2011. The Save Early Steps campaign has been launched.
Strategy 11: Develop and Implement a needs-based sliding scale to charge parents based on income for Early Steps services.									
11.1	C	Complete research and development of a Florida Early Steps needs-based sliding scale. It has been noted by ESSO that this is already a work in progress and that progress is being made. The implementation team should request a progress update from responsible ESSO staff.	R		PR	2012		ESSO	A sliding fee scale will be implemented when the TPA goes live in 2012. It will be treated like a co-pay. The ESSO Policy Unit is developing proposed policies for determining the co-pay.
11.2	C	Implement sliding scale through the third party administrator (TPA) within 12 months.	R		PR	2012			
Strategy 12: Improve billing across all LES regions to ensure that the hierarchy of billing is in place and fully utilized so as many alternative payer sources are exhausted before Part C funds are used.									
12.1	T	Set up system to do targeted training on the appropriate hierarchy of billing and procedures for denials and other potential events. Potential steps include:	T					SIWG	Assign SIWG for a recommended approach to these action steps.
12.1a	T	Develop procedural manual.	T						
12.1b	T	Identify appropriate contacts.	V						
12.1c	T	Pre-implementation research to assess pre-training level of compliance with hierarchy.	T						
12.1c1	C	LES are required to have a dedicated Third Party Maximization Specialist and collect data on the cost of this position compared to the revenue generated. Start with base line data before the position is in place. Intent is for this position to pay for itself.	CE		PR	7/1/2011		ESSO	The ITN contained the following requirement for the LES contracts beginning July 1, 2011: The provider will designate a staff person to be responsible for ensuring all third party funding sources are utilized for services provided to eligible infants and toddlers and their families, to include, but not be limited to, the following: Private Insurance, Medicaid, Local Education Agencies, and Community Funding Sources.
12.1d	C	Implement training.	T		PR	7/2/2011			
12.1d1	C	Provide training on insurance denials. (Training Unit)	T		PR	7/3/2011			
12.1d2	C	Provide EOB training.	T		PR	7/1/2011			
12.2	C	Ensure all LESs have the intervention data in the ES Data System for all payers.	T		n/a	n/a		n/a	The TPA will not collect all encounter data, only services that are billed through Medicaid or are paid for under the LES contract will be captured.
12.2a	C	Track for fidelity of implementation.	T		n/a	n/a			
12.2b	C	Post implementation evaluation to assess improvement.	CE		n/a	n/a			
12.2c	T	Address billing of evaluations and obtaining approval from parents to bill private insurance when available.	CE					SIWG	Assign to SIWG for a recommended approach to these action steps.
12.3	T	Identify LES most successful in collecting third party revenues based on third party report; use these to work on the manual.	CE					SIWG	
12.4	T	Require productivity standards for service coordinators for maximization of TCM revenue. Find out which LES have these and are most successful, to share best practice.	CE					SIWG	
Strategy 13: Improve the enrollment process for the CMS provider group (Early Steps) and the LES.									
13.1	N	Identify LES with best app/enrollment processes and find ways to replicate their success.	CE					FICCIT	Assign to FICCIT / PDAT for recommendations.
13.2	T	Look at app process, each step in the process and the required forms for each of the three entities involved; reduce duplication and meets all current requirements.	CE					FICCIT	
13.2a	T	Note: many current problems stem from issues with HP (the third party fiscal agent). LES/CMS provider enrollment must monitor application/enrollment issues and report issues to ESSO/AHCA so they are presented on the concerns list for resolution.	T					FICCIT	

13.3	T	Identify enrollment coordinator for each entity and develop communication protocols so applicant is kept informed throughout the process.	T					SIWG	Each Early Steps hired a Provider Recruiter through a statewide contract with ARRA funding to assist with provider recruitment and enrollment. Assign the SIWG for a recommended approach to these action steps.
13.4	T	ESSO enrollment coordinator currently has too many other responsibilities.	T						
13.5	T	Task LES provider recruiters to assist in application and recertification process.	CE						
13.6	C	Mandate all entities to use Live Scan for fingerprint checks early in the process.	CE		n/a	n/a		n/a	As of July 1, 2010 AHCA requires electronic screening utilizing Live Scan. There are many LiveScan sites available around the state from vendors listed on the FDLE site, http://ahca.myflorida.com/MCHQ/Long_Term_Care/Background_Screening/Florida_LiveScan_Vendors.doc .
13.7	N	Provide integrated system for online application processing to reduce use of outdated forms and overall turnaround time.	CE		n/a	n/a		n/a	The CMS Provider Management process is on-line and no forms are required. The Medicaid provider enrollment process can also be done on-line.
13.8	C	Create an app tracking system and run monthly data reports that show all apps currently in progress and the status of each. Identify goals and note areas where backlogs occurs.	CE		n/a	n/a		n/a	A weekly report can already be generated by Provider Liaisons who have access to the CMS Provider Management System showing status of applications.
13.9	T	Use social networks (i.e. Facebook) to promote the program and recruit providers.	V					FCAIT	The Department of Health does not allow the use of social media. Assign to FCAIT to implement this action step.
13.10	T	Offer regional quarterly workshops for potential and new providers to cover the TBSP approach, common paperwork and billing issues, etc.	T					SIWG	Some LESs have a local orientation process. Assign SIWG for a recommended approach to these action steps.
Strategy 14: Improve provider training and mentorship procedures and opportunities to enhance provider and service coordinator understanding and acceptance of the TBSP as well as improving service delivery.									
14.1	C	Mentorship protocol should be standardized according to best practices and every LES should be required to implement a mentoring program, with empirically based flexibility.	T		PR	7/1/2011		U of F	A mentorship protocol is already established and is required for anyone applying as a provider with less than 1 year experience. The TEST project includes a process for mentoring new providers, regardless of experience, to the TBSP approach.
14.2	C	Modifications currently proposed by SIWG and FICCIT to address improving relevancy, structure, use of mentorships should be assessed for acceptance.	T		PR	7/1/2011		ESSO	The ESSO Training Unit has worked with the Policy Unit and Provider Management Unit to implement these changes.
14.3	C	Videos on the TBSP approach should be developed in multiple formats for use with parents, providers, service coordinators, and others. Content should be specific and relevant.	V		PR	7/1/2011		ESSO / U of F / FSU	Videos will be part of the TEST and Autism training modules being developed with ARRA funds.
14.3a	C	Material should be tested for desired outcomes and then implemented statewide.	T		PR	7/1/2011			
14.4	C	SC paperwork and caseloads should be reduced to allow more time for training and mentorship with an expected beneficial effect on program effectiveness as well as retention.	T		n/a	n/a		ESSO	High case loads for Service Coordinators is strictly a funding issue. Funds are needed to reduce ratio of 1:65.
14.5	C	Complete a cost assessment for a mentoring component, e.g. dedicated staff, part time staff, volunteer cost avoidance, material, etc., to assist with implementation.	CE		PR	7/1/2011		ESSO / FSU Center for Prevention and Early Intervention Policy	The TEST project includes a process for mentoring new providers, regardless of experience, and all Service Coordinators will be required to complete the Apprenticeship training prior to having a case load. The Apprenticeship training is currently being piloted in LESs and will be completed and fully implemented by 07/01/2011. Shadowing has been a routine practice in LESs for Service Coordinators.
Strategy 15: Increase training and coaching to improve understanding and comfort of pediatricians and other key referral sources (family practice, PAs, ARNPs and MSWs) for the TBSP approach, especially the referral process.									
15.1	C	Develop standardized presentation materials for use at pediatric and family practice state conferences and local board meetings.	T		PR	6/30/2011		ESSO	Tabletop displays were shipped to every LES. Materials have been developed for physician referral sources and providers. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LESs).

15.2	N	Use paid online advertising about program on web sites pediatricians already routinely access for diagnosis and billing codes.	V		n/a	n/a		ESSO	Dr. Jeff Brosco, pediatrician and member of the stakeholders process for this project and the Sustainability Committee believes this is not an effective step to reach pediatricians.
15.3	N	Develop CEU-eligible training on TBPSP approach and child development for pediatricians, family practice, PAs and ARNPs.	T		n/a	n/a		ESSO	ES currently pays for CEU applicability review and assignment for the following boards: nursing, speech therapy, OT, PT, dieticians, and social work. Dr. Jeff Brosco, pediatrician and member of the stakeholders process for this project and the Sustainability Committee believes this is not an effective step to reach pediatricians.
15.4	N	Educate office manager at large pediatric practices, starting with CMS medical homes.	T		n/a	n/a		SIWG	Dr. Jeff Brosco, pediatrician and member of the stakeholders process for this project and the Sustainability Committee believes this is not an effective step to reach pediatricians.
15.5	N	Draft articles for AHCA quarterly bulletin, Florida Academy of Pediatrics, FMA magazine, etc.	V		n/a	n/a			
15.6	C	Give medical providers a pre-printed referral or prescription pad for use in referring patients/parents to Early Steps so they will not write prescriptions that do not work within the TBPSP approach.	CE		PR	6/30/2011		DD Council	The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. A prescription pad was one of the pieces of material. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LEs).
Strategy 16: Reduce Service Coordinator Paperwork.									
16.1	T	Do a time study to determine what types of paper work service coordinators are doing and if hiring more clerical staff or reducing redundancy or non-essential paperwork could help.	CE		7/1/2012			SIWG	This should be addressed once the Third Party Administrator (TPA) comes online in 2012 since this may be addressed by the TPA. After TPA implementation assign the SIWG to provide recommendations for further efficiencies.
16.2	T	Identify best practices from LES, systemize, develop into best practice guidelines and share/implement across LES offices.	CE		7/1/2012			SIWG	
16.3	T	Collaborate with CMS & Medicaid to see what paperwork is being duplicated and develop policies/forms that can be shared.	T		7/1/2012			SIWG	
16.4	T	Train and use technology/data systems to work smarter, (i.e. word predictor software or voice activated dictation).	T		n/a	n/a		ESSO	The TPA will incorporate the Individualized Family Support Plan (IFSP) as part of the interface for collecting demographic and other info that will automatically populate the TPA data fields. ESSO has requested SERRC for TA on the current electronic IFSP form.
16.5	T	Streamline and address formatting issues of electronic IFSPs.	CE		n/a	n/a		ESSO	
16.6	T	Consider moving paperwork to a secure web-based system that allows for auto-filling of information fields to avoid having duplication.	CE		n/a	n/a		ESSO	
Strategy 17: Complete a cost analysis for employing versus contracting providers and enact policies to support provider hiring/contracting practices based on evidence.									
17.1	N	Do a qualitative and quantitative cost analysis on using contracted vs. in house employed providers to implement the TBPSP approach. Consider selected programs that rated high and low on the self-assessment completed for strategy 4 for an outlier comparison design for the research.	CE		n/a	n/a		SIWG	Local Early Steps are already using in house staff to provide the TBPSP, where they find it more cost effective. There will be no requirement in LES contracts to do this. LESs interested in pursuing this should contact the LES that do for information and cost analysis.
17.2	C	Delineate best practices for developing and implementing in house providers.	CE		n/a	n/a			
17.3	C	Implement in pilot sites and collect data on effectiveness.	CE		n/a	n/a			
17.4	N	Complete analysis and use results to further in house provider choices as needed.	CE		n/a	n/a		ESSO	The Department of Health does not intend to procure an analysis of contracted versus in-house employed providers.
17.5	C	Consider the feasibility of contracting with one agency to oversee the entire program for HR, IS, medical records.	CE		n/a	n/a		ESSO	The Invitation to Negotiate resulted in the current contract holders retaining the Early Steps contracts, with one exception which was picked up by an existing Early Steps contract holder. It would not be feasible to break out HR, IT, and medical record management in to a separate contract.
Strategy 18: Strengthen and consistently implement policy for ESSO to support the LES decisions on service provision.									
18.1	C	Improve understanding and consistency of implementation of the TBPSP approach.	T		n/a	n/a		ESSO	New public awareness and marketing materials, training initiatives, and new requirements in the LES contracts mentioned in other steps of this plan will achieve this goal.

18.2	C	Initiate a way for the LES staff to get to know and have consistent communication with their ESSO program manager (technical assistance advisor). Encourage program manager to consult with other ESSO team members.	T		n/a	n/a		ESSO	ESSO Program Managers meet monthly to discuss LES issues and outside of that meeting consult with each other when needed. LES are asked to use their Program Manager as their first and only point of contact in the ESSO for programmatic issues and questions.
18.2a	C	When policies are given from the state office, provide options and brainstorm with program manager. Increase systematic outreach to LES to better understand the potential consequences and contextual barriers to implementing new policies. The goal is to avoid statements of policies, resulting in greater teamwork in generating and implementing policies	T		n/a	n/a		ESSO	By IDEA federal regulation, there is a public participation process for review and comment on policy changes. LES should participate in this process to provide feedback, comment and suggestions on policy changes. Prior to new policies taking effect, training is provided on all policy changes and guidance documents are also revised to reflect new policies.
18.3	C	Establish a consistent protocol for responding to policy questions from LES.	T					ESSO	All questions, policy or not, should be directed to the LES's ESSO Program Manager. The Program Manager is responsible for researching the appropriate answer or directing the LES to the policy that contains the information they are seeking.
Strategy 19: Improve timeframes for policy development and implementation to improve planning and projecting for possible consequences.									
19.1	N	Access key individuals involved with the transition of the Governor's office, share perspectives on the big picture systemic challenges, the value of the services being offered by LES and the importance of inter-agency coordination to assure as seamless a transition as possible. (LES Directors/ESSO/Consortium and Governor's Office Transition Team Members)	V		n/a	n/a		DD Council	Transition is occurring and will be out of the direct influence of the Early Steps Stakeholders.
19.2	N	Clarify the jurisdiction of each relevant state agency (e.g. DOH, AHCA, APD and DOE) as per their policy, regulatory, budgetary and program responsibilities as they affect early intervention services at the statewide and community levels. (LES Directors/ESSO/Consortium and Governor's Office Transition Team Members)	T		n/a	n/a			
19.3	N	Clearly define the federal, state, and local processes for policy development as per rules, regulatory structures, communications channels, and all other dimensions of how programs are governed. All program directors, staff, providers, parents and allied entities need a clear understanding of governance and lines of communication to ensure timely input and access to operational guidance.	T		n/a	n/a			
19.4	N	Anticipate policy issues with sufficient time to communicate possible changes, draft policies, resources required, re-tasking of essential personnel, and other pragmatic steps between ESSO and LES.	CE		n/a	n/a		ESSO	By IDEA federal regulation, there is a public participation process for review and comment on policy changes in place. LES should participate in this process to provide feedback, comment and suggestions on policy changes. Prior to new policies becoming effective training is provided on all policy changes and guidance documents are also revised to reflect new policies.
19.5	N	Develop a coordination specialist or make coordination of policy development and enactment part of current personnel duties to maximize the time between policy need detection, development, comments, roll out, evaluation, and any other steps needed to establish and enact policy.	T		n/a	n/a			
19.6	N	Establish and publish a timeline of changes in program regulations so that program directors are clearly aware of their responsibilities in aligning resources, working with providers and parents to coordinate all dimensions of service provision.	T		n/a	n/a			
Strategy 20: Establish minimal qualifications to be a parent organization for LES. Consider relocating LES whose parent organization does not meet minimal qualifications.									
20.1	C	Parent organizations need to provide support for the normal operating process of LES and should be held accountable to, and only contracted if, they can do so. The following is not a comprehensive set of requirements but do target the main points:	CE		n/a	n/a		ESSO	The ITN contains many of these requirements for the upcoming new contract awards for LESs.
20.1a	C	All LES contracts should require a minimum staffing pattern that must be maintained regardless of lead hiring freezes.	CE		n/a	n/a			
20.1b	C	Contracts should specify that leads must not disallow travel and purchasing necessary for service provision according to the program model.	CE		n/a	n/a			
20.2	C	To reduce paperwork, all leads should be required to support and use a statewide Early Steps data system.	CE		n/a	n/a			
20.3	C	All leads should agree to a set percentage of allowable administrative costs.	CE		n/a	n/a			

20.4	N	All field staff employed by LES should be provided with basic cell phone service or reimbursed for business use of personal cell phones.	CE		n/a	n/a		ESSO	Reimbursement for business use of personal cell phones is not an allowable cost.
20.5	C	Policies regarding travel, working from home or satellite offices should be flexible considering that implementation of this program requires travel and existing policies may not be logical when applied to Early Steps.	CE		n/a	n/a		ESSO	The ITN contains many of these requirements for the upcoming new contract awards for LESs.
20.6	C	LES lead contracts should require compliance with Early Steps policies, for example, one SC position for every 65 children served.	CE		n/a	n/a			
20.7	C	Set minimum qualifications for LES directors and minimum standards for lead agency fiscal management practices; request leads to consider/pursue opportunities.	CE		n/a	n/a			
20.8	C	Contracts for LES should be reviewed for compliance annually.	CE		n/a	n/a		ESSO	Every LES contract provider is reviewed annually for compliance with the OSEP compliance indicators. External audit reports are required to be submitted annually to DOH, and the DOH Contract Administrative Monitoring division completes Administrative Monitoring on all DOH contracts.
Strategy 21. Develop the steps for and then implement strategies to develop an insurance mandate for Florida.									
21.1	T	Learn through research the How, Who, Why and when of the activities through which other states established an insurance mandate for early intervention services. Reach out to the Office of the Insurance Commissioner (CFO office) for assistance in determining what Florida statutory barriers are to a coverage plan. Analyze the impact of Federal Health Care Legislation on this matter of mandated coverage.	CE		pend	pend		ESSO	Look at Colorado Insurance Pool.
21.2	T	Establish a strong research base for return on investment (ROI) on the importance of early intervention. Include the cost per child in Florida vs. other states, a determination of difference between current service models and ideal services (e.g. caseload and depth/extent of service access).	CE		n/a	n/a		SIWG	This is low on the list of priorities as politically this is not a popular issue and a great deal of resources and effort will be required to make any progress.
21.3	T	With ROI research in hand, attract the support of business-sector allies to work cooperatively with insurance interests. For example, the corporate clients of a major insurer (e.g., Publix and Blue Cross/Blue Shield) can launch a pilot effort to cover Early Steps services for families. This pilot can be utilized as a communications vehicle that highlights cost-benefit as well as measures of family improvement.	V		n/a	n/a		SIWG	
21.4	T	After analysis of pilot data, use the results to further the development and implementation of steps needed to generate support for and passage of an insurance mandate for Florida's developmentally delayed children.	CE		n/a	n/a		SIWG	
Strategy 22: Encourage enrollment in Medicaid for families that are eligible and, when mandatory health insurance begins, assist any family without insurance in finding insurance.									
22.1	T	Investigate current protocols for enrolling income eligible children across LES, identify promising practices, and establish a protocol across all LES.	CE					SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
22.2	T	All children income eligible for CMS should be referred to CMS as part of the service coordinator protocol.	T					SIWG	
22.3	T	Explore feasibility of joint referral process between Early Steps and CMS for all children applying for Early Steps.	CE					SIWG	
Strategy 23: Improve the education and experience qualifications for providing EI services.									
23.1	T	Certified teachers for appropriate age range (early education) are already accepted. Work to educate field about recruiting from this pool.	T					FICCIT	Provider Recruiters. Consider interagency career ladder, PD, and recruitment efforts with AWI, DOE and CMS/ESSO.
23.2	C	Develop standardized review protocol for determining "degree equivalency" as currently this transcript review is too subjective.	T		PR	n/a		ESSO	After examining policy on the ITDS degree equivalency review process in more detail, we have determined that changes to our current protocol are not necessary at this time. We have added a layer of review when considering a degree to be equivalent.
23.3	T	Consider improving the education and experience qualifications for providing EI services. Grandfather in existing staff once qualifications are increased.	T					FICCIT	This should be reviewed by FICCIT/PDAT.

23.4	N	The Personnel Improvement Center (PIC) grant is looking at improvements to: effective hiring practices, causes of attrition, capacity for prep program partnerships to address local personnel needs, increasing LES capacity to recruit, hire, develop and support existing personnel.	CE		pend	pend		ESSO	ESSO did not pursue this grant opportunity due to intensive personnel time requirements in the midst of working on ARRA training projects.
23.5	N	Track effectiveness of the PIC grant for improving hiring practices and other points relevant to the grant and assess for impact on the sustainability strategy.	CE		pend	pend		ESSO	
Strategy 24: Establish relationships with university training programs in the state to influence curriculum and provide practicum and internship opportunities with Early Steps and to train/inform for the TBSP approach.									
24.1	T	Develop contacts to plan/implement internships in all, if reasonable, LES locations.	T		PR			FICCIT	The Provider Recruiter in Western Panhandle has been working on creating internships for Speech and Language Pathologists. Could have him present at FICCIT to consider replication for other disciplines.
24.2	T	Complete a cost analysis for intern recruiting and managing.	CE					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
24.3	T	Offer internships that meet student needs and university requirements.	T					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
24.4	T	Partner with schools to have Early Steps included in rotation for all applicable students, e.g. pediatricians, family practice, RNs, ARNPs, social work, ITDSs, etc.	T					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
24.5	T	DOE/DOH will collaborate to provide schools with curriculum components that educate students on child development and the TBSP approach in addition to medical models.	T					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
24.6	T	Develop and offer incentives to schools for partnerships.	T					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
2.6	T	Create an Early Steps Fellowship program through the State University System that focuses on a diversity of disciplines (e.g., medicine, social work, therapeutic sciences). Developing Early Steps Fellowships will allow promising under-grad and graduate students to work cooperatively with LES and providers and to develop special projects which will offer opportunities for testing new mechanisms and ideas in Early Steps.	T					FCAIT	Not priority for ESSO as funding is not available for this, however, if FCAIT develops a fund raising component, this is something they could consider.
2.7	T	Implement innovative outreach services. Also, examine the option of Endowed Chairs in Early Intervention for assisting specialized faculty with their research and teaching.	T					FCAIT	Not priority for ESSO as funding is not available for this, however, if FCAIT develops a fund raising component, this is something they could consider.
37.4	T	Partner with local colleges and universities to cross train students using a mentorship/internship program that allows them to be knowledgeable in many areas of need (Autism, Downs Syndrome, etc).	T					FICCIT	These are requirements that should be the responsibility of FICCIT to develop recommendations to present to the ESSO.
Strategy 25: Enact policies/procedures necessary to increase cohesive teaming with the expected benefit of increased trust and mutual respect.									
25.1	C	Use the info from the approach description material developed for strategy 4 as a resource for developing training, policy and procedural documentation on collaboration and teaming.	T					U of F	ITN and TEST project will address this.
25.2	C	Implement a survey with providers/service coordinators to determine teaming patterns/approaches across LES and analyze to see which approaches result in more cohesiveness, trust, and mutual respect.	T						
25.3	C	Complete an analysis to determine categories of teaming approaches and select two to four sites with similar geographies, size, and different approaches and gather data on teaming.	CE						
25.4	C	Complete a comparison analysis.	CE						
25.5	C	Explore informal support systems that promote teaming using qualitative methods and research literature.	T						
25.6	C	When defined, require team enrollment processes or a mechanism for identifying who is on an individual provider's team.	T					ESSO	The ITN requires that providers must be part of teams and have a case load assigned to them.
25.7	C	Maximize the use of technology to enhance teaming (i.e., Skype, video, and team assessment).	CE					U of F	ITN and TEST project will address this.

25.8	C	Explore the feasibility to allow co-sessions through Medicaid.	CE		n/a	n/a		SIWG	Co-visits are already allowable in Medicaid billing but both individuals cannot bill for the same time. However, the total time can be billed as a combination of Consultation (billed to Part C) and therapy or EI sessions billed to Medicaid.
25.9	T	Provide training for service coordinators on how to use billing practices to increase reimbursement.	R					ESSO	Training should include more than Service Coordinators. ESSO will put this on the training plan.
25.10	C	Enact practices to ensure a whole team understanding of roles of each person and scope of practice, role of support and direct service providers. Make decisions based on who has the knowledge, skills and abilities to best serve the family.	CE					ESSO	TEST Project will address this issue.
25.11	N	Identify a way under the state Medicaid plan to pay for team meetings to be more effective and cohesive (i.e., periodic team meetings).	R		n/a	n/a		n/a	Medicaid will not pay for team meetings and the current economic climate is not the time to try to get this added as a Medicaid billable service.
Strategy 26: Hire/support evaluation and consultation teams to complete evaluations and provide consultation services to LES providers.									
26.1	C	Develop best practices for hiring/supporting evaluation and consultation teams.	CE		PR	7/1/2011		ESSO	The ITN requirement that all providers are part of a consistent team that services a case load assigned to them would preclude this as a practice. It is the intent of TBSP that one team determines eligibility, does the IFSP and provides services through transition at three or until the child no longer meets eligibility criteria.
26.2	C	Test pilot in more than one area of the state and evaluate effectiveness including a cost/benefit analysis.	CE		PR	7/1/2011			
26.3	C	Evaluate compliance with best practices and federal laws/rules and program policies.	CE		PR	7/1/2011			
26.4	C	As an alternative, consider assembling a state team of credentialed experts that can provide consultations to LES providers through "telemedicine."	T		PR	7/1/2011			
Strategy 27: Utilize evidence-based parent developmental training, such as the Hanen Approach, as a FIRST TIER prior to direct services for non-medically complex children.									
27.1	C	Develop the policies needed to effectively have a 'tier' system for family enrollment, ensuring that the policies are in line with OSEP requirements.	CE					ESSO	Conflicts with IDEA requirement for services to meet the unique needs of each child.
27.2	C	Develop the procedures to use an evidence-based developmental parenting curriculum, e.g. the Hanen approach, to maximize the prospect of success for service initiation and integration of care among disparate providers.	T					U of F	TEST Project will address this issue.
27.3	C	Train in house staff, SC and ITDS, with necessary skills to work with families providing services to this first tier of children needing services. Note that this may not be as necessary for families with changes in eligibility criteria are finalized.	T						
Strategy 28: Evaluate the cost effectiveness and staffing required to have service coordinators operate in dual positions of SC and provider for simpler cases needing less intense services.									
28.1	N	Identify and evaluate the current LES who use this, determine data needed, and collect data systematically.	CE					ESSO	The ITN requirement that all providers are part of a consistent team that services a case load assigned to them would preclude this as a practice. It is the intent of TBSP that one team determines eligibility, does the IFSP and provides services through transition at three or until the child no longer meets eligibility criteria.
Strategy 29: Generate a list of empirically supported factors that support full parent utilization of the Early Steps program and develop/implement processes to improve parental capacity to engage in services.									
29.1	T	Complete a comprehensive literature review on the subject of parent engagement.	T					ESSO	ESSO will work with AWI as they have already completed this or are in the process of completing a survey of this.
29.2	T	Engage parents to discuss what barriers they have encountered and what they see as needed steps to overcome these barriers via focus groups and/or surveys.	T					Child Outcome Lead. Team	Assign this step to the Child Outcome Leadership Team.
29.3	N	Bring focus-strategies to groups of parents, current and past enrolled in Early Steps, to gauge accuracy of messages for training materials.	T		PR	6/30/2011		SIWG	Materials have been developed for families. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LESs).
29.4	N	Develop service coordinator/provider training that addresses the needs expressed by families. (Duplicate of 23.2)	T		PR	n/a		ESSO	After examining policy on the ITDS degree equivalency review process in more detail, we have determined that changes to our current protocol are not necessary at this time. We have added a layer of review when considering a degree to be equivalent. (Duplicate of 23.2)

29.5	T	Follow up after family has time to digest intake information, with a clear and empathetic communication about the Early Steps system, helping families develop capacity for themselves, writing functional outcomes for <i>family</i> priorities, relationship building, roles of families and providers, etc.	T					Child Outcome Lead. Team	Assign this step to the Child Outcome Leadership Team.
29.6	T	Establish monthly, bi-monthly, or quarterly meeting/conference call to consistently reinforce the message of Early Steps, its priorities and activities. Make this communications vehicle available for program staff, providers and family members. Agenda items can be established in advance with input from community voices. This strategy needs to be focused on identifying barriers that prevent families from accessing services.	T					Child Outcome Lead. Team	
29.7	T	Develop more pro-active relationships at the statewide and community level with allied organizations that have the capacity to work cooperatively on advocacy strategy, skills-building and priority setting. Family Café, FDDC, ARC, FICCIT, Children's Campaign, Children's Movement of Florida, Children's Week, and other likely prospective partners should be met with and the relationships discussed and defined. Possible solution if this and the next strategy are completed successfully.	V					FCAIT	These are requirements that should be the responsibility of the Florida Consortium of Advocates for Infants and Toddlers (FCAIT) to formulate.
30.1	T	Develop messages appropriate to parents so they will understand their expectations in the TBSPSP approach.	T		PR	6/30/2011		DD Council	Materials have been developed for families. The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target. The final flyers will be printed by the Early Steps State Office (ESSO), and sent to the Local Early Steps (LESS).
30.2	C	Develop service coordinator/provider training that addresses the needs expressed by families.	T		PR	7/1/2011		ESSO	The Service Coordinator Apprenticeship Training includes an entire unit/module devoted to building relationships with families. Within the unit, there are sections that identify strategies that service coordinators can use to assist families recognize and identify areas of concerns. Additionally, EW Bryant is developing the IFSP Outcomes training that addresses this issue in more detail.
30.3	N	Follow up after family has time to digest intake information, with a clear and empathetic communication about the Early Steps system, helping families develop capacity for themselves, writing functional outcomes for <i>family</i> priorities, relationship building, roles of families and providers, etc.	T					Child Outcome Lead. Team	Duplicate of 29.5
30.4	T	Establish mentoring/coaching/peer networking system for families entering program so that experiences with the service system are relevant to every stage of the newly involved parents/families and open dialogue is established.	T					ESSO	This is an item that should be reviewed by Kelly Purvis/Sue Cannon in the ESSO office.
30.5	T	Recognize that parent support and education always requires attention to recruiting a fresh crop of involved individuals so that those whose interest wanes as their children age are replaced by new voices. A set of seminars focusing on support and strategic communications should be offered at the community, regional and statewide levels.	T					ESSO	
31.1	T	Develop a rubric for identifying families that appear uninvolved and disengaged.	CE					SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
31.2	T	Develop a process for tracking and approaching identified families in a non-threatening and supportive manner.	T					SIWG	These are requirements that should be the responsibility of the SIWG to formulate. Share the tools at this site with SIWG > http://www.fippcase.org/casetools/casetools_vol1_no1.pdf
31.3	C	Use material developed in other strategies, e.g. 4, 34 and 35, to promote parent education and involvement.	T		PR	6/30/2011		ESSO	Being addressed in the TEST project.
31.4	C	Develop or obtain material for provider training in family engagement.	T		PR	6/30/2011			
31.5	C	Train providers and service coordinators for family engagement, involvement and support of the family.	T		PR	6/30/2011			
31.6	C	Develop and implement training on boundaries and safety issues surrounding working in the home with families.	T					SIWG	Being addressed in the SC Apprenticeship Training

31.7	T	Develop a recommended protocol to address no-shows, with training to include strategies to facilitate engagement. Assess reasons for no-shows, to determine underlying causes (e.g., outcome not really what family wants, family overwhelmed).	CE					SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
31.8	C	Review Healthy Families' trainings on boundaries, no-shows, engagement.	T		PR	6/30/2011		ESSO	Being addressed in the SC Apprenticeship Training
Strategy 30: Improve parental level of understanding of the mission and vision of the program to increase buy-in for the program and understanding of their role as an involved team member and partner.									
30.0	C	The Sustainability Committee felt this would fall in line with Strategy 7 and 29.							
Strategy 31: Develop a process to identify families that are consistently uninvolved, missing appointments, or not benefiting due to limited engagement.									
31.0	C	The Sustainability Committee felt this would fall in line with Strategy 29.							
Strategy 32: Systematically investigate technology needs, gaps that technology can fill that will reduce costs, and develop a plan to acquire, train and utilize the technology appropriately.									
32.1	C	Include use of technology in training on the TBSP for more effective teaming, such as video cameras.	T		PR	6/30/2011		U of F	Being addressed in the TEST project.
32.2	T	Explore need for consent forms for use of recording technology to ensure HIPPA compliance.	CE					ESSO	Department of Health legal will be consulted to develop consent for video taping child and family interactions for use with IFSP team consultations.
32.3	T	New technology would require investment that may be difficult due to current technology environments at DOH. Explore the feasibility of this strategy when technology environments change and money is available to invest in new technology beneficial to Early Steps.	T					ESSO	ESSO will explore bulk purchasing of identified technologies, such as the Flip video camera for IFSP teams.
7.2	T	Provide examples, include use of technology, time needed to use tools developed at sites, etc.	T					SIWG	These are requirements that should be the responsibility of the SIWG to formulate. Recommend analyzing cost/benefit of Southwest Florida LES SKYPE project to reduce consultation costs.
6.7	T	Develop best practices and options for using technology to do consulting for hard to reach families.	CE					SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
Strategy 33: Restructure ESSO and LES to have appropriate levels of recommended administrative staff. Consider redirecting salaries to hire more SCs, family service coordinators and evaluators.									
33.1	C	Evaluate job responsibilities. Consider reassigning responsibilities for the optimal efficiency.	CE		7/1/2011	6/30/2012		ESSO	Pending Legislation on reorganization of DOH which may move Children's Medical Service to a different agency.
33.2	C	Review all areas where there is a duplication of job responsibilities to see if any positions can be consolidated.	CE		7/1/2011	6/30/2012		ESSO	
33.3	T	LES offices should review local staffing patterns to determine optimal staffing for area covered and number served with a goal of creating more SC positions.	CE		7/1/2011	6/30/2012		SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
33.4	C	CMS restructuring plan already in place, underway. ESSO states they are already at minimal staffing level.	CE		7/1/2011	6/30/2012		ESSO	Pending Legislation on reorganization of DOH which may move Children's Medical Service to a different agency.
Strategy 34: Fund a state level researcher position that will quickly and accurately respond to the needs of the LES for research, information to support local grant writing efforts, and other empirical support.									
34.1	N	Collaborate with host agency's research/grant writing personnel.	R		n/a	n/a		ESSO	Only the legislature can create positions. It is likely that positions will be reduced in the upcoming legislative session. These requirements will need to be part of current ESSO staff responsibility.
34.2	N	Seek out assistance with LES host agencies (possibly make this a focal point in contract negotiations – having access to host agencies' research staff and grant writers if these positions exist).	R		n/a	n/a		ESSO	
34.3	N	Investigate linking with other state agencies with established research staff for some projects or utilizing independent research organizations as support.	CE		n/a	n/a		ESSO	
34.4	N	As a last resort, and only if funds are available, consider using surplus funds from LES is who successfully manage their budget to fund this position.	R		n/a	n/a		ESSO	
Strategy 35: Work to ensure maximum draw down of funds to support Early Steps, including current and additional funding.									
35.1	N	Fix perception that available dollars are not being drawn down in their entirety. The Bureau Chief of Early Steps has assured that all funds available to Early Steps are being drawn down.	V		n/a	n/a		ESSO	This came from an OPPAGA report that misrepresented the use of grant funds in Early Steps. Part C grant dollars have always been liquidated 100% within the grant period.
35.2	N	Consider partnering with DOE Early Education Program (3-5) to address transition services with the possibility of drawing down additional funding.	R		n/a	n/a		ESSO	Part B funding cannot be used for Part C children.
35.3	N	Using ROI data seek legislative assistance with accessing additional matching dollars that will allow for increased federal funds available for draw down.	R		n/a	n/a		ESSO	Additional state funds would not "draw down" additional federal dollars. The Part C grant is formula based and all available funds have always been drawn by Florida.
Strategy 36: Fund a state level Medicaid, Medicaid HMO and Private Insurance expert that focuses on policy and best practices to maximize these revenue and reimbursement streams.									

36.1	C	Consider partnering with other DOH/AHCA departments to explore ways for additional funding sources.	R							
36.2	C	Consider reassigning responsibilities within ESSO to focus those working closely with billing to branch out and explore additional funding with state Medicaid representatives.	R						FCAIT	The ITN contained the following requirements for the LES contracts beginning July 1, 2011. (1) The provider will designate a staff person to be responsible for ensuring all third party funding sources are utilized for services provided to eligible infants and toddlers and their families, to include, but not be limited to, the following: Private Insurance, Medicaid, Local Education Agencies, and Community Funding Sources. (2) The provider will allow local fund raising to benefit the Local Early Steps System, as well as the ability to apply for grant opportunities to enhance the program, with all funds obtained to be used to support the Local Early Steps. In the current economic climate ways to reduce Medicaid expenditures are being explored. The potential for additional funding for Early Intervention is minimal. ESSO has limited ability to apply for grants due to having only enough budget authority to expend existing funds. FCAIT could apply for available grants for statewide projects and distribute funding to LESs.
Strategy 37: Ensure IFSP teams have the skills, knowledge and abilities to meet the individual child and families needs.										
37.1	T	Develop easily accessible resources on the ESSO website for evidenced based practices for working with all children.	T		n/a	n/a			ESSO	ESSO frequently shares best practice information located on the internet in the Weekly Memo. Providing links on the Early Steps website is limited by DOH IT policy and work load associated with ensuring these links remain current.
37.2	T	Develop formal mechanism for LES to share resources.	T						SIWG	These are requirements that should be the responsibility of the SIWG to formulate.
37.3	C	Work with providers to establish mentoring relationships where those who are more proficient in certain areas serve as the provider while other/new providers follow in a consultative role.	T						U of F	This will be addressed in the TEST project
Strategy 38: Develop a resource site for LES to post questions and replies.										
38.1	T	Have technical support designate space on the Early Steps website for question answer format (message board, blog, etc).	T						ESSO	ESSO will explore the potential within the DOH IT policies to do this. If it would not be allowable, SIWG should explore options for hosting this elsewhere on the internet.
38.2	T	Have ESSO technical support develop short instructions for this resource site (how to post cases, interacting in the discussion thread) for LES to use.	T						ESSO	
38.3	T	Have technical support provide a discussion thread location so LES can discuss difficult cases.	T						ESSO	
38.4	T	Designate appropriate ESSO personnel (those who review cases) to post cases (with names removed) on this site as a resource to all LES.	T						ESSO	
38.5	T	Have LES personnel (directors, SCs, etc) post difficult cases to which solutions have been developed on this resource site.	T						SIWG	
Strategy 39: Develop a statewide medical record and billing system to reduce paperwork and increase documentation consistency while reducing redundancy.										
39.1	C	Explore and develop best practices from other states' online medical records/billing systems.	CE						SIWG	The TPA will incorporate an IFSP as part of the interface for collecting demographic and other info that will automatically populate the TPA data fields, as well as a case management function. After TPA implementation assign the SIWG to provide recommendations for further efficiencies.
39.2	C	Collaborate with CMS and Medicaid to identify unnecessary duplication of forms.	CE							
39.3	C	Collaborate with other DOH agencies to pool funding to establish a statewide online medical records system.	CE							
39.4	C	Work with technical support to identify fields that can be imported/merged to more efficiently manage time of those inputting data.	CE							
Strategy 40: Work to systematically assess and improve the current data system or investigate a new data system if funds can be found and the current system cannot be improved upon.										
40.1	C	Placed on hold at this time due to uncertainty of future system and rollout of TPA and system enhancements though it has been repeatedly noted that case note inclusion is critical.	CE							Early Steps will be part of the Children's Medical Services TPA system which will include eligibility and enrollment incorporation of the IFSP

40.2	C	Explore using the University of Florida Data system to house an electronic case note that automatically calculates the billing unit to bill Medicaid for TCM as an upload to the TPA.	CE					SIWG	which will include eligibility and enrollment, incorporation of the TPA as part of the interface for collecting data fields, as well as a case management function. After TPA implementation assign the SIWG to provide recommendations for further enhancements.
40.3	C	Explore using the University of Florida Data system to house an electronic IFSP to which the demographic and service authorizations download.	CE						
Strategy 41: Develop, complete, and evaluate a targeted public relations campaign to increase awareness of Early Steps to key stakeholder groups including the Florida Legislature and other policy/funding entities, referring entities and organizations (e.g. pediatricians), local and state level service provider organizations, communities and families.									
AS1	C	Develop and complete a public relations plan targeting key stakeholders, e.g. material development, testing, dissemination, and evaluation as some possible sections.	V					DD Council	Materials have been developed and The Ounce of Prevention Fund of Florida has been awarded a contract by the DD Council to do focus groups on the materials to ensure the message is on target.
AS2	C	Develop targeted public relations material, e.g. brochures, posters, public service announcements, individualized to key stakeholder groups.	V						
AS6	N	As part of the public relations component review statutes related to early intervention to ensure that Part C is specifically represented in legislation. If not present, then work to create Part C specific legislation.	V					ESSO	Early Steps is in Florida Statutes as an allowable program within Early Steps. The Department of Health does not intend to request any further statutory language.
AS7	N	Ensure legislative support for due process rules in legislation.	V					ESSO	The Department of Health does not intend to pursue rules for Early Steps.
AS8	N	Evaluate the impact of each component of the public relations campaign using rigorous evaluation methods to ensure that resources are appropriately targeted and stakeholder groups have increased awareness and understanding of Early Steps.	CE					ESSO	Impact will be monitored via compliance results and more informal means than a costly evaluation.