

**INFORMATION AND ACCESS
1-YEAR ACTION PLAN**

4/17/2005

GOAL: Provide an integrated, easily accessible system of information and referral to community services for children and young adults with special needs.

TARGET POPULATION: Parents, caregivers, guardians, and professionals that serve children with disabilities or special health care needs from birth to adulthood.

PLAN OVERSIGHT: Early Childhood System of Care/ Universal Access Workgroup

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
YEAR 1: 1.0. Develop infrastructure for integrated information and referral to early childhood services, i.e., Universal Access system.	1.1. Identify a governance body or operational model to guide system redesign.	1) Identify community partners, their assets/needs, and potential roles in redesigned system. 2) Identify fiscal agent. 3) Engage families in planning process. 4) Explore successful models in other communities. 5) Create governance structure.	Children's Board, Early Learning Coalition, ECC, Children's Future Hillsborough, 2-1-1, FDLRS, Healthy Start, FSRCs, IYC, HKI	FLAIRS, Central Directory, Crisis Center, Community Links, Community Atlas, United Way	3/1 - 5/31/06	1) Comprehensive assessment completed 2) Governance structure established
	1.2. Develop database, linkages, and operating systems to support technology infrastructure.	1) Assess current technology; identify needs. 2) Comply with HIPAA guidelines. 3) Develop protocol for systemic reporting mechanism, information updates, continuous quality assurance, and evaluation.	Universal Access Fiscal Agent (TBD), Crisis Center, Children's Board, community partners	FLAIRS, Central Directory, Community Links, Community Atlas, Childcare Resource & Referral, United Way	3/1/05 - 5/31/06	Systems infrastructure and protocol established.
	1.3. Develop and implement staff training protocol	1) Adopt a case management model 2) Utilize content "specialists", including a "Special Needs" coordinator. 3) Develop mechanism for training updates and information-sharing	Universal Access Fiscal Agent (TBD), Children's Board, community partners	Crisis Center, Early Learning Coalition, Childcare Resource & Referral	3/1 - 5/31/06	1) Protocol for ongoing training is developed 2) Initial training implemented.
2.0. Increase community awareness of Universal Access system.	2.1. Implement a comprehensive outreach and marketing campaign	1) Participate in community fairs and special events. 2) Develop a social marketing campaign targeted to both families and professionals. 3) Provide training to providers.	Universal Access Fiscal Agent (TBD), Children's Board, community partners	Community partners, United Way	6/1/05 - 5/31/06	1) Number of events 2) Number of trainings 3) Number of providers trained 4) Social marketing campaign launched 5) Reach and frequency of media message
	2.2. Increase capacity of pediatric healthcare providers to serve as entry point for young children and families.	1) Work with Healthy Start in OB/pediatric initiative. 2) Provide materials and targeted training to pediatricians and other pediatric primary care providers.	Healthy Start, Children's Board, Universal Access Fiscal Agent (TBD)	Kids HealthCare Foundation, Allegheny Franciscan Foundation, St. Joseph's Hospital, All Children's Hospital, Pediatric Healthcare Alliance, Hillsborough County Pediatric Society, HealthPoint	3/1/05 - 5/31/06	1) Number of trainings 2) Number of providers trained 3) Amount of materials produced and distributed

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3.0. Expand Universal Access system to provide information and referral to services for youth and young adults with special needs.	3.1. Use early childhood model to establish governance, linkages, integrated reporting system, and training protocol.	1) Identify community partners that provide information and referral to services for this population. 2) Assess current assets and needs. 3) Identify funding requirements and sources. 4) Provide appropriate staff training.	FDLRS, Self-Reliance, Real Choice Partnership, County Alliance	Florida Clearinghouse on Disability Information, Community Links, Yes!, Community Atlas, Mayors Alliance	1/1/06 - 5/31/06	1) Assessment of community partners completed 2) Funding secured 3) Systems infrastructure and training is completed
4.0. Increase communication and information-sharing among service providers.	4.1. Utilize the Children's Committee as a venue for providers across multiple disciplines to share information and integrate planning efforts.	1) Engage disability-related providers in Children's Committee meetings/activities. 2) Develop protocol for disability-related planning group reports at Children's Committee meetings. 3) Investigate feasibility of local listserv as a supplemental communication venue.	Children's Committee, Real Choice Partnership, County Alliance, Project CONNECT, FDLRS	FND, APD, VocRehab, other disability-related agencies	3/1/05 - 5/31/06	1) Active participation of organizations in Children's Committee 2) Integration of disability-related issues in all community planning initiatives
	4.2. Utilize Community Atlas project to access neighborhood-level data.	1) Disability-related agencies to provide project with information about their respective services, constituents, data 2) Agencies need to let project know about their information needs.	Community Atlas project, County Alliance, Real Choice Partnership	Community agencies	3/1/05 - 5/31/06	1) Number of agencies who provide data to Community Atlas 2) Number of agencies/citizens who use project for program planning purposes.

**FAMILY SUPPORT
1-YEAR ACTION PLAN**

4/17/2005

GOAL: Strengthen and empower families so they can foster the best possible development and outcomes for children, youth, and young adults with special needs.

TARGET POPULATION: Parents, caregivers, and guardians of children with disabilities or special health care needs from birth to adulthood.

PLAN OVERSIGHT: FDLRS, Family Support and Resource Centers

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
YEAR 1: 1.0. Increase the number of families who can easily access the support they need for their children and themselves.	1.1. Provide information and support in ways that are convenient and comfortable for families.	1) Create a library of disability-related materials at neighborhood Family Resource & Support Centers. 2) Provide guidance, assistance, and follow up for families at FSRC sites. 3) Provide online information about local resources on Healthy Start's FSRC Web site; link to other information sources. 4) Provide space at FSRC sites for family support group meetings. 5) Conduct disability-related training for parents, and developmental screenings at FSRC sites.	FDLRS, Real Choice Partnership, FSRCs, Yes!	FDLRS, SDHC, Self-Reliance, County Alliance, FND, CARD, Project CONNECT, ECC, WorkForce Alliance, Early Learning Coalition, CMS, Voc Rehab, other disability-related agencies	3/1 - 5/31/06	1) Number and diversity of disability-related materials and information available at FSRC sites and online 2) Number of support group meetings, parent trainings, and developmental screenings held at FSRC sites 3) Family satisfaction with support services 4) Number of families who request assistance with disability-related issues
	1.2. Ensure that information is accurate and complete.	1) Coordinate with Universal Access system (e.g. 2-1-1 and other information access points) to develop a system that continually provides updates on local listings and resources. 2) Train FSRC staff about the system of services and supports for individuals with disabilities. 3) Provide additional and/or updated materials to FSRC sites during regularly scheduled site visits.	FDLRS, Real Choice Partnership, FSRCs	Universal Access system, Children's Board, FDLRS, SDHC, Self-Reliance, other agencies	3/1/05 - 5/31/06	1) System to update local resource listings is in place 2) Number of staff who have been trained 3) Number of trainings 4) Number/frequency of site visits
	1.3. Provide opportunities for families to specify their support needs.	1) Recruit families of children with disabilities to serve on FSRC Family Community Advisory Councils. 2) Arrange for ESE Parent Liaisons from the school district to attend monthly Family Community Advisory Council meetings. 3) Create on-site and online mechanisms for families to provide feedback and suggestions to FSRCs regarding their support needs.	FDLRS, FSRCs	FDLRS, SDHC, FSRCs	3/1 - 5/31/06	1) Number of families of children with disabilities who are Advisory Council members 2) Number of Advisory Councils that have an ESE Parent Liaison attend monthly meetings 3) Family feedback mechanisms are in place

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4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
(Objective 1.0 cont'd.)	1.4. Increase awareness about how and where families can access support.	1) Promote location of FSRC sites through Universal Access system (including 2-1-1 and other entry points in the community). 2) Disseminate FSRC materials at disability related agencies and events. 3) Promote the availability of support for individuals with disabilities and their families on FSRC promotional materials.	FDLRS, FSRCs, Yes!, Children's Board	Universal Access, Children's Board, Early Learning Coalition, ECC, Healthy Start, FND	3/1 - 5/31/06	1) Number of disability-related events and agencies that disseminate FSRC information/materials. 2) Message about disability support is included on FSRC materials.
2.0. Empower families to effectively advocate for their child, themselves, and other families.	2.1. Educate families about the importance of self-determination and self-advocacy.	1) Organize trainings targeted to families of children with disabilities across all ages. 2) Schedule trainings at locations (including FSRC sites) and times that are convenient for families. 3) Explore the development of a family education component as an addition to the <i>Standing Up for Me</i> curriculum. 4) Train support coordinators, case managers, job coaches, social workers to assist families with self-advocacy skills.	Think Kids, FDLRS, Yes!	FSRCs, FDLRS, SDHC, Transition Center, SEDNet, Think Kids, FND, Project CONNECT, KIDDS, APD, CMS, VocRehab, other service agencies	6/1/05 - 5/31/06	1) Number of parent and provider trainings 2) Number of families and providers who attend trainings 3) <i>Standing Up for Me</i> curriculum has family component
	2.2. Encourage information-sharing, communication, and networking among families.	1) Post information about local family support groups and advocacy organizations at FSRC sites and online. 2) Investigate the development of local listserv that allows families to share information and ideas online.	FDLRS, FSRCs	FDLRS, FND, Children's Board	3/1/05 - 5/31/06	Information on support an and groups is posted online and at FSRC sites
	2.3. Provide opportunities for family-to-family education and support.	1) Train parents to become instructors and mentors for other families. 2) Promote use of the federally funded Florida Family-to-Family Health Information Center.	Think Kids, FDLRS, FSRCs	FIFI, Federation of Families, FDLRS, SDHC, FND, Project CONNECT, Children's Board	3/1/05 - 5/31/06	1) Number of trainings 2) Number of families trained 3) Number of families who contact Family-to-Family Information Center.

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4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
3.0. Increase the capacity of families to influence programs, policies, and legislation.	3.1. Provide opportunities for families to serve as volunteer advisory committee members and as paid family representatives.	1) Identify and communicate opportunities to families 2) Disseminate/promote concept of family-professional partnerships and paid family representatives to service agencies and programs.	FDLRS, Yes!	CMS, FIFI, Children's Future Hillsborough, ECC, FND, other service agencies	6/1/05 - 5/31/06	1) Number of advisory councils that include family members 2) Number of service programs that have paid family representatives on staff.
	3.2. Integrate advocacy and lobbying efforts across all disabilities.	1) Utilize the Children's Committee as a venue for disability-related groups and providers to share information and integrate planning activities. 2) Explore ways to coordinate and/or centralize information, support, and advocacy for families and children across all ages and disabilities.	Children's Committee, FDLRS, Real Choice Partnership, County Alliance	Children's Board, Real Choice Partnership, ECC, Early Learning Coalition, FND	3/1/05 - 5/31/06	Number and diversity of disability agencies/advocates who participate in Children's Committee meetings.
	3.3. Enlist partners to help organize and promote advocacy and lobbying activities	1) Explore affiliation with state chapter of Family Voices. 2) Identify other local, state and federal organizations in both public and private sectors who can support/strengthen advocacy efforts.	Real Choice Partnership, Yes!, County Alliance	Children's Board, Real Choice Partnership, ECC, Early Learning Coalition, FND, Children's Future Hillsborough	3/1/05 - 5/31/06	Organized cross-disability advocacy partnerships

YEAR 2 OBJECTIVES:

1. Continuation of Year 1 Objectives.
2. Explore establishing a translation service in which translators accompany families to medical visits, appointments at Medicaid, and in other similar out-of-home support needs.
3. Expand case management model at FSRC sites.
4. Explore addition of a "Special Needs" coordinator to FSRC staff.

**OUT-OF-SCHOOL TIME
1-YEAR ACTION PLAN**

4/17/2005

GOAL: Provide high quality care, respite, recreational activities, social opportunities, and learning experiences during out-of-school time in ways that are accessible and affordable for families.

TARGET POPULATION: ESE students from ages 3-22 and their families, caregivers, or guardians.

PLAN OVERSIGHT: ESE Out-of-School Care Workgroup

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
YEAR 1: 1.0. Increase capacity to serve ESE students across <i>all</i> disabilities at existing after school and summer programs.	1.1. Develop mechanism to document and track capacity of school-based and community programs to serve students with <i>moderate to serve disabilities, e.g.</i> students who require supports or accommodations.	1) Identify programs that currently serve students with moderate to severe disabilities. 2) Identify number of children with moderate to severe disabilities enrolled those programs.	Child Care Resource & Referral, FDLRS, Care Options, YMCA, County Parks & Rec	Children's Board, Early Learning Coalition, Child Care Resource & Referral	3/1-4/30/05 to identify programs 5/1-8/1/05 to quantify student enrollment.	1) Identification and tracking mechanism in place 2) Baseline data established
	1.2. Manage student behavioral problems and functional limitations more effectively.	Adapt existing behavior management and disability training curricula to meet cross-cutting needs in community programs.	SEDNet/Think Kids, Care Options, CARD, FDLRS	SEDNet/Think Kids, Early Learning Coalition, Children's Board, FDLRS	3/1 -5/30/05 to develop and implement behavior management training for summer 2005 program.. 6/1-12/31/05 to develop comprehensive curriculum and manual that includes strategies and resources across all disabilities	1) Number of trainings 2) Number of staff trained
	1.3. Design and implement staff development plan.	1) Offer enhanced training options for program staff. 2) Recruit ESE teachers and paraprofessionals; advertise in SDHC Administrative Bulletin	SDHC, YMCA, County Parks & Rec, Care Options, FDLRS	SDHC, fee-based services, Early Learning Coalition, FDLRS	4/1-5/30/05 to identify and hire ESE teachers/ paraprofessionals for summer 2005 program. 3/1/05-5/31/06 to develop and implement sub-contracting arrangements, staff development plan.	1) Level of training completed by staff members 2) Number of teachers and paraprofessionals employed in programs
	1.4. Develop "hub" school sites to house programs for ESE students attending schools in defined geographical areas.	1) Explore potential elementary, MS, and HS sites as "hubs" for expanded/new ESE programs. 2) Identify transportation options and coordinate through SDHC.	SDHC, Parks & Rec, YMCA	SDHC, fee-based services	3/1/05-5/31/06	1) Number of hub sites 2) Number of ESE students enrolled in hub site programs

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4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
(Objective 1.0 cont'd.)	1.5. Expand programs for middle school students.	1) Add ESE students to existing middle school extended learning programs. 2) Replicate Walker MS model.	SDHC, YMCA, County Parks & Rec	Blended SDHC funds: SACC, ELP, Title I, ESE	Possible launch of pilot sites in summer 2005	1) Number of ESE students served at middle schools 2) Number of MS sites serving ESE students
	1.6. Explore model programs and best practices for inclusion.	Research/visit sites in other communities, such as Jacksonville.	SDHC, Care Options, County Parks & Rec, YMCA	SDHC, Care Options	3/1-12/31/05	Number of sites investigated and/or visited.
2.0. Increase funding for out-of-school programs by \$1,000,000.	2.1. Increase community awareness of need for out-of-school programs.	Conduct community-wide analysis of out-of-school programs; disseminate findings	Children's Advocacy Committee	BOCC, USF, Children's Board	2/1 - 8/1/05	Analysis completed and disseminated
	2.2. Explore new sources of funding.	1) Utilize United Way 2005 summer care funds to serve ESE students. 2) Utilize 21st Century CLC funds to serve ESE students.	Children's Advocacy Committee, SDHC, YMCA, County Parks & Rec	21st Century CLC (federal funds), United Way, local businesses, grants	3/1/05 - 5/31/06	1) Number of proposals, grant applications submitted 2) Amount of funds secured
3.0. Increase utilization rate for County respite program by 50%.	3.1. Increase awareness and understanding of program among qualified families.	1) Distribute program materials at family events, conferences, fairs. 2) Provide online link to program information and application.	BOCC	BOCC	3/1/05 - 5/31/06	1) Number of applications 2) Number of enrollments
	3.2. Consider expansion of eligibility guidelines.	Investigate revision in requirements for age and type of disability.	BOCC	BOCC	6/1/05 - 5/31/06	1) Number and type of applications that fall outside of initial eligibility guidelines 2) Feedback from staff and families on scope of need

YEAR 2 OBJECTIVES:

1. Continuation of Year 1 Objectives.
2. Increase number of after school and summer programs by 30%.
3. Increase number of families served in County respite program by 25%.
4. Add therapeutic programs.
5. Increase communication between school teachers and after school program managers.
6. Increase recreational and social opportunities for high school ESE students.

EDUCATION 1-YEAR ACTION PLAN

4/17/2005

GOAL: Improve academic skills and outcomes for students with special needs.

TARGET POPULATION: ESE students from ages 3-22 and their families, caregivers, or guardians.

PLAN OVERSIGHT: Superintendent's ESE Advisory Council

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
YEAR 1: 1.0. Increase the number of teachers who are highly qualified to meet the needs of ESE students.	1.1. Train, recruit, and retain qualified ESE teachers.	1) Reclaim certified special education teachers who have left the field by providing flexible hours, specified subjects, etc. 2) Encourage community providers (YMCA, Easter Seals, churches, etc) who serve ESE students to consider a teaching career. 3) Develop a PR campaign featuring ESE teachers who are satisfied in their careers. 4) Consider shortening USF undergraduate special education program (avoid student diversion to other programs). 5) Explore creation of a part-time Ph.D. program at USF for special education professionals 6) Provide financial support for para-professionals to complete teaching degree 7) Expand mentoring programs for new teachers.	SDHC, USF, IYC, ESE Advisory Council	YMCA, IYC , Achieve Tampa Bay, Parks and Recreation, USF Foundation, Easter Seals, Boys & Girls Club	3/1 - 5/31/06	1) Number of graduates from USF special education program 2) Satisfaction of school district ESE teachers 3) Number of paraprofessionals who become ESE teachers 4) AYP of ESE students in ESE classes 5) Number of ESE teachers who are certified
	1.2. Train general education teachers in appropriate accommodations and modifications for ESE students.	1) Increase direct support to GE teachers. 2) Provide appropriate supplemental curricula and materials. 3) Increase collaboration between ESE and GE teachers 4) Increase number of FUSE, co-teaching classes	SDHC	USF, FDOE	3/1/05 - 5/31/06	1) Satisfaction of ESE students in GE classes 2) AYP of ESE students in GE classes
	1.3 Encourage young people to consider a career in special education	1) Provide MS and HS students the option to use community service requirement to connect to ESE students. 2) Promote positive interactions between GE and ESE students beginning in elementary school. 3) Promote programs that pair disabled and non-disabled students (Scouts, Best Buddies) 4) Create opportunities for college students to tutor, provide respite, volunteer in programs for children with disabilities	SDHC, USF, ESE Advisory Council, community providers	FDDC, Special Olympics, Boy Scouts, Girl Scouts, Best Buddies, Achieve Tampa Bay, IYC	3/1 - 5/31/06	1) Number of disability-related community service and mentor programs 2) Number of college students who participate in disability-related programs

**EDUCATION
1-YEAR ACTION PLAN**

4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
2.0. Increase the number of ESE students who are educated with their non-disabled peers.	2.1. Increase the number of ESE students who are served at their neighborhood schools.	1) Expand service delivery options at each school site. 2) Use school-based interdisciplinary teams to support students with complex needs. 3) Provide training to school site administrators on effective inclusion practices.	SDHC	SDHC , FDOE	3/1 - 5/31/06	1) Number of ESE students who attend their neighborhood school 2) Feedback from students, families, and school staff 3) AYP of ESE students
	2.2. Provide students with least restrictive educational and extracurricular experiences.	1) Use early intervention methods to maximize placement of ESE students in regular education classes. 2) Provide appropriate accommodations and modifications for ESE students to be successful in regular education classrooms. 3) Increase number of peer mentoring programs. 4) Expand opportunities for ESE students to participate in school-based activities with GE students, i.e., music, sports, drama	SDHC	Best Buddies, other community organizations, FDOE	6/1/05 - 5/31/06	1) Number of ESE students who are placed in regular education classes 2) Feedback from students, families, and school staff 3) AYP of ESE students 4) Number of peer-mentoring programs
3.0. Reduce over-identification of ESE students.	3.1. Increase early identification and remediation of students with learning deficiencies.	1) Provide reading intervention programs to help struggling readers in K-2. 2) Increase awareness among families and community providers of early screening programs like Child Find. 3) Utilize EELP/KELP to remediate learning delays in children ages 3-6.	SDHC, FDLRS, ECC	IYC, Children's Future Hillsborough, Children's Board, FDOE	3/1/05 - 5/31/06	1) Number of students who participate in reading intervention programs 2) Number of children screened 3) Percentage of students who exit EELP/KELP into regular education classes
4.0. Increase capacity of ESE staff to assist students and families in identifying and accessing needed community services.	4.1. Better utilize social workers as a resource for families and other staff on community services.	Use ESE Communicator to remind ESE staff that social workers have extensive knowledge of community services for ESE students.	SDHC	SDHC , USF School of Social Work	3/1/05 - 5/31/06	Feedback from social workers, school staff, and families
	4.2. Expand "systems navigator" model for ESE students	Assign a systems navigator to support ESE students with complex needs in geographical catchment areas	SDHC	SDHC, USF School of Social Work	3/1/05 - 5/31/06	1) Number of ESE systems navigators 2) Feedback from social workers, staff, and families
5.0. Improve preparatory experiences for entry to adulthood.	5.1. Provide developmentally appropriate instruction in health and sex education.	1) Adapt <i>What's Health Got to do with Transition?</i> Curriculum for all ESE HS students. 2) Investigate use of FDDC's K-12 online sex education module.	SDHC	FDDC, USF, ESE Advisory Council, Transition Center	3/1/05 - 5/31/06	1) Number of ESE students who receive relevant health and sex ed instruction 2) Feedback from students, teachers, and families
	5.2. Increase the number of employment preparation experiences.	See "Transition to Adulthood" action plan				
	5.3 Enhance and expand drop-out prevention programs for ESE students.	See "Transition to Adulthood" action plan				

HEALTH 1-YEAR ACTION PLAN

4/17/2005

GOAL: Improve quality and access to health care for children and young adults with complex needs.

TARGET POPULATION: Children with disabilities or special health care needs from birth to adulthood.

PLAN OVERSIGHT: Kids HealthCare Foundation

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
YEAR 1: 1.0. Increase capacity of health care providers to appropriately care for children with disabilities or special health care needs.	1.1. Increase the number of pediatric primary care providers who conduct early and continuous developmental screening using a validated tool.	Recruit medical providers in Tampa Bay area to participate in statewide Autism System of Care Project/Phase II.	FDDC, FMHI	USF, Pediatric Health Care Alliance, Hillsborough County Pediatric Society, HealthPoint Medical Group	3/1/05 - 5/31/06	1) Number of trainings 2) Number of participants 3) Number of pediatricians who use a validated developmental screening tool on every well child visit 4) Number of referrals received from pediatricians for further developmental testing or services. 5) Feedback from providers.
	1.2. Improve care of children with ADHD.	Recruit pediatricians in Tampa Bay area to participate in statewide program.	FLIC HQ, Nemours Hospital, AAP	USF, All Children's Hospital	3/1/05 - 5/31/06	1) Number of participating pediatricians 2) Feedback from physicians, patients, and families.
	1.3. Integrate disability-related health care needs of children in development of early childhood system of care.	1) Participate in Early Childhood System of Care Workgroup. 2) Participate in Children's Committee meetings and activities.	ECC, Children's Committee, IYC, Kids HealthCare Foundation	USF, CMS, Children's Board, Early Steps	3/1/05 - 5/31/06	Feedback from providers and families.
2.0. Increase capacity of health care providers to appropriately care for young adults with disabilities or special health care needs.	2.1. Improve quality and availability of primary care for adults with disabilities or complex needs.	1) Increase awareness of service gaps among community physicians and medical schools. 2) Explore development of training programs through Area Health Education Centers (AHECs). 3) Introduce disability curriculum to USF medical students 4) Introduce CSHCN module to USF pediatric residents. 5) Encourage/support a statewide initiative to improve system of service delivery.	USF, community physicians	AHECs, APD, FDDC, University of Kentucky, HCMA	3/1/05 - 5/31/06	1) Number of USF medical students who complete the curriculum 2) Number of pediatric residents who complete the CSHCN module 3) Increased level of awareness among providers 4) An organized statewide initiative to improve adult health care services.
	2.2. Improve quality and availability of mental health services for individuals with developmental disabilities.	Recruit mental health providers to participate in statewide Autism System of Care Project/Phase II.	FDDC, FMHI	Children's Committee, MHC, Northside	3/1/05 - 5/31/06	1) Number of providers who attend the training. 2) Number of patients who receive appropriate mental health services.

HEALTH 1-YEAR ACTION PLAN

4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
3.0. Improve health care transition experiences of young people with disabilities or special health care needs.	3.1. Educate young people and families about the importance of planning for health care transition.	1) Develop and disseminate health care transition information and resource guide. 2) Develop and pilot high school curriculum. 3) Expand curriculum to reach all ESE students in the community, and in other school districts.	USF, SDHC, FDLRS, CMS	FDDC, ICHP, HRTW, Transition Center, CMS, community pediatricians and other health care providers	3/1/05 - 5/31/06	1) Number of resource guides distributed 2) Number of students who receive school instruction 3) Feedback from teachers, families, and students 4) Increased knowledge among families and students about health care transition issues.
	3.2. Provide training to primary care physicians about transition needs of young people with disabilities.	1) Secure funds to implement training program. 2) Adapt AAP's Medical Home Transition Module. 3) Schedule trainings/presentations at medical association meetings, conferences, Grand Rounds, group practice meetings, and other special events. 4) Integrate transition-related issues into primary care curriculum at USF and other medical schools.	USF, CMS	AAP, Medical Home Initiative, HRTW, ICHP, Pediatric Society, HCMA, St. Joseph's, All Children's, Pediatric Healthcare Alliance, HealthPoint Medical Group	3/1/05 - 5/31/06	1) Number of providers who participate in trainings 2) Number of trainings 3) Feedback from physicians and families.
4.0. Increase access to appropriate health care services.	Provide information and referral to services that meet the needs of children with disabilities.	See "Information and Access" action plan				

YEAR 2 OBJECTIVES:

1. Continuation of Year 1 Objectives.
2. Provide AAP-sponsored Medical Home Training to pediatricians and other pediatric primary care providers.
3. Explore application of Medical Home model in adult primary care practices.
4. Explore new models of care for youth and young adults with disabilities or special health care needs, such as the development of a network of physicians that specialize in caring for that population.

TRANSITION TO ADULthood 2-YEAR ACTION PLAN

4/17/2005

GOAL: Provide opportunities for quality post-school outcomes in education, employment, independent living, housing, health care, community experiences, recreation, and other areas as defined by the individual with disabilities.

TARGET POPULATION: Youth and young adults with disabilities or special health care needs from approximately ages 14 to 25.

PLAN OVERSIGHT: Project CONNECT

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
1.0. Increase the number of young people and families who effectively practice self-determination to improve the quality of their lives.	1.1. Educate families about self-determination and self-advocacy.	1) Organize trainings and educational opportunities for families and children with disabilities across all ages. 2) Schedule trainings/education at times and locations that are convenient to families. 3) Explore the development of a family education component to supplement <i>Standing Up for Me</i> curriculum. 4) Train support coordinators, job coaches, case managers, social workers to assist families/youth with self-advocacy skills. 5) Utilize family-to-family education model.	Think Kids, FDLRS, SDHC, CMS, APD, Voc Rehab, other direct service agencies	Transition Center, SEDNet/Think Kids, SDHC, FDLRS, FND, KIDDS, Advocacy Center, SMI, TILES, Yes!, Federation of Families	4/1/05 - 5/31/07	1) Number of trainings 2) Number of families and professionals trained 3) Curriculum supplement completed
	1.2. Educate youth and young adults about self-determination and self-advocacy.	1) Introduce <i>Standing Up for Me</i> curriculum to middle school and high school ESE and 504 students; offer for-credit course to students at HCC, USF. 2) Encourage students to participate in IEP meetings; include goals and activities in IEP that support self-determination. 3) Provide instruction on self-advocacy, rights, responsibilities, and decision-making in <i>What's Health got to do with Transition?</i> pilot curriculum. 4) Use <i>Circle of Friends</i> as planning tool. 5) Develop "Academy" model in local neighborhoods. 7) See above training for case managers, job coaches, etc.	SDHC, FDLRS, Self-Reliance, Think Kids, CMS, APD, Voc Rehab, other direct service agencies	HCC, USF, Transition Center, SMI, Circle of Friends facilitators, TILES, Federation of Families, Yes!	4/1/05 - 5/31/07	1) Number of students who complete curriculum 2) Number of professionals trained 3) Number of academies established
	1.3. Provide information to providers and families about the system of services and supports that are available to individuals with disabilities.	1) Provide training to school staff on SDHC Transition Resource Guide. 2) Use Family Resource and Support Centers as distribution sites for the Guide and other disability-related material. 3) Disseminate information on services and supports at disability-related trainings, events, and conferences. 4) Provide resource information at IEP mtgs. 5) Include travel training information.	SDHC, FDLRS, Self-Reliance	SDHC, FDLRS, FSRCs, Hartline, SMI, Yes!, FSRCs, Federation of Families, 2-1-1, Clearinghouse on Disability Information	4/1/05 - 5/31//07	1) Number and types of trainings 2) Number of people trained 3) Events attended

**TRANSITION TO ADULTHOOD
2-YEAR ACTION PLAN**

4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
<p>2.0. Increase the number of young people who are employed.</p>	<p>2.1. Increase the number and quality of employment preparation experiences.</p>	<p>1) Collect and evaluate post-secondary outcome data from High School-High Tech program; utilize data to secure increased program funding. 2) Explore development of enhanced, on-going mentoring internship programs. 3) Recruit additional companies to participate in Disability Mentoring Day; target small, privately businesses; track outcomes of event. 4) Explore Luecking's Transition Services Integration Model, and other innovative programs; consider local pilot.</p>	<p>SDHC, ADA Liaison, County Alliance on Disabilities</p>	<p>Able Trust, SDHC, County Alliance, USF (use graduate students to evaluate data), BAC, Volunteer Florida</p>	<p>4/1/05 - 5/31/07</p>	<p>1) Number/quality of employment outcomes from High School-High Tech and Disability mentoring events/programs. 2) Number of employers that participate in Disability Mentoring events/ programs.</p>
	<p>2.2. Increase employment options for individuals across the broad spectrum of disability and functionality.</p>	<p>1) Increase number of qualified, trained job coaches, including time-limited coaches for individuals who are not ready for competitive employment. 2) Explore best practices. 3) Organize a stakeholder workgroup to address local employment issues for individuals with disabilities. 4) Partner with Business Advisory Council (BAC), explore affiliation with Chambers of Commerce; form local chapter of Business Leadership Network. 5) Provide on-going education to businesses about employing persons with disabilities. 6) Partner with ADA Working Group for annual employment symposium. 7) Explore ways to increase transportation options.</p>	<p>Workforce Alliance, VocRehab, Self-Reliance, other non-profit agencies</p>	<p>BAC, ADA Working Group, Hartline</p>	<p>4/1/05 - 5/31/07</p>	<p>1) Established stakeholder workgroup 2) Established local chapter of BLN 3) Number of employment trainings</p>
	<p>2.3 Implement community an awareness/social marketing campaign to increase employment of persons with disabilities.</p>	<p>1) Target local businesses for marketing. 2) Adapt/ develop clear message and materials about benefits of employing persons with disabilities, worksite accommodations, tax credits & incentives, tools to assist inclusive businesses. 3) Investigate existing materials that have been used in other communities. 4) Target families for education/awareness of employment opportunities. 5) Launch initial activities prior to Disability Mentoring Day.</p>	<p>Workforce Alliance, County Alliance on Disabilities, ADA Liaison, Self-Reliance</p>	<p>Able Trust, United Way</p>	<p>1) Launch in partnership with Disability Mentoring Day, 10/19/05. 2) Continue through 5/31/07</p>	<p>Implementation and evaluation of marketing and educational outreach programs</p>

**TRANSITION TO ADULTHOOD
2-YEAR ACTION PLAN**

4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
3.0. Reduce drop-out/attrition rates among ESE high school students	3.1 Enhance and expand drop-out prevention programs for SED students.	1) Review successes/challenges of current or previous school district programs (i.e., Dorothy Thomas) 2) Secure funding to implement TIP (Transition to Independence Process System) at selected school sites.	SEDNet	FMHI/TIP, SDHC, Lumina Foundation	3/1/05 -31/06	Implementation and evaluation of TIP program
4.0. Secure funding to support transition services and programs.	4.1. Lobby for mandated line-item funding to support transition services statewide.	1) Coordinate advocacy efforts with Partners in Transition. 2) Collect best practice and systems performance data w/respect to preparing young people for transition. 3) Create fact sheet utilizing local, state, and national data; include quality of life and cost-effectiveness indicators. 4) Schedule appointments with House and Senate Speakers, other legislators.	County Alliance, SDHC, VocRehab	PIT, FDDC, APD, Able Trust, BLN	Start lobbying summer 2005 for 2006 legislative session	1) Completed fact sheets 2) Number of legislative meetings 3) Outcomes of 2006 legislative session
	4.2. Blend advocacy efforts across all disabilities	1) Integrate activities of existing disability-related advocacy groups (developmental disabilities, physical disabilities, mental health). 2) Utilize Children's Committee as the umbrella planning group to share information, promote linkages, and build relationships. 3) Develop, support, and promote cross-disability policies and programs. 4) Investigate feasibility of a local list serv as a communication venue.	County Alliance, Real Choice Partnership, Think Kids	SMI, Federation of Families, Yes!, PIT, FDDC, Children's Committee, Children's Board	3/1/05 - 5/31/07	1) Established local listserv 2) Participation at Children's Committee meetings
	4.3 Engage youth leaders to participate in all lobbying activities.	1) Use Youth Leadership Forum framework to train youth leaders. 2) Introduce students to Southern Movement for Independence (SMI). 3) Facilitate meetings between students and federal/state level policymakers	SDHC, SMI	FDDC, PIT, SDHC, Federation of Families, Yes!, SMI	Students at Developmental Disabilities Day on April 17 in Tallahassee	1) Number of trainings 2) Number of youth trained 3) Number of meetings scheduled w/policymakers

**TRANSITION TO ADULTHOOD
2-YEAR ACTION PLAN**

4/17/2005

OBJECTIVES	STRATEGIES	ACTIVITIES	RESPONSIBILITY	RESOURCES & SUPPORT	TIMEFRAME	MONITORING & EVALUATION
5.0. Increase capacity of Project CONNECT to coordinate action plan.	5.1 Establish leadership structure.	1) Review current contract requirements. 2) Investigate models used in other districts. 3) Determine leadership responsibilities. 4) Identify appropriate leaders.	SDHC	Transition Center	3/1- 5/31/05	1) New leadership established 2) Defined responsibilities
	5.2. Expand Project CONNECT membership to include business and faith communities.	1) Develop a list of targeted new members/ agencies. 2) Enlist current members to recruit through personal contact	all Project CONNECT members	Project CONNECT members	3/1-12/31/05	1) Diversity of membership 2) Number of members
	5.3 Secure adequate personnel, administrative support, and technical assistance to coordinate plan.	1) Organize subcommittees, assign activities. 2) Determine if additional staff time/ funding is needed to coordinate activities.	SDHC, other members	Transition Center, Children's Board, FDLRS, PIT, Able Trust	3/1-5/31/05	1) Subcommittees established 2) Coordination structure established

RELATED OBJECTIVES:

1. Establish a community-based central repository of transition information and resources that can be accessed easily by both families and providers; coordinate with community-based central access initiative.
2. Introduce the *Standing Up for Me* curriculum in elementary school ESE classes.
3. Investigate programs for non-SED ESE students at high risk to drop out (EMH, SLD).
4. Increase recreational and social opportunities for youth and young adults with disabilities.
5. Partner with Florida Supportive Housing Coalition, Suncoast Chapter, to expand housing options for young people with disabilities
6. Revisit efforts to improve transportation options for persons with disabilities; see Easter Seals Project ACTION, UNITED We Ride, LogistiCare Solutions