



Early Steps Program State Systemic Improvement Plan Phase III, Year 5 April 1, 2021

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Governor

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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.

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I. Data Analysis

A. State-identified Measurable Result

SiMR - Florida's Focus

Florida will increase the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills

Florida's selected State-identified Measurable Result (SiMR) remains as the Annual Performance Report (APR) indicator 3A1: Increase in the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills. Florida continues to implement two improvement strategies: 1) improve capacity to support local implementation of evidence-based practices through improvements to state level infrastructure, and 2) establish, implement, and sustain a framework for statewide professional development (PD) based on identified evidence-based coaching practices. Florida's SSIP improvement activities fall under the following system Early Childhood Technical Assistance Center (ECTA) System Framework components: Governance, Accountability and Quality Improvement, Data Systems, Finance, and Personnel/Workforce.

B. Progress toward the SiMR

Baseline Data: 31.08%

FFY 20018 Target: 44% FFY 2019 Target: 32%

FFY 2018 Data: 29.8% **FFY 2019 Data:** 26.0%

Was the State's FFY 2019 Target Met? No

Did slippage occur? Yes

Reasons for slippage:

Florida's statewide slippage is suspected to be a result of data quality issues involving collecting and reporting statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in the final quarter of FFY 2019. An average of 1,850 fewer children received completed assessments across the three outcome areas, compared to FFY 2018. Early Steps allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, Florida's use of the Battelle Developmental Inventory, Second Edition (BDI-2), requiring a face-to-face setting, impeded conducting assessments and using data for child outcomes measurement.

C. Additional Data Demonstrating Progress Toward SiMR

Systemic changes undertaken through SSIP show promising results indicating that evidence-based practices (EBPs) are being implemented with model fidelity and infrastructure enhancements are positively impacting child outcomes.

Florida continues its partnership with Institutes of Higher Education (IHE) subject matter experts at the University of Florida (UF), Anita Zucker Center for Excellence in Early Childhood Studies. The IHE Team has collected and reported data from sites implementing Florida Embedded Practices and Intervention with Caregivers (FL-EPIC) practices. As of July 2020, nine of 15 Local Early Steps (LES) sites have begun to implement the practices. Data show capacity at the nine sites has reached 17 Lead Implementation Coaches (LICs), 284 providers trained via Caregiver Coaching Workshops, and 236 providers completed or are engaged in six months of coaching as of November 29, 2020. This is an increase from Fall 2019, when six LES sites had 11 LICs, 62 providers had attended Caregiver Coaching Workshops, and 49 providers had completed coaching.

The mean implementation fidelity across face-to-face Caregiver Coaching workshops was 99%, and 98.5% for virtual workshops. The mean coach-reported implementation fidelity across all coaching sessions in FFY 2019 was 89.4%, and 83.4% as reported by the IHE Team. Caregivers served by providers trained at Fall 2019 workshops reported increases in all domains of self-efficacy ratings.

SSIP sites continue to pilot the Child Outcomes Summary (COS) process, collecting and evaluating child progress data between the time providers attend the Caregiver Coaching Workshops and the time when coaching has completed. COS data from those sites showed that 63% of children substantially increased their rate of growth in social-emotional development, and 27% were within age expectations.

D. Data Quality Concerns Unrelated to COVID-19

Early Steps has chosen to transition from BDI-2 as the only tool to determine a child's entry-exit progress and replace it with the COS process due to two limitations. The limitations included the inability to adequately measure social-emotional skills of very young children and the need to be administered in a face-to-face setting. The COS process allows the integration of multiple sources of information. This will provide a more accurate assessment, using information gathered across routines, activities, and settings. In addition, Local Early Steps will be able to complete entry-exit assessments virtually, when necessary. Due to particular challenges in FFY 2019 related to COVID-19, as well as the continued indications of progress from the pilot at the SSIP sites, Early Steps expedited the implementation of the COS process which begin statewide use of this methodology for all children entering Early Steps beginning December 1, 2020.

The BDI-2 will continue to be used as the exit outcomes assessment for children assessed at entry with BDI-2. The Early Steps Administration System (ESAS) data system under development incorporates collection of COS process ratings and evidence, supporting accurate outcomes assessment and evaluation of fidelity COS process implementation by LESs. The BDI-2 data will continue to be collected through the existing processes and combined with the COS process data by Early Steps State Office staff. Early Steps has worked with the federal technical assistance team to ensure that the BDI-2 data and the COS process data are combined to produce the most accurate outcomes data possible for future reporting until BDI-2 use for entry-exit assessment has been discontinued.

Another substantial data quality concern relates to exit assessment for child outcomes. Historically, Early Steps has not achieved outcomes assessment for all children receiving services for more than six months. In FFY 2019, 35.96% of children were assessed for outcomes at exit, compared to 49.42% for FFY 2018. Aside from specific challenges faced in FFY 2019 detailed below, there is an ongoing challenge of communicating the importance of exit outcomes monitoring with families so that necessary assessment can be completed. Families prioritize completing services and advancing to the next opportunity to assist their children and sometimes do not take the time to participate in exit assessment. Use of the COS process will mitigate this data quality issue through two key mechanisms:

- Engaging families as essential to assessing outcomes and progress, the COS process will help communicate the importance of outcomes monitoring and reduce family exits without assessment participation.
- Implementing interim and periodic COS process assessments, when a family is unable to participate in exit assessment, LESs will be able to use family contributions to recent COS ratings to inform an exit COS rating.

E. Data Quality Concerns Related to COVID-19

In the months following March 1, 2020, emergency declarations, school closures, stay at home orders, and community anxiety due to rising COVID-19 case numbers created a substantial barrier to families receiving Early Steps services.

During the last four months of FFY 2019, there was a decrease in the number of children referred to and served by Early Steps across the state. As a result of the pandemic, service providers adjusted to alternative service delivery strategies and some families opted to delay referral or suspend services due to safety concerns. Florida's use of IDEA Part C funds for virtual evaluations and services increased. In addition, shortly after the start of the pandemic, the state Medicaid agency and private insurers began to reimburse providers for evaluations and services conducted virtually. Initial eligibility evaluations for children referred could be conducted using other tools. These steps were critical in ensuring continuity in eligibility determination and service provision.

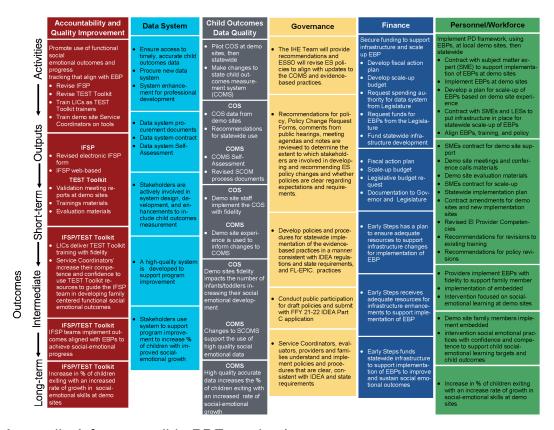
As the BDI-2, the required child outcomes assessment tool, is designed to be administered in a face-to-face setting, COVID-19 negatively impacted completion of entry-exit child outcomes assessments. Entry assessment could not be achieved timely for some children, whose exit assessments will not be included in monitoring reports. Recognizing that there would not be an immediate impact on child outcomes data quality, Early Steps made the decision to transition from the BDI-2 as Florida's only tool to measure child outcomes and replace it with the COS process. The COS process is being implemented statewide in a three-year phased approach, which began December 1, 2020. The COS process allows the integration of multiple sources of information rather than only one standardized tool. This will allow a more accurate assessment, using information gathered across routines, activities, and settings. In addition, it will be easier to complete entry-exit assessments when prevented from conducting such assessments in person.

In preparation for implementing the COS Process, extensive effort went toward developing policies and procedures, training, and guidance for ESSO and LES practice. In Fall 2020, ESSO staff adapted the ECTA Developing High Quality Functional Individualized Family Support Plan (IFSP) Outcomes training to guide LESs in incorporating the COS Process into IFSP development. In November 2020, ESSO released an implementation guide, detailing ESSO requirements for COS Process procedures, along with a COS form tailored to Florida procedures, and a data collection spreadsheet, incorporating automatic calculation of OSEP progress categories, to facilitate LES reporting of COS ratings. Currently, a new state policy focused on child and family outcomes is in the approval process. This rapid development and release of procedures and tools and COS implementation for all children entering Early Steps will mitigate the continued impact of COVID-19 on outcomes assessment.

COVID-19 negatively affected the work of the SSIP implementation sites, creating a barrier to recruiting families and delaying coaching progress. However, the need to conduct home visits remotely did not specifically have a negative impact, as coaches and providers successfully adapted FL-EPIC practices to these conditions. The sites and the IHE Team documented lessons learned during this time and will use these to drive future service delivery enhancements and reduce barriers experienced by families.

II. Phase III Implementation, Analysis and Evaluation

F. Theory of Action: Logic Model



(See Appendix A for accessible PDF version.)

G. Summary of Infrastructure Strategies Continuing Implementation

Improvement Strategy 1: State and Local Infrastructure Improvements to support evidence-based practices

Related to **Accountability and Quality Improvement**, the IHE Team completed revision of the Tools for Early Steps Teams (TEST) Toolkit in January 2020.

Short Term/Intermediate Outcome(s):

• Service Coordinators at sites that were trained to use the Toolkit increased their knowledge of developing family-centered functional outcomes to address a child's social emotional development.

Related to **Data System and Child Outcomes Data Quality**, ESSO staff and stakeholders remain actively involved in system design and development of a new state of the art data system. ESSO staff worked with Technical Assistance (TA) partners, ECTA, and Center for IDEA Early Childhood Data Systems (DaSy) to adapt the Child Outcomes Summary Excel calculator tool for use to generate OSEP progress category information and charts on child outcomes, OSEP summary statement percentages, entry and exit COS ratings and identify data issues. Elements from the calculator will be incorporated into the new data system.

Short Term/Intermediate Outcome(s):

- The data system includes elements for tracking and reporting child outcomes.
- The data system includes elements to track provider credentials and training.

Related to **Governance**, the IHE Team will provide recommendations and ESSO will revise Early Steps policies to align with updates to the child outcomes measurement system and evidence-based practices.

Short Term/Intermediate Outcome(s):

• Service Coordinators, evaluators, providers, and families understand and implement clear policies and procedures that are consistent with IDEA and state requirements.

In the area of **Finance**, ESSO continues to pursue funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices in additional areas of the state.

Short Term/Intermediate Outcome(s):

- The Florida Legislature granted funding to support four new implementation sites beginning July 1, 2020.
- The Department of Health submitted a Legislative Budget Request to fund three additional new implementation sites beginning July 1, 2021.

Improvement Strategy 2: Establish, implement, and sustain a framework for statewide professional development

In the area of **Personnel/Workforce**, Early Steps continues to implement a professional development framework for FL-EPIC coaching practices. The IHE Team provided recommendations for revisions to the Early Steps Orientation Modules, Infant Toddler Developmental Specialist Modules and Service Coordinator Modules. Implementation sites continue to be trained using the TEST Toolkit. Early Steps is also building a set of training resources related the COS.

Short Term/Intermediate Outcome(s):

- Florida has adopted and requires all LES staff, service coordinators, and providers who will be involved in the COS process to complete eight selfdirected COS Training modules developed by the ECTA Center and DaSy Center.
- In addition, Florida has adopted and required the six-module training package on Developing High Quality Functional Individualized Family Support Plan (IFSP) Outcomes. These modules were also developed by ECTA. Revisions are being made to the modules to ensure alignment with the FL-EPIC approach.
- ESSO Professional Development Unit staff are working with subject matter and technical experts to update existing Early Steps modules.

H. Infrastructure Improvement Strategy Evaluation Methods

Improvement Strategy 1

Accountability and Quality Improvement

Reports and deliverables have been submitted by the IHE Team related to adaptation of the TEST Toolkit website content and resources. The documents show that TEST Toolkit content and resources were adapted and align with Florida's Early Steps Professional Development (ESPD) and revised IFSP. Pre- and post-tests have been reviewed and show the TEST Toolkit has enhanced service coordinator competence and confidence to use the resources and information to increase their knowledge. The Toolkit is an informative, useful, and practical resource for development of the IFSP.

Data System

Status reports and contract deliverables have been consistently reviewed to determine whether the new data system is on track to capture needed data elements. As the data system project proceeds, evidence is reviewed to determine the extent to which user acceptance testing, development of materials, and training support effective deployment of the new system. In addition, the 2018 initial ratings on the ECTA System Framework Self-Assessment, Data System Subcomponent will be compared to a subsequent administration to be conducted prior to implementation of the system.

Child Outcomes Data Quality

COS ratings collected at the beginning and end of provider coaching through FL-EPIC ESPD continue to demonstrate the effectiveness of this process. Data showed that 63% of children substantially increased their rate of growth in social-emotional development, and 27% were within age expectations. These results reflect a marked improvement over the current assessment tool and support Early Steps' decision to transition to using COS process statewide.

Governance

Policy recommendations are reviewed to determine the extent to which stakeholders are involved in developing and recommending Early Steps policy changes. There has been extensive stakeholder involvement in policy development.

Finance

State and LES budgets are reviewed to ensure funds to contract for training, support, and evaluation are available, in addition to funds to support scale-up and LES infrastructure to implement EBP. The Florida legislature has consistently responded favorably to requests by granting funds to continue SSIP implementation and scale-up. ESSO will continue to fund statewide infrastructure to support implementation of EBP to improve and sustain social emotional outcomes.

Improvement Strategy 2

Personnel/Workforce

Review of COS training materials, attendance rosters, workshop evaluation forms, and fidelity checks show that LICs effectively train LES staff to deliver COS. Data are reviewed to determine the extent to which LICs are competent and confident to deliver training at LESs and to what extent is the training delivered with fidelity. Data-informed decisions about professional development are made based on SSIP implementation, evaluation measures, and promising data about SSIP practices which impacts the SiMR. Fidelity outcomes currently exceed expectations.

Competency crosswalks, validation meeting materials, validation meeting notes, and final competency recommendations are reviewed to determine the extent to which revised competencies align with FL-EPIC, Pyramid Model Practices, and cross-disciplinary Early Childhood competencies. Training modules are under review to determine whether IHE Team recommendations are integrated and whether the training modules address updated Early Intervention Provider Competencies.

In the area of Personnel/Workforce, Early Steps continues to implement a professional development framework for FL-EPIC coaching practices. The IHE Team provided recommendations for revisions to the Early Steps Orientation Modules, Infant Toddler Developmental Specialist Modules and Service Coordinator Modules. Implementation sites continue to be trained using the TEST Toolkit. Early Steps is also building a set of training resources related the COS.

I. Next Steps for Infrastructure Improvement Strategies

Next steps for Accountability & Quality Improvement

- Work with existing sites and IHE Team to provide tools to support local program implementation.
- Finalize performance measures for existing sites and scale-up to additional sites to ensure sustainability.
- Begin statewide implementation of the COS process through a three-year phased approach, beginning December 1, 2020.
- While phasing out of use of the BDI-2, review outcomes data from the COS process, which, in FY 20-21, will primarily be data from entry assessments, to identify any data quality issues as soon as possible and take steps to correct the issues.

Anticipated outcome:

The revised IFSPs, aligned with EBPs, will lead to an increased percentage of children with improved rate of growth in social emotional at demonstration sites.

Next steps for Data System and Child Outcomes Data Quality

- Implement a new data system in FY 21-22 that provides a single source of record for information pertaining to a child, includes all planned system components, is fully functional, and allows for the tracking of child outcomes data.
- Upon implementation of the new Early Steps data system, develop tools and a structure to project needs of the Early Steps Program, monitor programmatic and fiscal status, track compliance with federal and state requirements, and manage budget.
- Evaluate and monitor improved child social-emotional development at implementation sites and statewide.

Anticipated outcome(s):

• Stakeholders use the system to support program improvement to increase the percent of children with improved social emotional growth.

• High quality accurate data increases the percent of children exiting the program with an increased rate of social-emotional growth.

Next steps for Governance

- Develop policies and procedures for statewide implementation of the evidence-based practices in a manner consistent with IDEA regulations and state requirements, and FL-EPIC practices.
- Conduct public participation for draft policies, submit for OSEP approval and implement

Anticipated outcome:

Service Coordinators, evaluators, providers, and families understand and implement policies and procedures that are clear and consistent with IDEA and state requirements.

Next steps for Finance

- Fund infrastructure to support implementation of EBPs.
- Request funds from Legislature for three new implementation sites for FY 22-23.
- Monitor contracts and funding to ensure adequate resources are available and that performance is consistent with contract provisions.
- Finalize sustainability plan for long-term statewide implementation of FL-EPIC.

Anticipated outcome:

Early Steps will fund and sustain statewide infrastructure to support implementation of EBPs to improve social emotional outcomes.

Next steps for Personnel/Workforce

• Deliver and scale-up Caregiver Coaching Workshop Training, TEST Toolkits training, Practice Based Coaching and other training related to evidence-based practices.

- Revise Early Steps Orientation, Service Coordinator Apprenticeship, ITDS, and COS process training modules to align to FL-EPIC practices and current policy.
- Evaluate knowledge and practice of professionals and caregivers in implementation of evidence-based practices.

Anticipated outcome:

Improved training, knowledge, and practice of workforce will lead to an increase in the percent of children who have an improved rate of growth in social emotional statewide.

III. Evidence-Based Practices

A. Continued Evidence-Based Practices

Florida uses a multi-tiered approach to impact social-emotional outcomes. Embedded Practices and Intervention with Caregivers (EPIC; Woods et al., 2018), was adapted for Florida as FL-EPIC. These practices build caregiver capacity to implement and embed strategies. FL-EPIC comprises an evidence-based caregiver coaching model: SOOPR (Setting the stage, Observation and Opportunities to embed, Problem-solving and planning, and Reflection and review), a 5-question (5Q) framework to guide caregivers to embed learning opportunities into everyday routines. A Visual Model promotes daily use of strategies. FL-EPIC is aligned with the Pyramid Model for promoting young children's social-emotional competence and providing positive behavior supports (Hemmeter et al., 2016).

TEST Toolkit practices are adapted from the Tennessee Early Intervention Data System (TEIDS)-Plus Project (Ridgley et al., 2011) for use in Florida. This 7-component model includes EBPs supporting successful implementation of the multi-tiered approach to early intervention. TEST practices ensure alignment of first contacts with families; evaluation/assessment; IFSP development and implementation, service delivery, and transition with evidence-based practices.

Used together, the EBPs are designed to increase provider competence and confidence in delivering caregiver coaching, which in turn increases families' confidence and competence to support child development and learning, including social, emotional, and behavioral learning. Statewide EBP scale-up is based on Metz and Bartley's (2012) active implementation framework. SSIP implementation activities focus on professional development as a competency driver to support fidelity of implementation of EBPs, in conjunction with leadership and organizational drivers.

B. Fidelity Implementation Data and Monitoring

Fidelity tools are used to evaluate activities by the IHE Team, LICs/Provider Coaches (PCs), providers, and caregivers. Data collected inform any changes needed to provider or caregiver practice. Results from an implementation fidelity checklist used to evaluate the initial IHE Team-facilitated training of coaches led to training revisions.

The IHE Team developed a fidelity checklist to evaluate LIC-facilitated Caregiver Coaching Workshops. The results indicate fidelity implementation of these workshops.

Individual provider coaching sessions are evaluated using a coaching fidelity checklist combined with self-evaluation of coaching session videos. The IHE confirms fidelity by reviewing a sample of 25% of coaching sessions. The scores of both coach-reported and IHE-rated sessions exceeded expectations for fidelity.

Provider practice is evaluated by observation of home visit videos for the six essential FL-EPIC practices to identify focus for coaching sessions and determine any practice change needed. A comparison of the first and last videos is made to evaluate each essential practice. Results indicate that coaching increases the use of most of the essential practices.

Evaluation of caregivers' use of FL-EPIC and Pyramid Model practices occurs through review of completed 5Q Visual Models for and a caregiver-reported self-efficacy scale. With minor differences for providers trained in face-to-face and virtual formats, results indicate substantial improvement across practices and increased caregiver self-efficacy ratings.

For all fidelity measures, comparisons were made to determine any differences between virtual or in-person training /practice. Results show that differences were minimal. Data indicate that the ESPD project is being implemented with fidelity and is effective in changing provider and caregiver practices.

C. Supporting the Knowledge and Use of Evidence-Based Practices

Florida's ESPD project continues through a contract with an IHE Team at the UF Anita Zucker Center to support design, implementation, scale-up, and evaluation of evidence-based practices.

Professional development activities include:

- A manualized, two-day Lead Implementation Coach training developed by the IHE Team, focused on practice-based coaching (PBC; Snyder et al., 2015).
- Monthly, one-hour cross-site coaching calls to discuss implementation issues, evaluation data, recommendations for scale up and sustainability, and alignment of SSIP activities with other statewide initiatives.
- Bi-weekly or monthly Lead Implementation Coach meetings.
- One-day Training-of-Trainers workshops.
- Introductory 12- to 14-hour Caregiver Coaching Workshops, conducted using manualized workshop presentation slides, with handouts and video exemplars, a facilitation guide, implementation fidelity checklists, and a participant evaluation.
- A six-month curriculum of monthly professional learning community (PLC) meetings that include application activities and self-analysis of EBP implementation.
- PBC sessions, using TORSH Talent©, a HIPAA-secure online coaching platform allowing video review, reflection, and feedback.

IHE Team-developed training for service coordinators and other personnel include:

- Orientation to FL-EPIC emphasizing aligning first contacts with EBPs.
- TEST Toolkit designed to expand knowledge to gather information; develop and implement the IFSP and evaluate to support and enhance implementation of FL-EPIC and Pyramid Model Practices.

IV. Stakeholder Engagement

A. Stakeholder Engagement Strategies

Stakeholders have been informed and engaged throughout implementation of SSIP Phase III, Year 5 activities. SSIP activities and progress was discussed with the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) during two quarterly meetings in FFY 2019, and input was gathered regarding implementation.

Stakeholders have engaged extensively in design and development of the new data system, including the discovery phase, demonstrations, and user acceptance testing. A data system stakeholder group completed the ECTA Data System Framework self-assessment.

The Child and Family Outcomes workgroup was engaged to make recommendations for child outcomes targets and finalize plans related to implementation of the COS process. In March 2020, when pandemic restrictions began, stakeholders were engaged to identify short-term and intermediate solutions for conducting entry and exit child outcomes assessments. Stakeholders recommended discontinuation of the BDI-2 for child outcomes measurement and accelerating implementation of the COS process in Fall 2020, due to the BDI-2 limitation on remote administration. Stakeholders also recommended changing the target for the SiMR due to changes in method of measurement.

The experiences of stakeholders are used to shape implementation and evaluation of the FL-EPIC tools, practices, and infrastructure. Stakeholders have been involved in developing course materials, refining coaching tools, developing Spanish language materials, and enhancing other SSIP activities.

Parent/caregiver stakeholders are surveyed to evaluate coaching practices and rate their sense of self-efficacy in managing tasks to support child development. In FFY 2019, parents and caregivers positively evaluated the effectiveness of SSIP provider coaching practices.

B. Response to Stakeholder Concerns

Stakeholders shared a concern regarding the use of the BDI-as Florida's only tool to measure child outcomes during COVID-19 restrictions and family concerns about the safety of-person visits. This concern, resulted in a plan to implement the COS process statewide, in a shorter time frame than initially planned.

Stakeholders requested clarification on the use of FL-EPIC training and activities for continuing education units (CEU) in fulfillment of Early Steps and professional licensure requirements. ESSO clarified that while Early Steps is committed to offer increased courses and training opportunities, and encourages continuing education, Florida's General Appropriations Act prohibits the Department of Health, Children's Medical Services from expending funds to facilitate CEU credits. Professionals may submit documentation of FL-EPIC or any other training to licensure boards to obtain CEU credits.

V. State Action Addressing OSEP FFY 2018 Response

Florida began piloting the Child Outcomes Summary (COS) process with three local programs in FFY 2019 as an action to address the barriers to collecting and reporting quality child outcomes data. Based on the results of the pilot, the state decided to implement use of the COS statewide through a three-year phased approach beginning December 1, 2020. The state developed implementation guidance for use by local program staff and providers for effective implementation of the child outcomes measurement system. Implementation guidance instructed local staff and providers that the same method must be used for entry and exit outcomes measurement; consequently, the COS process will be used in conjunction with continued use of the BDI-2 for exit assessment for children who received an entry assessment using the BDI-2.

Due to changes in the method of measurement and data collection, Florida followed recommendations of stakeholder to revise FFY 2019 targets for SPP/APR Indicators 3A1 (32.0%) and 3A2 (69.0%). The state will continue to monitor performance and take action to improve data and program performance.

Florida's partnership continues with the IHE subject matter experts at the UF Anita Zucker Center to scale-up evidence-based practices across the state. Three new implementation sites were added in FFY 2019 and four new sites in FFY 2020, resulting in nine of 15 sites that have begun implementation of the practices.

Lead agency staff worked in partnership with technical assistance providers from the ECTA Center to develop training on child outcomes measurement tools and processes, and made the training available and required for local programs via a web-based learning management system to provide effective professional development to support fidelity of implementation of the COS process. The state also developed policies and procedures for implementation of the COS process to ensure clear and consistent statewide practices. The policies and procedures have been disseminated for public review, following IDEA requirements, to allow the public the opportunity to comments on policy revisions.

Design and development of a new state of the art data system continues. The data system will include elements for tracking and reporting child outcomes data as well as provider credentials and training.

The State will continue efforts towards improving child outcome data collection and anticipates that these actions will lead to early childhood outcome data that reflects improved results for Florida's infants and toddlers with disabilities and their families.

Outcomes

Activities

Accountability and **Quality Improvement**

Promote use of functional emotional outcomes and progress tracking that align with EBP

- Revise IFSP
- Revise TEST Toolkit
- Train LICs as TEST Toolkit trainers
- Train demo site Service Coordinators on tools

IFSP

- Revised electronic IFSP form
- IFSP web-based

TEST Toolkit

- Validation meeting reports at demo sites
- Trainings materials
- **Evaluation materials**

IFSP/TEST Toolkit

- LICs deliver TEST Toolkit training with fidelity
- Service Coordinators increase their competence and confidence to use TEST Toolkit resources to guide the IFSP team in developing family centered functional social emotional outcomes

IFSP/TEST Toolkit

IFSP teams implement outcomes aligned with EBPs to achieve social-emotional progress

IFSP/TEST Toolkit

Increase in % of children exiting with an increased rate of growth in socialemotional skills at demo sites

Data System

- Ensure access to timely, accurate child outcomes data
- Procure new data system
- System enhancement for professional development
- Data system procurement documents
- · Data system contract
- Data system Self-Assessment
- Stakeholders are actively involved in system design, development, and enhancements to include child outcomes measurement
- A high-quality system is developed to support program improvement
- Stakeholders use system to support program improvement to increase % of children with improved socialemotional growth

Child Outcomes Data Quality

- Pilot COS at demo sites, then statewide
- Make changes to state child outcomes measurement system (COMS)

cos

- COS data from demo sites
- Recommendations for statewide use

COMS

- COMS Self-Assessment
- Revised SCOM process documents

cos

 Demo site staff implement the COS with fidelity

COMS

Demo site experience is used to inform changes to COMS

cos

Demo sites fidelity impacts the number of infants/toddlers increasing their social emotional development

COMS

Changes to SCOMS support the use of high quality social emotional data

COMS

High quality accurate data increases the % of children exiting with an increased rate of social-emotional growth

Governance

- The IHE Team will provide recommendations and ESSO will revise ES policies to align with updates to the COMS and evidencebased practices.
- · Recommendations for policy, Policy Change Request Forms, comments from public hearings, meeting agendas and notes are reviewed to determine the extent to which stakeholders are involved in developing and recommending ES policy changes and whether policies are clear regarding expectations and requirements.
- Develop policies and procedures for statewide implementation of the evidencebased practices in a manner consistent with IDEA regulations and state requirements, and FL-EPIC. practices
- Conduct public participation for draft policies and submit with FFY 21-22 IDEA Part C application
- Service Coordinators, evaluators, providers and families understand and implement policies and procedures that are clear, consistent with IDEA and state requirements

Finance Secure funding to support

infrastructure and scale up EBP

- Develop fiscal action plan
- Develop scale-up budget
- Request spending authority for data system from Legislature
- · Request funds for EBPs from the Legislature
- Fund statewide infrastructure development
- Fiscal action plan
- Scale-up budget
- Legislative budget re-
- Documentation to Governor and Legislature
- Early Steps has a plan to ensure adequate resources to support infrastructure changes for implementation of **EBP**
- Early Steps receives adequate resources for infrastructure enhancements to support implementation of EBP
- Early Steps funds statewide infrastructure to support implementation of EBPs to improve and sustain social emotional outcomes

Implement PD framework, using EBPs, at local demo sites, then statewide

Personnel/Workforce

- Contract with subject matter expert (SME) to support implementation of EBPs at demo sites
- Implement EBPs at demo sites
- Develop a plan for scale-up of EBPs based on demo site experience
- Contract with SMEs and LESs to put infrastructure in place for statewide scale-up of EBPs
- Align EBPs, training, and policy
- SMEs contract for demo site sup-
- Demo site meetings and conference calls materials
- Demo site evaluation materials
- SMEs contract for scale-up
- Statewide implementation plan
- Contract amendments for demo sites and new implementation sites
- Revised El Provider Competen-
- Recommendations for revisions to existing training
- Recommendations for policy revi-
- Providers implement EBPs with fidelity to support family member
- implementation of embedded
- Intervention focused on socialemotional learning at demo sites
- Demo site family members implement embedded
- intervention social emotional practices with confidence and competence to support child socialemotional learning targets and child outcomes
- Increase in % of children exiting with an increase rate of growth in social-emotional skills at demo

Accessibility Report

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Detailed Report

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Accessibility permission flag	Passed	Accessibility permission flag is set
<u>Image-only PDF</u>	Passed	Document is not image-only PDF
<u>Tagged PDF</u>	Passed	Document is tagged PDF
<u>Logical Reading Order</u>	Passed manually	Document structure provides a logical reading order
<u>Primary language</u>	Passed	Text language is specified
<u>Title</u>	Passed	Document title is showing in title bar
<u>Bookmarks</u>	Passed	Bookmarks are present in large documents
Color contrast	Passed manually	Document has appropriate color contrast
Page Content		
Rule Name	Status	Description
<u>Tagged content</u>	Passed	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
<u>Tab order</u>	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
<u>Tagged multimedia</u>	Passed	All multimedia objects are tagged
Screen flicker	Passed	Page will not cause screen flicker
<u>Scripts</u>	Passed	No inaccessible scripts
Timed responses	Passed	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

Forms

Rule Name	Status		Description
Tagged form fields	Passed	All form fields are tagged	
Field descriptions	Passed	All form fields have description	

Alternate Text

Rule Name	Status	Description
Figures alternate text	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements alternate text	Passed	Elements require alternate text

Tables

Rule Name Status Description

TR must be a child of Table, THead, TBody, or TFoot Rows Passed

TH and TD TH and TD must be children of TR Passed

Headers Passed Tables must have headers

Tables must contain the same number of columns in each row and rows in each Regularity Passed

column

Summary Skipped Tables must have a summary

Lists

Description **Rule Name** Status

List items LI must be a child of L Passed

Lbl and LBody Lbl and LBody must be children of LI Passed

Headings

Rule Name Description Status

Appropriate nesting Passed Appropriate heading nesting

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Improvement Strategy 1: Florida will improve its capacity to support local implementation of evidence-based practices that result in positive social-emotional development for infants and toddlers through improvements to the program's state-level infrastructure.

Objective 1: Early Steps will implement a revised Individualized Family Support Plan (IFSP) process and Tools for Early Steps Team (TEST) Toolkit materials with a focus on developing and tracking progress on family-centered function outcomes, including social emotional outcomes

Strand of Action: Accountability and Quality Improvement

Activities	Outputs	Outcome Description	Evaluation Question(s)	Performance Indicator/Methods	Timeline
Best Practices Workgroup will revise the IFSP from to develop family-centered functional social-emotional outcomes into the IFSP form and process.	Workgroup conference call dates, Revised IFSP	Short-Term IFSP form facilitates the development of family-center functional social-emotional outcomes into the IFSP process.	Activity completed prior to execution of revised evaluation plan.	Activity completed prior to execution of revised evaluation plan.	Workgroup Convened: 7/16- 1/17 Implemented: 1/18
The University of Florida (UF) will conduct TEST Toolkit feedback and validation meetings at each of the demonstration sites to ensure adaptations align with the revised IFSP.	Participant workshop evaluation Form	Short-Term: Service coordinators and Early Steps providers find the TEST Toolkit an informative, useful, and practical resource for development of the IFSP.	What percentage of service coordinators and Early Steps providers report the TEST Toolkit is an informative, useful, and practical resource for development of the IFSP?	Performance Indicator: 80% of TEST Toolkit workshop participants report that the website is informative, useful, and practical resource for development of the IFSP. Method: Divide the number of participants who report on the workshop evaluation form that the website is informative, useful, and practical for development of IFSP by the total number of participants then multiplied by 100.	Validation meetings: 4/18 Feedback provided after each training: Thru 6/23
✓ UF will adapt TEST Toolkit content to align with revised IFSP and ESPD project.	Adapted TEST Toolkit materials	Intermediate: TEST Toolkit content and resources are adapted to align with the revised IFSP.	What percentage of the relevant TEST Toolkit content and resources were adapted or used to align with the ESPD project and revised IFSP?	Performance Indicator: 100% of the relevant TEST Toolkit content and resources were adapted or used to align with the ESPD project and revised IFSP. Method: Tasks/Timelines documents submitted with quarterly reports related to	Initial adaptations: 12/18 Revised Materials: 12/19

				adaptation of the TEST Toolkit website content and resources.	
✓ UF conducts TEST Toolkit training for service coordinators at demonstration sites.	Training pre and post-test	Intermediate: Demonstration Site service coordinators increase their knowledge of development of the IFSP.	To what extent do local program service coordinators increase their knowledge of development of the IFSP?	Performance Indicator: 70% of demonstration site service coordinators attending TEST Toolkit workshops increase their knowledge of development of the IFSP Method: Divide the number of participants who increased their knowledge from pre- to post-test by the total number of training participants then multiply by 100.	Training Completed for 3 Demo Sites: 11/18 North Dade, North Central: 5/20
UF trains Demonstration and new implementation site LICs to deliver TEST Toolkit training in preparation for statewide scale-up and sustainment of evidence-based practices (EBP). (TEST Training of Trainers - TOT)	TEST Toolkit training PPTs and script, observation fidelity checklist, written feedback	Short-term/ Intermediate: LICs are trained to deliver TEST Toolkit training at their respective LESs to support sustainability.	 To what extent is the TOT delivered with fidelity? To what extent are LIC competent and confident to deliver the training at LESs? 	Performance Indicator: 1. 90% of TEST Toolkit training elements are delivered with fidelity by UF trainers. 2. 100% of LICs report the TEST Toolkit training was effective for enhancing their competence and confidence to deliver the training at their LESs. Method: 1. Divide the number of training items	LIC Training at Demonstration Sites: 3/19 LIC Training at FFY 2019 Sites: 9/19 (ahead of 6/20 target date) LIC Training at
				delivered as intended by the total number of training items on the fidelity checklist then multiply by 100. 2. Divide the total number of LICs reporting enhanced competence and confidence on training evaluation forms by the total number of LICs who attended the training then multiply by 100.	FFY 2020 Sites: 9/20 LIC Training at 3 FFY 2021 Sites: 10/21 LIC Training at 3 FFY 2022 Sites: 10/22
LICs train service coordinators at their respective sites on the TEST Toolkit.	TEST Toolkit training materials, fidelity checklists, sign in sheets, training evaluation forms	Intermediate: LICs will deliver the training with fidelity at demonstration and new implementation sites.	 To what extent did LICs deliver the training with fidelity? To what extent are providers competence and 	Performance Indicator: 1. 80% of LICs deliver TEST Toolkit training with 80% fidelity. 2. 80% of providers report the TEST Toolkit training was effective for enhancing their competence and confidence to use the resources and information.	Training Delivered All Implementation Sites: Space Coast, North Central: 5/20

			confidence enhanced to use the resources and information with families?	Method: 1. Divide the number of items delivered with fidelity on the TEST Toolkit Training Fidelity Observation Checklist by the total number of items. Divide the number of LICs who delivered the TEST Toolkit training with at least 80% fidelity by the total number of LICs observed then multiply by 100. 2. Divide the total number of providers reporting enhanced competence and confidence on training evaluation forms by the total number of providers who attended the training then multiply by 100.	Southwest: 8/20 Complete by: 6/23
Demonstration and new implementation site service	5Q Visual Models, IFSP,	Long-Term: Service Coordinators at	To what extent did service coordinators at	Performance Indicator: TBD based on recommendations from UF.	Implementation beginning: 10/19
coordinators use TEST Toolkit	COS	demonstration and new	demonstration and new	recommendations from Of.	beginning. 10/19
training knowledge and		implementation sites	implementation sites	Method: TBD based on recommendations	Ongoing
resources to track children's		effectively track	use knowledge and	from UF.	development of
social-emotional progress.		children's progress to	resources to support		evaluation
		support IFSP updates.	IFSP updates?		

Objective 2: The Early Steps State Office (ESSO) will implement a new data system and improvements to the Child Outcomes Measurement System (COMS) to ensure access to timely, accurate child outcomes performance data to facilitate use of data by state and local programs to improve the SiMR.

Strand of Action: Data System and Child Outcomes Data Quality

Activities	Outputs	Outcome Description	Evaluation Question(s)	Performance Indicator/Methods	Timeline
✓ Third-party contractor will conduct market research on existing IDEA Part C data systems in other states based on DaSy Data Systems Component of ETCA System Framework.	Market research firm contract and deliverable, contract with developers	Short-Term: Contractor will provide written system requirements, as outlined in the DaSy Data System Component, for use in contract procurement process.	Activity completed prior to execution of revised evaluation plan.	Activity completed prior to execution of revised evaluation plan.	Market Research: 3/17 Initial Self- Assessment: 12/18
ESSO will identify and contract with a vendor to build the system.	Invitation to Negotiate (ITN), vendor bid; evaluations, award, contract	Intermediate: ESSO will contract with the vendor most capable of developing the system as outlined in the procurement.	To what extend is the vendor most capable of developing the system as outlined selected?	Performance Indicator: Vendor with highest evaluation score during the ITN process selected. Method: Add evaluation scores (based on scoring rubric) for each for each submission and divide by the number of evaluators. Compare average score for each submission.	Vendor Selected: 8/18
Early Steps will establish a stakeholder workgroup to provide input and make recommendations for development of the new data system	Workgroup membership list, ECTA System Framework Self- Assessment, Data System Subcomponent, meeting agendas	Intermediate: Data workgroup will provide input and recommendations regarding system development.	To what extend does the workgroup provide input and recommendations for develop of the new system?	Performance Indicator: Data workgroup members provide input and recommendations for development of the data system. Method: Compare initial rating on ECTA System Framework Self-Assessment, Data System Subcomponent [performance benchmark to be determined (TBD)] to second administration conducted prior to reporting SSIP Phase III, Year 6.	Established: 6/18 Initial Self- Assessment: 12/18 Second Self- Assessment Postponed: 6/21

Contracted system developer will develop data system, in collaboration with ESSO staff and stakeholders, that meets system requirements.	ECTA System Framework Self- Assessment, Data System Subcomponent	Long-Term: ESSO staff and stakeholders are actively involved with system developer in the design and development of the data system.	To what extent Is ESSO staff and stakeholders involved in the design and development of the system?	Performance Indicator: ESSO staff and stakeholders are actively involved in the design and development of the data system. Method: Compare initial rating on ECTA System Framework Self-Assessment, Data System Subcomponent (performance benchmark TBD) to second administration conducted prior to reporting SSIP Phase III, Year 6.	Contract Executed: 8/19 Initial Self- Assessment: 12/18 Second Self- Assessment Postponed to: 6/21
ESSO will deploy the new data system statewide.	Beta testing results, training materials, ECTA System Framework Self- Assessment, Data System Subcomponent	Long-Term: The data system deployment includes acceptance testing, development of materials, and training to support effective deployment of the new data system.	To what extent does the deployment include acceptance testing, development of materials, and training to support effective deployment of the new data system?	Performance Indicator: ESSO uses acceptance testing, develops materials, and trains local program staff during the deployment of the new system. Methods: Compare initial rating on ECTA System Framework Self-Assessment, Data System Subcomponent (performance benchmark TBD) to second administration conducted prior to reporting SSIP Phase III, Year 5.	Deployment Postponed to: 6/21
ESSO will provide training for stakeholders on using data system reports to develop strategies to improve social emotional development.	Training PPTs and scripts	Long-Term: Data system training increased ESSO and Local Early Steps (LES) staff knowledge on using reports to develop strategies to improve socialemotional development.	To what extent does the training increase staff knowledge on using system reports to develop strategies to improve social emotional development?	Performance Indicator: 80% of ESSO and LESs staff trained on system reports increase their knowledge on using reports to develop strategies to improve social-emotional development. Method: Divide the number of participants who increased their knowledge from pre to post-test by the total number of training participants multiplied by 100.	Beginning: 5/21
ESSO and LESs use data system reports to develop and implement strategies to improve social emotional development.	ECTA System Framework Self- Assessment	Long-Term: ESSO and LESs use system reports to develop and implement social emotional	To what extent does ESSO and LESs use the system reports to develop and implement social emotional	Performance Indicator: ESSO and LESs use the system to support program accountability, improvement, and operations.	Beginning: 6/21

		improvement strategies.	improvement strategies?	Method: Compare initial rating on ECTA System Framework Self-Assessment, Data System Subcomponent (performance benchmark TBD) to second administration conducted prior to reporting SSIP Phase III, Year 5.	
UF will develop recommendations for ongoing professional development performance measures, data elements, and reports to be integrated into the new data system.	Meeting notes, Written Recommendati ons, Evaluation Plan, Implementation Plan	Short-Term: The recommendations include essential evaluation performance indicators, data elements, and suggested reports.	To what extent do the recommendations align with the evaluation plan?	Performance Indicator: 100% of critical professional development evaluation measures are included in UF's recommendations. Method: Divide the number recommended reports by the number of critical evaluation measures multiplied by 100.	Beginning: 6/21
Contracted vendor will develop a system enhancement in collaboration with the ESSO and the SSIP Leadership Team, using UF's recommendations.	UF professional development recommendatio ns, System enhancement	Long-Term: The data system enhancement includes UFs recommendations for professional development performance indicators, data elements, and reports that align with the established evaluation plan to support on-going implementation of activities.	To what extent does the enhancement align with the established evaluation plan?	Performance Indicator: 100% of critical professional development evaluation measures, as outlined in UF's recommendations, are included in the system enhancement. Method: Divide the number actual system elements by the number of critical evaluation measures as outlined in UF's recommendations multiplied by 100.	Estimated Enhancement Start Date: 6/21
ESSO, UF, and LESs use data system professional development reports to support implementation fidelity of EPIC and Pyramid Model Practices to improve social emotional development.	ECTA System Framework Self- Assessment	Long-Term: ESSO and LESs use system reports to support implementation fidelity of EPIC and Pyramid Model Practices to improve social emotional development.	1. To what extent do ESSO, UF, and LESS use data system reports to support implementation fidelity of EPIC and Pyramid Model Practices?	Performance Indicator: ESSO, UF, and LESs show progress in the use of the system enhancement to support implementation fidelity of EPIC and Pyramid Model Practices. Method: Compare initial rating on ECTA System Framework Self-Assessment, Data System Subcomponent, Data Use to second administration.	Baseline Self- Assessment: TBD based on enhancement completion date

Early Steps will establish a stakeholder workgroup to assess the current COMS and recommend changes to the COMS.	Workgroup rosters, ECTA Self- Assessments, goals and action steps, written recommendatio ns for changes to COMS	Intermediate: Child Outcomes Workgroup will provide input and recommend changes to the COMS.	To what extend does the workgroup provide input and recommendations for changes to the COMS?	Performance Indicator: Child Outcomes Workgroup members provide input and recommend changes to the COMS. Method: Compare initial rating on ECTA Statewide Child Outcomes Measurement System Self-Assessment (performance benchmark TBD) to second administration conducted prior to reporting SSIP Phase III, Year 5.	Initial Self- Assessment: 12/18 SSIP Workgroup merged into Child & Family Outcomes Workgroup, subgroups formed: 3/21 Second Self- Assessment Postponed to:
Early Steps will implement changes to the COMS business rules.	Plan to implement changes to COMS statewide, documentation of stakeholder input	Intermediate: COMS business rules use all developmental domains on the BDI-2 and have state- established progress category assignment rules that are consistent with other states using a single instrument (as indicated from BDI Users Group business rule information).	To what extend do the COMS business rules use the BDI-2 developmental domains?	Performance Indicator: COMS business rules include all BDI-2 Developmental domains. Method: Divide the total number of BDI-2 Domains used to measure child outcomes by the total number of BDI-2 Domains (5) multiplied by 100.	Implement changes: 12/19 (for Fiscal Year 18/19 data)
UF will train LICs from demonstration and new implementation to deliver COS training during statewide	COS training materials, attendance rosters,	Short-term/ Intermediate: LICs are trained to deliver COS training at	3. To what extent is the training delivered with fidelity?	Performance Indicator: 3. 90% of COS training elements are delivered with fidelity by UF trainers.	Due to expedited COS rollout, LES are using nationally

scale-up of EBP to support sustainability efforts.	workshop evaluation forms, fidelity checks	their respective LESs to support sustainability.	4. To what extent are LIC competent and confident to deliver the training at LESs?	 4. 100% of LICs report the COS Workshop was effective for enhancing their competence and confidence to deliver COS training at their LESs. Method: 3. Divide the number of training items delivered as intended by the total number of training items on the fidelity checklist then multiply by 100. 4. Divide the total number of LICs reporting enhanced competence and confidence on training evaluation forms by the total number of LICs who attended the training then multiply by 100. 	available training. State training materials are under development and how trainings should be enhanced is under review.
LICs from demonstration and new implementation sites will deliver training on the COS to providers implementing EBP.	COS training materials, attendance rosters, workshop evaluation forms, fidelity checklist	Short-term/ Intermediate: Participating providers are trained on the use of the COS process to track child outcomes for participating families.	1. To what extend is the training delivered with fidelity? 2. To what extent are providers competence and confidence enhanced on the COS process?	 Performance Indicator: 3. 80% of COS training elements are delivered with fidelity by LICs. 4. 80% of providers report the COS Workshop was effective for enhancing their competence and confidence to use the COS process. Method: 1. Divide the number of training items delivered as intended by the total number of training items on the fidelity checklist then multiply by 100. 2. Divide the total number of providers reporting enhanced competence and confidence on training evaluation forms by the total number of providers who attended the training then multiply by 100. 	Demonstration and FFY 2019 Implementation Sites Trained Beginning: 7/19 FL-EPIC COS Training Manualized: 9/19 FFY 2019 Implementation Sites Trained: beginning 11/19 FFY 2020 Implementation Sites Trained: beginning 9/20

					FFY 2021 Implementation Sites Trained: beginning 9/21
Demonstration and new implementation sites will use the COS to measure child outcomes, including socialemotional development, simultaneously with scale-up of EBP.	COS documentation, fidelity checklist, videos	Long-Term: Demonstration and new implementation site providers use the COS to accurately reflect child socialemotional progress.	To what extent do demonstration and new implementation site providers use the COS with fidelity?	Performance Indicator: 80% of providers implement COS process with a minimum of 80% fidelity. Method: Divide the number of providers demonstrating at minimum of 80% fidelity on the checklist by the total number of providers included in the measure.	FFY 2022 Implementation Sites Trained: beginning 9/22 Demonstration sites began: 4/18 All FL-EPIC sites using COS to evaluate progress during coaching period: 9/19

Objective 3: ESSO will secure funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices.

Strand of Action: Finance

Activities	Outputs	Outcome Description	Evaluation Question(s)	Performance Indicator/Methods	Timeline
ESSO will develop and implement a Finance Action Plan through participation in the Fiscal Initiative of IDEA Infant Toddler Coordinators Association.	Meeting agendas; Statewide finance plan, ECTA System Framework Self- Assessment, Finance Subcomponent	Short Term: Early Steps has a finance plan to ensure adequate resources at state and local level to meet current infrastructure and service delivery needs.	To what extent does the finance plan ensure resources at the state and local level meet current infrastructure and service delivery needs?	Performance Indicator: Early Steps uses the Finance Action Plan to ensure adequate resources at state and local level to meet current infrastructure and service delivery needs. Method: Compare initial rating on ECTA System Framework Self-Assessment, Finance Subcomponent to second administration conducted prior to reporting SSIP Phase III, Year 2.	Fiscal Initiative: 10/16-10/17 Action Plan: 10/17 Initial Self- Assessment: 9/16 Repeat: 10/17
✓ ESSO will revise Finance Action Plan to include statewide scale-up of evidence-based practices.	Statewide finance plan with revisions, ECTA System Framework Self- Assessment, Finance Subcomponent	Intermediate: Early Steps has a revised finance plan that aligns resources and funding to meet infrastructure and service delivery needs for implementation of evidence-based coaching practices.	To what extent does the plan align resources and funding to meet infrastructure and service delivery needs for implementation of EBP?	Performance Indicator: Early Steps has a revised finance action plan that aligns resources at the state and local level to meet infrastructure and service delivery needs for implementation of EBP. Method: Compare initial and second rating on ECTA System Framework Self-Assessment, Finance Subcomponent to third administration conducted prior to reporting SSIP Phase III, Year 3.	Update to plan: 9/18 Third Self-Assessment: 2/19 Fourth Self-Assessment: 5/20
ESSO will develop a budget, based on experience from demonstration sites, for scale-up of EBP.	Subject matter expert Budget, scale-up budget	Long-Term: Scale-up budget includes essential infrastructure support for implementation and sustainment of EBP.	Not Applicable	Not Applicable	Budget Developed: 10/18

FSSO will request funding from FL Legislature for infrastructure enhancements to support implementation and sustainment of EBP.	ES Budget Issue Proposal, Legislative Budget Request, final budget	Long-Term: ESSO receives funding for infrastructure enhancements to support implementation and sustainment of EBP.	Not Applicable	Not Applicable	Three-year Scale- up Budget completed: 9/18
ESSO will fund statewide infrastructure to support implementation of EBP to improve and sustain social emotional outcomes.	Contract budgets	Long-Term: ESSO funds contracts with UF to training, support, and evaluate scale-up and LES infrastructure to implement EBP.	Not Applicable	Not Applicable	FFY 2019 Implementation Site Contracts Executed: 7/19 Legislative Budget Request: 10/19 3 FFY 2020 Site Contracts Executed: 7/20 Legislative Budget Request: 10/20 Annually thru: 6/23

Improvement Strategy 2: Florida will establish, implement, and sustain a framework for statewide professional development to promote positive social-emotional development for infants and toddlers based on identified evidence-based coaching practices from demonstration sites.

Objective 1: Early Steps will implement a professional development framework using Embedded Practices and Interventions with Caregivers (EPIC) coaching practices with integrated Pyramid Model caregiver social-emotional practices at demonstration sites, then statewide.

Strand of Action: Personnel/Workforce

Activities	Outputs	Outcome Description	Evaluation Question(s)	Performance Indicator/Methods	Timeline
✓ESSO will contract with	Executed UF	Short-Term:	To what extent does UF	Performance Indicator: UF contract	Contract
UF to support	Contract, contract	ESSO has a contract with	complete training, technical	monitoring has no compliance issues	Executed: 7/17
implementation of EBP at	monitoring tool	qualified subject matter	assistance, and evaluation	found during annual programmatic	
demonstration sites.	and associated	experts, UF, to train	activities as contractually	contract monitoring.	Contract
	reports	providers, provide	required?		Monitoring: 12/17
		technical assistance to		Method: UF receives a rating of "Fully	
		support implementation,		Met Requirements" or "Exceeded	Contract
		and evaluate		Requirements" for all service task on	Monitoring: 2/19
		implementation of EBP at		the Florida Department of Health's	
		demonstration sites.		Programmatic Contract Monitoring	
				Tool.	
✓ESSO will amend	Demonstration Site	Short-Term:	To what extent do	Performance Indicators: Demonstration	New Contract
demonstration site	contract	ESSO has contract	demonstration sites	site contract monitoring has no	Execution:
contracts to include	amendments	amendments with three	complete training, coaching	compliance issues found during annual	7/18
supports for		demonstration sites to	activities, and provide data	programmatic contract monitoring.	
infrastructure		fund local infrastructure to	for evaluation as		Contract
development for		pilot implementation of	contractually required?	Method: Demonstration sites receive a	Monitoring:
implementation of EBP.		EBP by participating in		rating of "Fully Met Requirements" or	3/19
'		training, coaching, and		"Exceeded Requirements" for all	
		evaluation activities.		service task on the Florida Department	
				of Health's Programmatic Contract	
				Monitoring Tool.	

 UF will deliver a LIC workshop for LICs coaching providers implementing evidence-based coaching practices with caregivers. Coach training trains LICs, TOT trains LICs to train Providers 	LIC training materials, LIC manual, sign-in sheets, evaluation form, Home Visiting Fidelity Checklists	Short-Term: LICs have the competence, confidence, and knowledge to coach providers on implementation of EBP with caregivers.	2.	What percentage of LICs report that the LIC workshop was effective for enhancing their competence and confidence in coaching providers to implement home visiting practices? What percentage of LICs increased their knowledge and application related to coaching providers to implement SOOPR and 5Q home visiting practices following presentation of workshop content?	2.	knowledge and application related to coaching providers to implement SOOPR and 5Q home visiting practices following presentation of workshop content and video-based assessment of provider implementation. ethods: LIC Workshop Evaluation Form.	LIC Training: 10/17 LIC Coach Training: 9/19 LIC TOT: 9/19, 3/20 Adaptation for Virtual TOT: 3/20
✓ UF will deliver Caregiver Coach workshops for three provider cohorts implementing evidence- based coaching practices with caregivers.	Caregiver Coach workshop materials, Caregiver Coach manual, sign-in sheets, evaluation forms, Home Visiting Checklists	Short-Term/ Intermediate: Providers have the competence, confidence, and knowledge to implement EBP with caregivers.	2.	What percentage of providers report that the provider workshop was effective for enhancing their competence and confidence in coaching caregivers to implement embedded intervention and social-emotional teaching practices? What percentage of providers increased their knowledge about implementing SOOPR and 5Q home visiting practices following	2.	rformance Indicators: 80% of participants report that the provider workshop was effective for enhancing their competence and confidence in coaching caregivers to implement embedded intervention and social-emotional teaching practice. 80% of providers who submitted both pre- and post-test quizzes increased their knowledge about implementing SOOPR and 5Q home visiting practices following presentation of workshop content.	Cohort 1: 9/17 Cohort 2: 3/18 Cohort 3: 11/18 Cohort 4: 9/19 Adaptation for Virtual Caregiver Coaching Workshop: 4/20 Cohort 5: began 9/20

			presentation of workshop content?	 Provider Workshop Evaluation Form. Provider Home Visiting Checklist application activity (agreement with master ratings), Provider 5Q Visual Model application activity, EPIC website online quizzes (preand post-workshop). 	Cohort 6: begin 9/21 Cohort 7: begin 9/22
✓ LICs will coach providers to implement EBP with caregivers.	Home visit videos, individual coaching session videos, checklists	Intermediate: LICs will increase their implementation of provider coaching practices. Providers coached by LICs will increase their implementation of EBP.	 What percentage of LICs increase their implementation of provider coaching practices? What percentage of providers who increase their implementation of home visiting practices and social emotional practices were coached by LICs who increased their implementation of provider coaching practices? 	Performance Indicators: 1. 100% of LICs increase their implementation of provider coaching practices. 2. 80% of providers who increased their implementation of home visiting and social-emotional practices were coached by LICs who increased their implementation of provider coaching practices. Methods: 1. LIC Ongoing Coaching Fidelity Checklist. 2. Summary scores on LIC Ongoing Coaching Fidelity Checklist in	Cohort 1: 9/17 - 2/18 Cohort 2: 3/18 - 9/18 Cohort 3: 10/18 - 3/19 Cohort 4: 9/19 - 6/20 Cohort 5: began 9/20 Cohort 6: begin 9/21
				relation to summary scores on Provider Home Visiting Checklist. 3. Compare Coaching Fidelity scores across cohorts receiving in-person and virtual training to establish effectiveness of virtual training.	Cohort 7: begin 9/22
Caregiver coaches will implement EBP with caregivers to support caregiver implementation of social emotional practices.	Home visiting videos, Provider Home Visiting Checklist, LIC Home Visiting Fidelity Checklist	Intermediate: Providers who receive coaching from LICs increase their implementation of EBP.	What percentage of providers who receive coaching from LICs increase their implementation of evidence-based home visiting practices?	Performance Indicator: 80% of providers who receive coaching from LICs increase their implementation of evidence-based home visiting practices Method: Provider Home Visiting	Cohort 1: 9/17 - 2/18 Cohort 2: 3/18 - 9/18 Cohort 3:

					Checklist, LIC Home Visiting Fidelity Checklist	10/18 - 3/19 Cohort 4: 10/19 - 3/20 Cohort 5: 10/20 - 3/21 Cohort 6: 10/21 - 3/22 Cohort 7: 10/22 - 3/23
Family members will implement embedded intervention practices for supporting their child's social-emotional learning targets.	Home visiting videos, 5Q Visual Model, Family Member Self-Efficacy Scale, recorded family member testimony	Intermediate: Family members whose providers are being coached by LICs implement embedded intervention practices to support their child's social-emotional development.	2.	What percentage of families whose providers have been coached by LICs reported increased confidence and competence with implementation of embedded intervention practices to support their child's socialemotional development? What percentage of caregivers whose providers have been coached by LICs are able to identify and implement embedded intervention practices for supporting their child's social-emotional learning targets?	 Performance Indicators: 80% of family members whose providers have been coached by LICs report an increase in their confidence and competence with implementation of embedded intervention practices to support their child's social-emotional development. 80% of caregivers whose providers have been coached by LICs increased their ability to identify and implement embedded intervention practices for supporting their child's social-emotional learning targets. Methods: Family Member Self-Efficacy Scale, Recorded family member testimony. 5Q Visual Model. 	Cohort 1: 9/17 - 2/18 Cohort 2: 3/18 - 9/18 Cohort 3: 10/18 - 3/19 Cohort 4: 10/19 - 3/20 Cohort 5: 10/20 - 3/21 Cohort 6: 10/21 - 3/22 Cohort 7: 10/22 - 3/23

Children will demonstrate improved social-emotional development.	Entry BDI-2 Data, Exit BDI-2 Data (where available), Child Outcomes Summary (COS) – Positive Social Emotional Outcomes	Long-Term: Children participating in the cohorts will make progress toward achievement of social-emotional IFSP outcomes.	What percentage of children whose providers have been coached by LICs have made progress toward their positive social-emotional outcome(s)?	Performance Indicator: 80% of children whose providers have been coached by LICs have made progress toward achievement of the social-emotional IFSP outcomes as indicated on the COS. Method: Child Outcomes Summary (COS) – Positive Social Emotional Outcomes.	Cohort 1: 9/17 - 2/18 Cohort 2: 3/18 - 9/18 Cohort 3: 10/18 - 3/19 Cohort 4: 10/19 - 3/20 Cohort 5: 10/20 - 3/21 Cohort 6: 10/21 - 3/22 Cohort 7: 10/22 - 3/23
✓ UF and demonstration site representatives will provide recommendations for statewide scale-up of EBP based on evaluation data.	Lessons learned from the demonstration	Intermediate/ Long-Term: ESSO has recommendations for scale-up that can be used to inform the development of a Statewide Implementation Plan and contracts with subject matter experts and new implementation sites.	Not Applicable	Not Applicable	UF Scale-Up Proposal submitted: 8/18 Lessons Learned Submitted: 12/19

ESSO will contract with UF to support statewide scale-up of EBP.	UF Contract	Long-Term: ESSO has a contract with qualified subject matter experts, UF, to train providers, provide technical assistance to support and evaluate implementation of EBP statewide.	To what extent does UF complete training, technical assistance, and evaluation activities as contractually required?	Performance Indicator: UF contract monitoring has no compliance issues found during annual programmatic contract monitoring. Method: UF receives a rating of "Fully Met Requirements" or "Exceeded Requirements" for all service task on the Florida Department of Health's Programmatic Contract Monitoring Tool.	UF Scale-Up Contract Executed: 7/19 Full Scale-Up Expected: FFY 2022
ESSO will amend demonstration site and new implementation program contracts to include supports for implementation of EBP.	LES Contract Amendments	Long-Term: ESSO has contract amendments with demonstration and new implementation sites to fund local infrastructure for implementation of EBP by participating in training, coaching, and evaluation activities.	To what extent do demonstration and new implementation sites complete training, technical assistance, and evaluation activities as contractually required?	Performance Indicators: Demonstration site and new implementation site contract monitoring has no compliance issues found during annual programmatic contract monitoring. Method: Demonstration and new implementation sites receive a rating of "Fully Met Requirements" or "Exceeded Requirements" for all service task on the Florida Department of Health's Programmatic Contract Monitoring Tool.	Amendments Executed: 6/19 Additional Amendments: 6/20, 6/21, 6/22
ESSO, in collaboration with UF, will develop an Implementation Plan for scale-up of EBP	ECTA System Framework Self- Assessment, Personnel/ Workforce Subcomponent	Long-term: Early Steps has a comprehensive plan to implement evidence-based coaching practices statewide that includes the critical elements outlined in the ECTA State Implementation Guide Benchmarks of Quality for Home-Visiting Programs.	To what extent does the plan include the critical elements from the ECTA State Implementation Guide Benchmarks of Quality for Home-Visiting Programs?	Performance Indicator: 80% of the Indicators on the Benchmarks of Quality are included in the plan for scale-up. Method: Divide the number of items on the ECTA State Implementation Guide Benchmarks of Quality for Home-Visiting Programs included in the plan by the total number of items and multiply by 100.	Implementation Plan Developed: 9/19 Initial Self- Assessment: 9/19 Follow-up Self- Assessment: 9/21

UF will continue to conduct an implementation evaluation and report findings for demonstration and new implementation sites.	Contract, Evaluation Plan and Tools, Quarterly Progress Reports, Interim Evaluation Reports, Final Evaluation Report, Monitoring Report	Intermediate/Long-Term: Early Steps will have SSIP implementation evaluation measures that measure impacts on the SiMR to help make data-informed decisions about professional development.	To what extent does UF conduct an implementation evaluation and report findings?	Performance Indicator: 100% of contract requirements related to conducting and reporting evaluation findings are met. Method: Divide the number of completed contract requirements by the number of total contract requirements and multiply by 100.	Evaluation Plan Developed: 12/19
VIF will revise and validate existing Early Intervention Provider competencies to ensure alignment with EPIC, Pyramid Model Practices, and national crossdisciplinary Early Child Competencies.	Competency crosswalk, validation meeting materials, validation meeting notes, final competency recommendations	Short-term/Intermediate: Early Steps has a validated list of competencies aligned with EPIC, Pyramid Model Practices, and cross- disciplinary Early Childhood competencies to use as a foundation for revisions to Early Steps professional development.	To what extent do the revised competencies align with EPIC, Pyramid Model Practices, and crossdisciplinary Early Childhood competencies?	Performance Indicator: 100% of the competencies align with EPIC, Pyramid Model Practices, and cross-disciplinary Early Childhood competencies. Method: Divide the number of competencies aligned with EPIC, Pyramid Model Practices, and cross-disciplinary Early Childhood Competencies as demonstrated on the cross walk by the total number of competencies on the final competency list then multiply by 100.	Revised Competencies submitted: 12/19
UF will develop recommendations for revisions to the Early Steps Orientation Modules, ITDS Modules, and Service Coordinator Modules for ESSO consideration and implementation.	Revisions Recommendations, cross walks, SSIP Leadership Team meeting notes	Short-term/ Intermediate: Early Steps has revision recommendations to ensure trainings address updated Early Intervention Provider Competencies.	To what extend do the revision recommendations address updated Early Intervention Provider Competencies?	Performance Indicator: 100% of suggested revisions align with revised competency areas. Method: Analysis of cross-walk of competency areas and modules.	ITDS Modules Recommendation s submitted: 12/19 Orientation Modules: 6/20 Service Coordinator Modules: 9/20 Functional Outcomes Training: 3/21

ESSO will revise Orientation Modules, ITDS Modules, and Service Coordinator	Revision recommendations, PPTs, training scripts, emails,	Intermediate/ Long-term: Early Steps training modules align with UF	To what extent are UF's recommendations integrated into revised modules?	Performance Indicator: 80% of recommendations are integrated into revised modules.	ITDS Module Revisions begin: 3/21
Modules.	meeting notes	revision recommendations.		Method: Analysis of cross-walk of recommendations and module revisions.	Orientation Module Revisions begin: 3/21
					Service Coordinator Module Revisions begin: 3/21
					Functional Outcomes Module Revisions begin: 3/21
					ESSO Contracting with Adult
					Education Provider to
					develop new
					online courses based on ESSO
					content revisions
					begin: 5/21
The SSIP Leadership Team	Policy revision	Short-term/	To what extent are	Performance Indicator: Stakeholders	Policy
(UF, Implementation	recommendations,	Intermediate:	stakeholders involved in	are actively involved in developing	Recommendation
Sites, and ESSO staff) will	Policy Change	Early Steps will have policy	developing and	policy revision recommendations.	s beginning:
develop recommendations for	Request Forms, meeting agendas	revision recommendations from key stakeholder	recommending Early Steps policy changes?	Method: TBD by SSIP Leadership Team.	12/19
Early Steps policy	and notes	groups directly involved	poncy changes:	Wicking. 100 by 3311 Leadership Team.	Component 13:

revisions based on work with implementation sites and recommendations for revisions to existing training.		with implementation of evidence-based practices.			Child and Family Outcomes drafted and begin public review: 2/21
ESSO will revise Early Steps policies to align with revisions to existing trainings through the existing policy revision process	Proposed policies, public participation PPT slides, public participation notices, revised policies	Intermediate/ Long-term: Early Steps policy will be informed by and aligned with the professional development framework.	To what extent are The SSIP Leadership Team's recommendations integrated into proposed policy revisions?	Performance Indicator: 80% of recommendations are integrated into proposed policy revisions. Method: Analysis of cross-walk of recommendations and proposed policy revisions.	Ongoing

Section 508 Compliance Verification:

