



Annual Report

December 1, 2021

Ron DeSantis
Governor

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State Surgeon General
Florida 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 (F.S.).

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

- An increase in timely services, children receiving initial evaluations within 45 days, and timely transitions.
- Service provision continued to be delivered via telehealth due to the COVID-19 pandemic.
- Maintenance of family satisfaction and perceived competency of service coordinators (based on focus group input).
- A decrease in the number of infants and toddlers served by 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 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. 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 within the family's daily routines and activities.
- Utilize team-based approaches through the 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 to support the child and family to prepare for exit from the program.

Program Structure

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

- Administrative functions
- Federal reporting

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

- Federal grant management
- Fiscal accountability
- Monitoring of contract compliance

Florida Interagency Coordinating Council for Infants and Toddlers

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 the Florida Early Steps Program in the performance of oversight responsibilities. The FICCIT meets on a quarterly basis and is composed of governor-appointed members. Collaboration with stakeholders across the state is a key component of the program's success.

Local Early Steps

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 are 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 exiting 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 where the children live, learn, and play. Early intervention services aim 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 grants 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:

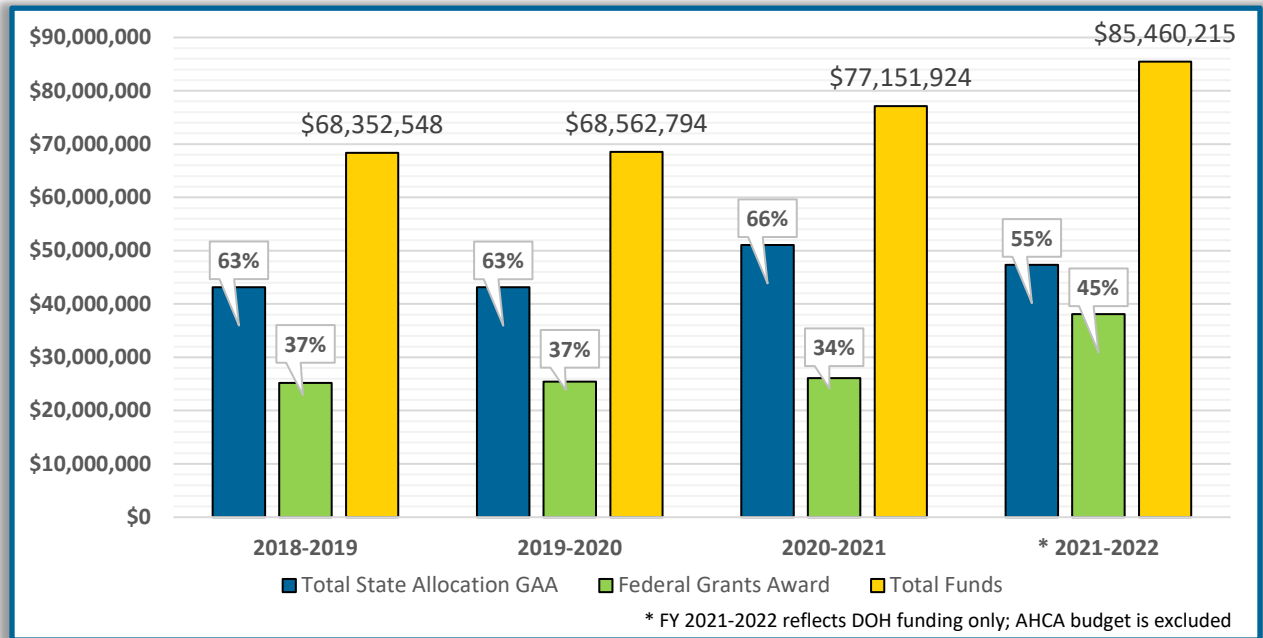
- Direct early intervention services for eligible children and their families.
- Infrastructure for contracted LES providers.
- Major activities by the Early Steps Program to implement and maintain a statewide system of early intervention services (e.g., a system to ensure qualified personnel operation, 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 as payor of last resort in federal law.

Federal and state funding continued to increase from fiscal year (FY) 2018-2019 through FY 2021-2022 by a total of 25 percent primarily due to a continued increase in federal allocations. Federal funding continued to increase for FY 2021-2022 due to the American Rescue Plan Act (ARP) which awarded the program \$11,509,642. In FY 2021-2022, the Medicaid Match funding that previously was a part of the Department's budget transitioned to the Agency for Health Care Administration (AHCA) budget. It is important to note that while it appears there was a reduction in state funding between FY 2020-2021 and FY 2021-2022, it essentially was a shift of funding between agencies and did not impact the overall funding for the program. **Figure 2**

displays the current year's funding and the annual funding trend for the three preceding fiscal years.

Figure 2. 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 number 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 as funds are appropriated to AHCA for state Medicaid Match.

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 FY 2020-2021, 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 overall 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. A consequence of this limitation motivated the Department to propose the procurement and development of a new high-capacity data system that would meet the needs of the Early Steps Program.

For consecutive years, the U.S. ED has determined Florida needed assistance in implementing the requirements of the IDEA Part C. A significant factor in this assessment is the lack of data completeness and the number of data anomalies in Florida.

In FY 2017-2018, the Department established a multi-year timeline to successfully develop and implement a new administrative data system for the Early Steps Program. Through a competitive solicitation, the Department selected a vendor to develop the new data system. Various challenges were faced throughout the life of the project. Due to the continued challenges, the Early Steps Program determined that the produced data system would not result in a viable solution for the program. The Department terminated the relationship with the vendor on June 29, 2021.

In response to the termination, the Department has reinitiated the process to procure a vendor that will successfully develop and implement a new Early Steps Administration System that will have the functionality to meet the needs of the Early Steps Program.

Program Performance

The Department is required to address the performance standards in section 391.308(1), F.S., and report actual performance compared to the standards for the prior fiscal year annually. Section 391.308(1), F.S., provide 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 also 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), F.S., 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 2018-2019 through FY 2020-2021. 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), F.S. The 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

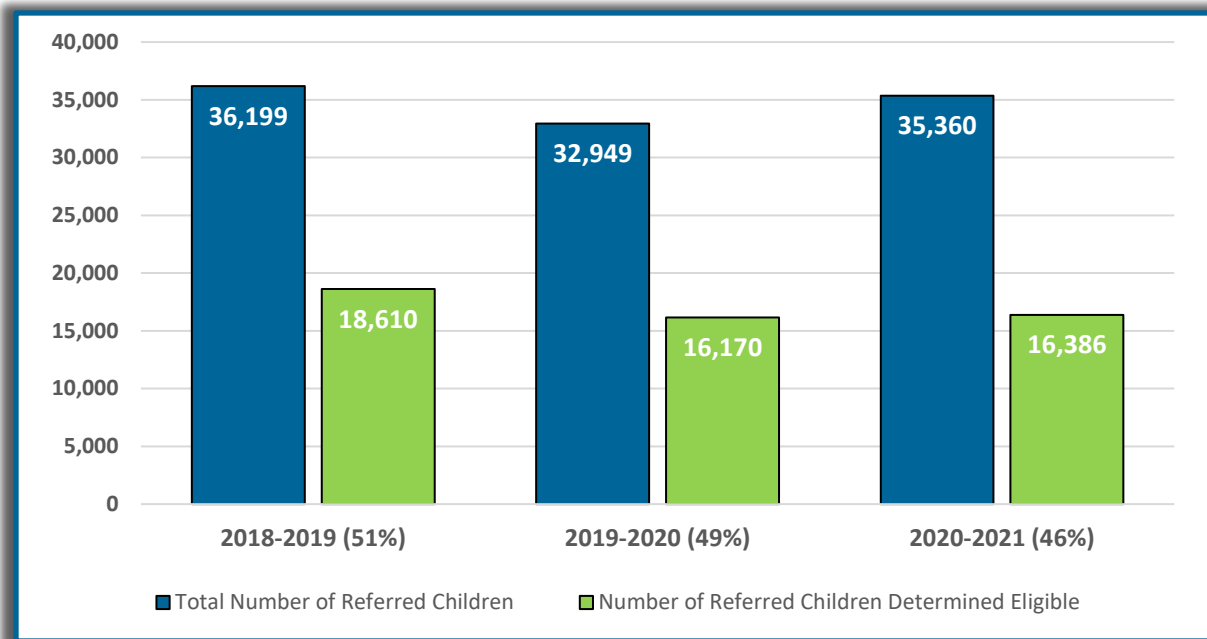
Program Eligibility

Children are eligible for the Early Steps Program by 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 3** depicts, there were 35,360 children referred to the Early Steps Program during FY 2020-2021. Of those children, 16,386 were determined eligible, a 3 percent decrease in the percentage of children determined eligible compared to FY 2019-2020. This decrease is attributed to the effects of the COVID-19 pandemic throughout the fiscal year.

Figure 3. Number of referred children, referred children determined eligible and the percentage determined eligible



One of the goals identified in the 2020 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 children who ultimately do not meet Early Step’s Program eligibility and are 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.

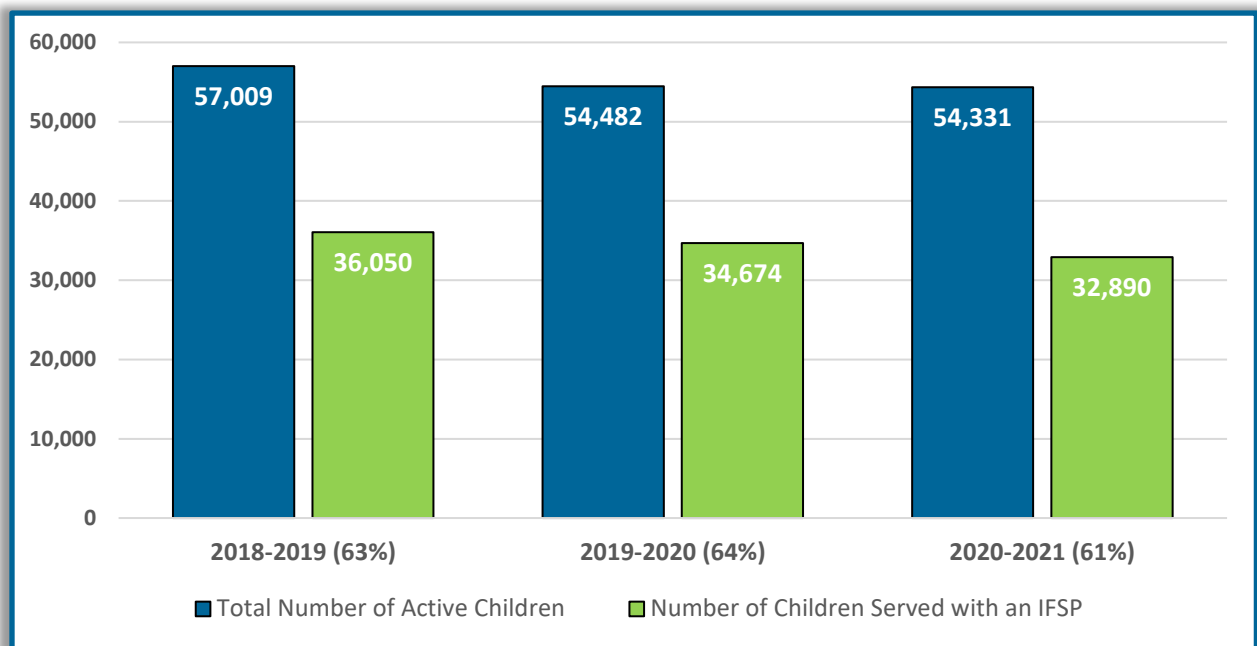
Contracts with LES providers include an annual deliverable for a Child Find Plan, which covers public awareness activities to primary referral sources. Public awareness activities include partnerships with physicians, hospitals, and birthing facilities to increase the visibility of the program.

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

As illustrated in **Figure 4**, there were 54,331 active children in the Early Steps Program during FY 2020-2021. 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 2020-2021.
- 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 4: Number of active children and number and percentage of children served with an IFSP



There is a 4.7 percent decrease in the number of active children from FY 2018-2019 to FY 2020-2021 and an 8.8 percent decrease in the number of children served with an IFSP from FY 2018-2019 to FY 2020-2021. There is also a slight decrease in the number of children served with an IFSP in FY 2020-2021 when compared to the previous year. This decrease is attributed to the effects of the COVID-19 pandemic throughout 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 733 of the 32,890 children with at-risk conditions were served during FY 2020-2021.

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 a State Performance Plan/Annual Performance Report (SPP/APR) 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 that 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:

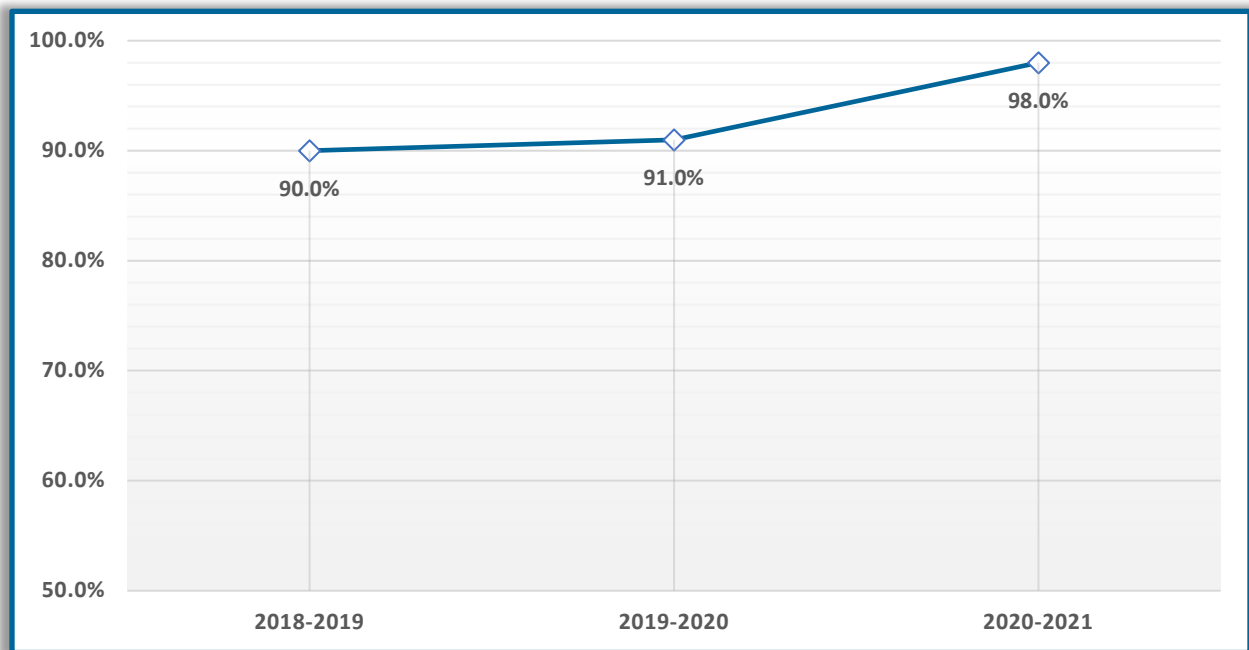
- Infants and toddlers referred are evaluated and provided with an IFSP within the federal time frames.
- Services begin within 30 days after the family consents via the IFSP.
- Transition activities are established to best support the child and family to prepare for exit from the program.

The Early Steps State Plan, which also includes an analysis of Florida's performance, is required by section 391.308(2)(c), F.S. This plan includes action steps to improve performance. One of the goals is to ensure compliance with state and federal requirements and indicators through the 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 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 5** provides the percentage of infants and toddlers who received an evaluation and IFSP within the 45-day time frame.

Figure 5. Percentage of infants and toddlers who received an evaluation and IFSP within 45 days of referral

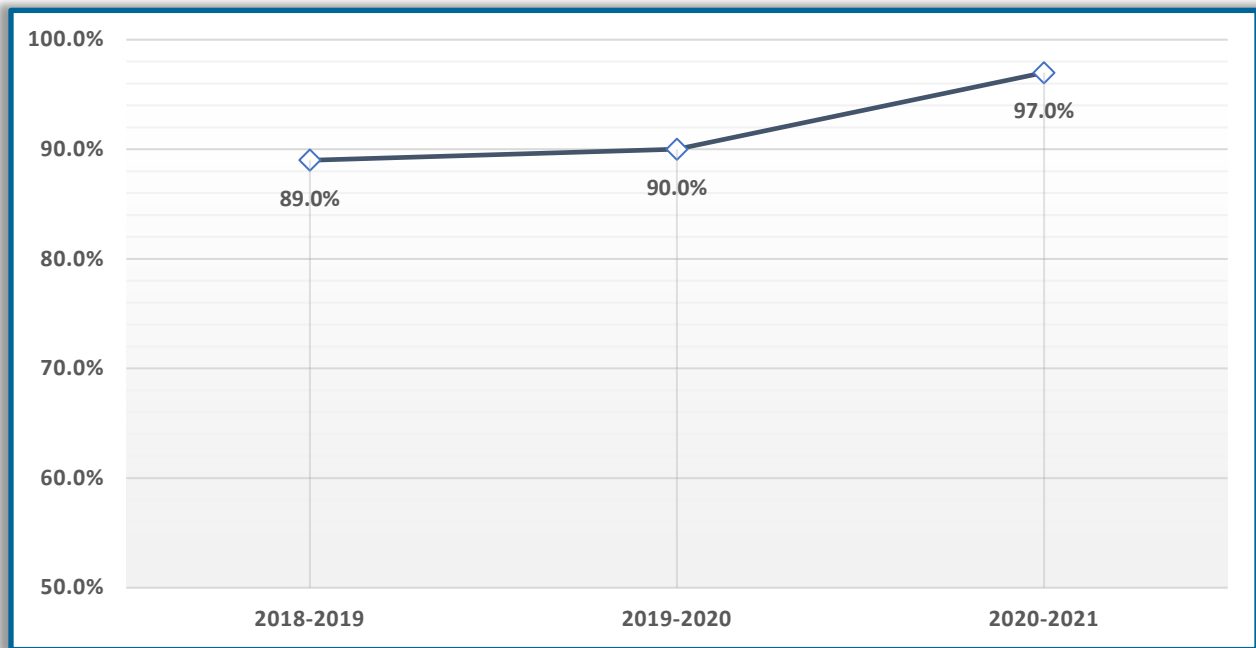


During FY 2020-2021, 98 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. While the target for the 45-day time frame is 100 percent as established by the U.S. ED, the 7 percent increase in performance from the previous year indicates an improvement for providing timely evaluations.

Timely Services

Early Steps services are required to be provided within 30 days after the family consents to the service(s) authorized on the IFSP. **Figure 6** illustrates the percentage of children who received services within 30 days of consent.

Figure 6. 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 2020-2021, 97 percent of infants and toddlers received services within 30 days of consent. This figure represents a 7 percent increase in performance from last year. The Early Steps Program provides targeted technical assistance in order to support local programs with a 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

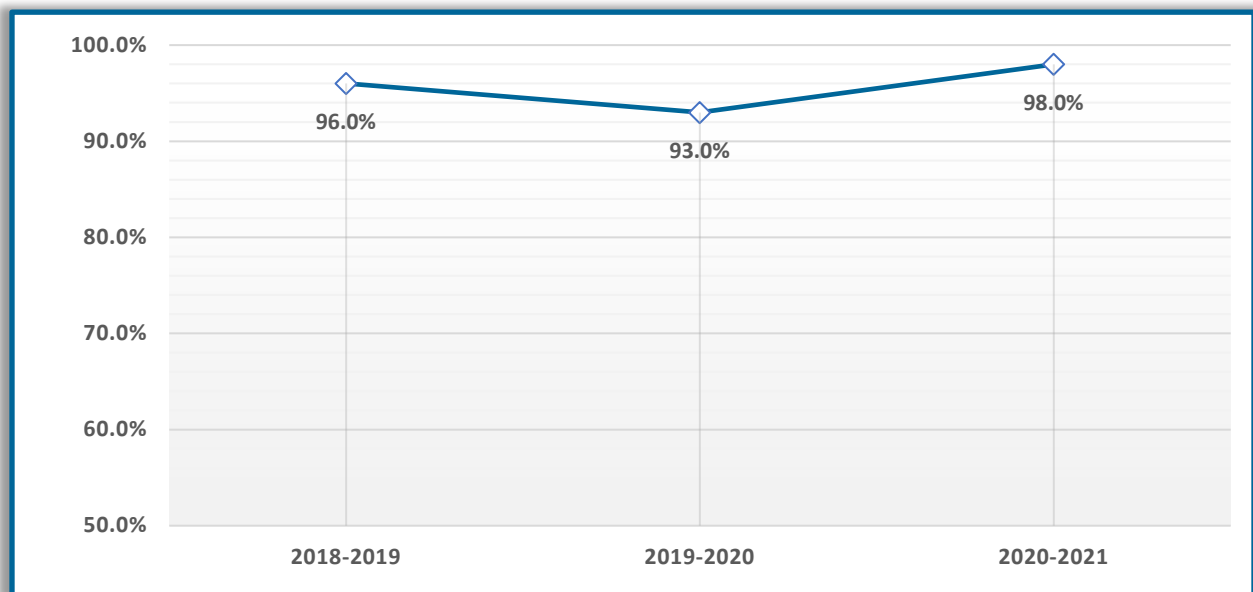
The Early Steps Program must ensure a smooth transition for infants and toddlers from early intervention services under Part C, IDEA, to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

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 a 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 7 shows 98 percent of children preparing to transition from Early Steps in FY 2020-2021 received a timely transition conference with activities and time frame for the appropriate program(s) upon exit from the program. This is a 5 percent increase from the previous year.

Figure 7. 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

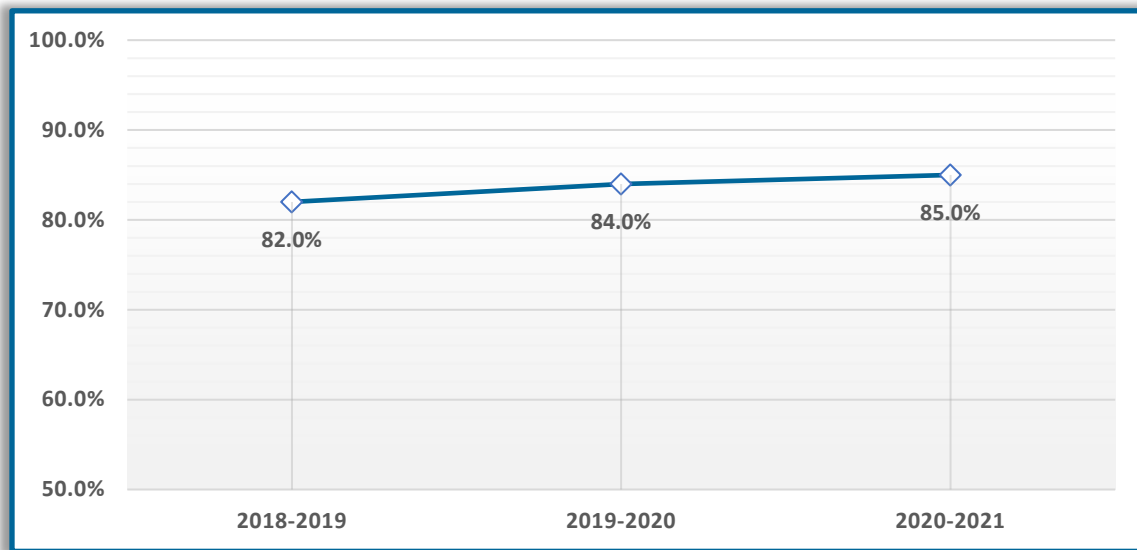
Outcome Measures

The SPP/APR, 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 8. Percentage of families who report the program helped the family effectively communicate child's needs (4B)



During FY 2020-2021, 85 percent of families reported that early intervention services helped the family effectively communicate the child's needs. This is a 1 percent increase from the prior year. The proposed target for FY 2020-2021 is 83.6 percent and the state surpassed this target by one percent.

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 the 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 mid-March through early May 2021, focus groups and structured individual interviews were conducted with parents of Early Steps children and staff in North Beaches, Gold Coast, and Bay Area. Fifteen parents and 21 staff/providers participated across the three centers in either focus groups or individual interviews.

Due to the ongoing COVID-19 pandemic, services continued to be offered via telehealth. The focus groups and interviews helped provide an overall picture of the benefits of the mostly virtual provider visits.

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

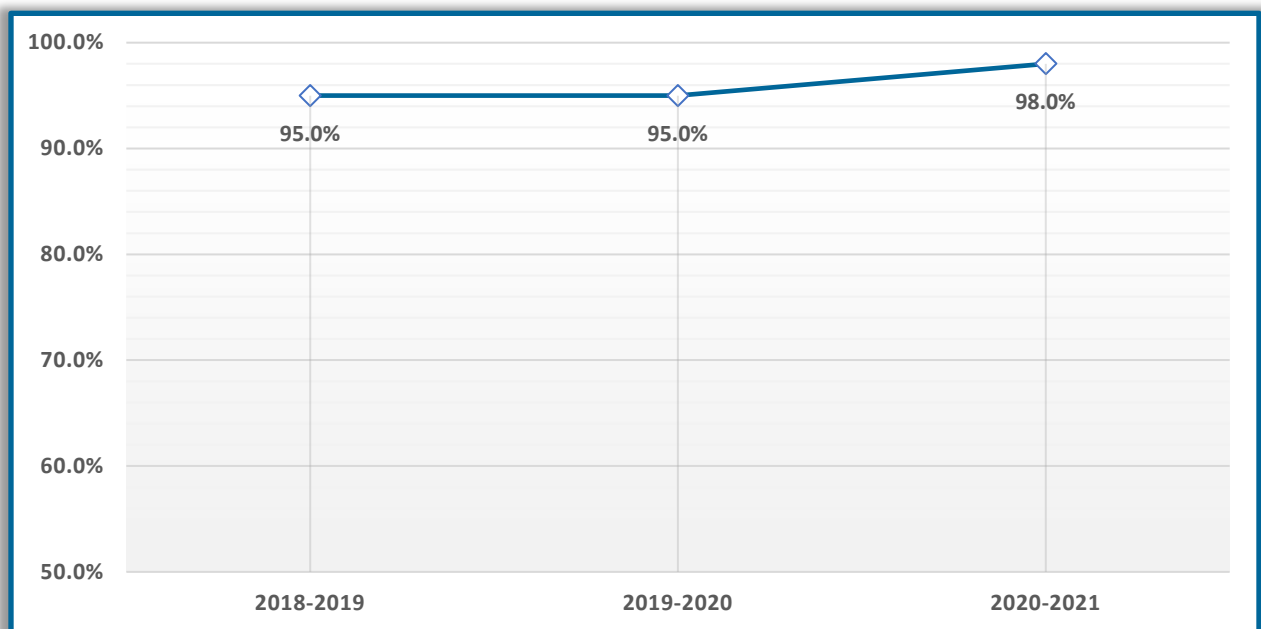
- Stated that services started within the month of the initial evaluation; however, services provided via telehealth began faster than via in-person.
- Caregivers reported providers to be very available and accommodating.
- Most parents praised their service coordinator for being extremely communicative and responsive.

- Overall, parents felt very favorable toward Early Steps, averaging a mark of 9.2 on a 1-10 scale.

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

A random sample of child records was reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 98 percent of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 2020-2021 (**Figure 9**). This figure represents a 3 percent increase in last year's performance.

Figure 9. Percentage of infants and toddlers that made progress toward meeting the goals of the IFSP



Families Reporting on Child Outcomes

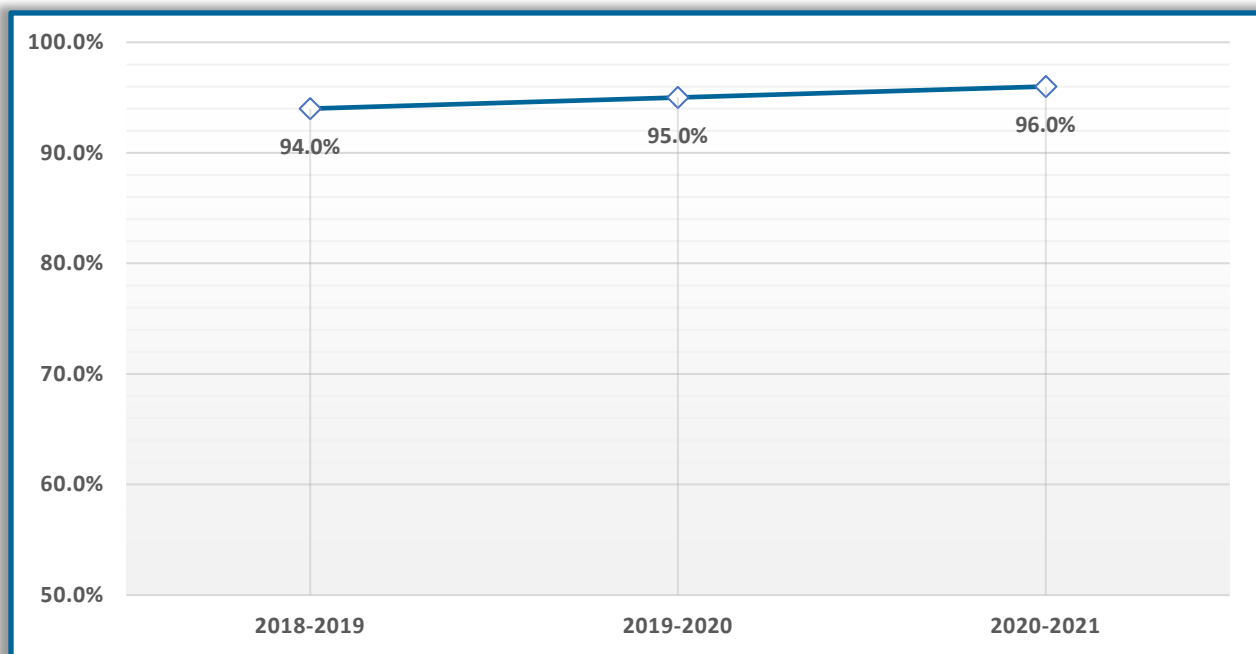
Standard: The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the Individualized Family Support Plan, as measured by family feedback and by independent assessments of services used by each child.

The IFSP teams work with families to identify available resources needed to meet children's

individualized outcomes. **Figure 10** 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 2020-2021, 96 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 10**). This figure is a 1 percent increase from the previous year.

Figure 10. 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, 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.

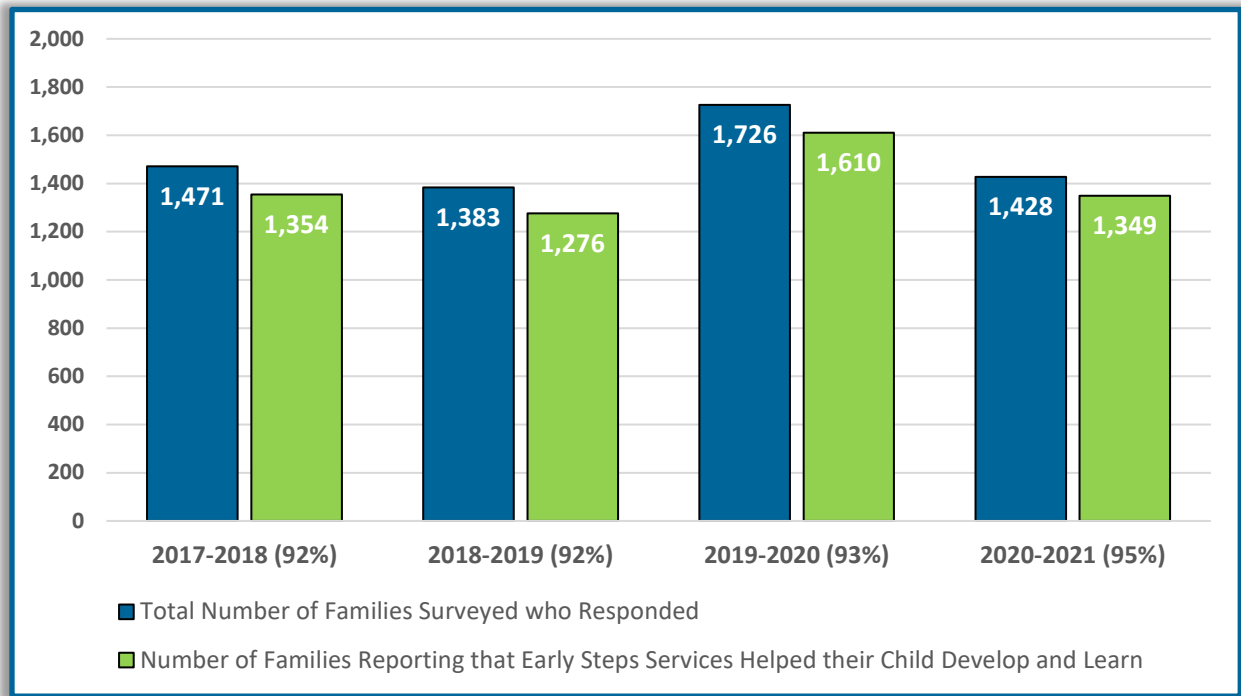
Measure: Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services

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 2020-2021, 58.5 percent of families with children who exited during the survey period provided a survey response. This is a 3 percent decrease in last year's response; however, is still high enough for a confidence level of 95 percent. Survey data are used to report family outcome measures determined by the U.S. ED and identify priorities for program improvement.

Figure 11 shows that in FY 2020-2021, 95 percent of families reported that Early Steps services positively impacted their ability to help their child develop and learn, an increase of 2 percent over the previous year. The target for this indicator is established by the state. The proposed target for FY 2020-2021 is 93.4 percent and the state surpassed this target.

Figure 11. 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 SPP/APR 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.

The Early Steps Program was using the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes. However, the BDI-2 assessment does not adequately measure the social-emotional skills of very young children and is a tool designed to evaluate a child in a face-to-face setting, which became a problem as teleintervention became more widespread out of necessity due to the COVID-19 pandemic. Early Steps decided at the end of FY 2019-2020 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 process guides a team of parents, providers, and other community members who interact with a child during their daily routines to share and discuss all the available evidence of how that child functions. The team comes to a consensus that aligns with a rating scale. This process will allow a more holistic and accurate assessment, using information gathered across routines, activities, and settings. In addition, it will allow LES providers to complete entry and exit assessments when prevented from conducting such assessments in person.

Early Steps began using the COS with all children entering the program on or after December 1, 2020. For those children who received an entry assessment before December 1, 2020, Early Steps will continue using the BDI-2 tool for their exit assessment. 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.

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 before 2019 is not reliable because of a revised measurement system that occurred that year, and the fact that the COVID-19 pandemic greatly reduced the number of exit assessments conducted in the final quarter of the FY 2019-2020 and throughout FY 2020-2021. There was an average of 4,200 fewer 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: 1,766

Percentage of Children Who Demonstrated Improvement: 98.4%

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.

The COS process was implemented on December 1, 2020. The COS process measures three child outcome categories that cut across the developmental domains to represent the combined nature of how children develop and learn. The three child outcomes are Outcome 1: Positive Social-Emotional Skills, Outcome 2: Acquisition and Use of Knowledge and Skills, and Outcome 3: Use of Appropriate Behaviors to Meet Needs. There were 24 children who were in the program for six months and received an entry and exit COS rating. Ninety-six percent of the children reported gains in meeting Outcome category 1, 100 percent reported gains in meeting Outcome category 2 and 100 percent reported gains in meeting Outcome category 3. Please note that the federal indicator for social-emotional outcomes measures substantial improvement. The measure reported in this document reflects the state measure outlined as a statutory requirement for reporting in Florida law.

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

Total Number of Children Assessed: 1,617

Percentage of Children Who Demonstrated Improvement: 98.5%

The BDI-2 assessment of cognitive skills includes the acquisition and use of knowledge, such as thinking, reasoning, problem-solving, and remembering.

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

*Total Number of Children Assessed: **1,766***

*Percentage of Children Who Demonstrated Improvement: **95.5%***

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 3,160 fewer children referred and subsequently receiving services from FY 2018-2019 through FY 2020-2021. There were 35,360 children who were referred in FY 2020-2021 and 16,386 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 their child develop and learn (95 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 reach their full potential.

References

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