

Annual Report

December 1, 2022

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
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 Kathleen Passidomo, President, Florida State Senate

The Honorable Paul Renner, Speaker, Florida State House of Representatives

The Florida Interagency Coordinating Council for Infants and Toddlers

Table of Contents

Table of Contents.....	3
Executive Summary	4
Background.....	4
• Legislative History	4
• Primary Activities	5
Program Structure.....	6
• Florida Interagency Coordinating Council for Infants and Toddlers.....	6
• Local Early Steps.....	7
• Funding.....	8
• Federal Fiscal Requirements.....	9
• Local Provider Funding.....	9
• Transition to a New Statewide Data System	10
Program Performance.....	11
Children Served	12
• Program Eligibility.....	12
Services from Referral Through Transition	15
• Compliance Measures	15
• Individualized Family Support Plan Timelines	16
• Timely Services	17
• Transition.....	17
Family and Child Outcomes.....	19
• Family Outcomes.....	19
• Individualized Family Support Plan Content.....	20
• Families Reporting on Child Outcomes	21
• Child Outcomes	24
Conclusion	26
References.....	28

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 the number of infants and toddlers referred to the Early Steps Program.
- An increase in the number of infants and toddlers served by the Early Steps Program.
- A decrease in timely services, children receiving initial evaluations within 45 days, and timely transitions.
- Continued family satisfaction with service coordination and program services.

Background

Early intervention services positively impact infants and toddlers with disabilities or developmental delays. Families with children receiving early intervention services report confidence in meeting 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 United States 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, a 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 implementation of coaching strategies to help family members and caregivers develop the skills needed to support the child's development.
- Provide service coordination activities.
- Provide transition planning services to support the child and family to prepare for exit from the Part C IDEA Program to a preschool early intervention program under the Part B, IDEA Program or a Head Start/Early Head Start elementary school program.

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.

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

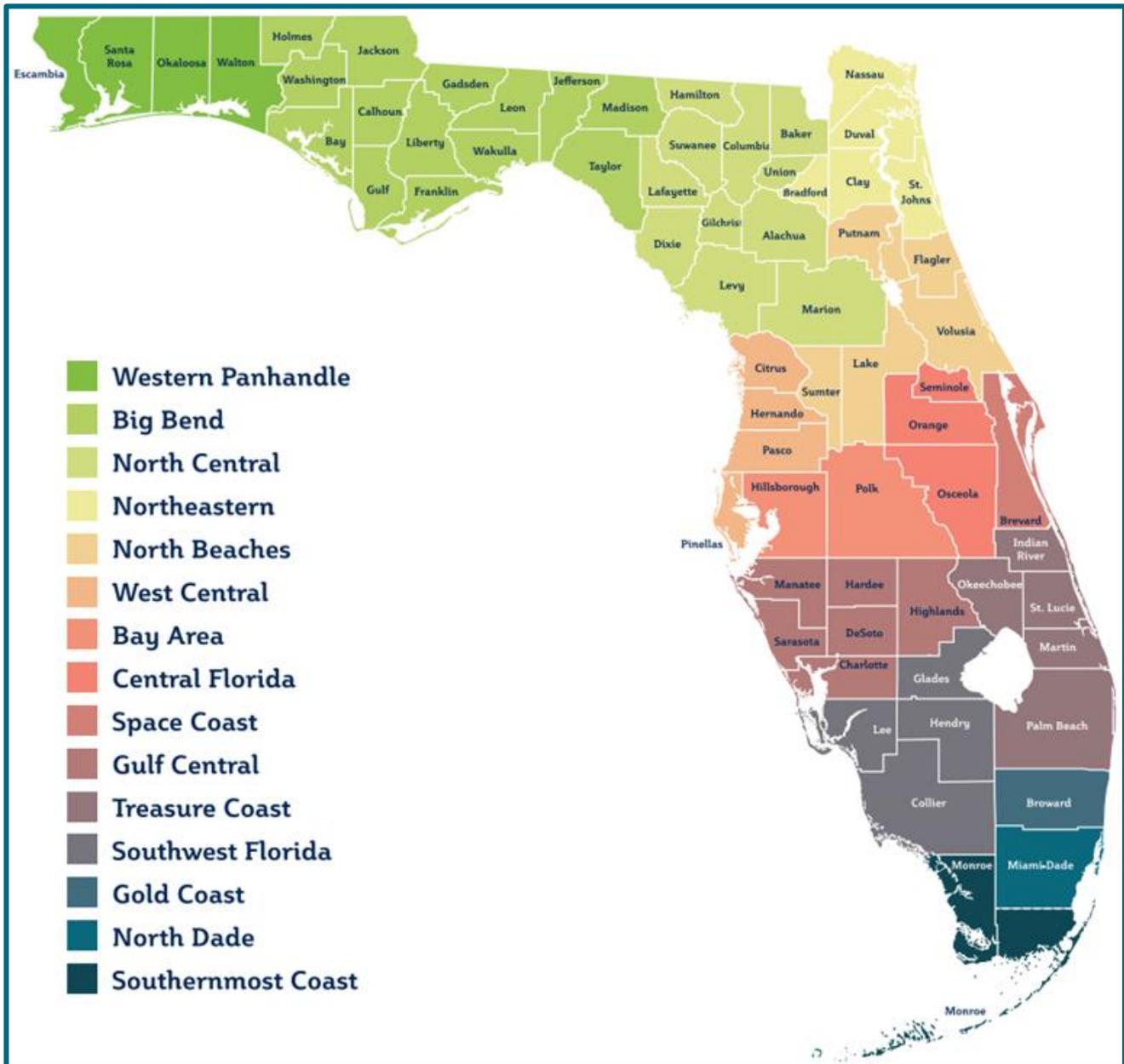
Florida Interagency Coordinating Council for Infants and Toddlers

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. Outreach and public awareness activities take place to increase engagement in the FICCIT and encourage FICCIT member recruitment. Collaboration with stakeholders across the state is a key component of the program's success.

Local Early Steps

The Department of Health, Bureau of Early Steps and Newborn Screening, oversees the Early Steps Program through contracts with 14 programs based 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 where 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.

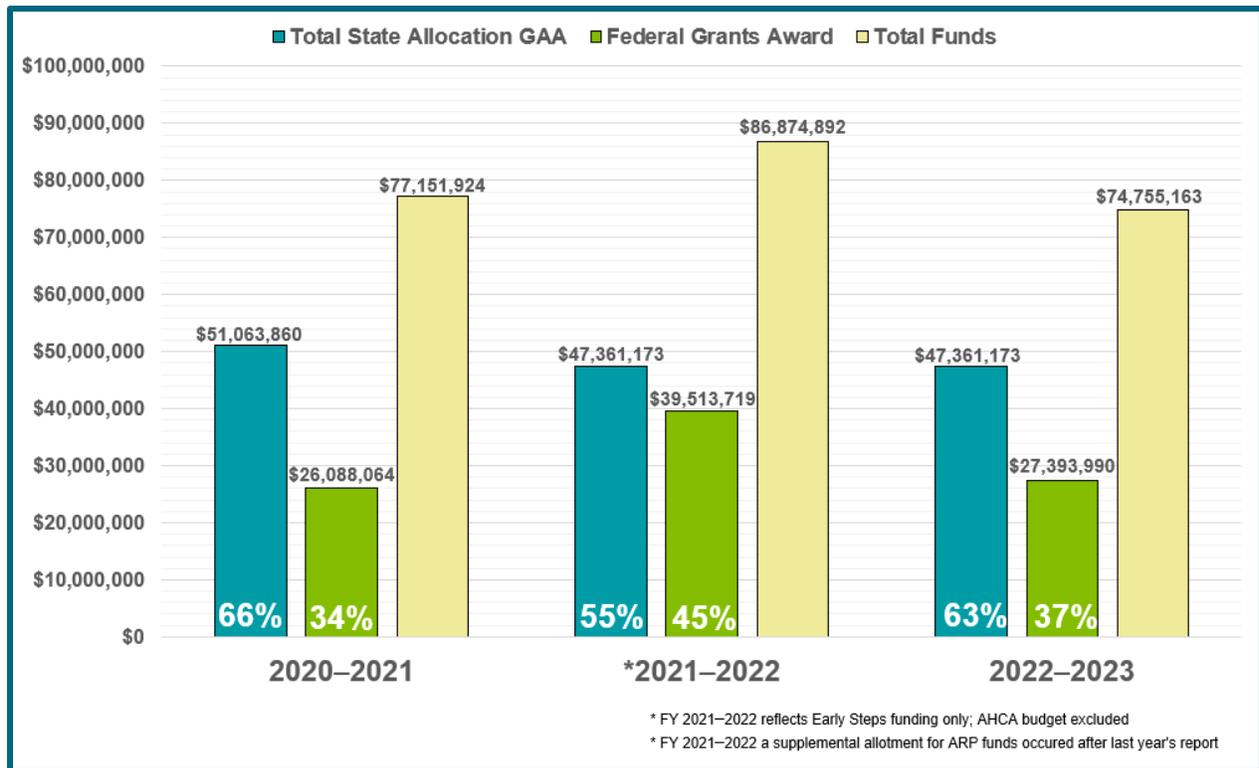
Funding

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 operations, maintenance of a data system, and public awareness activities).
- Administrative 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. **Figure 2** displays the General Revenue Allocation (GAA), Federal Grants, and the total of these funds for the current year's financing and provides the annual funding trend for the two preceding fiscal years.

Figure 2. Early Steps Annual Funding



Federal and state funding continued to increase from fiscal year (FY) 2019–2020 through FY 2022–2023 by a total of nine percent primarily due to a continued increase in federal allocations. The Early Steps Program received additional federal funding in FY 2021–2022 due to the American Rescue Plan Act (ARP), which awarded the program an initial amount of \$11,509,642, a supplemental amount was added later in the year for a total ARP amount of \$12,924,319.

Federal Fiscal Requirements

The Early Steps Program remains in compliance with Part C, IDEA's maintenance of effort requirement. 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.

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 methodology, which began in 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. 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 are limitations to any future expansion because of the age of the current system. These limitations motivated the Department to propose the procurement and development of a new high-capacity data system to meet the needs of the Early Steps Program.

For 9 consecutive years, the U.S. ED has determined Florida needs assistance in implementing the requirements of the IDEA Part C. Significant factors in this assessment are the lack of data completeness and the number of data anomalies in Florida.

In FY 2021–2022, the Department reviewed and redesigned a multi-year timeline to successfully develop and implement a new administrative data system for the Early Steps Program. In May of 2022, a solicitation of quotes for the implementation of a new Early Steps Data System was initiated. The responses received were evaluated by a panel of various subject matter experts and stakeholders. The top two respondents were invited to conduct live demonstrations of the submitted solution. In August 2022, the Department awarded the contract to Strategic Solutions Group (SSG) as the vendor to develop the new data system. The anticipated start date of the development of the new data system is projected to begin in quarter two of FY 2022–2023.

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., stipulates the following:

- 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 2019–2020 through FY 2021–2022. 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 Program 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

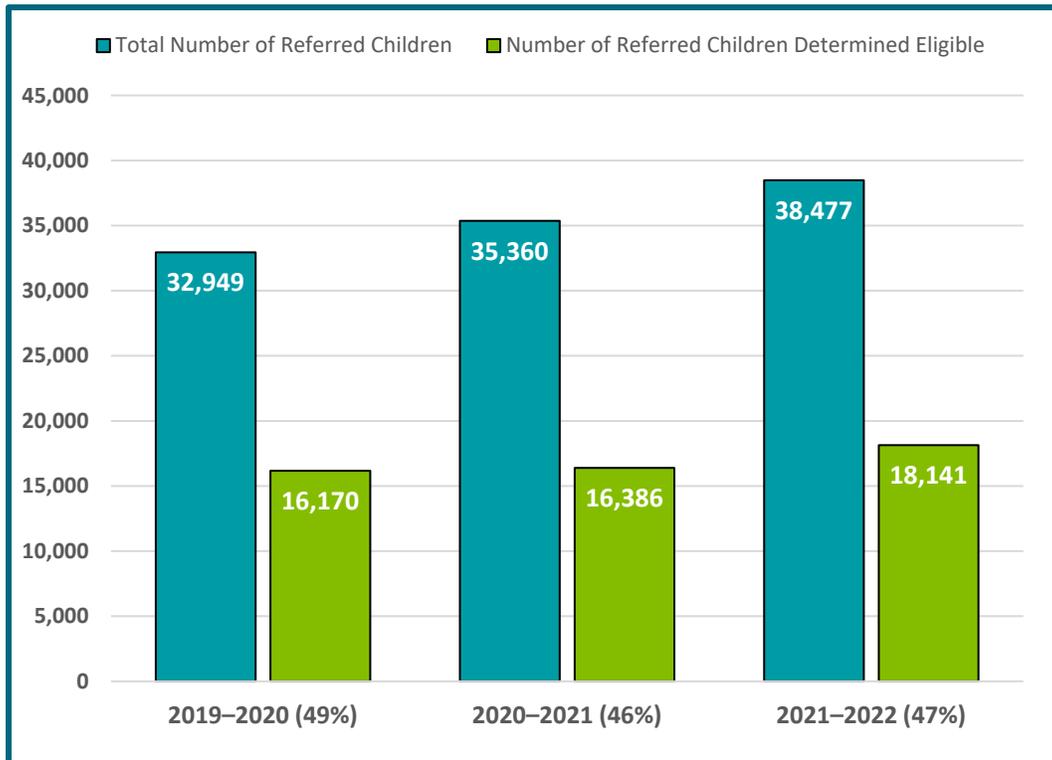
Program Eligibility

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 38,477 children referred to the Early Steps Program during FY 2021–2022, of which 18,141 were determined eligible. This 10.7 percent increase in eligibility is attributed to the individuals returning to pre-pandemic activities.

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



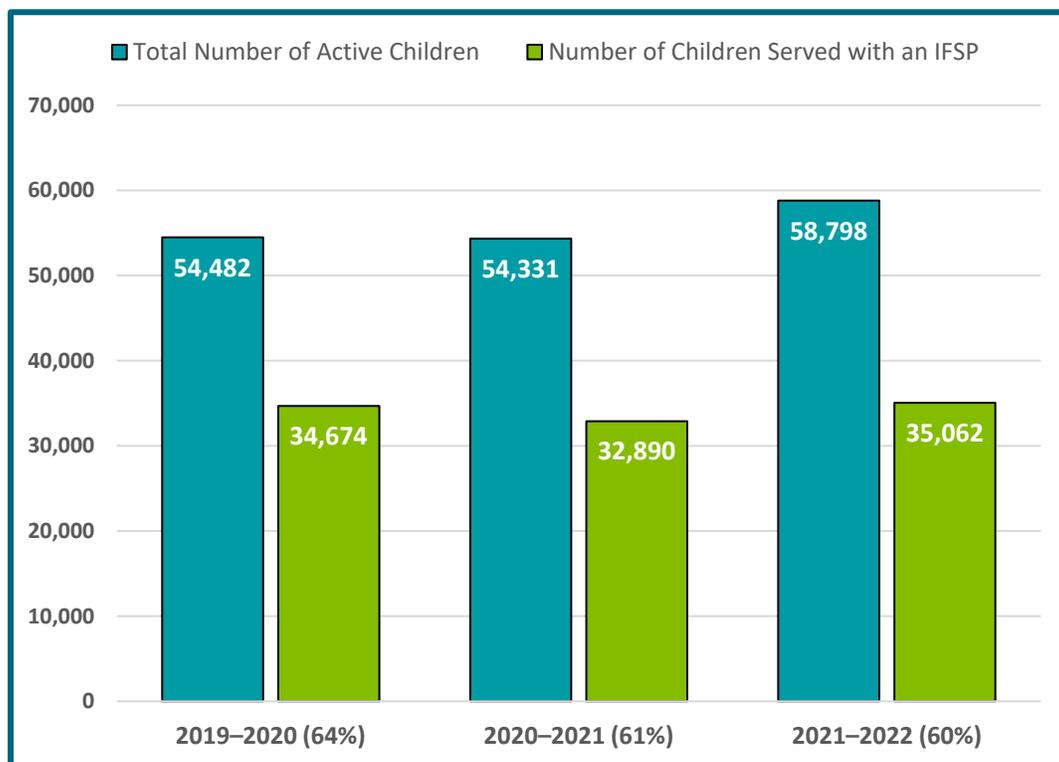
One goal identified in the 2022 Early Steps State Plan is to monitor and track the population referred to and served by the Early Steps Program. The action steps to meet this goal include analyzing local baseline data, developing strategies for increasing eligible referrals, and establishing a new Child Find Coordinator position at each LES to participate in public awareness activities and educate referral sources on the Early Steps eligibility criteria. Contracts with LES providers include an annual deliverable for a Child Find Plan, which outlines strategies for public awareness activities. In addition, 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**, for FY 2021–2022, there were 58,798 active children in the Early Steps Program. Of that population, 35,062 received an IFSP for the current FY.

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 2021–2022.
- 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 an 8.2 percent increase in the number of active children from FY 2020–2021 to FY 2021–2022 and a 6.6 percent increase in the number of children served with an IFSP from FY 2020–2021 when compared to children with an IFSP in the previous year. These increases are attributed to families returning to pre-pandemic activities.

Services from Referral Through Transition

The Early Steps 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

The 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 indicators are compliance measures that require 100 percent compliance. 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.

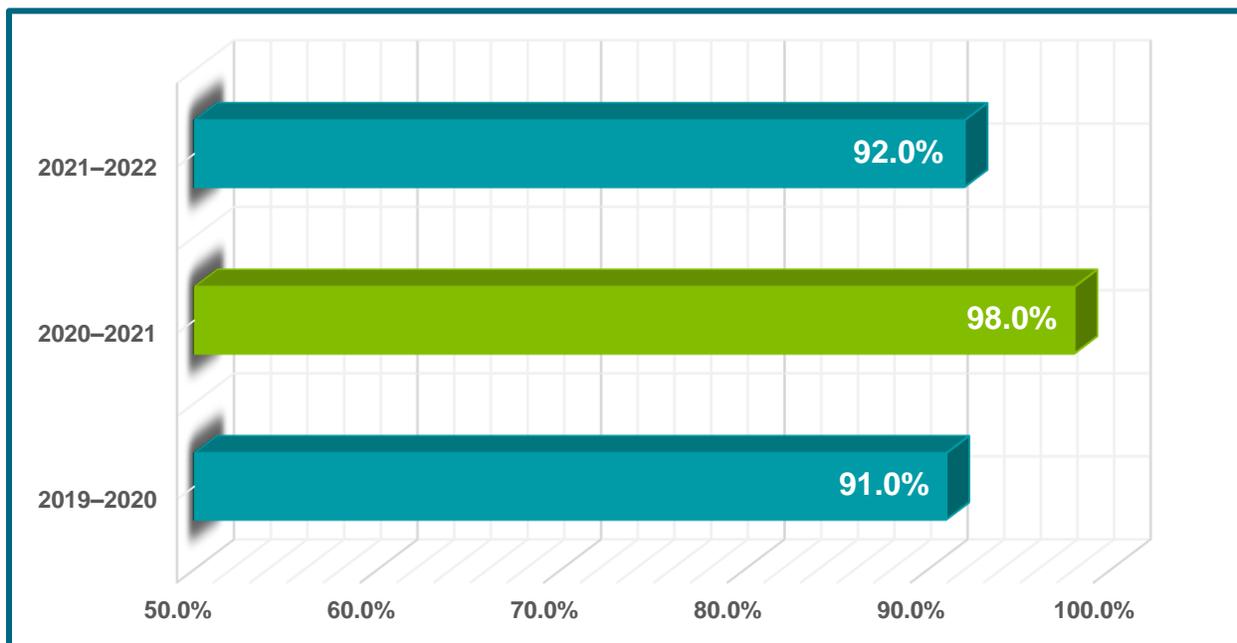
The Early Steps State Plan includes an analysis of Florida's performance as well as action steps to improve performance. One of the goals is to ensure compliance with state and federal requirements and indicators through the development of an accountability system to strengthen local and state resources 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 by a team of multidisciplinary providers that includes, but is not limited to, evaluators, service coordinators, and the child's family. 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

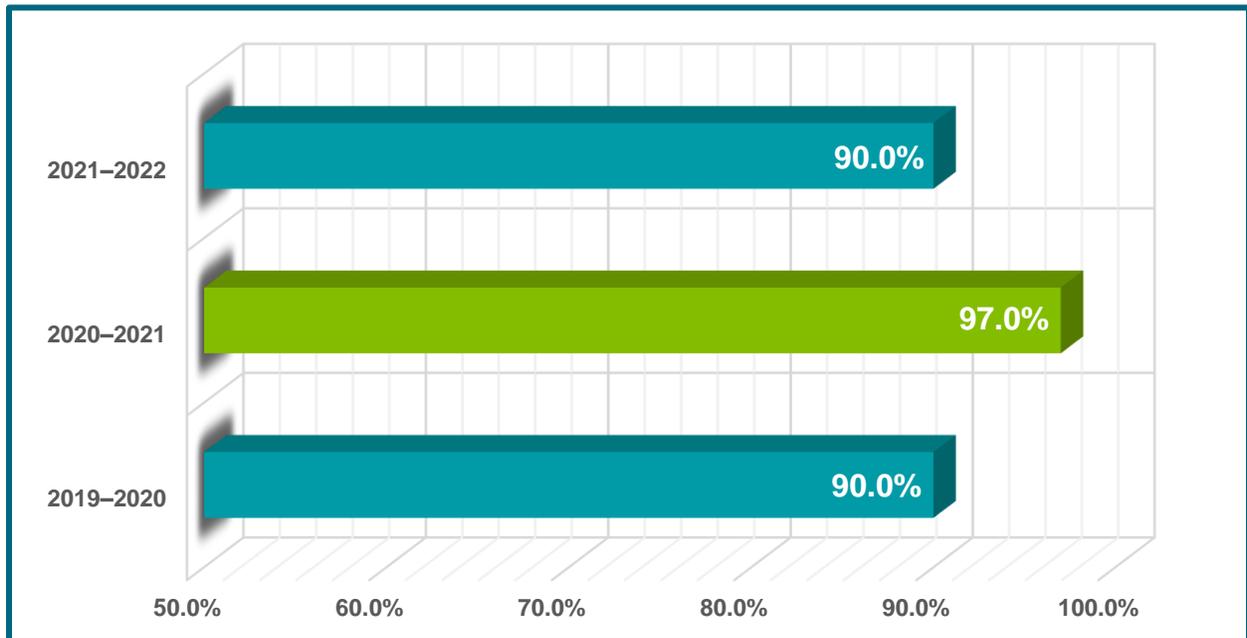


During FY 2021-2022, 92 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. This represents a six percent decrease in performance from the previous year. The target for the 45-day timeline is 100 percent and established by the U.S. ED. This indicator revealed the most prevalent contributing factor for the decrease in performance was a residual effect of the pandemic. During this period, LES providers experienced challenges with service provider recruitment and retention which caused delays in scheduling evaluations and initial IFSP meetings in a timely manner. The Early Steps Program is working with LES providers on improvement strategies to increase provider recruitment and retention, and will continue to monitor provider capacity within each program.

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 2021-2022, 90 percent of infants and toddlers received services within 30 days of consent. This figure represents a seven percent decrease in performance from last year. This decrease is also attributed to local service provider recruitment and retention. As previously stated, the Early Steps Program is working with LES providers on improvement strategies to increase service provider recruitment and retention, and will continue to monitor provider capacity within each program.

Transition

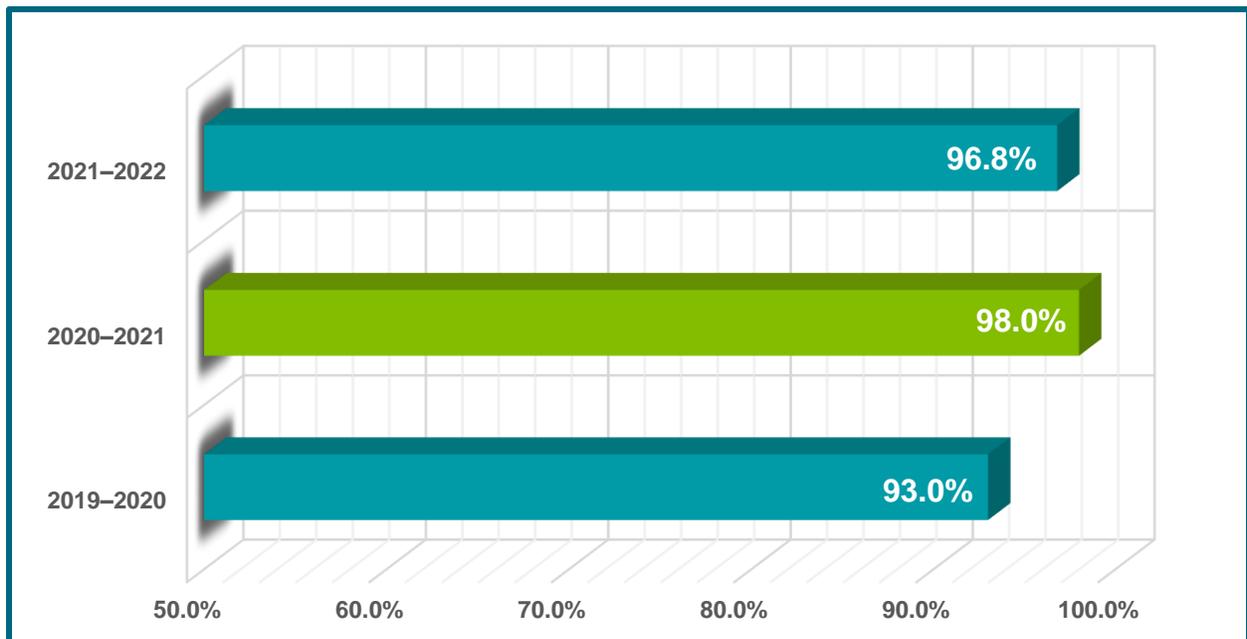
The Early Steps Program must ensure a smooth transition for infants and toddlers from early intervention services under Part C, IDEA, to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

The LES providers are required to hold a conference to discuss services and develop a transition plan for children enrolled in the Early Steps Program. The development of this plan cannot occur if the child has been enrolled in the program for less than 90 days and must occur prior to nine months from the child's third birthday. The transition plan must include activities and

time frames for a successful transition from the Early Steps Program. As established by the U.S. ED, the target for the 90-day time frame is 100 percent.

Figure 7 shows 96.8 percent of children preparing to transition from Early Steps in FY 2021–2022 received a timely transition conference with activities and time frames for the appropriate program(s) upon exit from Early Steps. This is a two percent decrease from the previous year and is attributed to transitioning from virtual meetings and returning to in person meetings. While there is a slight slippage, the current FY is still a three percent increase from FY 2019–2020. The Early Steps Program will continue to provide targeted technical assistance to the LES providers with findings of noncompliance to ensure increased service coordinator training and identify process improvement strategies to ensure scheduling of timely transition.

Figure 7. Percentage of toddlers exiting the program with steps and services for transition planning not fewer than 90 days and not more than nine months prior to the third birthday



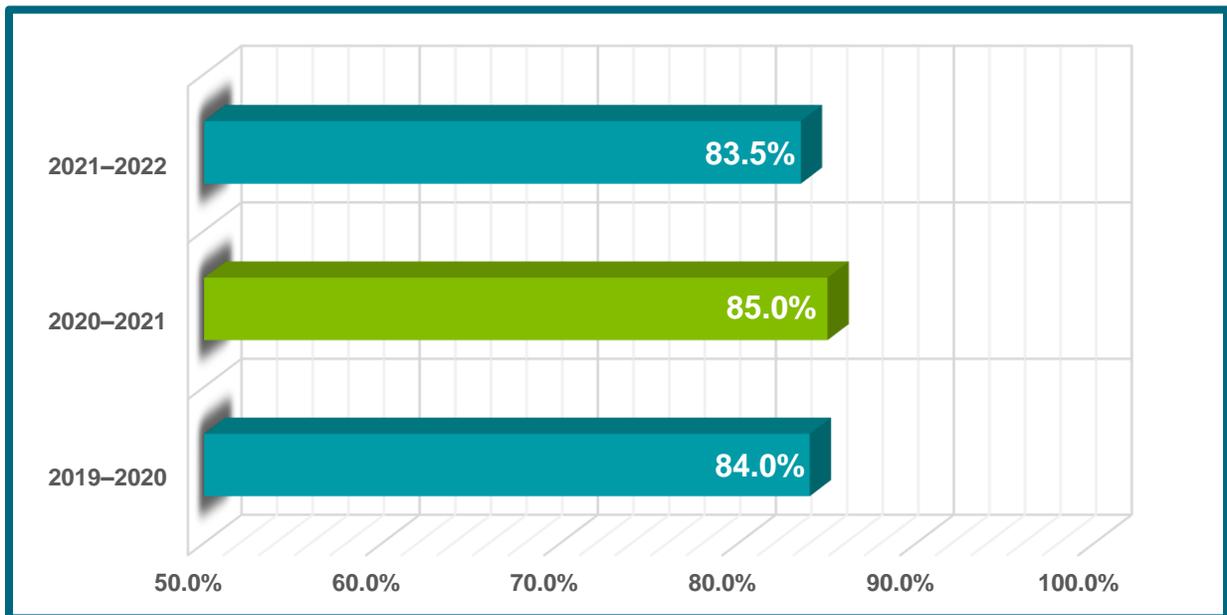
Family and Child Outcomes

The SPP/APR 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. Each state determines the target for compliance for each outcome measure and is monitored based on the established target. The Early Steps Program collaborates with stakeholders including LES providers and families to establish this 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



During FY 2021–2022, 83.5 percent of families reported that early intervention services helped the family effectively communicate the child’s needs. Based upon feedback from stakeholder participation and the analysis of historical performance, quality of data, and impacts of the pandemic the targets for the next few years were lowered to set more realistic program goals. The target is 83.8 percent for FY 2021–2022.

Individualized Family Support Plan Content

The program must provide an IFSP that is understandable and usable by families, health care providers, and payers that details 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 an 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. The IFSPs are developed by a 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.

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

During mid-April through early June 2022, focus groups and structured individual interviews were conducted with parents of Early Steps children and staff in the following Early Steps services areas, Central Florida, Big Bend, and Bay Area. Eight parents and seven providers participated in either focus groups or individual interviews.

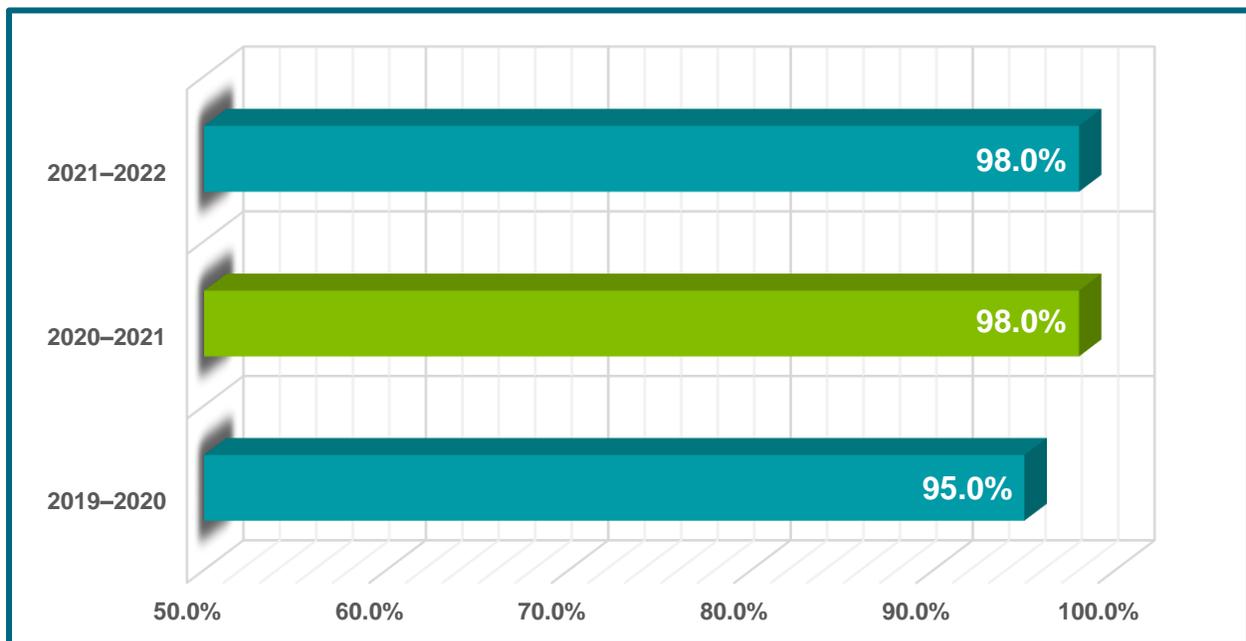
Due to the ongoing pandemic, services continued to be offered through telehealth and in-person. The focus groups and interviews helped provide an overall picture of the benefits of the provider visits.

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

- Stated that services typically began around 2 to 3 weeks from the evaluation.
- Reported providers to be consistent, dependable, and personable.
- Agreed that Early Steps has been helpful with transitioning into the school system.
- Overall, caregivers agree that Early Steps is an excellent resource for families, and helps children increase individual developmental progress. Most parents felt very favorable toward Early Steps, averaging a mark of 8.5 on a 10-point scale.

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 2021–2022. **Figure 9** represents maintained performance from last year's percentage.

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

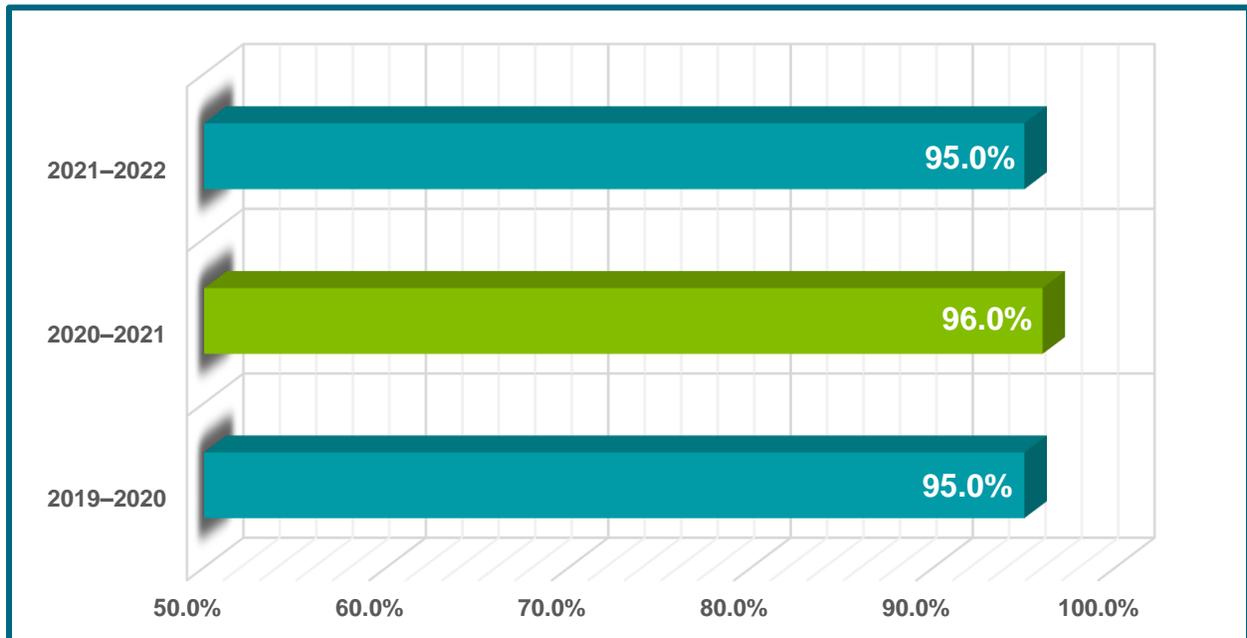


Families Reporting on Child Outcomes

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. The IFSP teams work with families to identify available resources needed to meet children's individualized outcomes. During FY 2021–2022, 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 10). This figure is a one percent decrease 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.

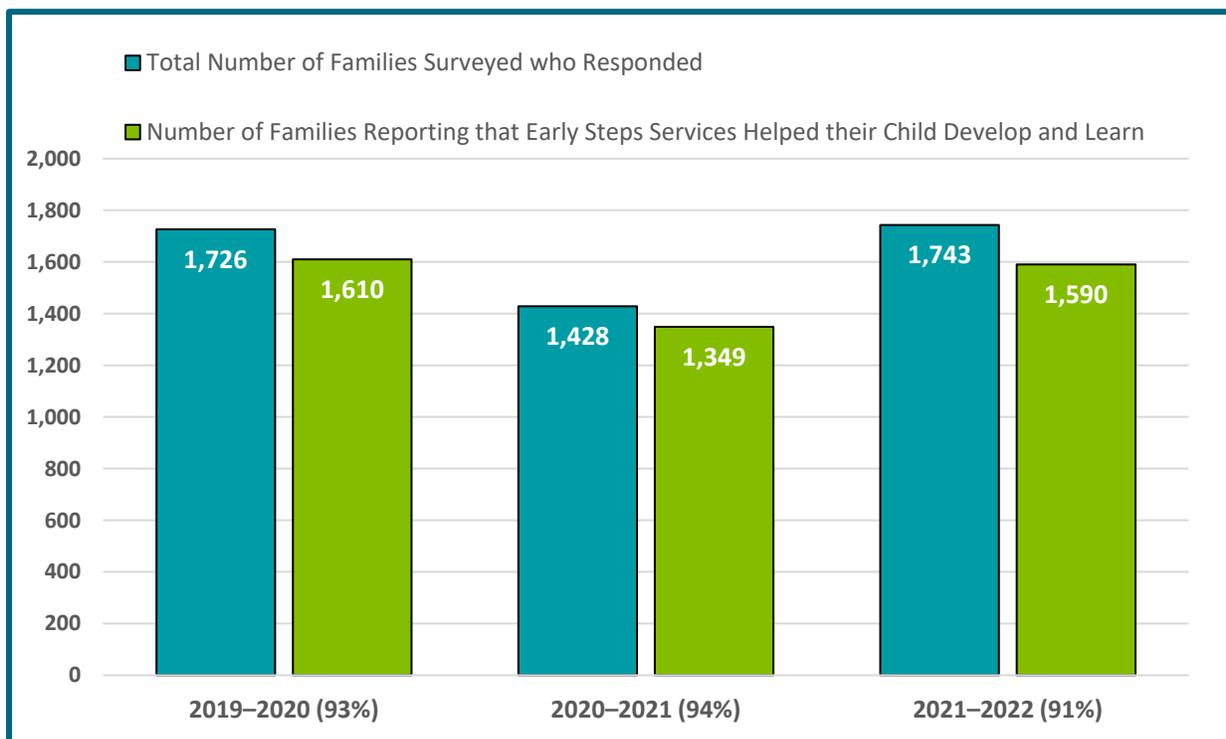
The purpose of the Early Steps Program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the child’s needs. Each LES has a minimum of one full-time Family Resource Specialist (FRS). The FRS is a parent or primary caregiver of a child who received early intervention services. The role of this position is to provide parent-to-parent support to families served by the program. The FRSs work with LES providers to promote the importance of family education in service provision. The 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 improve 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 2021–2022, 65.23 percent of families with children who exited during the survey period provided a survey response. This is a 6.73 percent increase from last year’s response. 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 2021–2022, 91.2 percent of families reported that Early Steps services positively impacted the ability to help their child develop and learn, a decrease of 3.3 percent over the previous year. The proposed target for FY 2021–2022 is 93.6 percent.

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

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 and family-centered early intervention services.

The Early Steps Program previously used 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 barrier as telehealth became more widespread during the pandemic. In December 2020, Florida transitioned from the use of BDI-2 as the primary entry and exit evaluation methodology, to the Child Outcome Summary (COS) process.

The COS process allows the integration of multiple sources of information rather than 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.

Early Steps began using the COS process with all children entering the program on 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, improved acquisition, and use of knowledge, as well as communication skills, are shown on the following page. Comparison with prior year gains before FY 2021–2022 is no longer possible due to the change of measurement tool.

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. A child must be enrolled in the program for at least six months prior to exit, to be counted in the outcome reporting. There were 4,195 children who met this requirement and received an entry and exit COS rating for FY 2021–2022. All children assessed using the COS process were assessed in all three outcome categories. Please note that the federal indicator measures substantial improvement. The measure reported reflects the state measure outlined as a statutory requirement for reporting in Florida law. For each of the statutorily required measures, one COS outcome category that most closely reflects the required measure has been selected, as detailed below.

Outcome 1: Number and percentage of infants and toddlers demonstrating improved social-emotional skills after the program

*Total Number of Children Assessed: **4,195***

*Percentage of Children Who Demonstrated Improvement: **97.9%***

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 as assessed by COS Outcome 1: 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 a priority for Florida.

Outcome 2: Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program

*Total Number of Children Assessed: **4,195***

*Percentage of Children Who Demonstrated Improvement: **97.9%***

The assessment of the acquisition and use of skills is reported here using the COS Outcome 2: Acquisition and Use of Knowledge and Skills which includes attending to others, engaging in purposeful play, understanding pre-academics and literacy, acquiring language, and understanding questions and directions.

Outcome 3: 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: **4,195***

*Percentage of Children Who Demonstrated Improvement: **98.0%***

The assessment for the communication domain is reported using the COS Outcome 3: Use of Appropriate Behaviors to Meet Needs, showing the percentage of infants and toddlers with IFSPs demonstrating an increased ability to use appropriate behaviors to meet their needs. These skills refer to the ability to move around and manipulate things, eat and drink, dress and undress, diapering/toileting and washing, communicating needs, and showing safety awareness.

Conclusion

The services provided by 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 an increased number of children across Florida as demonstrated by **Figure 4**, which shows 2,172 more children receiving services than the previous FY. There were 38,477 children who were referred in FY 2021–2022 and 18,141 of those children were eligible for services. Service satisfaction was maintained, with only a slight drop in families who reported that the Early Steps Program helped their child develop and learn

(91 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. The Early Steps Program is committed to serving infants and toddlers with disabilities and developmental delays to help reach their full potential.

References

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