



Annual Report

December 1, 2020

Ron DeSantis
Governor

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Deputy Secretary
Children's Medical Services
Department of Health



Mission

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision

To be the *Healthiest* State in the Nation.

Values

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Submitted to:

The Honorable Ron DeSantis, Governor, State of Florida

The Honorable Wilton Simpson, President, Florida State Senate

The Honorable Chris Sprowls, Speaker, Florida State House of Representatives Florida

Interagency Coordinating Council for Infants and Toddlers

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Executive Summary

The Florida Department of Health (Department), Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening, presents this annual report assessing the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives and the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), as required by section 391.308(5), Florida Statutes.

A summary of the program's performance in the report includes:

- An increase in both timely services and children receiving initial evaluations within 45 days.
- Transition in Spring 2020 from providing services in home and community settings to mainly providing telehealth services due to the COVID-19 pandemic.
- Maintenance of family satisfaction and perceived competency of service coordinators, despite many changes in service locations and methods of service delivery due to the COVID-19 pandemic (based on focus group input).
- A decrease in the number of infants and toddlers receiving services in the Early Steps Program, most likely due to the COVID-19 pandemic.

Background

Early intervention services positively impact infants and toddlers with disabilities or developmental delays. Families with children receiving early intervention services report being able to meet their children's developmental needs. Moreover, early intervention services benefit society by lowering the costs of special education and social service programs (Tout, Halle, Daily, Albertson-Junkans, & Moodie, 2013).

Legislative History

Congress initially passed the Education for All Handicapped Children Act in 1975 requiring the U.S. Department of Education (U.S. ED) to ensure that all school-aged children receive a free, appropriate public education. The law was amended in October 1986 as the Individuals with Disabilities Education Act (IDEA), establishing an early intervention program in recognition of "an urgent and substantial need" to:

- Enhance the development of infants and toddlers with disabilities.
- Reduce educational costs by minimizing the need for special education through early intervention.
- Minimize the likelihood of institutionalization and maximize independent living.
- Enhance the capacity of families to meet their children's needs.

Part C of the IDEA provides for early intervention services¹ for children under three years of age with a developmental disability, developmental delay or at-risk for developmental delay. Florida initiated Part C, IDEA in September 1993. In 2016, Florida law was amended to provide a comprehensive framework for the operation and administration of Florida's infants and toddlers early intervention program. Some of the statutory requirements include specifying eligibility criteria, requiring an annual report and state plan, procuring local program offices and officially naming the program Early Steps.

Primary Activities

Below are the primary activities of the Early Steps Program:

- Identify infants and toddlers potentially eligible under Part C, IDEA.
- Determine eligibility.
- Complete an assessment and re-assessment of each eligible child's skills and abilities.
- Create an Individualized Family Support Plan (IFSP) based on the developmental needs of the infant or toddler and the family's concerns, priorities, resources and desired outcomes.
- Coordinate the provision of early intervention services and supports with the family within the family's daily routines and activities.

¹ Services include, but are not limited to, developmental monitoring and evaluation; assistive technology; audiology; early intervention sessions; hearing and vision services; occupation, physical, and speech therapies; and service coordination.

- Utilize team-based approaches through use of coaching strategies to help family members and caregivers develop the skills needed to support the child's development.
- Provide a service coordinator to coordinate services.
- Provide transition planning services.

Program Structure

The Department is the lead agency responsible for program oversight, which includes, but is not limited to:

- Administrative functions.
- Federal reporting.
- Federal grant management.
- Fiscal accountability.
- Monitoring of contract compliance.

Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

The Department maintains a statewide interagency coordinating council, which is known as the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of the FICCIT is to advise and assist Florida's Early Steps Program in the performance of the oversight responsibilities. Collaboration with stakeholders across the state is a key component for the program's success.

Local Early Steps (LES)

The Early Steps State Office within the Department oversees the Early Steps Program via contracts with programs in 15 geographic regions of the state. These local programs are referred to as Local Early Steps (LES) providers and displayed in **Figure 1**.

Figure 1. Early Steps Service Areas



The LES providers are the contracted entities responsible for service provision. Services include developmental monitoring, screening, evaluation, service coordination, early intervention sessions, therapy, assistive technology, audiology and vision services, transition activities to support the child and family after they exit the program, and other individualized services necessary to meet the child and family's needs. Services are provided in a variety of home and community settings. The intent of early intervention services is to reduce or eliminate developmental delays in eligible infants and toddlers in the early years and enhance future education and life success.

Funding

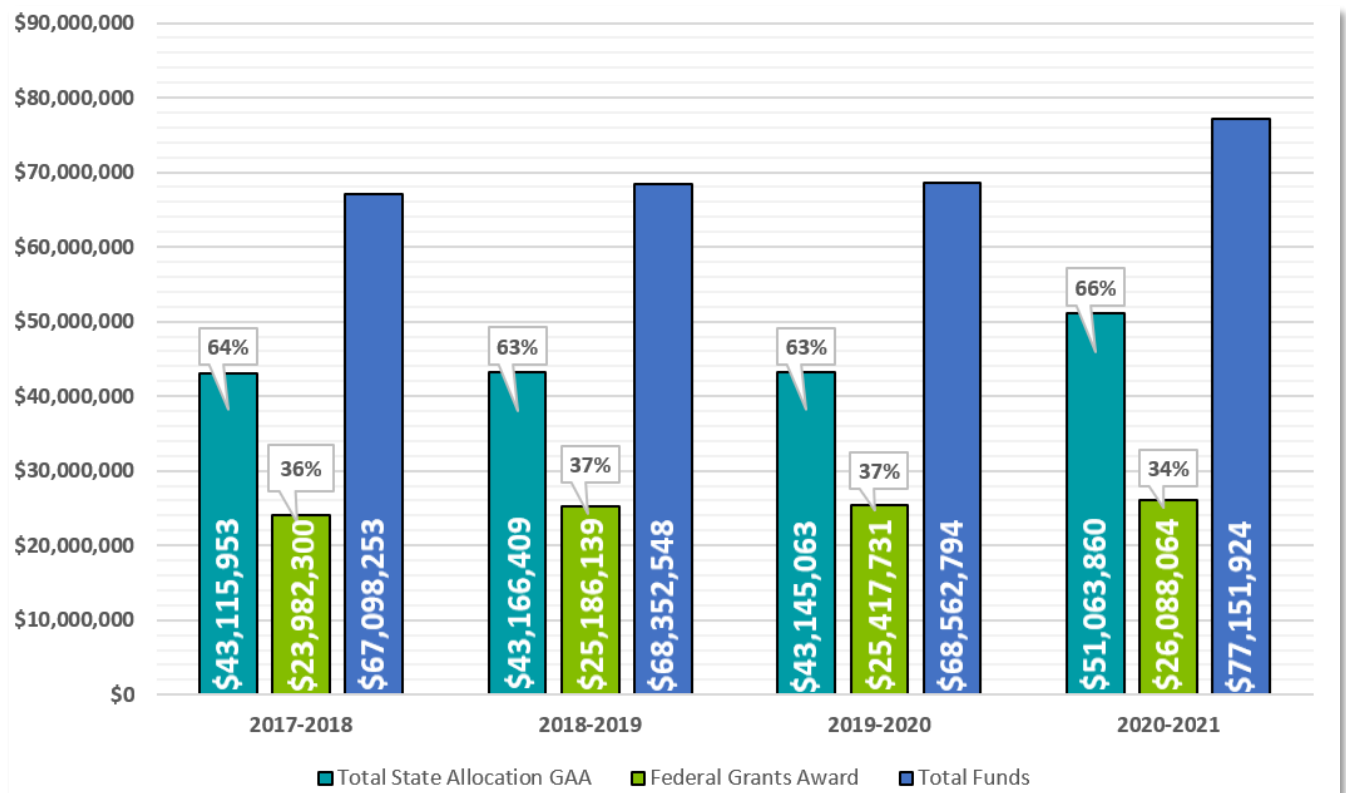
The Early Steps Program is funded through a combination of federal grant and state general revenue funds. The U.S. ED provides grant funding to states and allocates the funds based on each state's number of children from birth to 36 months, using a federal funding methodology, as a proportion of the nationwide child population. Early Steps Program funds support the following:

- Direct early intervention services for eligible children and their families.
- Infrastructure for contracted LESs providers.
- Major activities by the Early Steps Program to implement and maintain a statewide system of early intervention services (e.g., a system to ensure qualified personnel operation and maintenance of a data system and public awareness activities).
- Support for the FICCIT.
- State office (lead agency) administrative positions.

Federal and state funds allocated to the Early Steps Program can only be used to pay for services that are not covered by another public or private funding source. This requirement is referred to in federal law as payor of last resort.

Federal and state funding has increased from FY 2017-18 through FY 20-21 by a total of 15 percent, primarily due to an increase in the federal allocation. Although state funding has increased, the overall percentage of state funding decreased by 2 percent. **Figure 3** displays the current year's funding and the annual funding trend for the three preceding fiscal years.

Figure 3. Early Steps Annual Funding



Federal Fiscal Requirements

The Early Steps Program remains in compliance with Part C, IDEA’s maintenance of effort requirement, meaning Florida’s annual state budget for early intervention services must be at least equal to the amount of state funds expended for early intervention services for the preceding fiscal year. In addition to funds appropriated to the Early Steps Program, this principle also applies to state Medicaid Match dollars.

Local Provider Funding

The Early Steps Program worked with a contracted vendor to develop a funding allocation methodology which better aligns with the principles of fairness, efficiency, flexibility and equitability. The new methodology, which began with the FY 20-21, relies upon the two local program core functions to allocate funds: referral and service delivery. There was also an adjustment to the service component allocation based on population density and geographic size, in addition to budget neutrality ensuring allocated funds do not exceed the budget

Transition to a New Statewide Data System

The Early Steps Program collects and analyzes state and local level data to improve program performance and make data-informed fiscal decisions. Data are collected using a system developed in 1981 to track developmental follow-up for certain infants born in or transferred to neonatal intensive care units in hospitals across Florida. Since its inception, the current Early Steps Data System has expanded to become a statewide web-based data collection and reporting system for the Early Steps Program. However, there were limitations to any future expansion because of the age of the current system. In late 2018, the program completed the procurement process for a vendor to design and develop a new high-capacity data system. During FY 19-20, the design of a new system began with the development of the new Early Steps Data Administration System expected to be completed mid-2021.

Program Performance

The Department is required to address the performance standards in section 391.308(1), Florida Statutes, and report actual performance compared to the standards for the prior fiscal year annually. Section 391.308(1), Florida Statutes, provides as follows:

(1) PERFORMANCE STANDARDS. —The department shall ensure that the Early Steps Program complies with the following performance standards:

(a) The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups and input from stakeholders.

(b) The program must provide IFSPs that are understandable and usable by families, health care providers and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.

(c) The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the IFSP, as measured by family feedback and by independent assessments of services used by each child.

(d)The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication and adaptive behaviors.

Pursuant to section 391.308(5), Florida Statutes, the following measures are to be included in this report:

(a)Number and percentage of infants and toddlers served with an IFSP.

(b)Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program.

(c)Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program.

(d)Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services.

(e)Progress toward meeting the goals of IFSP.

(f) Any additional measures established by the Department.

This report addresses performance standards and performance measures beginning FY 17-18 through FY 19-20. Performance standards and related measures are discussed simultaneously. The information included in the report serves as the foundation for the Early Steps State Plan required in section 391.308(2)(c), Florida Statutes. The Department's Early Steps State Office works with stakeholder groups to assess the need for early intervention services, evaluate the extent of the need that is met by the program, identify barriers to fully meeting the need and recommend specific action steps in the state plan to improve program performance.

Children Served

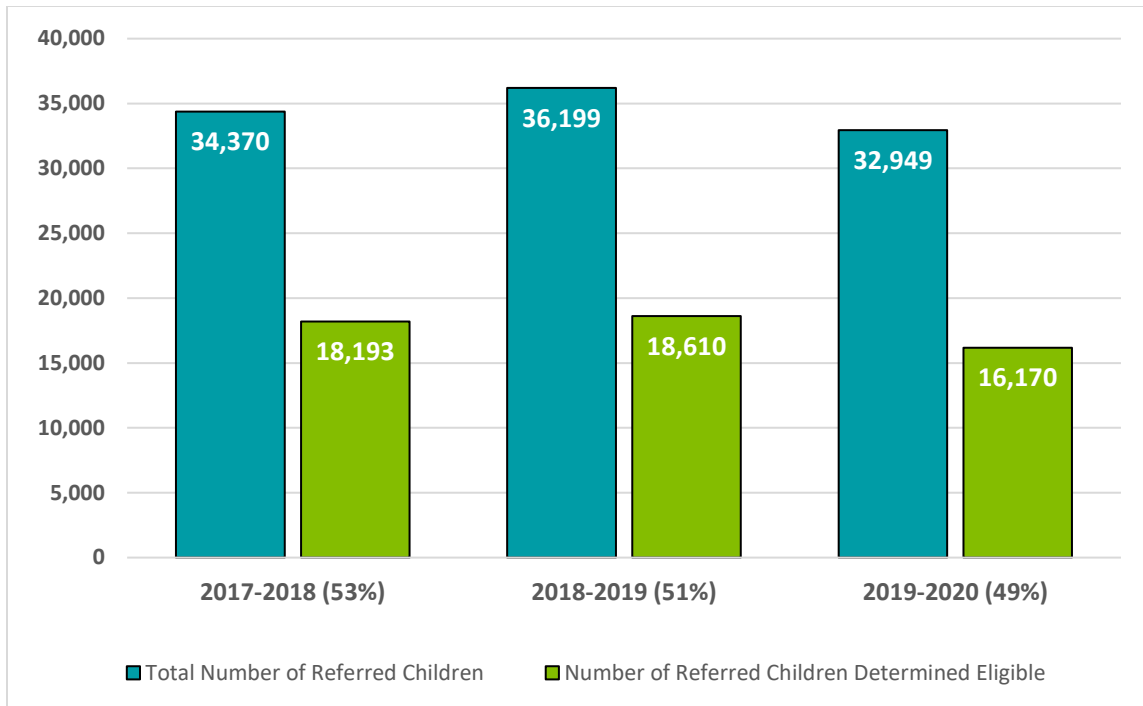
Program Eligibility

Children are eligible for the Early Steps Program if meeting one of the following eligibility criteria:

- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (e.g. autism spectrum disorder, cerebral palsy, deafness and hard of hearing, Down syndrome or visual impairment).
- A specified physical or medical condition known to create a risk of developmental delay (e.g., low birth weight, Neonatal Abstinence Syndrome).
- A developmental delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:
 - 1.5 standard deviations below the mean in two or more developmental domains
or
 - 2.0 standard deviations below the mean in one or more developmental domains.

The Early Steps Program promotes early intervention services to all referral sources to ensure each potentially eligible child is referred as soon as possible. As **Figure 4** depicts, there were 32,949 children referred to the Early Steps Program during FY 19-20. Of those children, 16,170 were determined eligible, which is a numerical decrease; and a 2 percent decrease in the percentage of children determined eligible compared to FY 18-19. This decrease is attributed to the effects of the COVID-19 pandemic in the last three and a half months of the fiscal year.

Figure 4. Number of referred children, referred children determined eligible and the percentage determined eligible



One of the goals identified in the 2019 Early Steps State Plan was to monitor and track the population referred to and served by the Early Steps Program, including infants and toddlers at-risk of developmental delay. The action steps to meet this goal included education to state and local entities on the Early Steps Program’s eligibility criteria to ensure appropriate referrals for potentially eligible infants and toddlers. Making more appropriate referrals means that a higher percentage of time and financial resources can be spent on serving eligible children, rather than evaluating noneligible children being referred to other programs. Data collection is used to monitor eligibility patterns and trends for referral of infants and toddlers, especially those at-risk of developmental delay.

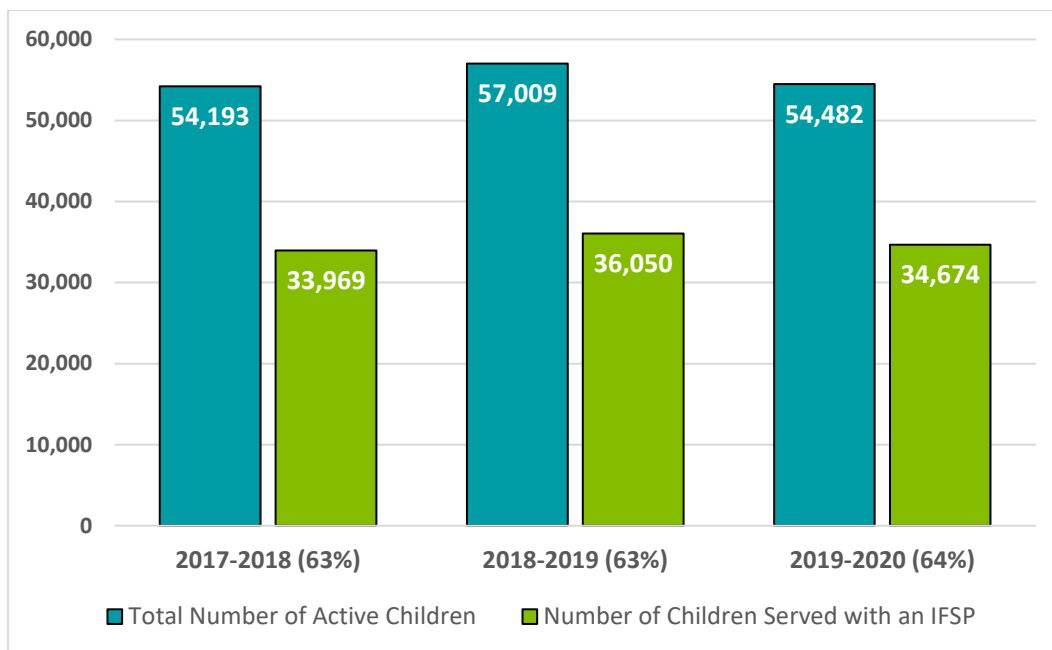
Contracts with LES providers include an annual deliverable for a Child Find Plan, which covers public awareness activities to primary referral sources. Public awareness activities include partnerships with physicians, hospitals and birthing facilities to increase the visibility of the program.

The Early Steps Program provides education and public awareness materials to LES providers and referral sources to address the discrepancy in ratio between referred children and those determined eligible.

As illustrated in **Figure 5**, there were 54,482 active children in the Early Steps Program during FY 19-20. Active children are defined as:

- Children continuing to be served from the last fiscal year.
- Children who exited but were active at some point within FY 19-20.
- Children referred who were determined eligible.
- Children referred who were determined not eligible.
- Children referred who have yet to complete the eligibility determination process.

Figure 5: Number of active children and number and percentage of children served with an IFSP



There is an increase of .53 percent of active children from FY 17-18 to FY 19-20 and a 2.1 percent increase of children served with an IFSP from FY 17-18 to FY 19-20. However, there is a slight decrease in the number of children served with an IFSP in FY 19-20 when compared to the previous year. This decrease is attributed to the effects of the COVID-19 pandemic in the last three and a half months of the fiscal year.

As of January 2018, the Early Steps Program began serving children who are at-risk of developmental delay based upon a physical or medical condition. A total of 786 children with at-risk conditions were served during FY 19-20.

Services from Referral Through Transition

Standard: The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups and input from stakeholders.

Compliance Measures

IDEA requires each state to develop an annual state performance plan/annual performance report that evaluates the state's efforts to implement the requirements and purposes of Part C, IDEA and describes how the state will improve its implementation. States report on quantifiable and qualitative indicators that measure performance for areas designated as priority areas by the U.S. ED. Some of the indicators are compliance measures which require 100 percent compliance by the U.S. ED. These measures indicate the state's performance related to timelines established in Part C, IDEA. Specifically, the measures are intended to ensure:

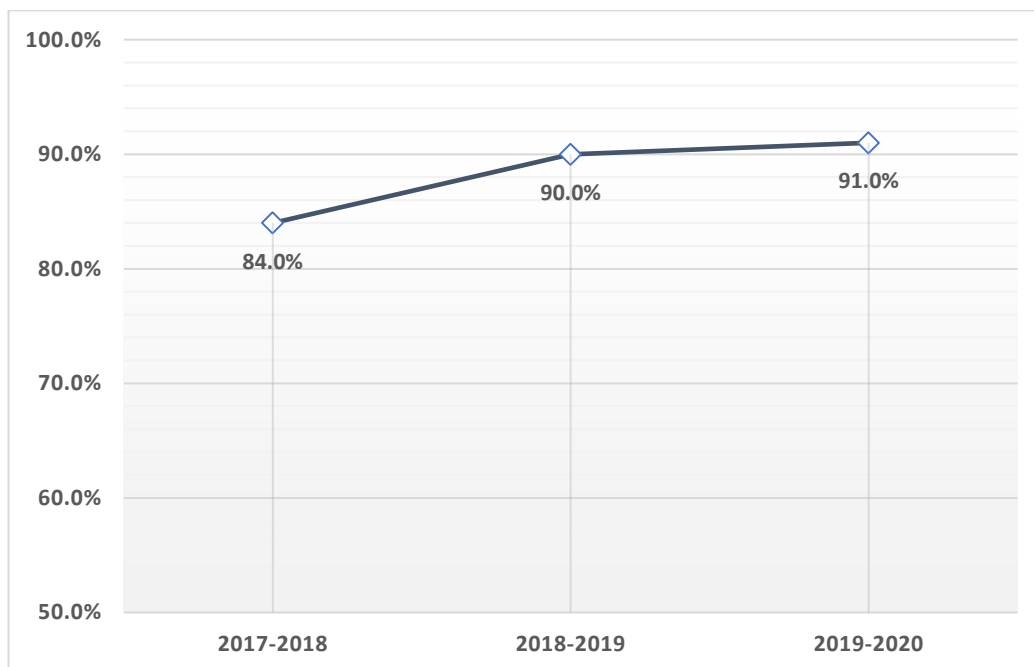
- Infants and toddlers referred are evaluated and provided with an IFSP within the federal time frames.,
- Services begin within 30 days after the family consents via the IFSP.
- Transition activities are established to best support the child and family to prepare for exit from the program.

The Early Steps State Plan has a goal to ensure compliance with state and federal requirements and indicators through development of an accountability system strengthening local and state resources and capacity. Specifically, three compliance priority areas for program improvement have been identified. Those include timely IFSPs within the required 45-day time frame, services beginning within the required 30-day time frame, and services in the natural environment. To increase performance in these priority areas, Early Steps has developed a technical assistance framework using a multi-tiered system of supports. The Early Steps Program will use this framework to analyze trends over time and engage in data-informed decision-making to determine a "tier" for each LES program. The tier each LES program is assigned to determines the level of support and activities required to improve program performance.

Individualized Family Support Plan Timelines

In accordance with federal regulations, evaluations and IFSPs must be provided within 45 days of the date the child's referral is received by the LES provider. The IFSP is developed for children who are eligible for the program by a team that includes the evaluators, service coordinator and family, at a minimum. The team gathers information, such as the family's concerns for their child's development, daily routines and activities, linkages to community resources, the child's level of functioning, individualized outcomes and the services necessary to meet the outcomes. **Figure 6** provides the percentage of infants and toddlers who received an evaluation and IFSP within the 45-day time frame.

Figure 6. Percentage of infants and toddlers who received an evaluation and IFSP within 45 days of referral

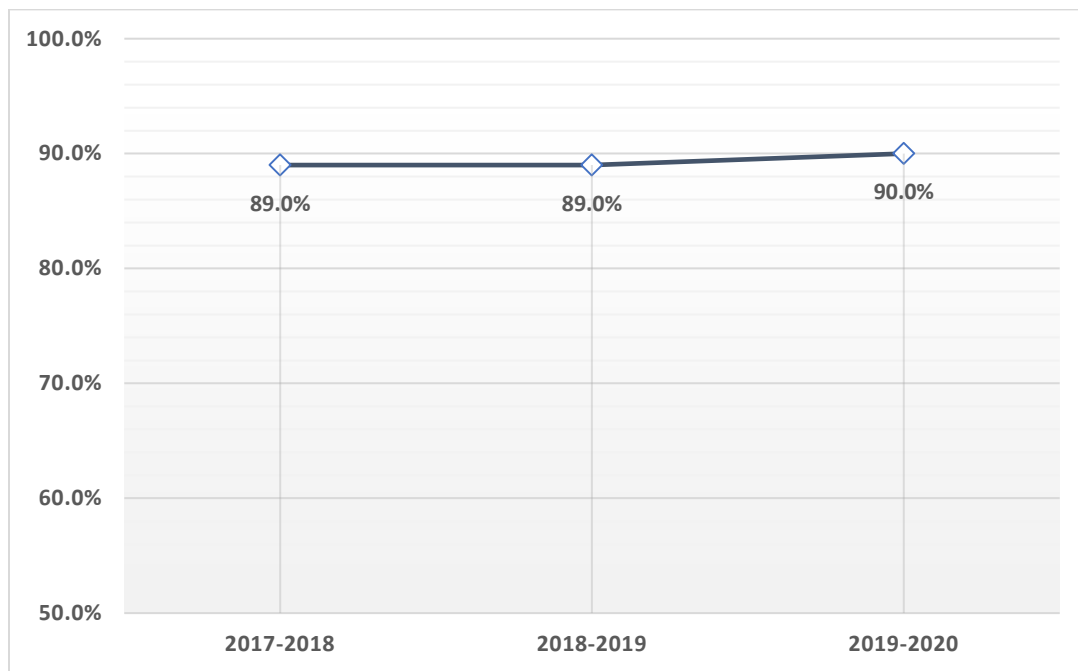


During FY 19-20, 91 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. While the target for the 45-day time frame is 100 percent as established by the U.S. ED, the one percent increase in performance from the previous year indicates improvement for providing timely evaluations.

Timely Services

Early Steps services are required to be provided within 30 days after the family's consent to the service(s) authorized on the IFSP. **Figure 7** illustrates the percentage of children who received services within 30 days of consent.

Figure 7. Percentage of infants and toddlers who received services within 30 days of consent



The target for the 30-day time frame is 100 percent as established by the U.S. ED. During FY 19-20, 90 percent of infants and toddlers received services within 30 days of consent. This figure represents a 1 percent increase in performance from last year. The Early Steps Program provides targeted technical assistance in order to support local programs with any finding of noncompliance for this indicator. The Program deployment of targeted technical assistance pinpoints trends through data analysis which in turn leads to data-informed decisions and process improvements.

Transition

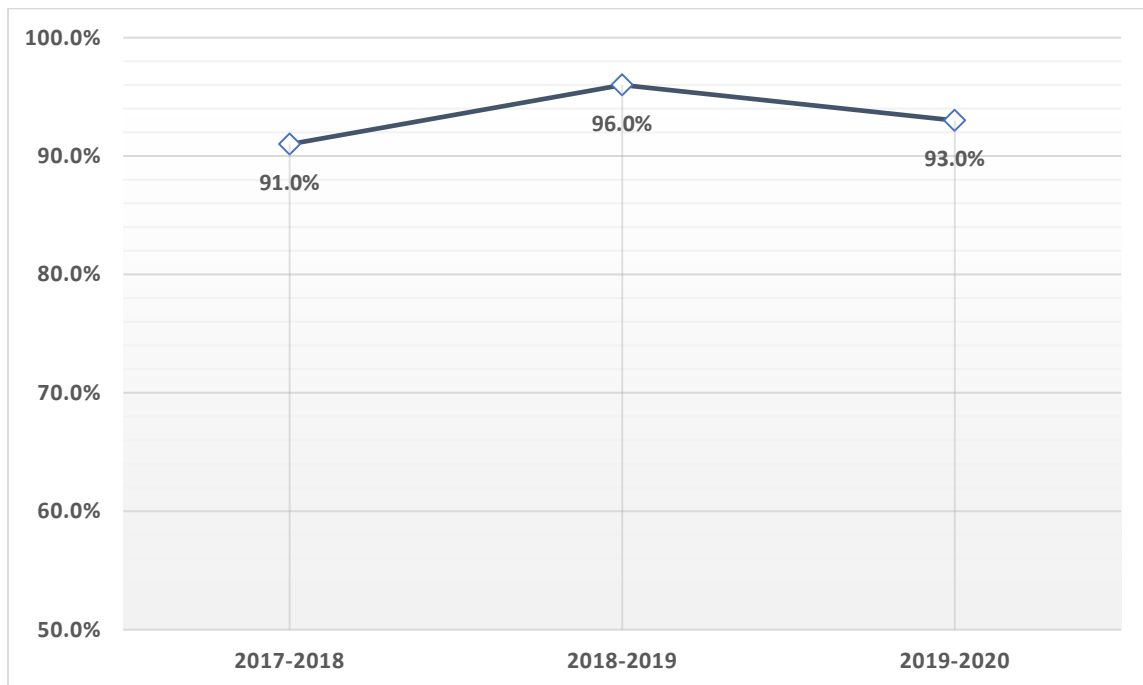
The Early Steps Program must ensure a smooth transition for infants and toddlers from early intervention services under Part C, IDEA, to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

The LES provider is required to hold a conference to discuss services and develop a transition plan not fewer than 90 days or more than nine months before the third birthday of a toddler

served in Early Steps. The transition plan must include activities and time frames for successful transition from Early Steps. The target for the 90-day time frame is 100 percent and is established by the U.S. ED.

Figure 8 shows 93 percent of children preparing to transition from Early Steps in FY 19-20, received a timely transition conference with activities and time frame for the appropriate program(s) upon exit from the program. This is a 3 percent decrease from the previous year. This decrease is attributed to the closure of school districts across the state due to the COVID-19 pandemic during the last three and a half months of the fiscal year, resulting in the inability to transition children to preschool programs during those months. The decrease can also be attributed to service coordinators with higher caseloads having difficulty scheduling timely transitions. The Department's Early Steps State Office developed a transition training during FY 19-20 that is available to all service coordinators through TRAIN, a statewide on-line training system. Local Early Steps scoring less than 100 percent in the area of Transition, have been encouraged to have all their service coordinators complete this training.

Figure 8. Percentage of toddlers exiting Early Steps with steps and services for transition planning not fewer than 90 days and not more than nine months prior to the third birthday



Family and Child Outcomes

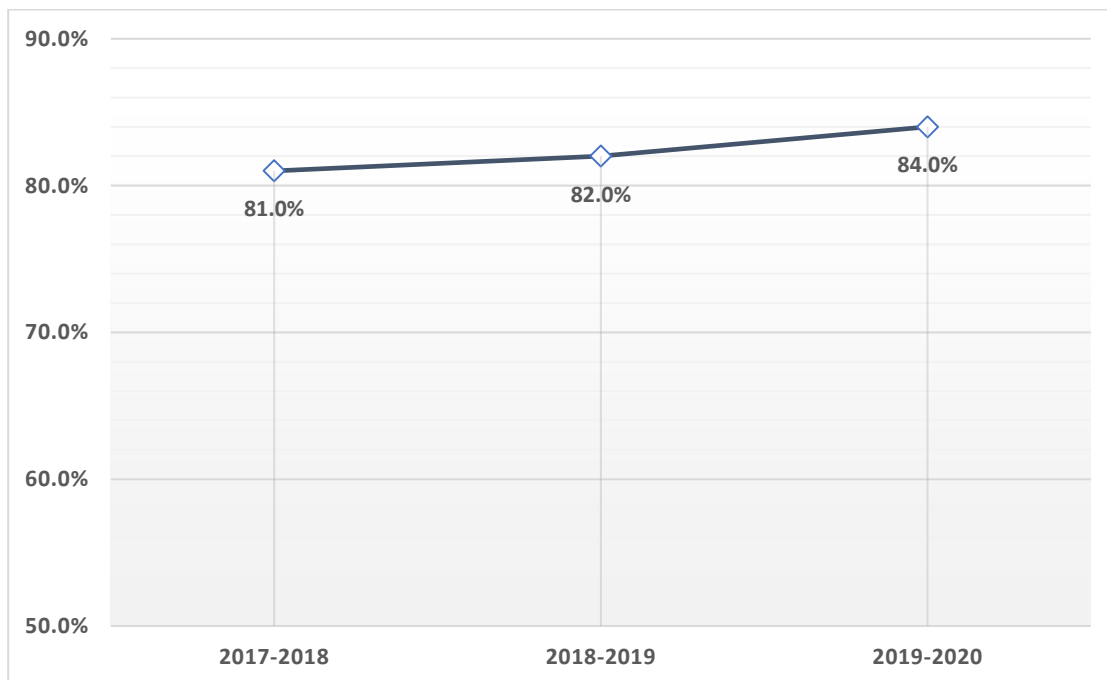
Outcome Measures

The annual state performance plan/annual performance report, required by the U.S. ED, includes child outcome measures that report the improvement of children's development as a result of participation in the Early Steps Program. Family outcome measures are also reported and indicate if Early Steps helped the family know their rights, effectively communicated the child's needs, and helped the child develop and learn. These are considered performance measures by the U.S. ED. Each state identifies the target for compliance for each outcome measure and is monitored based on the established target.

Family Outcomes

The Early Steps Program solicits feedback from families to assess family outcomes resulting from their child's participation in the program. These outcomes are identified by the U.S. ED and reported annually. The reported data are derived from a nationally developed family survey for states' early intervention programs.

Figure 9. Percentage of families that report the program helped the family effectively communicate child's needs (4B)



During FY 19-20, 84 percent of families reported that early intervention services helped the family effectively communicate the child's needs. This is a two percent increase from the prior year. The target established for FY 19-20 was 81.5 percent and the state surpassed this target by 2.1 percent. A new target will be set in 2020 for the FY 21-22 survey with stakeholder input.

Individualized Family Support Plan Content

Standard: The program must provide Individualized Family Support Plans that are understandable and usable by families, health care providers and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.

The families and caregivers of eligible infants and toddlers are provided with an IFSP. The IFSP is a written plan that includes family concerns, the child's developmental status, strategies toward achieving outcomes and authorized services and supports. IFSPs are developed by the IFSP team which includes:

- Parents and caregivers.
- Other family members.
- Persons outside the family, as requested by the parents.
- The service coordinator responsible for implementing the IFSP.
- Persons directly involved in conducting the evaluation and/or assessment.
- Persons who are or will be providing early intervention services to the child or family.

IFSPs are reviewed at least every six months; however, a review may occur more frequently if the family requests a review or if conditions warrant. The purpose of periodic review is to determine the progress toward achieving the identified outcomes for the child and whether modifications are necessary to achieve planned results. Additionally, the IFSP is reviewed at least annually to re-determine continued eligibility, modify provisions, and assess the appropriateness of the outcomes, strategies and recommended services.

During June 2020, focus groups and structured individual interviews were conducted with parents of Early Steps children and staff in South and North Florida. Due to the ongoing COVID-19 pandemic, there was a decrease in family participation as compared to last year. Ten parents from the Southernmost Coast LES and one parent from the Northeastern LES participated.

The focus groups and interviews were helpful in providing an overall picture of the benefits and difficulties of mostly virtual visits beginning in March 2020. Virtual visits also required both parents, staff and providers to become more flexible and creative.

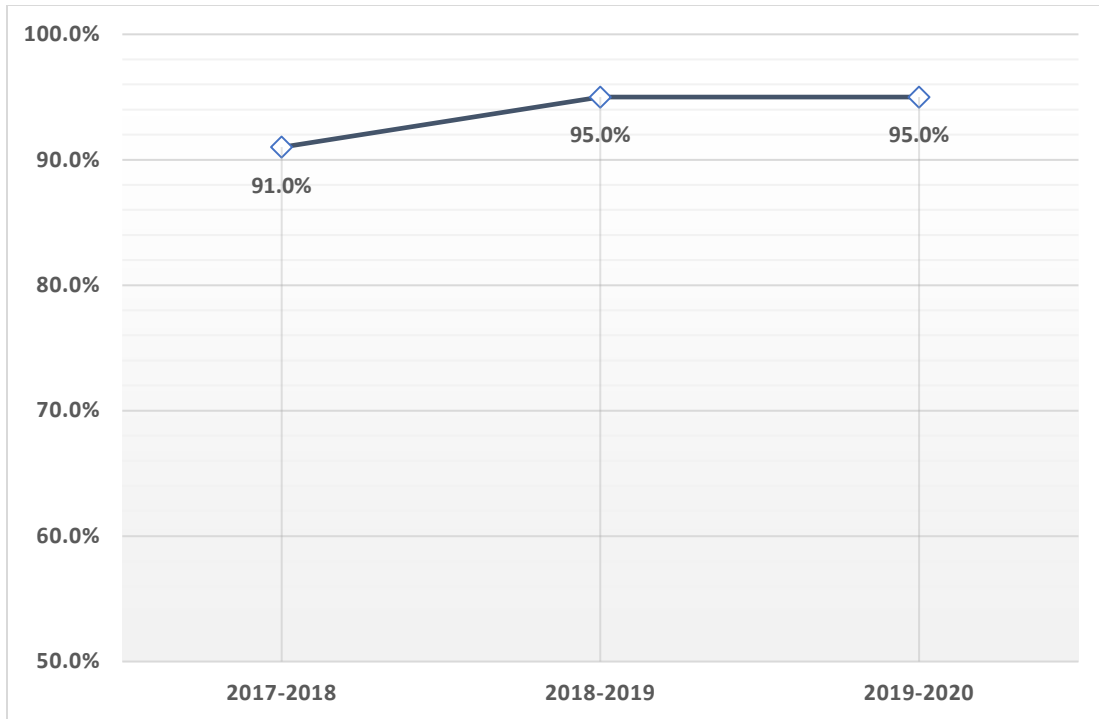
The results of these focus groups and interviews were that parents:

- Stated they saw minimal or no interruption in receiving services due to the pandemic.
- Felt more involved after switching to virtual provider visits, but also noted some difficulty in maintaining the child's attention.
- Reported positively on the competency of the service coordinator and the sense of engagement with the staff. Many parents noted a close relationship with their service coordinator.
- Overall, parents felt very favorable toward Early Steps, averaging a mark of 9.8 on a 1-10 scale.

Measure: Progress toward meeting the goals of Individualized Family Support Plans

A random sample of child records were reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 95 percent of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 19-20 (**Figure 10**). This figure represents maintenance of last year's performance.

Figure 10. Percentage of infants and toddlers that made progress toward meeting the goals of the IFSP



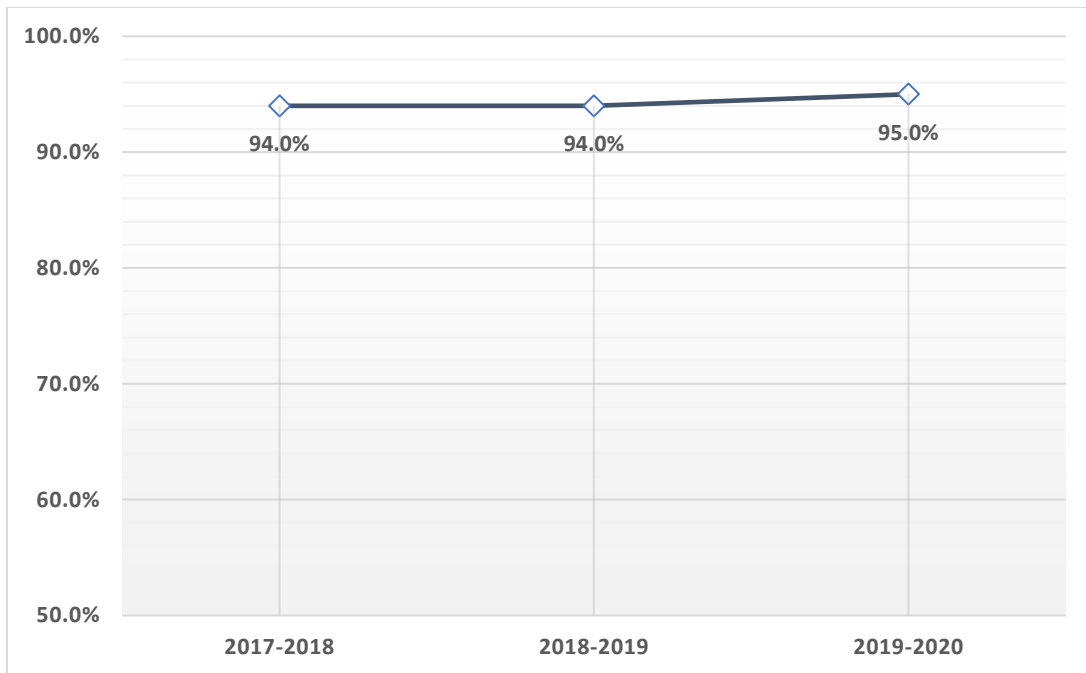
Families Reporting on Child Outcomes

Standard: The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the Individualized Family Support Plan, as measured by family feedback and by independent assessments of services used by each child.

The IFSP teams work with families to identify available resources needed to meet children's individualized outcomes. **Figure 11** shows the percentage of families who indicated the LES provider helped with the use of resources to achieve the desired outcomes on the IFSP.

During FY 19-20, 95 percent of families reported that Early Steps helped with the use of available resources in a way that maximized access to services necessary to achieve the goals on the IFSP (**Figure 11**). This figure is a 1 percent increase from the previous year.

Figure 11. Percentage of families who reported that Early Steps helped families use available resources in a way that maximizes the child’s access to services necessary to achieve the goals of the IFSP



The LES providers continue to maintain community partnerships to maximize available resources for optimal outcomes for infants and toddlers and their families. At the state level, the Early Steps Program maintains collaborative partnerships with state agencies, universities and other programs serving infants and toddlers and their families.

Family survey results indicate that a substantially high percentage of families report Early Steps has helped the family obtain the supports and services their child and family need. In addition, focus group and structured interview results indicate that parents and caregivers feel very positive about the service coordinators and service providers serving their child and family and have been able to build close relationships.

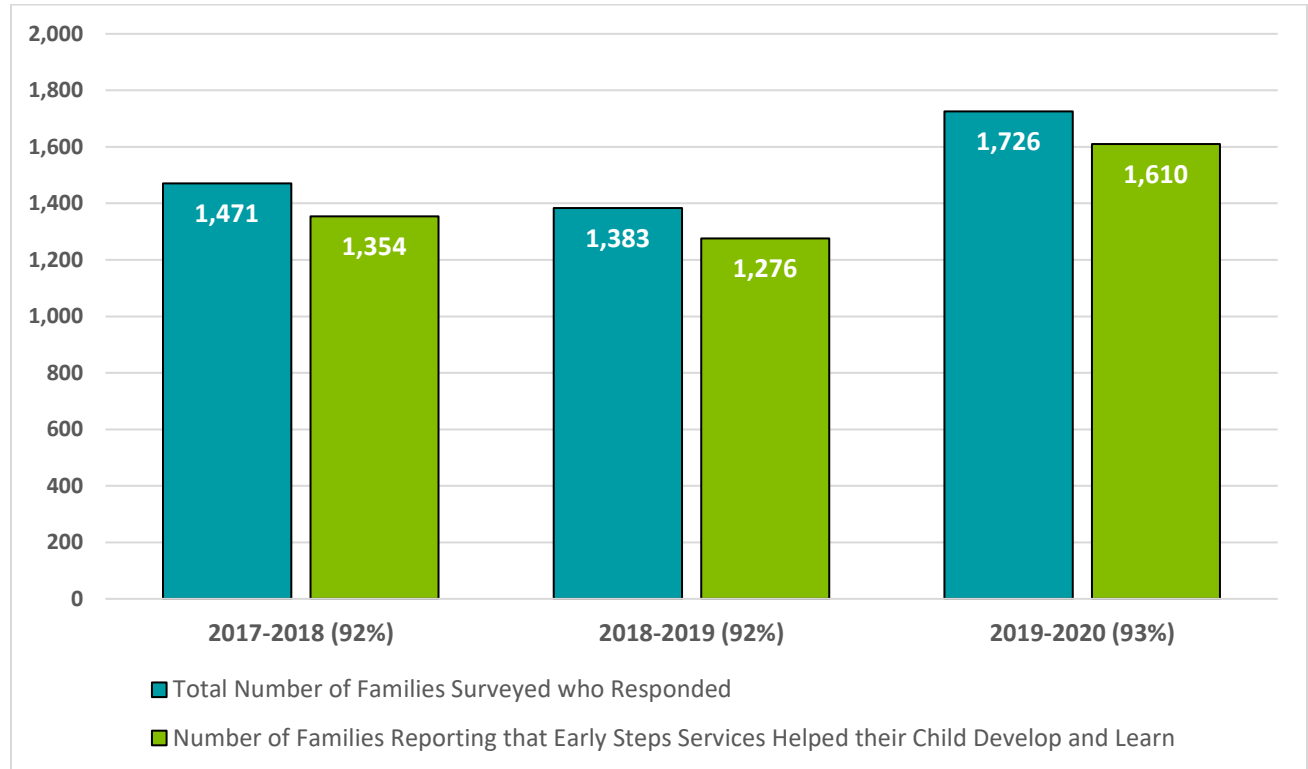
Measure: Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services

The purpose of the Early Steps Program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the child's needs. Each LES has a minimum of one full-time Family Resource Specialist (FRS). The FRS is a parent or primary caregiver of a child who received early intervention services. The primary role is to provide parent-to-parent support to families served by the program. FRSs work with LES providers to promote the importance of family education in service provision. FRSs are required to develop and submit an annual System of Family Involvement Plan in collaboration with families served by the LES provider. The plans address strategies to increase family outcomes and to build the capacity of families to help their children grow. Outcomes of the plans are provided to the Department as a contractual requirement.

Families with children exiting Early Steps are surveyed annually to determine the extent to which Early Steps services have helped the child and family. During FY 19-20, 61 percent of families with children who exited during the survey period provided a survey response. This is an 8 percent increase in last year's response and high enough for a confidence level of 95 percent. Local Early Steps made a concentrated effort to encourage families to respond, even when faced with the pandemic shutdown in the last six to seven weeks of the survey period. Survey data are used to report family outcome measures determined by the U.S. ED and identify priorities for program improvement.

Figure 12 shows that in FY 19-20, 93 percent of families reported that Early Steps services positively impacted their ability to help their child develop and learn, an increase of 1 percent over the previous year. The target for this indicator is established by the state. The target for FY 19-20 was 92.3 percent and the state surpassed this target by 1 percent. The current set of targets ends in FY 19-20 and with stakeholder involvement, the Early Steps Program will begin assessing new targets for the future.

Figure 12. Number and percentage of families who report that early intervention services have helped their family help their child develop and learn



Child Outcomes

Standard: The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication and adaptive behaviors.

The U.S. ED requires each Part C, IDEA state to develop a State Systemic Improvement Plan (SSIP) as part of the annual state performance plan/annual performance report described in 34 CFR 303.701. The SSIP is a multi-year plan intended to increase the capacity of LES providers to improve outcomes for children with disabilities and their families. In coordination with stakeholders, the Early Steps Program identified the following child outcome as the priority focus of the SSIP: “Increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social emotional skills.” This was chosen because the percentage of infants and toddlers who show substantial progress in the social-emotional domain is significantly below the national average and more disparate than other child outcome areas.

The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality providers, leading to improved child outcomes. This includes professional development for providers to ensure services rendered are evidence-based, family-centered early intervention services.

In order to measure child outcomes, Early Steps conducts an assessment using a tool called the Battelle Developmental Inventory, 2nd Edition (BDI-2). Children are assessed when entering the program and again when exiting the program to measure progress. The data obtained on the child's progress are used to report on child outcomes determined by the U.S. ED and this annual report. The U.S. ED requires outcome measures that report "substantial" child progress while the state of Florida requires the reporting of any child progress.

States can identify the methods and tools used to measure children's progress. Florida is one of seven Part C, IDEA states that solely uses the BDI-2 tool to assess child outcomes. Since the U.S. ED compares compliance and outcome data amongst other states, the need was identified in 2019 to review the other six states to determine each states' method to link BDI-2 results with each child outcome measure. An analysis identified areas for improvements to the rules used by Early Steps to more accurately reflect the progress children make as a result of enrollment in the Early Steps Program. Changes to Florida's BDI-2 Business Rules were made in September 2019 with the anticipation that the change would make Florida's results more equitable when comparing child outcome data with other Part C, IDEA states. This change was made six months prior to the COVID-19 pandemic, which has greatly changed the landscape for early intervention services and the way services are being provided.

The measures for improved social or emotional skills and improved acquisition and use of knowledge, as well as communication skills, are shown on the following page. Comparison with prior year gains is not reliable because of the revised measurement system noted above, and the fact that the COVID-19 pandemic greatly reduced the number of exit assessments conducted in the final quarter of the FY 19-20. Thus, the number of completed assessments in all areas are less than the previous year. There was an average of 1,850 less children with completed assessments across the three outcome areas shown on the following pages. Raw score gains can only be calculated for children who received the full assessment on both entry and exit, so there are some missing data within each domain.

Measure: Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program

*Total Number of Children Assessed: **5,959***

*Percentage of Children Who Demonstrated Improvement: **96.4%***

The assessment for the social-emotional domain determines the percentage of infants and toddlers with IFSPs demonstrating the increased rate of growth in positive social-emotional skills. Social-emotional skills refer to the social relationships a child forms with others and how the child interacts with or relates to other children and adults. This indicator continues to be one of the priorities for Florida.

One of the goals in the 2019 Early Steps State Plan is implementation of the SSIP to increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills. Considering the facts that the items on the BDI-2 assessment do not adequately measure social-emotional skills of very young children and the BDI-2 is a tool designed to more readily evaluate a child in a face-to-face setting, Early Steps made the decision at the end of FY 19-20 to transition from the BDI-2 as Florida's tool to determine a child's entry-exit progress and replace it with the Child Outcome Summary Process (COS). The COS process allows the integration of multiple sources of information rather than only one standardized tool. This will allow a more accurate assessment, using information gathered across routines, activities and settings. In addition, it will be easier for Local Early Steps to complete entry and exit assessments when prevented from conducting such assessments in person.

Measure: Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program

Total Number of Children Assessed: 5,832

Percentage of Children Who Demonstrated Improvement: 97.4%

The BDI-2 assessment of cognitive skills includes the acquisition and use of knowledge, such as thinking, reasoning, problem-solving and remembering. Prior to FY 17-18, the scores for cognitive and communication skills were reported together.

Measure: Number and percentage of infants and toddlers demonstrating improved ability to both understand and use language after the program.

Total Number of Children Assessed: 5,958

Percentage of Children Who Demonstrated Improvement: 96.2%

The assessment for the communication domain determines the percentage of infants and toddlers with IFSPs demonstrating an increased rate of ability to both understand and use language. Communication skills refer to both the ability to respond to sounds and words (receptive) and to relate information to others by gestures, sounds, words and sentences (expressive). This measure differs from a similar federal measure, as it is a statutory requirement in Florida.

Conclusion

The services provided under the Early Steps Program enhance the physical, cognitive, communication, social-emotional and adaptive development of infants and toddlers. Well-implemented, high-quality early intervention programs help children in both the short and long term through reduced placement in Exceptional Student Education programs, increased high school graduation rates and improved long-term health.

The Early Steps Program is serving slightly fewer children across Florida as demonstrated by Figure 4 which shows 2,023 fewer children referred and subsequently receiving services from FY 17-18 through FY 19-20. There were 32,949, children who were referred in FY 19-20 and

16,170 of those children were eligible for services. The decrease is attributed to the COVID-19 pandemic which began affecting services in March 2020 and caused some families to delay referral or evaluation. Service satisfaction remains high as measured by the families who reported that the Early Steps Program helped them help their child develop and learn (93.3 percent). The Early Steps Program will continue to involve stakeholders at the state and local level to improve both the performance in areas scoring below the identified target and outcomes for infants and toddlers and their families.

Through a comprehensive state planning process, the program will:

- Assess the statewide need for early intervention services.
- Evaluate the extent of the need met by the program.
- Identify barriers to fully meeting the need.
- Develop action steps to improve program performance.

Early intervention services in the first years of a child's life can greatly reduce the need for services as a child grows older and enters school. Early Steps is committed to serving infants and toddlers with disabilities and developmental delays to help them reach their full potential.

References

Tout, K., Halle, T., Daily, S., Albertson-Junkans, L., Moodie, S. (2013). *The Research Base for a Birth Through Age Eight State Policy Framework*. Washington, D.C.: Alliance for Early Success and Child Trends.