



Early Steps Annual Report and State Plan

December 1, 2023

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 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

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Executive Summary

Annually, the Florida Department of Health (Department), Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening prepares a report and a state plan that offers an assessment of the Early Steps Program's progression. Each report provides insight and data from the previous state fiscal year and compares the results to the current state fiscal year with the intent to propose process improvement strategies for the upcoming state fiscal year. The annual report and state plan are presented as sections within this report and will provide a performance evaluation of the 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 Program.
- An increase in the number of infants and toddlers served by the Program.
- A slight decrease in timely services, children receiving initial evaluations within 45 days, and timely transitions.
- Continued family satisfaction with service coordination and program services.

Additionally, section 391.308(2)(c), F.S., requires the Early Steps Program to annually develop a state plan. Information included in the December 2022 Annual Report serves as the foundation for this Early Steps State Plan. The state plan must:

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

The state plan must be developed through an inclusive process that involves families, Local Early Steps (LES) programs, health care providers, and other stakeholders. Stakeholder involvement is important to ensure the Program serves all potentially eligible infants and toddlers, implements a high-quality continuous improvement system, provides evidence-based practices that improve child and family outcomes, and is managed based on performance and fiscal data.

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 (Backes & Allen, 2018).

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 (Public Law 99-457, 1975). In 1986, the federal law was amended to address early intervention prior to age three and provide services to families of children born with disabilities (Public Law 99-457, 1986). The federal law was amended again in 1990, renaming the law to 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 (Public Law 110-476, 1990).

Part C of the federal IDEA provides early intervention services¹ for children under three years of age with a developmental disability, developmental delay, or who are at-risk for developmental delay. Florida initiated IDEA Part C in 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. Per section 391.308, F.S., statutory requirements include specifying eligibility criteria, requiring an annual report, a state plan, procuring local program offices, and officially naming the program, Early Steps.

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.

Primary Activities

Below are the primary activities of the Early Steps Program:

- Identify infants and toddlers potentially eligible under IDEA Part C.
- Determine Program 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 IDEA Part C to a preschool early intervention program under IDEA Part B or a Head Start/Early Head Start elementary school program.

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 Early Steps Program in the performance of oversight responsibilities including:

- Identification of sources of fiscal and other support for early intervention service programs under IDEA Part C.

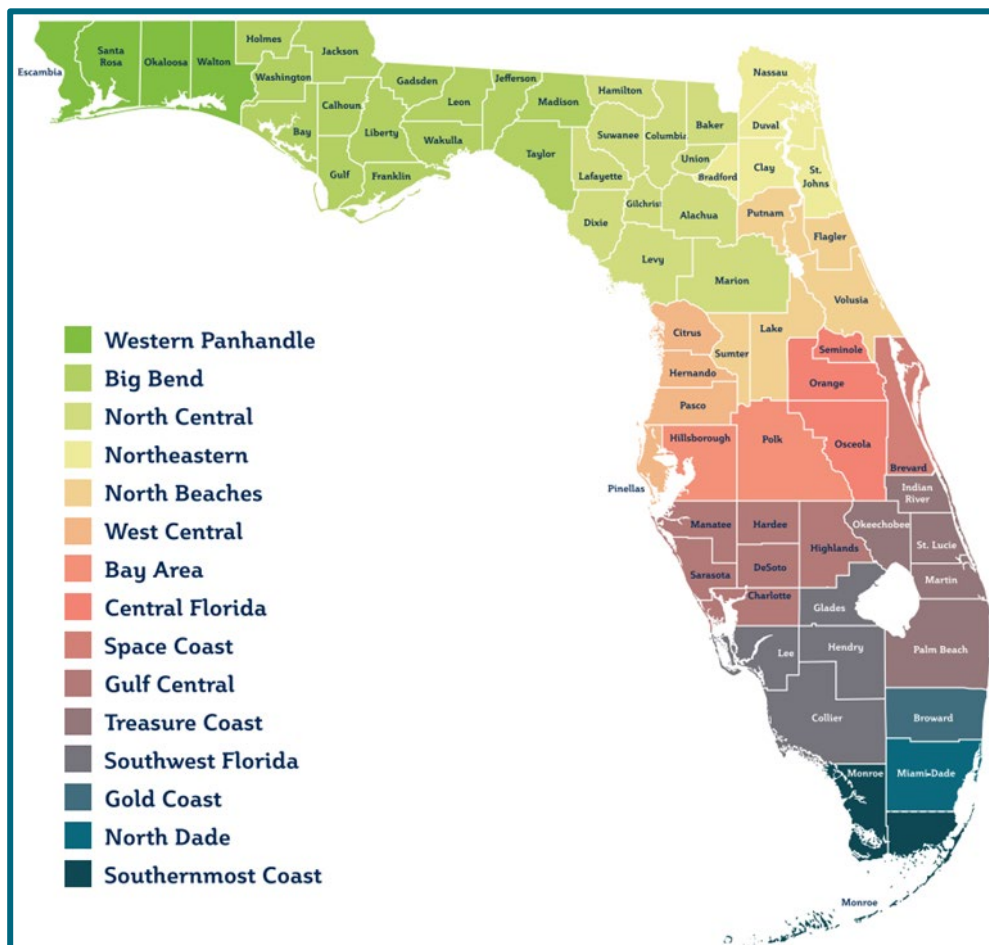
- Assignment of financial responsibility to the agency.
- Promotion of methods for intra-agency and interagency collaboration regarding Child Find, monitoring, financial responsibility, provision of services, and transition.
- Preparation of applications under IDEA Part C, including amendments.
- Transition from Early Steps to the state education agency.

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 per section 391.308, F.S. 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 13 programs based in 15 geographic regions of the state. These local programs are referred to as Local Early Steps (LES) programs and provide services in the areas displayed in **Figure 1**.

Figure 1. Local Early Steps Program Service Areas



The LES programs are the contracted entities responsible for service provision. Services include developmental monitoring, screening, evaluation, service coordination, early intervention sessions, therapy, assistive technology, audiology, 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.

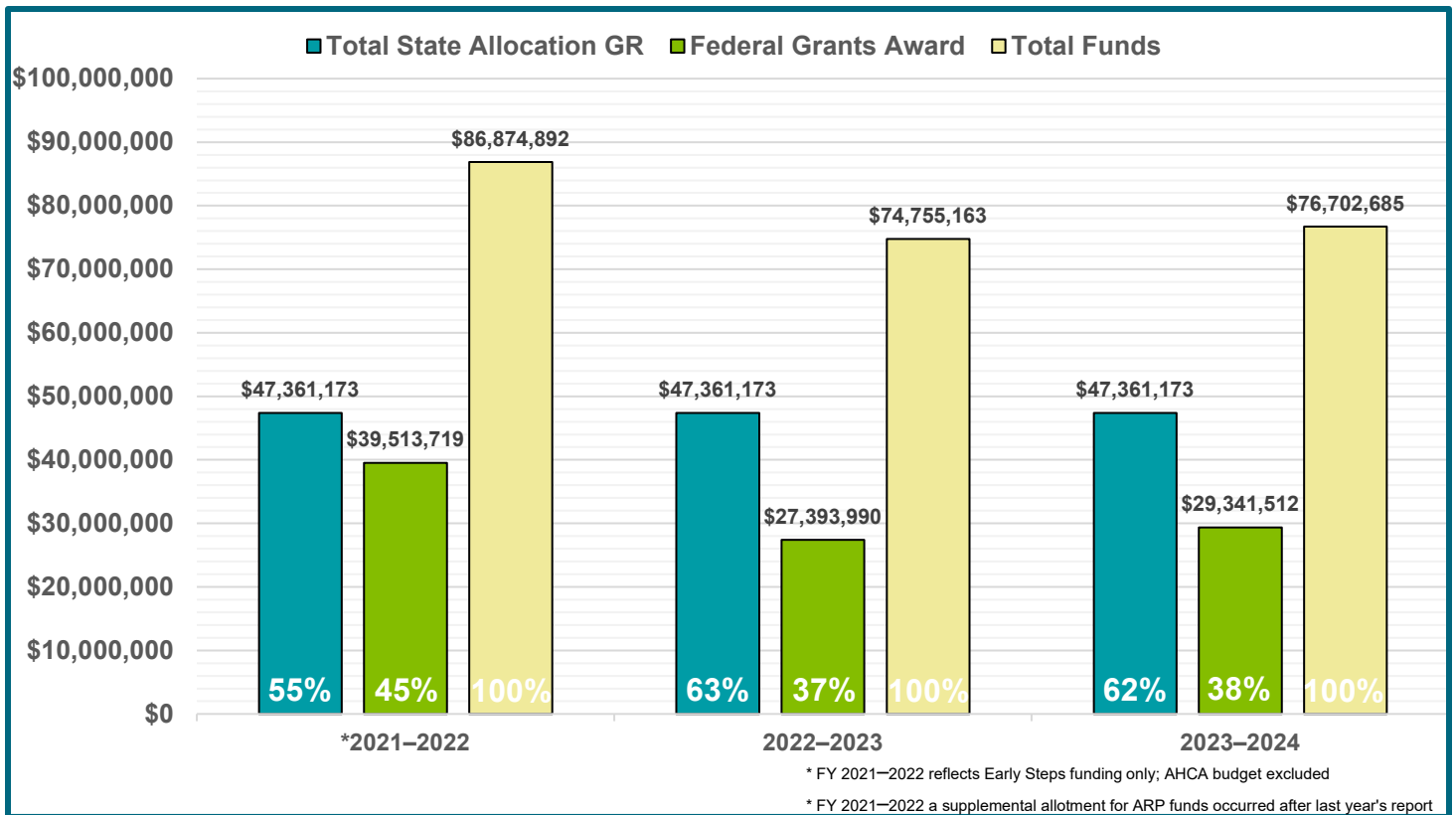
Funding

The Early Steps Program is funded through a combination of federal grant and state general revenue (GR) 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. Program funds support the following:

- Direct early intervention services for eligible children and their families.
- Infrastructure for contracted LES programs.
- Major activities by the Program to implement and maintain a statewide system of early intervention services (i.e., 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 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 GR funds, 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



The Program received additional federal funding in FY 2021–2022 from the American Rescue Plan Act (ARP), which awarded 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. Program funding continued to increase by 2.6% from FY 2022–2023 through FY 2023–2024 due to a continued increase in federal allocations.

Federal Fiscal Requirements

The Program remains in compliance with IDEA Part C 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 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 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 Program. However, there are limitations to future expansion because of the system's age. These limitations motivated the Department to propose the procurement and development of a new comprehensive data system to meet the needs of the Program.

For over 10 consecutive years, the U.S. ED has determined that Florida needs assistance in implementing the requirements of IDEA Part C. Significant factors in this assessment are the lack of data completeness and the number of data anomalies.

In FY 2021–2022, the Department planned a multi-year timeline to successfully develop and implement a new administrative data system for the Program. In May 2022, a solicitation of quotes for the development 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). SSG's approach to developing and implementing the new data system is phased with a go-live date of fall 2024.

The first phase of development, known as discovery, launched in December 2022. This initial phase provides SSG the opportunity to comprehend the vision of the Program, assess business goals and policies, while simultaneously collecting business and technical requirements. The discovery phase concluded in March 2023, and the second phase, known as design, began. The objective of the design phase is to transform the business and technical requirements into a complete and detailed system blueprint. The design phase concluded in September 2023. Completion of design documentation will occur in December 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 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 2020–2021 through FY 2022–2023. 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., and can be found beginning on page 25 of this document.

Children Served

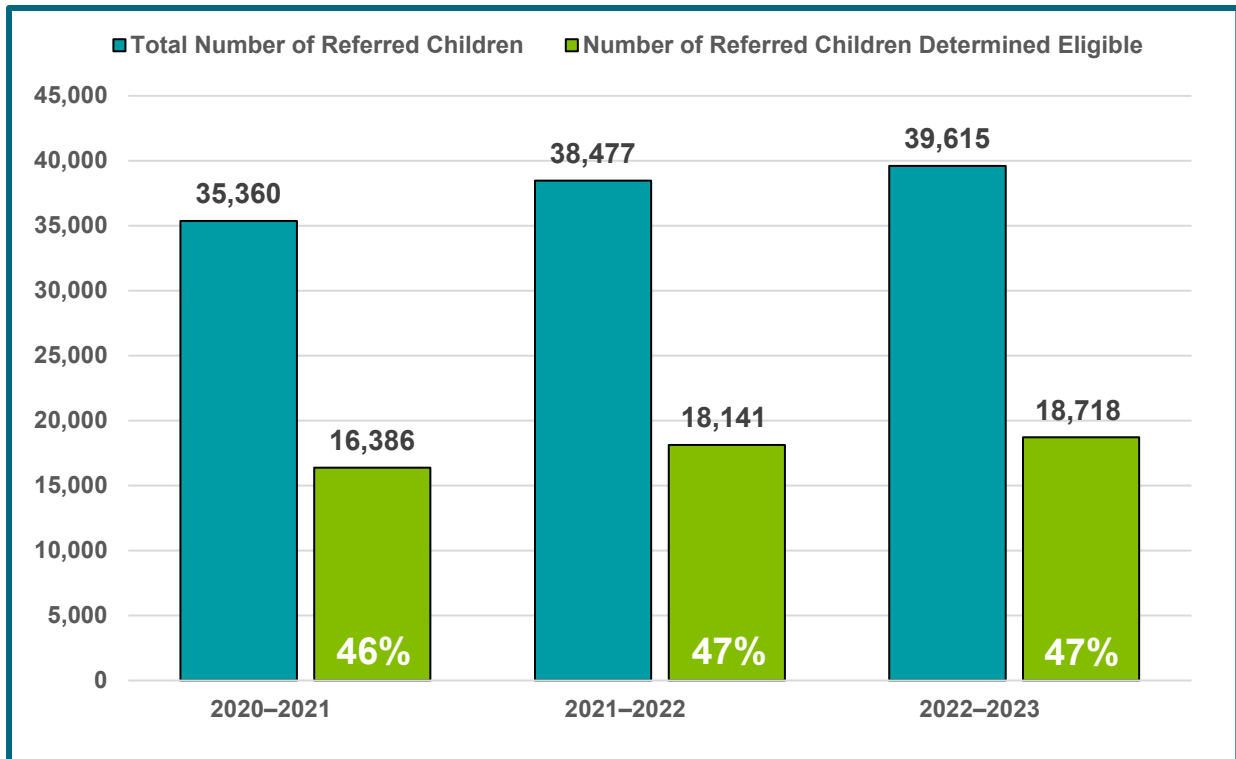
Program Eligibility

Children up to 36 months of age are eligible for the 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 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, 39,615 children were referred to the Program during FY 2022–2023; 47% of these children were determined to be eligible for the Program. The increase of 3% in referrals and enrollment is attributed to the Program's public awareness initiative. This initiative included a Child Find media campaign that focused on distributing materials and information about the Program to stakeholders, specifically parents and medical professionals. Child Find is a system required by the IDEA, which ensures that infants and toddlers in the state who are eligible for services under IDEA Part C are identified, located, and evaluated, including an effective method to determine which children are receiving needed early intervention services.

Figure 3. Number of Referred Children, Referred Children Determined Eligible, and the Percentage Determined Eligible



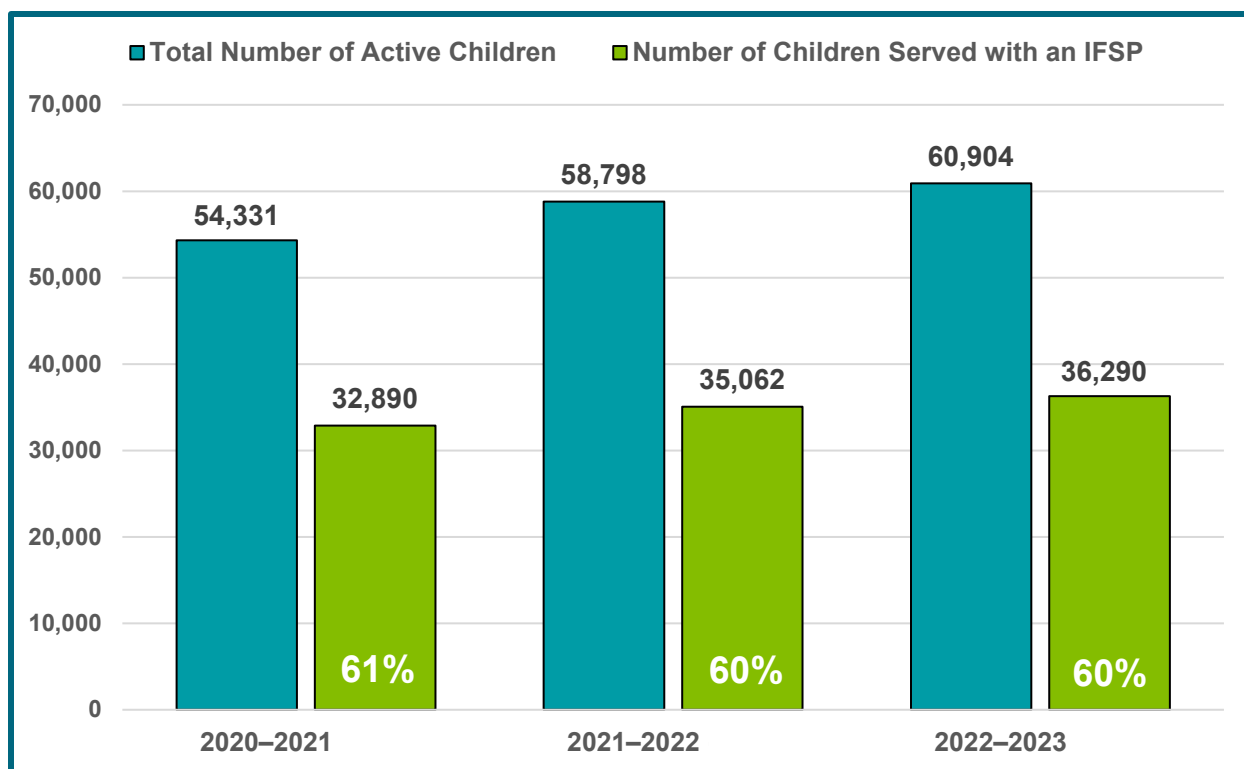
As illustrated in **Figure 4**, for FY 2022–2023, there were 60,904 active children in the Program. Of that population, 36,290 children were actively served with an IFSP.

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 2022–2023.
- Children referred who were determined eligible.
- Children referred who were determined not eligible.
- Children referred who have yet to complete the eligibility determination process.

There is a 3.6% increase in the number of active children from FY 2021–2022 to FY 2022–2023, and a 3.2% increase in the number of children served with an IFSP from FY 2022–2023 when compared to children with an IFSP in the previous year. The percentage increase is again credited to the Program’s public awareness strategy.

Figure 4: Number of Active Children and Number and Percentage of Children Served with an IFSP



Services from Referral Through Transition

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, toddlers, and their families. These service needs are 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 IDEA Part C and describes how the state will improve its implementation. States report on quantitative and qualitative indicators that measure performance for areas designated as a priority by the U.S. ED. Federal indicators related to compliance require 100% as the measurement threshold. These measures indicate the state's performance related to timelines established in IDEA Part C. Specifically, the measures are intended to ensure:

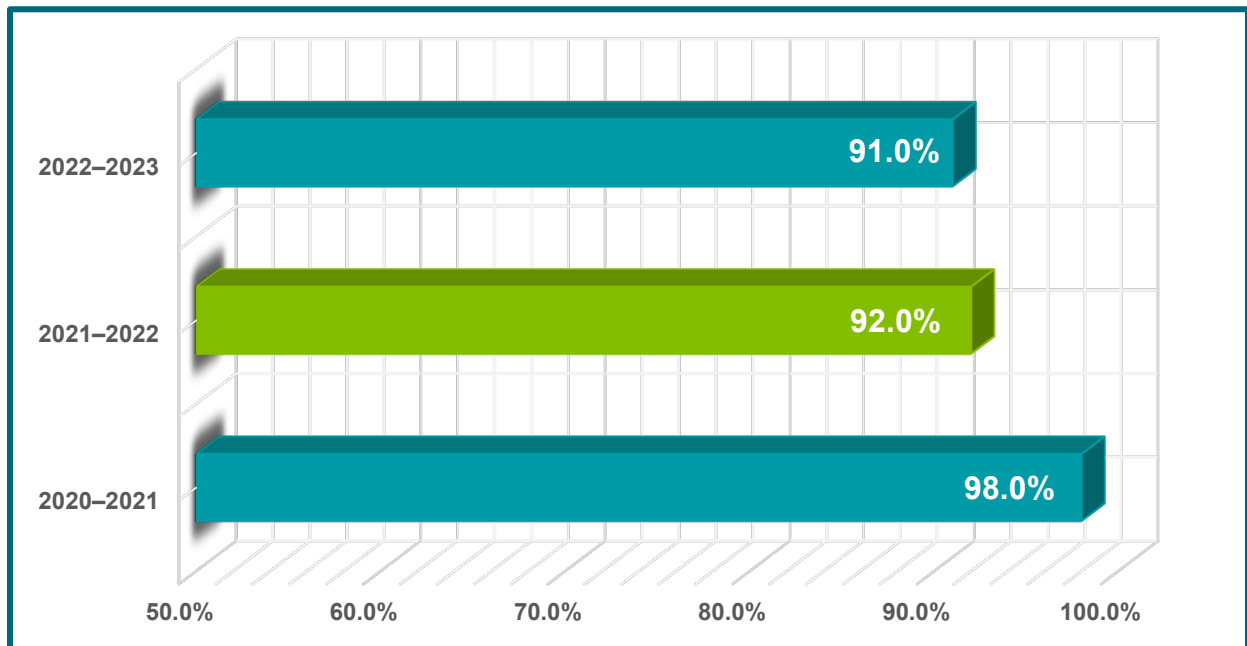
- Infants and toddlers referred are evaluated and provided with an IFSP within the federal 45-day time frame.
- Services begin within 30 days after the family consents to the services on the IFSP.

- Transition activities are established to best support the child and family to prepare for exit from the Program.

Individualized Family Support Plan Timelines

In accordance with federal regulations, evaluations and IFSPs must be completed within 45 days of the date the child's referral is received by the LES program. The IFSP is developed by a multidisciplinary team that includes, but is not limited to, evaluators, service coordinators, early intervention providers, 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, and the child's level of functioning. Once this information is gathered, the team is then able to develop individualized goals, and the services necessary to meet the desired 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



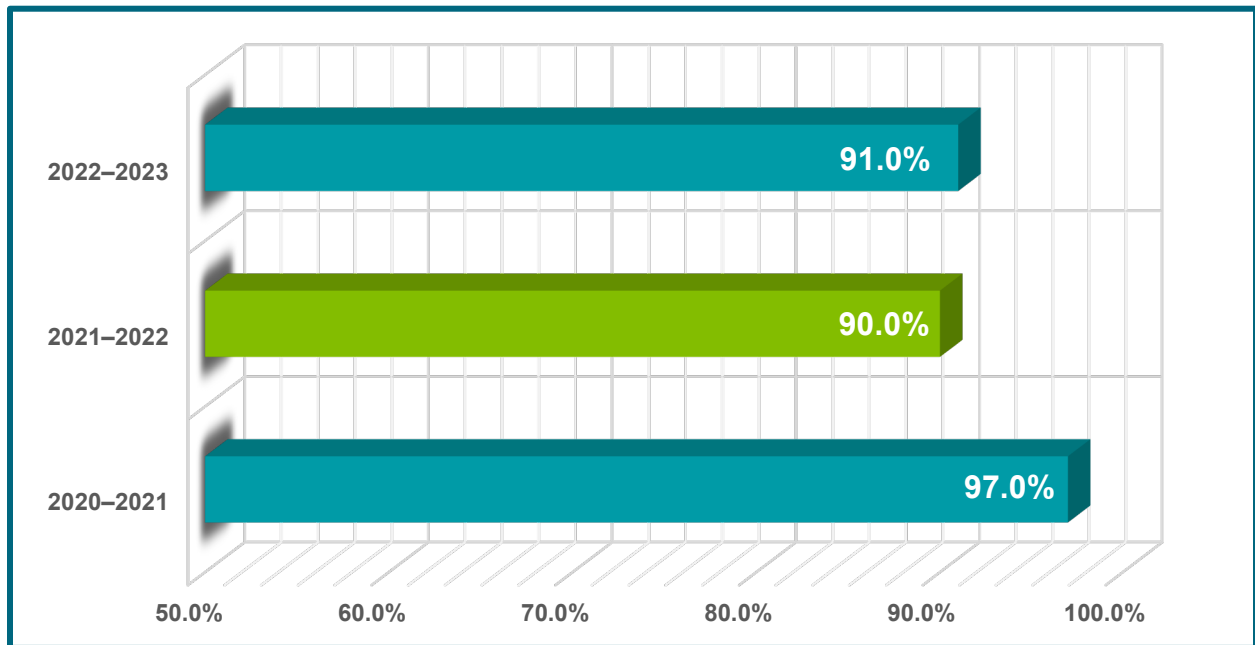
During FY 2022-2023, 91% of infants and toddlers received an evaluation and IFSP within 45 days of receipt of referral. This represents a drop of 1% in performance from the previous year. The target for the 45-day timeline is 100% and is established by the U.S. ED. During this period, LES programs continued to report challenges with service coordinator and provider shortages, which caused delays in scheduling evaluations and initial IFSP meetings in a timely manner. The Program is working with LES programs on improvement strategies to increase provider

recruitment and retention and will continue to monitor provider capacity within each LES 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% as established by the U.S. ED. During FY 2022–2023, 91% of infants and toddlers received services within 30 days of consenting to the services authorized on the IFSP. **Figure 6** represents a gain of 1% in performance over last year. The Program is working with each LES program to monitor provider capacity and to increase service provider recruitment and retention within each.

Transition

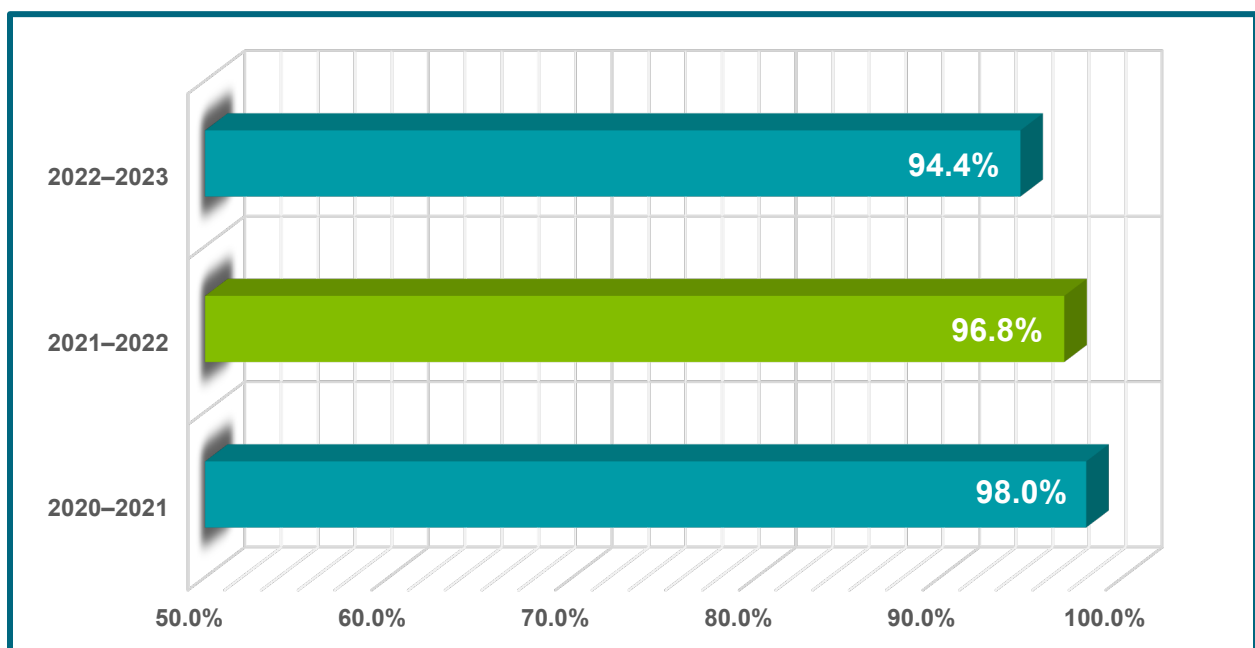
The Program must ensure a smooth transition for infants and toddlers from early intervention services under IDEA Part C to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

The LES programs are required to hold a conference to discuss services and develop a transition plan for children enrolled in the Program. The development of this plan must occur at least 90 days and not more than nine months prior to the child’s third birthday. The transition

plan must include activities and time frames for a successful transition from the Program. As established by the U.S. ED, the compliance threshold for the 90-day time frame is 100%.

Figure 7 shows 94.4% of children preparing to transition from the Program in FY 2022–2023 received a timely transition conference upon exit from the Program. This is 2% less than the previous year. This decrease is attributed to the reported service coordinator and provider shortage in which LES programs are reporting difficulty maintaining and scheduling timely transitions.

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



The Program will continue to provide targeted technical assistance to the LES programs with findings of noncompliance to ensure increased service coordinator training and identify process improvement strategies to ensure scheduling of timely transition.

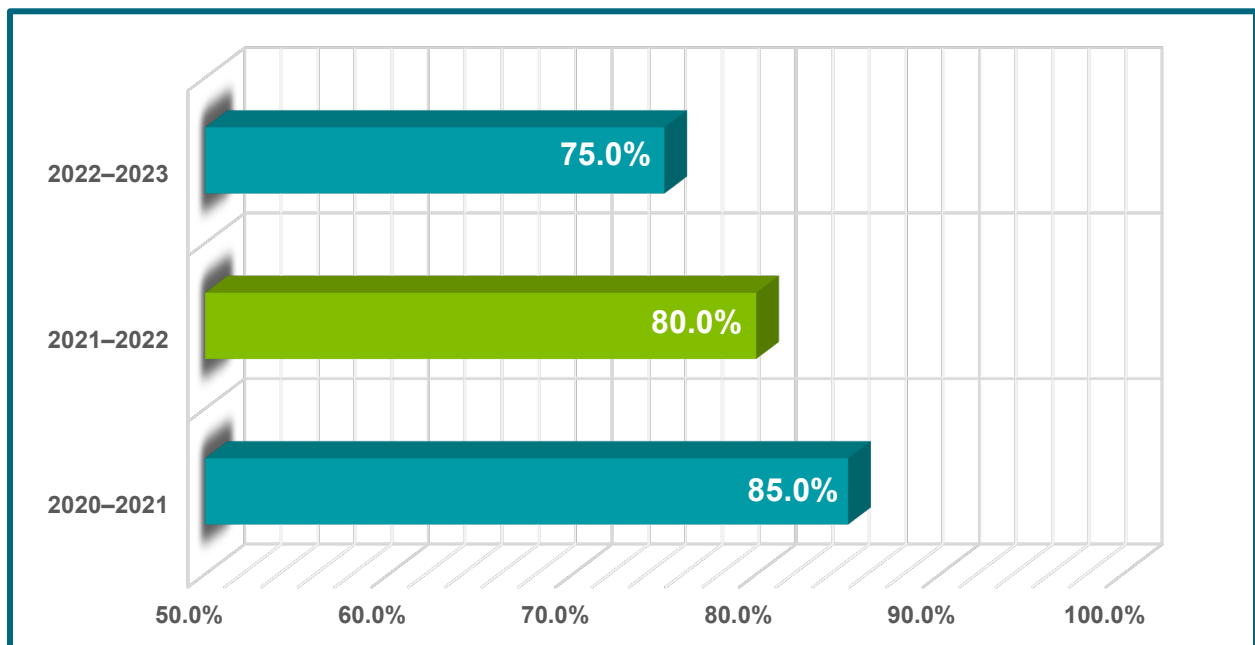
Family and Child Outcomes

The SPP/APR includes child outcome measures that report the improvement of children’s development as a result of participation in the Program. Family outcome measures are also reported and indicate if the Program achieved the following: informed a family of 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 Program collaborates with stakeholders including LES programs and families to establish this target.

Family Outcomes

The 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** shows during FY 2022–2023, 75% of families reported that early intervention services helped the family effectively communicate the child's needs. The target for FY 2022–2023 was 84%.

Figure 8. Percentage of Families who Report the Program Helped the Family Effectively Communicate Child's Needs



Based on stakeholder feedback and performance analysis of the 2021–2022 Family Survey, an enhancement was made to the survey distribution process in FY 2022–2023. The survey distribution process now includes assigning a parent access code for eligible families to prevent duplication and ensure that families completed a survey only once. LES programs reported that service coordination retention and recruitment shortages, as well as the changes to the survey distribution process contributed to the lower percentage of the results.

Individualized Family Support Plan Content

The Program must provide an IFSP that is understandable and usable by families, health care providers, and payors. The IFSP 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 team which includes:

- Parents and caregivers.
- Other family members, as requested by the parents.
- 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 periodically, 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 whether modifications are necessary to achieve planned results.

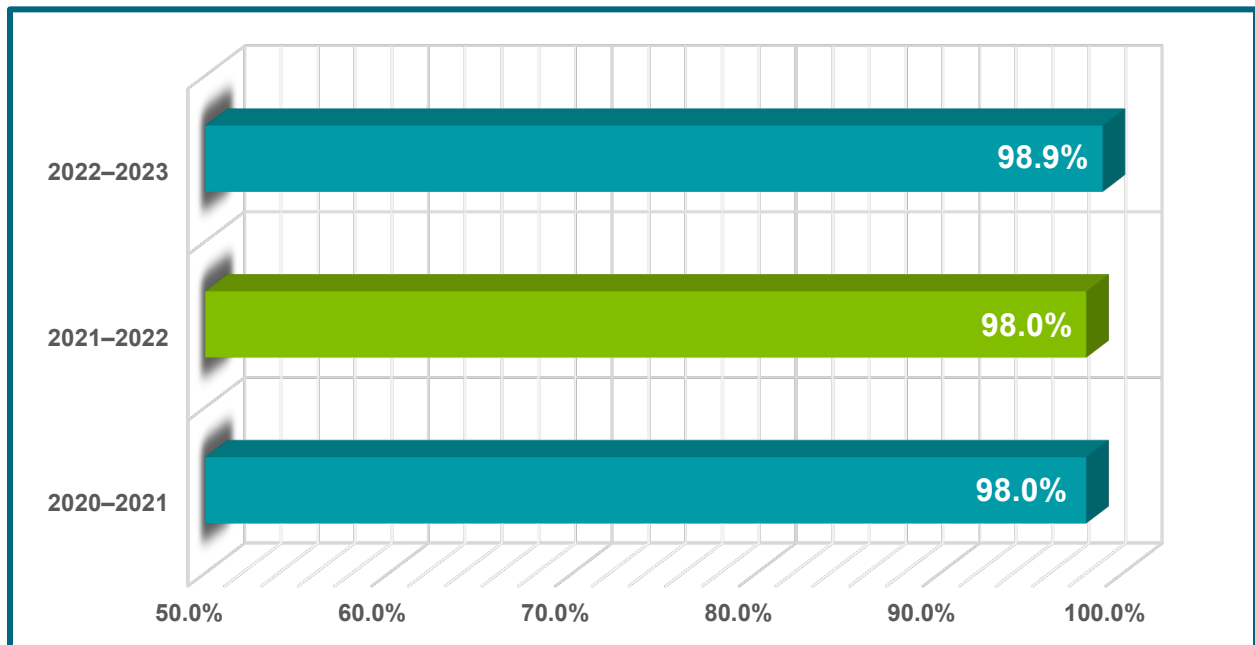
During May 2023, focus groups and structured individual interviews were conducted with parents of Early Steps children and staff in the following Early Steps services areas: West Central, Space Coast, and Treasure Coast. Three parents and eight providers participated in either focus groups or individual interviews.

The results of these focus groups and interviews were as follows:

- Parents expressed having positive experiences with their service coordinators; however, wish more time was spent with their providers to bring about greater progress.
- Parents felt that the service providers were just as focused on helping and teaching them as much as the child.
- Parents felt well prepared for the transition out of the Program.
- Staff and caregivers gave the Program high praise and believe it to be a very valuable program for families.

A random sample of child records was reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 98.9% of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 2022–2023. **Figure 9** represents an increase in performance over last year.

Figure 9. Percentage of Infants and Toddlers who made Progress Toward Meeting the Goals of the IFSP

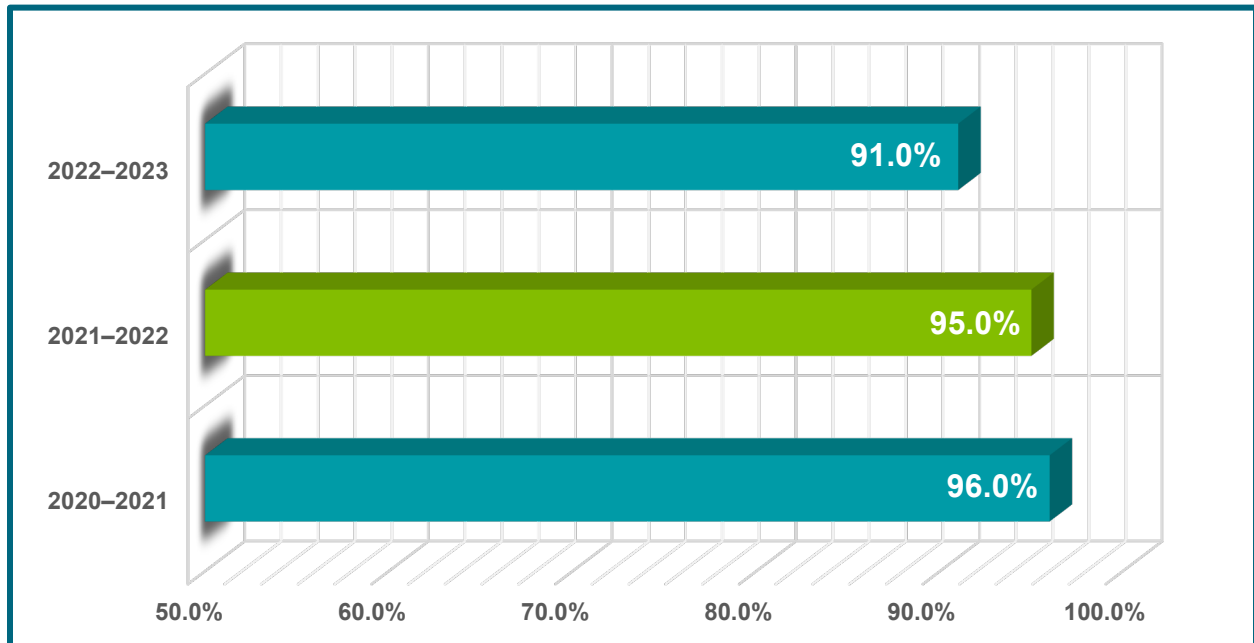


Families Reporting on Child Outcomes

The Program must help each family 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 child’s individualized outcomes.

During FY 2022–2023, 91% of families reported that the Program 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** shows a 4% drop in performance from the previous year, attributed to changes in the survey distribution process and staffing shortages across LES programs.

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

Family survey results indicate that a high percentage of families report the Program 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.

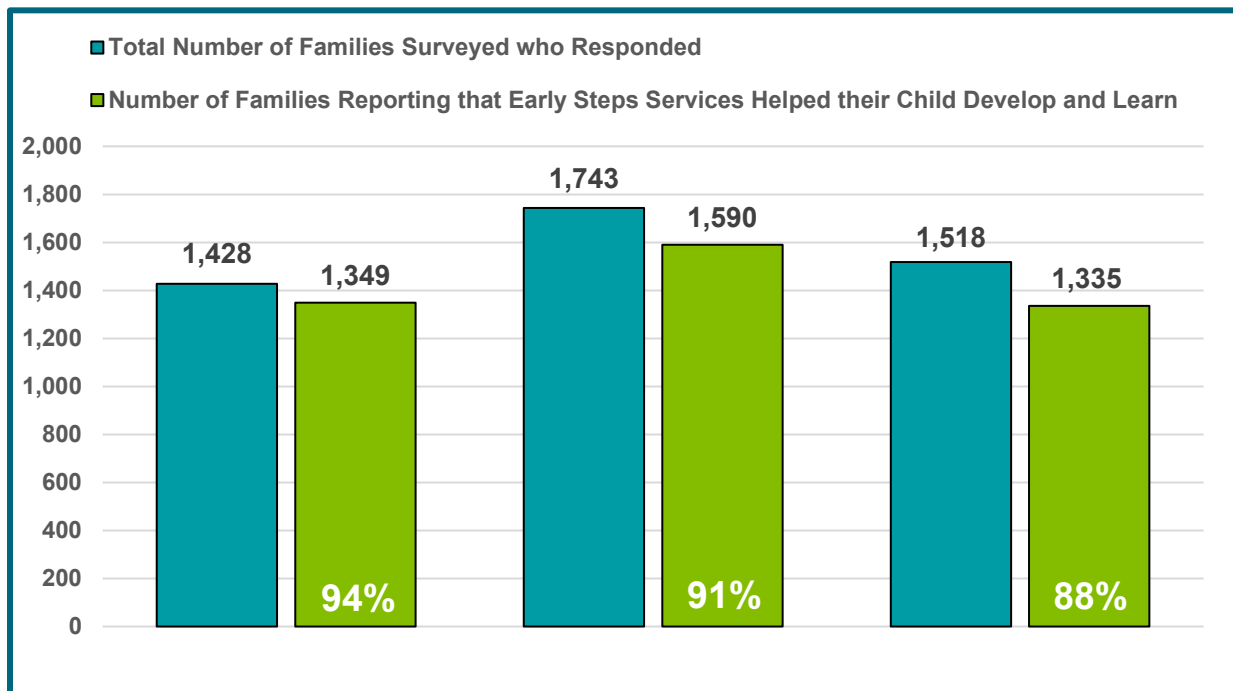
The purpose of the Program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the child’s needs. Each LES program has a minimum of one full-time Family Resource Specialist (FRS). The FRS is a parent or 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 FRS works with the LES program to promote the importance of family education in service provision. The FRS is required to develop and submit an annual System of Family Involvement Plan (SFIP) in collaboration with families served by the LES program. The SFIP aims to address strategies to improve family outcomes and to build the capacity of families to help their children grow. Outcomes of the SFIP are provided to the Early Steps State Office as a contractual

requirement.

Families with children exiting the Program are surveyed annually to determine the extent to which Early Steps services have helped the child and family. During FY 2022–2023, 55% of families with children who exited during the survey period provided a survey response. This is a 12.9% decrease from FY 2021-2022. 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 2022–2023, 88% of families reported that Early Steps services positively impacted the ability to help their child develop and learn, a decrease of 3.3% over the FY 2021-2022. The proposed target for FY 2021–2022 was 93.6%.

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 state to develop a State Systemic Improvement Plan (SSIP) as part of the SPP/APR described in 34 Code of Federal Regulations (CFR) 303.701. The SSIP is a

multi-year plan intended to increase the capacity of LES programs to improve outcomes for children with disabilities and their families. In coordination with stakeholders, the 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 focus was chosen because the percentage of infants and toddlers enrolled in the Program 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 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.

The Program 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, the Program 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 the Early Steps Program 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 detailed in the following Outcome headers. It is important to note that comparison with gains prior to FY 2021–2022 is no longer possible due to the change in the state-mandated measurement tool.

The COS process measures three child outcome categories 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 included in the outcome reporting. There were 8,570 children who met this criteria and received an entry and exit COS rating for FY 2022–2023. All children assessed using the COS process were assessed in all three outcome categories. Performance measures outlined in Florida law for this report differ from the federal indicator measures that will be reported in spring 2024. 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: **8,570***

*Percentage of Children Who Demonstrated Improvement: **98.5%***

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: **8,570***

*Percentage of Children Who Demonstrated Improvement: **98.5%***

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: **8,570***

*Percentage of Children Who Demonstrated Improvement: **98.6%***

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 communicate needs, move around and manipulate items, eat and drink, dress and undress, diaper, toilet and wash, communicate needs, and show safety awareness.

Early Steps State Plan

State Plan Goals

An analysis of Florida's performance as outlined in state and federal reports contributed to the selection of goals included in this plan. Stakeholder workgroups were convened for each goal based on subject-matter expertise. Membership includes parents, LES program administration and staff, providers, FICCIT members, Institutes of Higher Education staff members, local and state partners, state office staff, and other stakeholders. Two stakeholder workgroups completed a self-assessment this year, funded by the U.S. ED and developed by technical assistance centers related to the goal's subject-matter. The self-assessments assisted each stakeholder workgroup in evaluating the current system, identifying areas for improvement, and developing more effective and efficient systems to implement evidence-based practices. Based on the results of the self-assessment and expertise of members, the statewide need, barriers, and action steps to improve performance over the forthcoming year were identified as outlined below. The remaining two workgroups will plan to complete the self-assessment in the coming year. These stakeholder groups also contributed in setting Florida's goals for the SPP/APR indicator standards.

State Plan Goal 1: Monitor and track the population referred to and served by the Early Steps Program, including infants and toddlers at risk of developmental delay.

What is the extent of the statewide need met by the Program?

Children are referred to the Program from various sources, including parents, physicians, childcare programs, community agencies, and hospital neonatal intensive care units. LES programs educate primary referral sources on the Program's purpose, eligibility criteria, services provided, and the referral process. Referral sources are captured in the Early Steps Data System. In FY 2021–2022, 38,477 children were referred to the Program, resulting in a 3.4% increase of children served than the prior year.

Eligibility for IDEA Part C is determined using each state's definition of developmental delay and includes children with established conditions with a high probability of resulting in developmental delay. States have the option of including infants and toddlers who are at risk of developmental delay in the eligibility criteria. Section 391.308(3), F.S., requires the Program to serve infants and toddlers with a developmental delay or a physical or mental/medical condition known to create a risk of developmental delay.

What are the barriers to fully meeting the need?

Referred to as Child Find, IDEA Part C requires that infants and toddlers who may need early intervention services are identified, located, and evaluated as early as possible. The Program must report Child Find data to the U.S. ED annually. This includes data on the percentage of the total population of infants, ages birth to one, in the state served by the Program. Florida's target for this indicator in FY 2021–2022 is 0.75% of the total population of infants ages birth to one, enrolled in the Program, and the actual performance of the state is 0.63% of the total population of infants ages birth to one enrolled.

States also report to the U.S. ED on the percentage of the total population of infants and toddlers, ages birth to three, in the state served by the Program. During FY 2021–2022, the target for this age group, birth to three, is 2.90%, and the actual performance of the state is 2.43%. While Florida did not meet the target for this indicator, there was a 4.26% increase from the prior year.

What were the action steps taken in FY 2022–2023 to address the barriers and improve program performance?

State and local entities were educated on the Program's eligibility criteria to ensure appropriate referrals for potentially eligible infants and toddlers. This included the following activities:

- Reviewed LES programs' baseline data to identify the number of children found eligible and ineligible for the Program for each referral source.
- Developed a comprehensive marketing plan to increase public awareness.
- A Part C Child Find Coordinator position was created at each LES program. This individual works as a community liaison to ensure infants and toddlers in each region who are eligible for services are identified, located, and evaluated for early intervention services. The Child Find Coordinators also participate in a learning collaboration to support and encourage the development of best practice sharing.
- Participated in a Joint Referral Collaboration and the Joint Inclusion Collaboration with various state and local programs to enhance coordination among referral agencies.

There were 3,117 more referrals in FY 2021–2022 than the previous year. Physicians, families, community agencies, and neonatal intensive care units (NICU) were the top referral sources. Data were collected to monitor referrals, eligibility patterns, and trends for referred infants and toddlers, especially those at risk of developmental delay, to identify and plan to meet future needs. The following data were collected and analyzed:

- Referral patterns for LES programs between FY 2020–2021 and FY 2021–2022.
- Stakeholder processes for serving infants and toddlers eligible for the Program.
- LES program processes for linking infants and toddler who are not eligible for the Program with community organizations.

What are the action steps planned in FY 2023–2024 to improve program performance related to Goal 1?

- 1.1** Continue to analyze LES programs’ baseline data within recent years and develop strategies for increasing eligible referrals.
- 1.2** Examine referral processes at each LES program to provide opportunities for technical assistance.
- 1.3** Continue to support the LES Part C Child Find Coordinators and facilitate a monthly learning collaborative to encourage the sharing of ideas and continued efforts toward increasing the number of eligible referrals to the Program.
- 1.4** Coordinate efforts between state, local, and regional Joint Referral Collaborative teams to build relationships between local referral sources and share eligibility criteria information.

State Plan Goal 2: Ensure compliance with state and federal requirements and indicators through development of an accountability system that strengthens local and state resources and builds capacity.

What is the extent of the statewide need met by the Program?

The U.S. ED has an accountability system under the IDEA, known as Results Driven Accountability (RDA). The purpose of RDA is to ensure that states meet IDEA requirements as well as improve results for children and families. RDA requires the use of quantitative and qualitative indicators to measure performance for areas designated as priority areas by the U.S. ED. RDA requires that 100% of evaluations and IFSPs are completed within 45 days of the date a child is referred to the Program. In FY 2021–2022, 92.15% of infants and toddlers received an evaluation and IFSP within 45 days of being referred. This represents a 6.14% decrease in performance from the previous year.

IDEA Part C requires that early intervention services are initiated in a timely manner, within 30 days after the family consents to the services. During FY 2021–2022, 90.38% of children received services within 30 days after the family consented to the services. This represents a 6.8% decrease in performance from the previous year. An additional IDEA requirement is that steps and services for transition planning be developed at least 90 days prior to a child’s third

birthday. In FY 2021–2022, 96.7% of children received a timely transition conference with activities and timelines upon exit from the Program. This is a 1.5% decrease from the previous year.

What are the barriers to fully meeting the need?

The Department monitors all LES programs annually, including a review of child record documentation and information from the Early Steps Data System. The three indicators reviewed as a part of this goal must achieve 100% to be considered compliant. All LES programs who did not achieve a 100% compliance rate for these measures were required to complete a performance improvement plan over the course of the following 12 months. As a part of this process, the LES programs reported provider and service coordinator shortages to be the barrier toward achieving timely compliance rates.

What were the action steps taken in FY 2022–2023 to address the barriers and improve program performance?

Written practices and procedures from high performing LES programs were collected to identify best practices and shared with LES programs with low performance during focused technical assistance.

What are the action steps planned in FY 2023–2024 to improve program performance related to Goal 2?

- 2.1** The Program plans to work with a marketing vendor to develop a statewide provider recruitment advertising campaign to assist LES programs with the development of recruitment materials and publicizing the need for early intervention providers and service coordinators.
- 2.2** Initiate and implement technical assistance and monitoring components at the state and local level that address the federal and state regulations, with a focus on improving the efficiency, effectiveness, quality, performance, processes, capacities, and outcomes of the Program.
- 2.3** Determine the LES programs that have exemplary practices and those that require technical assistance related to meeting the 45-day, 30-day, and 90-day timelines and provide focused assistance to achieve and maintain 100% compliance.

State Plan Goal 3: Increase the percentage of infants and toddlers demonstrating improved developmental outcomes upon exiting the Early Steps Program and the percentage of families reporting that participation in the Early Steps Program enhanced capacity and confidence to support the child’s development and learning.

What is the extent of the statewide need met by the Program?

The U.S. ED defines and provides formulas for reporting three child outcomes, including five progress categories for each of the child outcomes. States are required to measure and report the amount of progress each child makes from entry to exit from the Program. Each state determines the method to assign eligible infants and toddlers to the progress categories. Historically, the Program has used the data from the entry and exit administrations of the BDI-2, a standardized, norm-referenced measure, to determine child progress. On December 1, 2020, at the recommendation of stakeholders, the Program began implementation of COS process for entry and exit assessment. The COS process summarizes information from a variety of sources on a child's functioning in each of the three child outcome areas to determine a child's progress. For children receiving entry assessment prior to December 1, 2020, the Program continues to use data from entry and exit administrations of the BDI-2 to determine child progress to preserve data validity. If a child's entry score was determined by the BDI-2, the exit must also use the same methodology. Results from the COS and the BDI-2 are assigned to one of the five progress categories which results in the blended child outcomes data reported to the U.S. ED annually.

What are the barriers to fully meeting the need?

The BDI-2 scoring must be used for exit assessment if it was used for the entry measurement to preserve data validity. However, the BDI-2 is required to be completed in person with the child, and much of these valuable data were unable to be collected due to the telehealth practices in FY 2021–2022. The data quality for this period declined with concerns about completeness. The COS process is anticipated to better reflect child functioning and progress and does not require face-to-face assessment to assign a progress outcome. The BDI-2 measurement process will be phased out by November 30, 2023, at which point all children will receive a COS entry and exit to assess outcomes.

What were the action steps taken in FY 2022–2023 to address the barriers and improve program performance?

Stakeholders convened to review COS training materials and expressed concern that the national technical assistance materials were too broad and did not reflect Florida specific needs. The Early Steps State Office researched and responded to these concerns with the procurement of a Technical Assistance Center to create supplemental materials to further enhance the COS trainings in the coming fiscal year. The following data table displays a comparison of FY 2019–2020, FY 2020–2021, and FY 2021–2022 reflecting the data collection

challenges from the BDI-2. Child outcome indicators are performance indicators and do not require 100% compliance; however, states must identify and achieve a statewide target.

Federal Indicator	FY 2019–2020 Early Steps Program Performance	FY 2020–2021 Early Steps Program Performance	FY 2021–2022 Early Steps Program Performance
Infants and toddlers demonstrate improved social/emotional skills at exit.	26.0%	26.3%	59.1%
Infants and toddlers demonstrate typical social/emotional skills at exit.	50.7%	46.0%	39.1%
Infants and toddlers demonstrate improved use of knowledge and skills at exit.	74.3%	68.6%	70.1%
Infants and toddlers demonstrate typical use of knowledge and skills at exit.	47.9%	44.5%	24.8%
Infants and toddlers demonstrate improved use of appropriate behaviors to meet needs at exit.	84.4%	73.6%	59.8%
Infants and toddlers demonstrate typical use of appropriate behaviors to meet needs at exit.	87.7%	78.5%	49.3%

What are the action steps planned in FY 2023–2024 to improve program performance related to Goal 3?

- 3.1** Continue statewide implementation of the COS process through a three-year phased approach. By December 1, 2023, all children will have outcome data gathered through the COS process.
- 3.2** Assist LES programs in providing effective professional development to support implementation of the COS process.
- 3.3** Continue to support LES programs to develop and enhance quality assurance policies and procedures for child outcomes assessment and accountability.
- 3.4** Encourage LES programs to develop and enhance processes to ensure families are centered in all aspects of Early Steps services.

State Plan Goal 4: Implement the State Systemic Improvement Plan (SSIP) to increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills.

What is the extent of the statewide need met by the Program?

The U.S. ED has implemented revisions to its RDA system under the IDEA, emphasizing improving child outcomes. The RDA system requires states to develop, implement, and evaluate a SSIP through the delivery of evidence-based practices in the provision of services to improve results for children with disabilities. Florida's SSIP aims to increase the percentage of infants and toddlers demonstrating improved social-emotional skills at exit from the Program. The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality services, leading to improved child outcomes. This includes professional development for providers to ensure services are evidence-based and family-centered.

What are the barriers to fully meeting the need?

Florida's professional development caregiver coaching model is a multiyear phased approach and is an intensive and lengthy process. As of July 2022, all 15 LES programs providers were implementing Florida Embedded Practices and Intervention with Caregivers Early Steps Professional Development (FL-EPIC). The emphasis across all 15 LES program sites has shifted from initial implementation to FL-EPIC scale up and sustainability activities.

What were the action steps taken in FY 2022–2023 to address the barriers and improve program performance?

The partnership and contract with subject-matter experts at the University of Florida's Anita Zucker Center continued in FY 2021–2022. Through this partnership with UF, LES programs continue implementing professional development strategies to improve the positive social-emotional outcomes of infants and toddlers who exit the Program.

Data reporting to OSEP in the spring of 2023 for the 2021 SPP/APR showed that during FY 2021–2022, 59.1% of infants and toddlers served by the Program demonstrated improved social-emotional skills at exit from the Program. This is a 127.31% increase from the prior fiscal year. This is credited to the increasing number of providers having completed the professional development caregiver coaching model.

UF has engaged in rigorous evaluation practices to scale up the implementation of the methods as demonstration and implementation sites expand. Efforts have included:

- Designing a sustainable professional development infrastructure that includes training, coaching, and infusing Division of Early Childhood (DEC) Recommended Practices.

- Testing and determining the feasibility of implementation strategies and practices.
- Building the foundation needed to ensure expansion of evidence-based practices across the state.

What are the action steps planned in FY 2023–2024 to improve program performance related to Goal 4?

4.1 Continue to work with the LES programs to sustain and scale up the training of the FL-EPIC model for the LES programs.

4.2 Continue to collaborate with UF to refresh and align Program trainings with the Early Steps Professional Development framework.

4.3 Encourage Early Steps providers to participate in FL-EPIC training curriculum by implementing an increased Natural Environment Support Fee rate for those providers who have been certified in FL-EPIC training.

State Plan Goal 5: Collect programmatic and fiscal data to support effective and efficient management of the Early Steps Program.

What is the extent of the statewide need met by the Program?

The current Early Steps Program Data System provides basic information for state and federal reporting; however, it does not capture the level of detail needed to monitor compliance with all federal, state, and local programmatic and fiscal requirements. The Program relies on manual processes for identification, coordination, and allocation of available resources for early intervention services, including those from federal, state, local, and private sources. A modern data system is needed to enable the Program to collect, report, and analyze state and local level data to improve program performance and make data-informed fiscal decisions.

What are the barriers to fully meeting the need?

The Early Steps State Office is accountable to U.S. ED for programmatic and financial management of the Program. The current data system does not collect key useful information for more effective program administration, policy implementation, and resource management for the Program.

It is critical that the Program increase capacity to identify children needing services, monitor the provision of services, track professional development activities, and improve outcomes for children and families. The Early Steps Data System needs to have the increased ability to collect valid and reliable data to ensure programmatic and fiscal accountability.

What were the action steps taken in FY 2022–2023 to address the barriers and improve program performance?

The Department initiated a process to procure a vendor to successfully develop and implement a new Early Steps Data System to meet the needs of the Program. After the procurement process, the program engaged in negotiations with the selected vendor to finalize a contract. On November 28, 2022, the Program executed a contract with the vendor to design and implement a new high-capacity data system. Concurrently, a project management team was also contracted to facilitate and assist in building and implementing the Early Steps Data System. Presently, the Program is engaged daily in meetings with the vendor and project management team as the design phase of the project closes and while the vendor has already commenced the development and configuration phase.

What are the action steps planned in FY 2023–2024 to improve program performance related to Goal 5?

5.1 Complete the design and development of a robust Early Steps Data System, working with the vendor and with stakeholder input, ensuring that the following major system components are included and fully functional:

- Case Management (Eligibility, Child Tracking, Transition)
- Program Management (Provider Management)
- Global Services (Reporting, Integration, Security)
- Audit Functions

5.2 Upon implementation of the new Early Steps Data System, develop tools and a structure to accomplish the following using the system: project needs of the Program, monitor programmatic and fiscal status, track compliance with federal and state requirements, and performance on child and family outcomes.

Conclusion

The services provided by the Program enhance the physical, cognitive, communication, social-emotional, and adaptive development of infants and toddlers. Carefully 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 Program is serving an increased number of children across Florida as demonstrated by **Figure 4**, which shows 2,106 more children receiving services than the previous fiscal year. There were 39,615 children who were referred in FY 2022–2023 and 18,718 of those children

were eligible for services. Of the families surveyed, 87.9% reported that the Program helped their child develop and learn. The 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.

Acronyms and Abbreviations

Annual Performance Report.....	APR
Battelle Development Inventory, 2 nd Edition.....	BDI-2
Children’s Medical Services.....	CMS
Child Outcomes Summary.....	COS
Code of Federal Regulations.....	CFR
Family Resource Specialist.....	FRS
Fiscal Year.....	FY
Florida Interagency Coordinating Council for Infants and Toddlers.....	FICCIT
Florida Statute.....	F.S.
General Revenue.....	GR
Individuals with Disabilities Education Act.....	IDEA
Individualized Family Support Plan.....	IFSP
Local Early Steps.....	LES
Results Driven Accountability.....	RDA
Strategic Solutions Group.....	SSG
State Performance Plan.....	SPP
United States Department of Education.....	U.S. ED

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