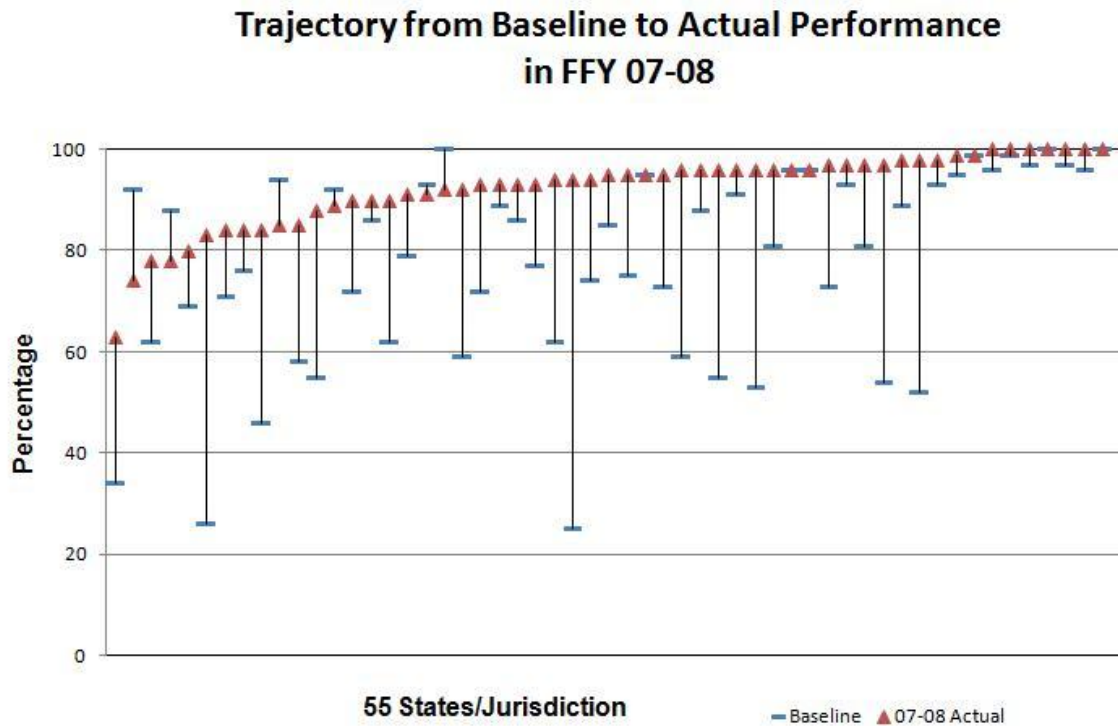




Figure 2 illustrates states' (N= 55 states that reported baseline and actual FFY 07-08 data) trajectories from baseline performance in FFY 05-06 to performance in the most current reporting period, FFY 07-08. Each line represents one state's percent compliance from baseline (blue bar) to FFY 07-08 (red triangle).

Figure 2:



- Most states (n=50) showed improvement or maintenance of good performance from baseline.
- Of the five states below baseline, performance ranged from a negative 18 percentage points to a negative 2 percentage points.
- The long lines represent states that have shown the greatest progress from baseline. Fourteen states gained 20 or more percentage points from baseline to FFY 07-08. Among the states reporting the greatest improvements were those reporting the poorest performance at baseline. Although individual state's trajectory has varied, the overall data supports the national trend toward improvement on this indicator previously noted.

#### EXPLANATION OF SLIPPAGE

The most frequently mentioned reasons for not meeting compliance targets were personnel issues and inefficiencies in the IFSP process and/or service delivery models (22 states and 23 states respectively). States also mentioned increased numbers of children referred (N=10) and interagency issues (N=7), such as: high referral rates from CAPTA, difficulty in getting medical records or consents for children in foster care. The numbers of states reflect only those volunteering descriptions of various challenges.

- **Personnel Issues:** shortages, difficulty in finding Interpreters, having too few evaluators, high caseloads, scheduling problems, loss of private providers due to decreased Medicaid reimbursement rates or slowdowns in billing and reimbursement, staff turnover and state hiring freezes were mentioned by several states, reduced staff time (furloughs)

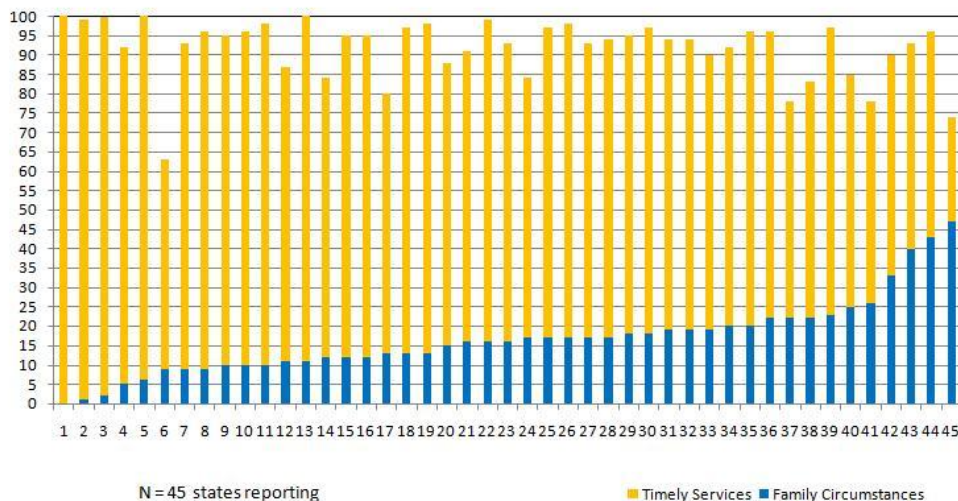
- **Inefficient Process or Procedures:** scheduling delays, inadequate funding to pay for evaluations, insufficient referral information, delays in receiving evaluation reports, getting information from other agencies, medical records, an inefficient service model, multidisciplinary providers scheduling evaluation/assessments and writing reports separately, and no funding for “team-time” or the IFSP meeting
- **Other Causes:** increasing numbers of referrals, inaccurate or insufficient data and misunderstandings about definitions and policies

### DELAYS ATTRIBUTABLE TO EXCEPTIONAL FAMILY CIRCUMSTANCES

Although states were not required to report the number or percent of children with delays attributable to family circumstances, 45 states reported a range from less than one percent to 47% with a mean of 17%.

Figure 4:

**Compliance with 45 Day Timeline by State**  
**Showing Percent of Timely Services and Percent Delayed Due to Family Circumstances**



### IMPROVEMENT ACTIVITIES

In FFY 07-08, states reported an array of improvement activities (see full report). Most states mentioned providing technical assistance and training, improving administration and monitoring, improving data systems, clarifying policies and procedures and increasing personnel. Many states listed multiple strategies to increase qualified personnel: developing a developmental specialist category, on-line credentialing, loan forgiveness, scheduling weekend and evening hours, using school and clinic-based therapists during off hours. A frequent theme in states’ explanation of progress was the state’s communications with local programs, emphasizing the importance of 100% compliance with timely services indicators (C-1 and C-7) and continual monitoring of and reporting on local program performance. Many states reported moving to a primary service provider model to increase efficiency and extend the reach of scarce personnel.