



## Many Children Receiving Intensive Exceptional Student Education Services Are Served by Multiple Programs; No Unnecessary Duplication of Services Found

### *at a glance*

Over half of the children with disabilities receiving intensive services from Florida's Exceptional Student Education (ESE) program also receive therapeutic or support services from at least one other state-funded program. In Fiscal Year 2000-01, state, federal, and local expenditures totaled \$464.9 million for the 11,984 children receiving intensive services from the ESE program and one or more additional programs.

To avoid duplication, services to children served by two or more programs must be carefully coordinated. While several coordination mechanisms exist and available documentation indicates that services are not unnecessarily duplicative, coordination levels between schools and agencies vary throughout the state. The Department of Education is taking steps to encourage more coordination.

### Scope

Pursuant to s. 11.511, *Florida Statutes*, the OPPAGA Director initiated this project in response to legislative information requests about the increasing enrollment in Exceptional Student Education (ESE). This report addresses the following questions:

- How many children receiving intensive services in the ESE program are served by other state programs for children with disabilities?

- What is the cost of services for these children?
- Are schools and other providers coordinating services to children receiving intensive ESE services?

This is the fourth in a series of OPPAGA reports on Florida's programs and services for children with disabilities. The first report, *Exceptional Student Education Population Grows Dramatically; More Accountability and Better Training Needed to Implement Funding Matrix* ([No. 03-40](#)), highlights growth in Florida's population of children with disabilities, the factors that have contributed to this change, and problems with implementation of the ESE funding matrix. The second report, *Florida Could Avoid \$1.5 Million Annually in ESE Costs for Out-of-State Students Who Are Placed in Private Residential Facilities*, ([No. 03-58](#)), addresses the fiscal impact of providing ESE services for out-of-state students in Florida residential facilities. A third report, *Maximizing Federal Revenue Could Help Offset Costly Services for Children with Disabilities* ([No. 04-16](#)), addresses overall state, local and federal costs and funding issues for services to children with disabilities.

## Background

Several state agencies and programs provide services to children receiving intensive services from the ESE program (Levels 4 and 5).<sup>1</sup> Children receiving intensive services can have physical disabilities, developmental disabilities, psychiatric disorders, emotional disturbances, and other disabling conditions. Programs serving these children provide specialized educational, medical, rehabilitative, and support services to help the children realize their full potential.

While all of these programs serve children with disabilities, each has a distinct purpose and target population. Major state-funded programs are noted below. (Appendix 1 contains more detailed descriptions of these programs.)

### *Department of Education*

- Exceptional Student Education (ESE) provides educational and related services for children ages 3 through 21 with disabilities. This program is delivered by the 67 school districts. Districts may also choose to provide services for children from birth to age 3.

### *Department of Children and Families*

- Developmental Disabilities offers community and institutional services for individuals ages 3 or older with certain developmental disabilities.
- Children's Mental Health provides residential and non-residential mental health services for children under 18 years old.
- Adult Mental Health provides community and institutional services for adults ages 18 and older. Individuals may be served in Exceptional Student Education through age 21, so some students in ESE may receive services from the Adult Mental Health program.

### *Department of Health*

- Early Intervention offers preventive, evaluative, and early intervention services for

children from birth to age 3 who have a developmental delay or have an established condition with a high probability of resulting in a developmental delay.

- Children's Medical Services Network and Related Programs provide a system of managed care for children from birth through age 20 with serious physical conditions.

### *Agency for Health Care Administration*

- The Medicaid Program provides health care coverage for low-income families and children. It is the funding source for many services provided by other agencies.

Children receiving intensive services from the ESE program are often eligible to receive services from one or more additional agencies and programs. For example, children with both physical and developmental handicaps are generally eligible for services from the ESE and Developmental Disabilities programs as well as the Children's Medical Services Network. Children also frequently transfer from one program to another upon reaching certain ages. For example, children transfer to Exceptional Student Education from Prekindergarten Disabilities upon reaching school age.

## Questions and Answers

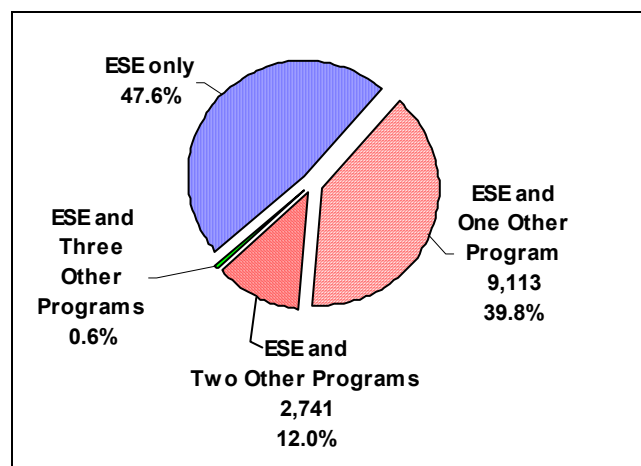
### *How many children receiving intensive services from the Exceptional Student Education (ESE) program are served by other programs?*

**Over half of the students who received intensive services from the ESE program also received services from at least one other state-funded program.** In school year 2000-01, the most recent year for which complete data is available, there were 22,870 ESE students with disabilities receiving services at the highest level. Of these students, slightly over half (11,984 or 52%) received services from at least one other state-funded program for children with disabilities. Most of these children (9,113) received services from one additional program; the remaining children were served by two or more other programs (see Exhibit 1).

<sup>1</sup> Those receiving intensive services from ESE are classified as Level 4 and 5 in the Florida Educational Finance Program funding matrix. School districts use a matrix of services to classify students' services on a scale of 1 to 5, with 5 representing the highest level. See OPPAGA Report No. 03-40.

## Exhibit 1

### Over Half of the Students Receiving Intensive Services from ESE Were Served by Additional Programs in 2000-01



Source: OPPAGA analysis of data from the Agency for Health Care Administration, the Developmental Disabilities and Alcohol, Drug Abuse and Mental Health programs of the Department of Children and Families, the Department of Health Children's Medical Services, and the Department of Education.

The children receiving intensive services from ESE and services from one or more additional program predominantly were diagnosed with developmental disabilities (47%) and emotional handicaps (33%) as their primary disability. The remaining children were diagnosed as having physical handicaps, illness, or other primary disabilities.<sup>2</sup> (See Appendix 3 for more detail.)

### *What is the combined state, local, and federal cost of services for students receiving intensive services from ESE and services from at least one additional state-funded program?*

**In Fiscal Year 2000-01, the combined cost of services was \$464.9 million for the 11,984 children receiving intensive services from the ESE program and services from one or more additional program.** Education and related school-based services represented almost half (48%) of this cost, with expenses of \$223.2 million. Over 90% of these costs were paid by the state and local school districts (\$201.7 million), while the federal government paid 9.6% of these costs, or \$21.5 million.

As shown in Exhibit 2, the remaining \$241.7 million in service costs for these children provided a variety of services. The largest cost component was services funded by Medicaid at \$133.4 million, followed by Developmental Disabilities program services, Mental Health program services, and services provided by the Children Medical Services and Early Intervention programs.<sup>3</sup> The state and local share for these expenditures was \$166.4 million while the federal share was \$125.1 million.

## Exhibit 2

### Education and Related School-Based Services Were the Most Expensive Services for Children Receiving Intensive Services from ESE and at Least One Additional Program in 2000-01

Program	State and Local Expenditures	Federal Expenditures	Total Expenditures
Education and Related Services	\$201,681,545	\$21,468,778	\$223,150,323
Medicaid	57,870,775	75,502,755	133,373,530
Developmental Disabilities	27,260,583	32,142,340	59,402,923
Children's and Adult Mental Health	30,479,924	15,948,591	46,428,515
CMS Case Management, Early Intervention, Safety Net and Title 21	1,032,422	1,546,441	2,578,863
<b>Total Expenditures</b>	<b>\$318,325,249</b>	<b>\$146,608,905</b>	<b>\$464,934,154</b>

Source: OPPAGA analysis of data from the Agency for Health Care Administration, the Developmental Disabilities and Alcohol, Drug Abuse and Mental Health programs of the Department of Children and Families, the Department of Health Children's Medical Services, and the Department of Education.

Median annual expenditures per child varied depending on the type and complexity of the disabling condition, ranging from \$24,354 for children with other or unknown handicaps to \$31,832 for children with physical handicaps. However, 5% of children with mental handicaps or developmental delays had expenditures of \$105,761 or more, and 5% of those with physical handicaps or illnesses had expenditures of \$188,337 or more.

<sup>2</sup> Children in the ESE are classified into 19 categories of primary exceptionalities in DOE data, as listed in Appendix 3.

<sup>3</sup> Medicaid expenditures for the services provided by the developmental disabilities and mental health programs and local school districts are included as part of those entities' expenditures and are not included as Medicaid expenditures.

### Exhibit 3

#### Median Annual Costs Per Child Were Highest for Children With Physical Handicaps as Their Primary Exceptionality<sup>1</sup>

Primary Exceptionality	Number	Median	95 <sup>th</sup> Percentile
Physical Handicaps or Illnesses	1,851	\$31,832	\$188,337
Mental Handicaps or Developmental Delays	5,646	27,543	105,761
Emotional Handicaps	3,898	25,395	75,832
Other or Unknown Disabilities	589	24,354	108,853

<sup>1</sup> Based on categories of exceptionality as defined by the Department of Education.

Source: OPPAGA analysis of data from the Agency for Health Care Administration, the Developmental Disabilities and Alcohol, Drug Abuse and Mental Health programs of the Department of Children and Families, the Department of Health Children's Medical Services, and the Department of Education.

### *Are schools and agencies coordinating services to children receiving intensive ESE services?*

**Florida has established a number of mechanisms for coordinating services for children receiving intensive ESE services; our review indicates that these mechanisms are generally working.** Children receiving intensive ESE services often receive similar types of service from two or more providers. To determine how often this occurs, we reviewed Individual Education Plans (IEP) for a sample of 145 students and compared the services in the plans to those provided by other agencies.<sup>4</sup> Two or more agencies or programs provided similar services to the same child for 82 of the 145 students. Students who received physical therapy were most likely to receive similar services from two or more providers, while those receiving therapy assessments were least likely to receive services from more than one provider. For example, a child may receive physical therapy at school during the school day, and from another provider after school hours.

<sup>4</sup> Since educational service records are not available electronically, we reviewed the IEPs for 145 randomly selected students served by two or more programs in matrix levels 4 and 5. In order to assess similar services for children in non-mainstream schools and residential programs, we oversampled children served in these facilities. Services records for other agencies came from their databases.

The provision of similar services by two or more providers is not a problem if the services are coordinated and not duplicative. Florida has established a number of mechanisms for coordinating services for children receiving intensive ESE services.

Most health and social service agencies either have employees who are responsible for coordinating services for the children they serve or they contract for such services. For example, the Children's Medical Services program has care coordinators and the Developmental Disabilities program has support coordinators who fill this role. These employees are expected to monitor their customers' adherence to treatment plans, assist them in accessing services, and to coordinate their services. Within the Children's Mental Health program, mental health agency case managers serve a similar function.

In addition, the state has four other coordinating mechanisms for children with disabilities who are served by multiple programs. (Appendix B contains a more detailed description of these mechanisms.)

- The Medicaid program funds Child Multi-Disciplinary Teams (CMAT) to coordinate services for children with complex medical needs. The Department of Children and Families, the Department of Health, and the Agency for Health Care Administration all participate in developing the CMAT state plan and have staff assigned to CMAT. CMAT teams meet with the child's family to assess needs and plan services for children who meet medically complex criteria.
- The Department of Education funds the Florida Diagnostic and Learning Resource System (FDLRS) which provides support services to educators, parents of students with disabilities, and community agencies. The FDLRS Child Find program links children with disabilities to services and helps coordinate service delivery.
- The Department of Education also funds the Multi-Agency Network for Students with Severe Emotional Disturbances (SEDNET), which helps coordinate services for children with severe emotional disabilities. Local SEDNET boards have been successful in developing and managing contracts between

schools and between school districts and mental health providers for coordinated school-based mental health services.

- The Shared Services Network is modeled after SEDNET but coordinates services for all children with disabilities. Currently 21 of Florida's 67 school districts have a shared services network. The department provides three-year grants to enable districts to establish local collaborative networks. Seven of the 21 districts with shared services networks receive funding from the Department of Education, the remaining 14 receive local funding.

Our review of records of children receiving intensive ESE services who received similar services from more than one program indicates that these coordinating mechanisms are generally working.

For example, the files for children receiving physical therapies from the school and another provider contained documentation that the children's CMS physician or care coordinator or the Developmental Disabilities support coordinator knew that the children were receiving services from more than one provider and deemed the service level appropriate.

For children receiving intensive mental health services through Exceptional Student Education and another program, documentation indicated coordination between the school and mental health providers. The coordination was facilitated by contracts or agreements between the mental health provider and school district. These agreements, which have been promoted by SEDNET and the Shared Services Network, specify which program will provide which services and the responsibilities of each party for contact and communication.

Coordinating services for children receiving intensive services from ESE and other programs is expensive, time consuming, and difficult to organize. Frequently barriers, such as insufficient time or long distances, limit coordination between schools and other providers. However, we found no evidence that that limited coordination created an unnecessary duplication of services.

The Department of Education has taken steps to encourage school districts to create coordination agreements between the districts and other service providers. The department provides three-year grants and ongoing technical assistance for school districts to set up an infrastructure for interagency collaboration. Model agreements are available from SEDNET and the Shared Services Network.

## Appendices

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Appendix A contains summary information about the major agencies and programs serving children with disabilities, the program's purpose and goals, eligibility requirements, services provided and service delivery structure.

Appendix B contains information about existing state mechanisms for coordination of services for children with disabilities, both at the individual child level and at the district level.

Appendix C provides information about the prevalence of various primary disabilities among children in our sample who received intensive services from the ESE program and at least one additional program.

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## Appendix A

# Agencies and Programs Serving Children with Disabilities

Appendix A provides detailed information about the major programs serving children with disabilities in the Department of Education, the Department of Children and Families, the Department of Health, and the Agency for Health Care Administration.

State Agency	DEPARTMENT OF EDUCATION	
Program	Prekindergarten Disabilities	Exceptional Student Education
Purpose/Goals	To ensure that all children with disabilities have available to them a free appropriate public education, including special education and related services designed to meet their unique needs and prepare them for employment and independent living.	
Eligibility	Ages birth through 3 years with certain disabilities, including mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments. State residency is not required. <sup>1</sup>	Children aged 3 through 21 years with certain disabilities, including mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities. State residency is not required. <sup>2</sup>
Service Delivery	ESE and Prekindergarten Disabilities instruction and support services are delivered by teachers and support staff in the 67 local school districts in Florida. Students may receive services part-time or full-time in a variety of settings, including regular classrooms, separate resource rooms or classrooms, separate day schools, residential schools, hospitals, homes, or other non-educational settings.	
Services Provided	<ul style="list-style-type: none"> <li>• Educational services</li> <li>• Related services                             <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Supportive services                                     <ul style="list-style-type: none"> <li>▪ Speech pathology and audiology</li> <li>▪ Psychological services</li> <li>▪ Physical and occupational therapy</li> <li>▪ Recreation (including therapeutic recreation)</li> <li>▪ Social work services</li> <li>▪ Counseling services (including rehabilitation counseling)</li> <li>▪ Medical services (for diagnostic and evaluative purposes only)</li> </ul> </li> </ul> </li> </ul>	

<sup>1</sup> Districts are permitted to serve children ages 0-2 under the Pre-Kindergarten Disabilities program.

<sup>2</sup> IDEA requires districts to serve students through their 22<sup>nd</sup> birthday or until they have earned a standard high school diploma.

<sup>3</sup> Funding estimate includes weighted full-time equivalent students multiplied by the base student allocation, special grants for autism and exceptional education, and funding for the Florida School for the Deaf and Blind. The FEFP includes both state and local funding sources.

<sup>4</sup> For 2001-02, funding for levels 4 and 5 is estimated to exceed \$372 million.

<sup>5</sup> Expenditure reports include some funding sources not included in estimate of ESE funding, such as categorical program funding and local discretionary revenue, which could not be estimated by DOE staff.

State Agency	DEPARTMENT OF CHILDREN AND FAMILIES		
Program	Children's Mental Health	Adult Mental Health	Developmental Disabilities
Purpose/Goals	To reduce the psychiatric symptoms of children and adolescents with mental health problems, and to enable children to live with their family or in the least restrictive setting and function in school at a level consistent with their abilities.	To provide a statewide system of community-based services so that adults with mental health problems can function in the community, and to provide a statewide system of institutional services to stabilize adults so they can return to the community.	To ensure the safety and well being of clients, and provide opportunities for individuals to work, socialize, and recreate as active members of their communities.
Eligibility	Children and adolescents (under age 18) with emotional disturbance, severe emotional disturbance, or at risk of developing an emotional disturbance; or children deemed incompetent to proceed to juvenile justice. Services are provided on a sliding fee scale, depending on family income. State residency is not required.	Adults (age 18 and over) living in the community with a diagnosed severe and persistent mental illness or mental health crisis. Mentally ill adults, or minors adjudicated as adults, living in the community and involved in the criminal justice system. Adults living in mental health institutions. Services are provided on a sliding fee scale, depending on income. State residency is not required.	Individuals age 3 and over with mental retardation, autism, cerebral palsy, spina bifida or Prader-Willi syndrome; and those age 3 to 5 at risk of developing one of the above conditions. Income criteria is the same as the Medicaid state plan. Those under 18 can be considered a "family of one." The child's income, not the parent's, determines eligibility. Domicile in Florida is required.
Service Delivery	There are 15 DCF district offices that contract with local private providers for services, either by rate agreement or on a fee-for-service basis.	Community services are provided by local mental health agencies under contract with one or more of DCF's 15 district offices. Institutional services provided by six state-owned mental health treatment facilities.	Community services are provided by local private providers under contract with one or more of DCF's 15 district offices. Support coordinators develop individual support plans and arrange for services. Institutional services provided by four state-owned developmental services institutions.
Services Provided	<ul style="list-style-type: none"> <li>▪ Baker Act Services to stabilize children experiencing a mental health crisis who are a danger to themselves or others.</li> <li>▪ Non-Residential Mental Health Services including prevention, case management, assessment, outpatient therapy, intervention and day treatment.</li> <li>▪ Residential Mental Health Services</li> </ul>	Institutional and Community Services including: <ul style="list-style-type: none"> <li>▪ Case Management</li> <li>▪ Mental Health Services (includes residential treatment)</li> <li>▪ Baker Act Services to stabilize and treat people in crisis and link them with ongoing mental health services.</li> <li>▪ Community Support Services, including income, social, housing and vocational supports.</li> </ul>	Institutional and Community Services including: <ul style="list-style-type: none"> <li>▪ Medical Care</li> <li>▪ Therapy Services</li> <li>▪ Vocational and Employment Services</li> <li>▪ Case Management</li> <li>▪ Residential and Basic Care Services</li> <li>▪ Daily Living Assistance</li> <li>▪ Transportation</li> <li>▪ Recreational Services</li> </ul>

<sup>1</sup> Figures represent all clients born after August 30, 1979, as a best approximation of the eligible Exceptional Student Education population in 2000.

<sup>2</sup> The number of clients for Children's Mental Health is self-reported by private service providers.

State Agency	DEPARTMENT OF HEALTH		
Program	Children's Medical Services Infants and Toddlers Early Intervention Program	Children's Medical Services Network and Related Programs	Brain and Spinal Cord Injury Program
Purpose/Goals	<ul style="list-style-type: none"> <li>To provide preventive, evaluative, and early intervention services to children with special health care needs or developmental delays.</li> </ul>	<ul style="list-style-type: none"> <li>To provide a system of coordinated health care for children under age 21 with special health care needs.</li> </ul>	<ul style="list-style-type: none"> <li>To provide a coordinated system of medical and rehabilitative care, and the services necessary for injured individuals to return home to their school or work and their community.</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>Part C IDEA: Children ages 0-3 with certain medical conditions, including genetic and metabolic disorders, neurological injuries and disorders, severe attachment disorder, significant sensory impairment, or a diagnosed developmental delay. No financial eligibility criteria apply.</li> <li>Developmental Evaluation and Intervention: all infants in neo-natal intensive care units (NICU) in designated hospitals must be screened. Financial eligibility criteria apply for services.</li> </ul>	<ul style="list-style-type: none"> <li>Children under age 21 with special health care needs beyond those of typical healthy children, with conditions such as HIV, AIDS, cancer, cystic fibrosis, diabetes, hemophilia, kidney disease with dialysis, moderate persistent or severe asthma, juvenile rheumatoid arthritis, quadriplegia, spina bifida, tuberculosis, behavioral health problems, or substance abuse problems. Varying financial eligibility requirements exist for various program components.</li> </ul>	<ul style="list-style-type: none"> <li>Persons referred to the Brain and Spinal Cord Injury Program Central Registry who: <ul style="list-style-type: none"> <li>are legal residents of Florida</li> <li>have sustained a spinal cord or moderate to severe brain injury</li> <li>are medically stable</li> <li>are reasonably able to achieve reintegration into the community through rehabilitation services</li> </ul> </li> </ul>
Service Delivery	<ul style="list-style-type: none"> <li>There are 15 Early Intervention service areas, 15 Regional Policy Councils, and 16 local lead agencies. Early Intervention programs contract with CMS to provide core and direct services to families in their community, develop local policies and plans, and provide quality assurance.</li> </ul>	<ul style="list-style-type: none"> <li>There are 23 CMS Regional and Area Offices. Care is provided through doctors, hospitals, and other providers who are specially qualified to work with children with special health care needs, under either the traditional or the managed care system.</li> </ul>	<ul style="list-style-type: none"> <li>Services are provided through state designated and approved facilities. There is a statewide Brain and Spinal Cord Injury Advisory Council. In addition, the Brain and Spinal Cord program contracts with Children's Medical Services for 12 nurse specialists who provide pediatric case management services.</li> </ul>
Services Provided	<ul style="list-style-type: none"> <li>Preventive, evaluative, and early intervention services for children at-risk for disabling conditions</li> <li>Early intervention, speech/language therapy, occupational therapy, nursing, nutritional services, and physical therapy</li> </ul>	<ul style="list-style-type: none"> <li>Doctor visits and surgeries</li> <li>Hospital stays and services</li> <li>X-rays and laboratory services</li> <li>Home health care</li> <li>Prescription drugs</li> <li>Therapies, family counseling, health education, and social services</li> <li>Nurse care coordination services</li> <li>Long-term care for medically-complex, fragile children</li> </ul>	<ul style="list-style-type: none"> <li>Acute care, inpatient and outpatient rehabilitation, assistance with school reintegration, home and vehicle modification, and adaptive technology for children in the BSCI program</li> </ul>

<sup>1</sup> State funding includes \$962,392 transferred from CMS to AHCA for the state match for Medicaid funding.

<sup>2</sup> Estimated total of expenditures for age 21 and younger is \$3,140,067.



State Agency	AGENCY FOR HEALTH CARE ADMINISTRATION
Program	State Medicaid
Purpose/Goals	To improve the health of people who might otherwise go without medical care. Program serves mainly low-income families and children; elderly persons needing long-term care services; and persons with disabilities.
Eligibility	<p>Federally established eligibility criteria. States can expend coverage to include additional groups.</p> <p>Groups served by Florida's Medicaid Program:</p> <ul style="list-style-type: none"> <li>▪ Low-income persons</li> <li>▪ Persons needing care in a nursing facility, intermediate care facility, or state mental hospital</li> <li>▪ Elderly persons</li> <li>▪ Disabled persons</li> </ul> <p>All persons must meet established income limits that vary by group.</p> <p>Children with developmental disabilities are considered a "family of one." In such cases, only the child's income is assessed to determine eligibility.</p> <p>State residency is required.</p>
Service Delivery	<p>Individuals apply for Medicaid at any of the 15 Department of Children and Families offices. A Medicaid card is issued for each eligible client. This card must be presented to providers when medical care is being requested. Clients can utilize any medical provider that accepts Medicaid. Providers verify current eligibility and bill Medicaid directly for the cost of care.</p> <p>The 11 area Medicaid offices serve as local liaisons to providers and recipients.</p>
Services Provided	<p>Medicaid Services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Medical screening, diagnostic, and treatment</li> <li>▪ Durable medical equipment</li> <li>▪ Home health care</li> <li>▪ Hospital inpatient and outpatient</li> <li>▪ Transportation for medical appointments</li> <li>▪ Case management</li> <li>▪ Community mental health</li> </ul>

<sup>1</sup> Includes expenditures for waiver recipients in the Developmental Disabilities and Brain and Spinal Cord Injury Programs, Children's Medical Services, and Adult and Children's Mental Health Program clients. For programs that serve all ages, only expenditures for those clients born after August 30, 1979, were included. This figure may duplicate some expenditures enumerated in other programs.

<sup>2</sup> Estimated number of children with disabilities under 16 years of age.

## Appendix B

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# Coordination of Services

Section A contains information about existing state mechanisms for coordination of services for children with disabilities at the individual child level. Section B provides information about existing state mechanisms to coordinate services at the school district level.

### *A. Coordination of services for the individual child*

**A number of different mechanisms provide for the coordination of services between agencies.** Two state agencies specifically assign personnel to coordinate service provision with other agencies. The Children's Medical Services (CMS) program of the Department of Health has care coordinators who perform this function, and the Developmental Disabilities program of Department of Children and Families assigns support coordinators to fill this role.

Children's Medical Services care coordinators and Developmental Disabilities support coordinators are expected to monitor adherence to a treatment plan, to assist their clients in accessing services, to serve as an advocate for clients in their respective programs, and to coordinate services. Part of the coordinator's responsibility is to provide inter-program or inter-agency coordination to reduce duplication and fragmentation of services. The coordinator must work with other agencies and determine which program shall have "lead" support coordination or case management responsibilities.

Several additional coordination functions are established in the Children's Medical Services (CMS) program. The child's primary care physician acts as a "gatekeeper" who must approve medical services provided to the child. The Children's Multi-Disciplinary Team (CMAT) is a statewide coordinated inter-agency system designed to meet the needs of children with complex medical needs while also meeting cost-containment goals. It encompasses referral, assessment of needs, and recommendations for the appropriate level of service for children who require long-term health care through the CMS program. The professionals on the CMAT team are trained with rigorous protocols to determine the appropriate level of service.

CMAT procedure is to conduct a staffing, a multi-disciplinary meeting to assess needs and plan services, for each child served. This staffing is mandatory for certain high-cost services, and a parental release is required for the CMAT staffing process. The Department of Children and Families, the Department of Health, and the Agency for Health Care Administration all participate in developing the CMAT state plan, and all have staff assigned to CMAT. The Department of Health has administrative responsibility for CMAT, and funding is provided through Medicaid.

The primary existing mechanism for individual child-level service coordination in the educational system is the annual Individual Education Plan (IEP) meeting held by the school district for each child in ESE. The process of developing the IEP includes assessing a child's needs for educational and related services, setting goals and objectives for the coming year, and developing a service plan. Personnel from other agencies serving the child may be invited and may participate in this meeting. However, there is no requirement that services from other agencies be inventoried as part of the planning process or that representatives from other agencies providing services to the child be invited to the meeting.

Several additional requirements for inter-agency coordination apply to the Transition IEP meeting. This meeting is required for students beginning at 16 years of age, and may begin at 14 years. It is intended to ease the transition from the school system to other programs upon completion of school. The implementing legislation in the federal IDEA requires that the school district invite any representatives of other agencies “likely to be responsible for providing or paying for transition services.” The transition IEP must contain, where appropriate, a statement of interagency responsibilities or any needed linkages.

On the parents’ invitation to the meeting, the school district is required to identify the agency representatives that will be invited to participate. Agency representatives are invited unless the parents object.

The Department of Education funds the Florida Diagnostic and Learning Resource System (FDLRS) which provides support services to educators, parents of students with disabilities, and community agencies. The FDLRS Child Find program links children with disabilities to services and helps coordinate service delivery.

### ***B. Coordination of services at the district level***

The Multi-agency Network for Students with Severe Emotional Disturbance (referred to as SEDNET) and the Shared Services Network (SSN) receive funding from the Department of Education through IDEA discretionary funds to coordinate multi-agency resources at a local level. SEDNET funds a project manager for each district, aligned with DCF districts, to facilitate the work of local leaders in education, health and human services, mental health, parent coalitions and juvenile justice serving on SEDNET Advisory Boards. SEDNET boards have been successful in the development and management of contracts between school districts and DCF Mental Health providers for coordinated school-based mental health services, generally provided on-site, and in reducing expensive residential placements for children with severe emotional disturbances.

SEDNET has worked generally at the level of planning and program development, and in many districts also at the individual child level, to reduce duplication and fragmentation of mental and behavioral health service delivery. In some districts, SEDNET has assisted in implementing or managing contracts to coordinate services between schools and providers offering services at schools.

The Shared Services Network was modeled on SEDNET, but serves all children with disabilities, not only those with emotional disturbances. The Florida Department of Education (DOE) provides three-year grants and ongoing technical assistance for school districts to set up an infrastructure for interagency collaboration. It operates in 21 out of 67 districts; seven receive funding from DOE, and the rest are locally funded. The Shared Services Network works to develop a local infrastructure for planning and service coordination at the agency level.

## Appendix C

# Types of Primary Disability for Children Receiving Intensive ESE Services (Level 4 and 5) and Services from One or More Additional Programs During Fiscal Year 2000-01

This appendix lists the primary disability, as identified in Department of Education data, for children receiving intensive ESE services who were served by two or more programs. Data from the Agency for Health Care Administration, the Developmental Disabilities and Alcohol, Drug Abuse and Mental Health programs of the Department of Children and Families, the Department of Health Children's Medical Services, and the Department of Education were used to determine whether a child was served by two or more programs.

<i>Primary Exceptionality</i>	<i>Percentage</i>	<i>Number</i>
<b>Developmental Disabilities</b>		
Trainable mentally handicapped	15.0%	1,802
Profoundly mentally handicapped	15.0%	1,800
Autistic	8.0%	999
Educable mentally handicapped	5.0%	583
Developmentally delayed	4.0%	420
Conditions likely to result in developmental delays	0.4%	42
<i>Total with Developmental Disabilities</i>	<i>47.0%</i>	<i>5,646</i>
<b>Emotional Handicaps</b>		
Severely emotionally disturbed	21.0%	2,519
Emotionally handicapped	12.0%	1,379
<i>Total with Emotional Handicaps</i>	<i>33.0%</i>	<i>3,898</i>
<b>Physical Handicaps, Illness, or Sensory Impairment</b>		
Orthopedically impaired	7.0%	813
Hospital homebound	4.0%	499
Other health impaired	2.0%	216
Deaf or hard of hearing	1.0%	144
Visually impaired	1.0%	111
Traumatic brain Injured	0.4%	50
Dual-sensory Impaired	0.2%	18
<i>Total with Physical Handicaps, Illness, or Sensory Impairment</i>	<i>15.0%</i>	<i>1,851</i>
<b>Other or Unknown Disabilities</b>		
Exceptionality data missing	2.0%	276
Specific learning disabled	2.0%	194
Language impaired	1.0%	83
Speech impaired	0.3%	30
Gifted	0.1%	6
<i>Total with Other or Unknown Handicaps</i>	<i>5.0%</i>	<i>589</i>
<b>Total Level 4 and 5 Served by Another Agency</b>	<b>100.0%</b>	<b>11,984</b>