# FL Part C

# FFY2016 State Performance Plan / Annual Performance Report

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### FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

### **Executive Summary:**

The Florida Department of Health (FDOH) is the lead agency for Part C of the Individuals with Education Act (IDEA) in Florida. Within FDOH, the Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening is responsible for the program oversight, which includes, but is not limited to: the development of the state policies that are consistent with Part C of IDEA regulations, state law and agency policies and procedures; oversight of the discpute resolution system; programmatic and contract monitoring of local Early Steps programs; continuous improvement process; local determinations process; public reporting; development and implementation of statewide personnel standards; a professional development system; federal reporting; federal grant management; and fiscal oversight and accountability.

The Early Steps program is administered throughout the state in 15 geographic regions through contracts with 14 organizations. Local Early Steps programs are the contracted entities that evaluate and assess all referred infants and toddlers by working with internal and community service providers, and other community resources

The Early Steps program maintains a statewide interagency coordinating council called the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). Per Part C of IDEA federal regulation 34 CFR § 303.604, the role of FICCIT is to advise and assist Florida's Early Steps program in the performance of its responsibilities

The Early Steps State Office comprises a Program Administrator, who is the designated Part C Coordinator; programmatic staff, who provide program consultation for local Early Steps programs; budgetary and contract management staff; a data analyst; and additional resources within FDOH, as needed.

Early Steps program has worked with the U.S. Department of Education (DOE) Office of Special Education Programs (OSEP) and participated in technical assistance opportunities available through national centers funded by the OSEP, including the Early Childhood Technical Assistance Center (ECTA), the IDEA Data Center (IDC), the Center for IDEA Early Childhood Data Systems (DaSy), and the National Center for Systemic Improvement (NCSI). Technical assistance (TA) providers Sherry Franklin, Grace Kelley, and Vera Stroup-Rentier provided TA focused on Florida's State Systemic Improvement Plan (SSIP). Florida has maintained regular contact with our OSEP lead, Kathleen Heck, through conference calls

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### **General Supervision System:**

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The FDOH Bureau of Early Steps and Newborn Screening within the Division of Children's Medical Services is responsible for the general supervision system. The Early Steps State Office carries out the following general supervision activities in accordance with Part C of IDEA federal regulations, state law and agency policies and procedures: development and oversight of a state performance plan and annual performance report; policies and procedures for effective IDEA implementation; programmatic monitoring activities, including strategies for improvement and corrective actions, a local determinations process, public reporting and contract desk monitoring of all 15 local Early Steps programs in June and July 2017; a fiscal management system; a data system to gather data on processes and results; an effective dispute resolution system, including mediation, state complaints and due process hearings; technical assistance related to the implementation of the IDEA, statewide personnel standards and professional development, coordination and oversight of the FICCIT.

The Early Steps program is administered throughout the state in 15 geographic regions through contracts with 14 organizations. Local Early Steps (LES) programs are the contracted entities that evaluate and assess all referred infants and toddlers for determination of eligibility. LES programs provide direct early intervention services for eligible infants and toddlers by working with internal and community service providers, and other community resources.

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### Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Technical assistance (TA) is provided in response to requests from individual programs or because of a need identified by the Early Steps State Office. Focused TA is provided through statewide policy clarifications via email, conference calls or webinars. TA is related to strategies for meeting federal timelines for evaluations, Individualized Family Support Plan (IFSP) meetings, service delivery and transition planning, implementation of evidence-based practices and ensuring efficient use of resources. Monthly conference calls with Directors and Coordinators are held to provide TA, and maintain open and clear statewide communication. Each local program is assigned a Program Consultant at the state office who serves as the primary contact for monthly conference calls with their assigned programs. The ESSO requests technical assistance from national, state or local content experts on an ongoing basis, and materials created by OSEP-sponsored centers, such as ECTA, DaSy, IDC and NCSI are utilized.

Florida has maintained regular contact with OSEP lead, Kathleen Heck, through email and conference calls. Differentiated Monitoring and Support calls were held with Early Steps State Office staff, Kathleen Heck and OSEP Early Childhood Technical Assistance Center 4/30/2018

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(ECTA) technical assistance providers Grace Kelley and Sherry Franklin on June 15 and August 3, 2017. Strategies for improvement regarding Indicators 1,3,5,6 and 7 were discussed. The Part C Coordinator and Data Manager attended the OSEP Leadership Conference in Arlington, Virginia on July 16-19, 2017.

In addition, the Part C Coordinator and lead agency staff, as appropriate, have participated in standing bi-weekly technical assistance calls with staff from technical assistance (TA) centers, including the Early Childhood Technical Assistance Center (ECTA), IDEA Data Center (IDC), the Center for IDEA Early Childhood Data Systems (DaSy), and National Center for Systemic Improvement (NCSI). Technical assistance was provided on a variety of topics, including state general supervision structures, accountability and monitoring, State Systemic Improvement Plan, collection and reporting of IDEA 618 data. Drafts of data reports and narratives for federal reporting have been provided to TA providers for review and input. The Part C coordinator participates in a peer-to-peer General Supervision and Accountability groups facilitated by ECTA and NCSI staff. States involved in the group include: Florida, Georgia, North Carolina, Oklahoma, and Mississippi. In 2017, a state team participated in fiscal technical assistance from the Infant and Toddler Coordinators Association and developed a plan to coordinate and align resources and funding to meet infrastructure and service delivery needs.

As a result of the technical assistance received, the state has enhanced the current data system, including adding new codes, removing obsolete codes, and clarifying code definitions. Information received from TA providers was used in the preparation of a procurement document for a new, high quality state data system. That procurement will be released in mid-2018. Examples of state structures for Part C lead agencies and position descriptions gathered from TA providers were used to develop a new lead agency organizational structure, recruit and hire staff to fill new lead agency positions, which were awarded by the Florida Legislature. These positions build capacity within the state for accountability, monitoring, professional development, policy update and clarification. A portion of the responsibilities for one of the positions includes oversight and technical assistance related to provider recruitment and retention to address compliance related to Indicators 1, 7, and 8. New accountability measures related to collecting, reporting, and analyzing data were included in a procurement document to solicit local entities to implement the early intervention system across the state. That procurement process has been completed and contracts have been awarded to local programs. Lead agency staff are reviewing the monitoring and accountability tools of other states in the peer-to-peer group and working with TA providers to implement methods to increase compliance and performance of local programs. Much of the input and edits provided by TA providers related to federal reports were incorporated into the reports prior to submission.

Program Consultants held monthly technical assistance calls with local Early Step program directors and discussed improvement strategies regarding provider enrollment, service delivery and child outcomes measurement. Materials created by ECTA and The Center for Early Childhood Data Systems (DaSy) were shared.

Florida has maintained regular contact with OSEP lead, Kathleen Heck, through email and conference calls. Differentiated Monitoring and Support calls were held with Early Steps State Office staff, Kathleen Heck and OSEP Early Childhood Technical Assistance Center (ECTA) technical assistance providers Grace Kelley and Sherry Franklin on June 15 and August 3, 2017. Strategies for improvement regarding Indicators 1,3,5,6 and 7 were discussed. The Part C Coordinator and Data Manager attended the OSEP Leadership Conference in Arlington, Virginia on July 16-19, 2017.

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### **Professional Development System:**

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The professional development system includes mandatory pre-service training consisting of three orientation modules, service coordinator apprenticeship training, and data system training. In-service training includes the Autism Navigator for Early Intervention Providers, a web-based instructional training program; an interactive e-learning community to support use of the Autism Navigator, and a train-the-trainer system for training assessors on the Battelle Developmental Inventory, Second Edition (BDI-2) assessment. The Early Steps State Office is working to enhance the professional development infrastructure and increase training opportunities at the state and local level.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The Early Steps program maintains a statewide interagency coordinating council called the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields such as Ealrly Head Start, the Agency for Heath Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented. Early Steps has established workgroups, in partnership with the Local Early Steps programs and FICCIT, to assist with Early Steps priorities. Those groups include the State Best Practices, State Systemic Improvement Plan workgroup, and the Transition from Part C to Part B workgroup and the Florida Child Outcomes Advisory Committee. The Early Steps Continuous Improvement (CIP) Workgroup, which includes representatives from the Early Steps State Office, FICCIT, Local Early Steps programs, parents, and other state agencies and programs that serve young children and their families was originally formed in 2004. All of these stakeholder groups have been provided opportunity for input in the preparation of the Annual Performance Report including setting targets for the State Performance Plan and developing improvement strategies. Input has been gathered through face-to-face, webinar, and conference call meetings.

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

Florida reported to the public on the FFY 2015 performance of each local Early Steps program in the state by posting local performance profiles on the Early Steps website on May 19, 2017. This reporting can be found at http://www.floridahealth.gov/AlternateSites/CMS-Kids /providers/early\_steps/reports/program\_performance.html. The Early Steps State Office ensures that this reporting is updated annually no later than 120 days following the state's submission of the SPP/APR. Also available to the public on this website are the State Performance Plan/Annual Performance Report (SPP/APR) submitted February 2017, Florida's Determination Letter, and a link to Florida's Part C Profile maintained by OSEP.

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		57.00%	60.00%	70.00%	72.00%	98.00%	82.00%	90.00%	88.50%	87.78%	86.79%

FFY	2015
Target	100%
Data	86.43%

Key: Gray – Data Prior to Baseline Yellow – Baseline
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

### FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
		86.43%	100%	

Number of documented delays attributable to exceptional family circumstances  This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.	39
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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Florida's criteria for "timely" receipt of early intervention services is as soon as possible, but within 30 calendar days from when the family consented to the service unless there is documentation of a child or family related issue or natural disaster which caused the delay.

What is the source of the data provided for this indicator?

State monitoring

State database

Describe the method used to select EIS programs for monitoring.

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumsstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

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### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected	
10	10	0	0	

### FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to ensure noncompliant practices have been revised and the local Early Steps programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for each local program with findings of noncompliance. The number of child records reviewed to verify correction of the noncompliance was relative to the extent and root cause of the findings of noncompliance. This review verified correction of noncompliance of all ten findings.

Local Early Steps identified root causes of program noncompliance. Among those identified, the number of available providers was acknowledged as one of the primary causes of services not starting on time. Local Early Steps Programs continue to advertise and recruit providers to adequately serve their coverage area.

The State will continue to work with Local Early Steps Programs to increase their efforts in advertising and recruiting, to ensure that providers can provide services in a timely fashion by conducting regular technical assistance calls, desk reviews and on-site monitoring.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

Describe how the State verified that each individual case of noncompliance was corrected

For each local Early Steps program with findings on noncompliance, the Early Steps State Office verified that the local program initiated services for each child, although late, unless the child was no longer enrolled in the program. This verification was based on follow-up reporting by the local program on individual children whose services had not been initiated.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			50.00%	55.00%	76.00%	65.00%	70.00%	75.00%	80.00%	87.00%	88.00%
Data		45.00%	71.60%	75.00%	77.00%	67.00%	79.00%	84.00%	85.00%	85.21%	83.90%

FFY	2015
Target ≥	89.00%
Data	92.56%

Key:	Gray – Data Prior to Baseline	Yellow – Baseline	Blue – Data Update

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	90.00%	91.00%	92.00%

Key:

### Targets: Description of Stakeholder Input

FFY 2013-2018 Targets were developed with input from the Early Steps Continuous Improvement Workgroup and the Florida Interagency Coordinating Council for Infants and Toddlers.

### **Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	14,331	13551
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	14,562	14683

### **Explanation of Alternate Data**

In 2015, Early Steps migrated data systems to the data system that is currently in place. The data migration caused the 2016 data submission to use two different data sources with two different formats and/or field names. Subsequently in the same year, Early Steps experienced staff turnover that provider to the data submission. When data was submitted for 2017, the data set did not include services offered by external providers. In the previous system, one report contained services for all provider types. The current data system has one report for internal providers only and another one for both internal and external providers. After additional research and analysis of the data, Early Steps determined in late 2017 that the data submission needs further clarification due to the use of different data sources from previous submissions. As a result, 2017's settings submission did not contain the full dataset for the percentage calculation. The absent of external provider services data impacted the child's setting location determination. Early Steps compiled the proper data set and recalculated the settings submission for 2017.

ED does not accept the data provided by the State

OSEP does not accept the data provided by the State because the data source for this indicator must be the data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

### FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
13,551	14,683	92.56%	90.00%	92.29%

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Actions required in FFY 2015 response

none

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
   B. Acquisition and use of knowledge and skills (including early language/ communication); and
   C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

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Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(ii)? No

### **Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2012	Target≥						36.00%	36.10%	36.20%	36.30%	31.90%	33.00%
Ai	2012	Data					36.00%	33.70%	35.00%	32.90%	31.80%	32.60%	30.87%
A2	2012	Target≥						75.60%	75.70%	75.80%	75.90%	68.90%	69.00%
AZ	2012	Data					75.60%	76.10%	75.20%	68.90%	68.80%	68.30%	66.95%
B1	2012	Target≥						52.60%	52.70%	52.80%	52.90%	54.30%	56.50%
Б	2012	Data					52.60%	53.00%	53.70%	54.60%	54.20%	55.99%	53.06%
B2	2012	Target≥						49.60%	49.70%	49.80%	49.90%	44.10%	45.00%
B2	2012	Data					49.60%	49.90%	49.50%	45.70%	44.00%	43.51%	43.48%
C1	2012	Target≥						52.40%	52.50%	52.60%	52.70%	54.20%	55.00%
Ci	2012	Data					52.40%	54.80%	56.40%	56.60%	54.10%	54.71%	54.50%
C2	2012	Target≥						75.80%	75.90%	76.00%	76.10%	69.50%	69.60%
02	2012	Data					75.80%	75.90%	76.00%	70.70%	69.40%	69.28%	68.09%

	FFY	2015
A1	Target ≥	33.50%
Al	Data	29.07%
A2	Target ≥	70.00%
AZ	Data	66.09%
B1	Target≥	57.00%
ВІ	Data	53.40%
B2	Target ≥	46.00%
B2	Data	41.12%
C1	Target≥	56.00%
Ci	Data	51.36%
C2	Target ≥	69.70%
G2	Data	66.14%

Key:		Gray – Data Prior to Baseline		Yellow - Baseline	Blue – Data Update
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A1 ≥	35.00%	39.00%	44.00%
Target A2 ≥	72.00%	74.00%	76.00%
Target B1 ≥	57.50%	58.00%	60.00%
Target B2 ≥	47.00%	48.00%	50.00%
Target C1 ≥	57.00%	58.00%	60.00%
Target C2 ≥	69.80%	69.90%	70.00%

Key:

### Targets: Description of Stakeholder Input

The Florida Child Outcomes Advisory Committee was formed in 2009 to review baseline data, assist with target setting, explore improvement activities and to problem-solve implementation issues for the Florida Birth to Five Child Outcome Measurement System. The committee includes representation from the State Office, the Department of Education (DOE), the DOE discretionary project for child outcomes, local Early Steps, and local school discricts. The committee meets as needed to review progress data, effectiveness of implemented improvement strategies and recommend changes.

### FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	6589.00	

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	283.00	4.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1628.00	24.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	219.00	3.32%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	566.00	8.59%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3893.00	59.08%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	785.00	2696.00	29.07%	35.00%	29.12%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	4459.00	6589.00	66.09%	72.00%	67.67%

### Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	268.00	4.07%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2297.00	34.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1326.00	20.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1588.00	24.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1110.00	16.85%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	2914.00	5479.00	53.40%	57.50%	53.18%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	2698.00	6589.00	41.12%	47.00%	40.95%

### Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	321.00	4.87%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1307.00	19.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	507.00	7.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1288.00	19.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3166.00	48.05%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1795.00	3423.00	51.36%	57.00%	52.44%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	4454.00	6589.00	66.14%	69.80%	67.60%

### The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No

Provide the criteria for defining "comparable to same-aged peers.

The Battelle Developmental Inventory, 2nd Edition (BDI-2) was used. A standard score of 78 or above (>-1.5 SD) is considered to represent a level of functioning that is "comparable to same-aged peers."

List the instruments and procedures used to gather data for this indicator.

The Early Steps State Office and the Florida Department of Education (DOE) have collaborated to develop an outcome measurementsystem for children birth to five years of age and have agreed to collect data on children across Part C and Part B on a common instrument, the BDI-2 is a "standardized, individually administered assessment battery of key developmental skills in children from birth through seven years of age" [Source:Battelle Development Inventory – Examiner's Manual ]. In addition to its use as a measure of child outcomes, this instrument may also be used for determination of eligibility for Early Steps. Florida's child outcomes measurement system uses scores from the Personal-Social domain of the BDI-2 to determine category placement for Indicator 3A, scores from the Communication domain of the BDI-2 to determine category placement for Indicator 3B, and scores from the Adaptive domain of the BDI-2 to determine category placement for Indicator 3C. The actual target data are derived from assessments administered upon entry into and exit from Early Steps for eligible children in all local Early Steps programs. Local program staff enter results for assessments in the BDI-2 Data Manager online scoring and reporting program. Data are exported from the Data Manager and a de-identified data file, consisting of all records with sufficient data to be included in the state report is sent to the University of Miami Discretionary Project whose staff complete the analyses that produce the category assignments.

Actions required in	FFY 2015 response
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none

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### FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) **Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
   C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

### **Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
	2005	Target≥			55.90%	57.00%	58.00%	60.00%	60.70%	67.00%	68.00%	75.00%	75.50%	
A	2005	Data		55.90%	53.80%	65.00%	68.00%	68.00%	75.00%	72.70%	75.22%	85.49%	83.21%	
В	0005	2005	Target≥			52.50%	54.00%	55.00%	56.00%	56.10%	63.00%	64.00%	72.00%	72.50%
В	2005	Data		52.50%	50.00%	61.00%	64.00%	65.00%	70.50%	70.80%	72.26%	83.49%	78.55%	
	2005	Target≥			57.60%	59.00%	60.00%	61.00%	62.40%	78.00%	79.00%	87.00%	87.50%	
	2005	Data		57.60%	64.40%	75.00%	78.00%	80.00%	89.40%	84.60%	86.45%	91.51%	91.29%	

	FFY	2015
A	Target ≥	76.00%
^	Data	82.20%
В	Target ≥	73.00%
В	Data	79.19%
С	Target ≥	88.00%
	Data	90.95%

Key:		Gray - Data Prior to Baseline		Yellow - Baseline	Blue – Data Update
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	76.50%	77.00%	77.50%
Target B ≥	73.50%	74.00%	74.50%
Target C ≥	88.50%	89.00%	89.50%

Key:

### Targets: Description of Stakeholder Input

FFY 2013-2018 Targets were developed with input from the Early Steps Continuous Improvement Workgroup and the Florida Interagency Coordinating Council for Infants and Toddlers.

### FFY 2016 SPP/APR Data

Number of families to whom surveys were distributed	2829.00
Number of respondent families participating in Part C 36.87%	1043.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	840.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1043.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	810.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1043.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	960.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1043.00

FF
FFY 2016 Target*

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	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	82.20%	76.50%	80.54%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	79.19%	73.50%	77.66%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	90.95%	88.50%	92.04%

Was sampling used? No

Was a collection tool used? Yes Is it a new or revised collection tool? No

Actions required in EEV 2015 response

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

The Early Steps State Office conducted an analysis of the survey respondents as compared to 618 and other demographic data to determine representation of the results. This analysis showed an overrepresentation of responses from families of children who are hispanic. Disaggregated analysis showed that the greatest number of survey responses came from local programs with the highest percentage of children who are hispanic.

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. No

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The Early Steps State Office is implementing improvement strategies to increase the survey response rate of local programs to ensure that the data represents the demographics of statewide program participation. Additional information and reporting statistics were provided to each local program this year to assist each program to further analyze their data. Technical assistance and best practices have been shared to ensure that each program is reaching out to all eligible families to complete the family survey.

The family survey process is primarily electronic-based, but hard-copy surveys are also provided to families who do not have internet access. Family survey leads are working with program service coordinators to follow up with families that have not submitted a completed a survey to ensure as much participation as possible

Actions required in 11 1 2013 response	
none	

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.68%	0.69%	0.70%	0.71%	0.72%	0.72%	0.72%	0.72%	0.72%
Data		0.67%	0.60%	0.58%	0.59%	0.64%	0.69%	0.70%	0.71%	0.75%	0.70%

FFY	2015
Target≥	0.73%
Data	0.69%

Key:		Gray - Data Prior to Baseline		Yellow - Baseline	Blue – Data Update
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018		
Target ≥	0.73%	0.74%	0.74%		

Key:

### Targets: Description of Stakeholder Input

FFY 2013-2018 Targets were developed with input from the Early Steps Continuous Improvement Workgroup and the Florida Interagency Coordinating Council for Infants and Toddlers.

### **Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	1,592	1,570
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	224,910	224,910
TBD			null	

### **Explanation of Alternate Data**

The pre-populated census data is incorrect; therefore, alternate data was entererd. Census data was found at: Puzzanchera, C., Sladky, A. and Kang W. (2017). "Easy Access to Juvenile Populations: 1990-2016." Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/.

In 2015, Early Steps migrated data systems to the data system that is currently in place. The data migration caused the 2016 data submission to use two different data sources with two different formats and/or field names. Subsequently in the same year, Early Steps experienced staff turnover that proved critical to the data submission. When data was submitted for 2017, the data set did not include services offered by external providers. In the previous system, one report contained services for all provider spees. The current data system has one report for internal providers only and another one for both internal and external providers. After additional research and analysis of the data, Early Steps determined in late 2017 that the data submission needs further clarification due to the use of different data sources from previous submissions. As a result, 2017's settings submission did not contain the full dataset for the percentage calculation. The absent of external provider services data impacted the child's setting location determination. Early Steps compiled the proper data set and recalculated the settings submission for 2017.

### FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,570	224,910	0.69%	0.73%	0.70%

### Compare your results to the national data

Florida's results are slightly lower than the statewide target and also lower than the national data average of 1.24%. In FFY 2017-2018, At-Risk eligibility category will be included in child count data; therefore, an upward trend is anticipated for this indicator.

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Actions required in FFY 2015 response

none

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.87%	1.88%	1.88%	1.89%	1.89%	1.89%	1.89%	1.90%	1.91%
Data		1.80%	1.68%	1.66%	1.91%	2.06%	2.06%	1.88%	1.89%	2.04%	2.10%

FFY	2015
Target ≥	1.91%
Data	1.98%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	1.92%	1.92%	1.93%

Key:

### Targets: Description of Stakeholder Input

FFY 2013-2018 Targets were developed with input from the Early Steps Continuous Improvement Workgroup and the Florida Interagency Coordinating Council for Infants and Toddlers.

### **Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	14,562	14683
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	677,939	677939
TBD			null	

### **Explanation of Alternate Data**

In 2015, Early Steps migrated data systems to the data system that is currently in place. The data migration caused the 2016 data submission to use two different data sources with two different formats and/or field names. Subsequently in the same year, Early Steps experienced staff turnover that proved critical to the data submission. When data was submitted for 2017, the data set did not include services offered by external providers. In the previous system, one report contained services for all provider types. The current data system has one report for internal providers only and another one for both internal and external providers. After additional research and analysis of the data, Early Steps determined in late 2017 that the data submission needs further clarification due to the use of different data sources from previous submissions. As a result, 2017's settings submission did not contain the full dataset for the percentage calculation. The absent of external provider services data impacted the child's setting location determination. Early Steps compiled the proper data set and recalculated the settings submission for 2017.

### FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
14,683	677,939	1.98%	1.92%	2.17%

### Compare your results to the national data

Florida's results did not meed the statewide target and are below the national average of 3.12%. In FFY 2017-2018, At-Risk eligibility category will be included in child count data; therefore, an upward trend is anticipated for this indicator.

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none	

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		85.00%	86.00%	80.00%	91.00%	92.00%	92.00%	92.00%	96.00%	96.67%	77.50%

FFY	2015
Target	100%
Data	95.36%

Key: Gray – Data Prior to Baseline Yellow – Baselin
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018	
Target	100%	100%	100%	

### FFY 2016 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data	
238	310	95.36%	100%	96.13%	

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

60

What is the source of the data provided for this indicator?

State monitoring

State database

Describe the method used to select EIS programs for monitoring.

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will

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not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	oncompliance Identified  Findings of Noncompliance Verified as Corrected Within One Year  Findings of Noncompliance Subsequently Corrected			
6	6	null	0	

### FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to ensure noncompliant practices have been revised and the local Early Steps program is correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for the local program with findings of noncompliance. The number of child records reviewed to verify correction of noncompliance was relative to the extent and root cause of the findings of noncompliance. This review verified correction of noncompliance for all six findings.

Local Early Steps identified root causes of program noncompliance. Thus, staffing shortages and provider capacity impacted having sufficient IFSP team members in place to complete the initial IFSP within 45 days of referral. Additional service coordinators and providers were hired in order to complete the initial IFSP within 45 days of referral

The State will be monitoring programs who have streamlined referral processes to facilitate sharing of effective practices and has hired additional state staff to focus on monitoring and performance improvement activities.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

Describe how the State verified that each individual case of noncompliance was corrected

For each local Early Steps program with findings of noncompliance, the Early Steps State Office verified that the local program conducted the evaluation and assessment and initial Individualized Family Support Plan (IFSP) for each child, although late, unless the child was no longer enrolled in the program. This verification was based on follow-up reporting by the local program on individual children whose evaluation and assessment and initial IFSP had not been completed.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

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### FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		64.00%	79.00%	79.00%	92.00%	94.00%	97.00%	98.00%	90.00%	93.70%	90.71%

FFY	2015
Target	100%
Data	93.57%

Key: Gray – Data Prior to Baseline Yellow – Baseline

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018		
Target	100%	100%	100%		

### FFY 2016 SPP/APR Data

### **Explanation of Alternate Data**

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumsstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.



No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
261	310	93.57%	100%	93.23%

Number of documented delays attributable to exceptional family circumstances  This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.	28
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What is the source of the data provided for this indicator?

State monitoring

C State database

Describe the method used to select EIS programs for monitoring.

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumsstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family

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### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected		
6	6	null	0		

### FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to ensure noncompliant practices have been revised and the local Early Steps programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for each local program with findings of noncompliance. The number of child records reviewed to verify correction of the noncompliance was relative to the extent and root cause of the findings of noncompliance. This review verified correction of all six findings.

Local Early Steps identified root causes of program noncompliance. Service Coordinator turnover and training was identified as the main cause which impacted completing the steps and services on the child's IFSP, not fewer that ninety days prior to the child's third birthday.

Additional service coordinators were hired and trainings conducted. The State will continue to conduct regular technical assistance calls with the Local Early Steps Programs, as well as continue to review and monitor through on-site and desk reviews.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

Describe how the State verified that each individual case of noncompliance was corrected

For each local Early Steps program with findings of noncompliance for developing an IFSP with transition steps and services within at least 90 days, and at the descretion of all parties, not more than nine months prior to the toddler's third birthday, the lead agency verified that the local program developed an IFSP with transition steps and services, although late, unless the child was no longer enrolled in the program. These verification activities were based on follow-up reporting by the local program on individual children for whom IFSP transition steps and services had not been developed.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	82.00%	86.00%	94.00%	96.00%	99.00%	100%	86.00%	86.62%	94.29%

FFY	2015
Target	100%
Data	85.56%

Key: Gray – Data Prior to Baseline Yellow – Baseline

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

### FFY 2016 SPP/APR Data

### **Explanation of Alternate Data**

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumsstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

### Data include notification to both the SEA and LEA



O No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
298	310	85.56%	100%	96.44%

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

### Describe the method used to collect these data

The data source for this indicator comes from monitoring data. All 15 local Early Steps programs are monitored annually. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was made up of randomly selected child records based on local program size. A total of 310 records were reviewed.

Is the policy on file with the Department? Yes

What is the source of the data provided for this indicator?

State monitoring

State database

Describe the method used to select EIS programs for monitoring.

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumsstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

### FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to ensure noncompliant practices have been revised and the local Early Steps programs are correctly implementing the regulatory requirements, the lead agency conducted a subsequent review of child records for each local program with findings of noncompliance. The number of child records reviewed to verify correction of the noncompliance was relative to the extent and root cause of the findings of noncompliance. This review verified correction of non compliance for all twelve findings.

The State identified the key factor impacting performance for Indicator 8B was the transition of the local Early Steps Programs from the previous data system, CMS-KIDS Integrated Data System, to the University of Florida Early Steps Data System.

Thus, consistent reporting processes for notification were interrupted which resulted in late or no notification being provided to the State Education Agency (SEA). Reporting process errors were identified. A new data element, the SEA notification date, was added to the current data system to allow more consistent monitoring of the notification due date by each local Early Steps program.

The State will monitor and review the enhanced data and take actions to ensure increased compliance with notification timelines, as indicated.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

Describe how the State verified that each individual case of noncompliance was corrected

For each local Early Steps program with findings of noncompliance the notification to the State Education Agency (SEA) and the Local Educational Agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday, the Early Steps State Office verified that the local program notified the SEA and the LEA where the toddler resides, although late, unless the child was no longer enrolled in the program. These verification activities were based on follow-up reporting by the local program on individual children for whom notification did not occur at least 90 days prior to the toddler's third birthday.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance

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### FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		70.00%	78.00%	80.00%	80.00%	85.00%	88.00%	90.00%	93.00%	94.07%	91.43%

FFY	2015
Target	100%
Data	93.93%

Key: Gray – Data Prior to Baseline		Yellow – Baseline
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### FFY 2016 - FFY 2018 Targets

	2017	2018
Target 100%	100%	100%

### FFY 2016 SPP/APR Data

### **Explanation of Alternate Data**

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services



### Please explain

The data include toddlers for whom the Lead Agency was unable to conduct the transition conference due to exceptional family circumstances, including repeated no shows to scheduled transition conference meetings and unsuccessful attempts to contact family

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
261	310	93.93%	100%	93.53%

Number of toddlers for whom the parent did not provide approval for the transition conference  This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.	1
Number of documented delays attributable to exceptional family circumstances  This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.	28

State monitoring

### Describe the method used to select EIS programs for monitoring.

All 15 local Early Steps programs are monitored annually. This year's monitorig utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 310 records were reviewed. Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	null	0

### FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to ensure noncompliant practices have been revised and the local Early Steps programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for each local program with findings of noncompliance. The number of child records reviewed to verify correction of the noncompliance was relative to the extent and root cause of the findings of noncompliance. This review verified correction of noncompliance for all six findings.

The State identified the key factor impacting performance for Indicator 8B was the transition of the local Early Steps Programs from the previous data system, CMS-KIDS Integrated Data System, to the University of Florida Early Steps Data System.

Thus, consistent reporting processes for notification were interrupted which resulted in late or no notification being provided to the State Education Agency (SEA). Reporting process errors were identified. A new data element, the SEA notification date, was added to the current data system to allow more consistent monitoring of the notification due date by each local Early Steps program.

The State will monitor and review the enhanced data and take actions to ensure increased compliance with notification timelines, as indicated.

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

Describe how the State verified that each individual case of noncompliance was corrected

For each local Early Steps program with findings of noncompliance for conducting the transition conference within at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday, the lead agency verified that the local program conducted a transition conference, although late, unless the child was no longer enrolled in the program. These verification activities were based on follow-up reporting by the local program on individual children for whom a transition conference had not been completed

A subsequent sample of child record information, as well as updated data from the Early Steps Data System was reviewed and verified to be in 100% compliance for each local program with a finding of noncompliance.

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data** Baseline Data: FFY 2005 2010 2011 2012 2013 2014 Target ≥ Data 2015 Target ≥ Data Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update FFY 2016 - FFY 2018 Targets 2016 2017 2018 Target ≥ Key: Targets: Description of Stakeholder Input **Prepopulated Data** Overwrite Data SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due 11/1/2017 3.1(a) Number resolution sessions resolved through settlement agreements null n Process Complaints SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due 11/1/2017 3.1 Number of resolution sessions null Process Complaints

### Actions required in FFY 2015 response

3.1(a) Number resolution sessions resolved

through settlement agreements

FFY 2016 SPP/APR Data

none

FFY 2015

FFY 2016 Target\*

3.1 Number of resolution sessions

0

FFY 2016

0%

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

### **Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			100%								
Data		100%		0%	50.00%	0%	0%				50.00%

FFY	2015
Target≥	
Data	

Key: Gray – Data Prior to Baseline	Yellow – Baseline	Blue – Data Update
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### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target≥			

Key:

### Targets: Description of Stakeholder Input

### **Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	n	null

### FFY 2016 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints related to due process complaints		2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			

N/A. There were no aggreements related to due process complaints, no mediation agreements not related to due process complaints and no mediations held.

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Actions required in FFY 2015 response

none

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 11: State Systemic Improvement Plan

Monitorina Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator,

### Reported Data

Baseline Data: 2013

FFY	2013	2013 2014		2016	
Target		33.00%	33.50%	35.00%	
Data	32.60%	30.87%	29.10%	29.10%	
Key:	Gray – Data Prio	r to Baseline	Yellow – Ba	aseline	

Blue - Data Undate

### FFY 2017 - FFY 2018 Targets

FFY	2017	2018			
Target	39.00%	44.00%			
Key:					

### **Description of Measure**

Statewide Performance on Indicator 3.A.1: the percent of children who made greater than expected growth for social-emotional skills.

### Targets: Description of Stakeholder Input

The Florida Child Outcomes Advisory Committee was formed in 2009 to review baseline data, assist with target setting, explore improvement activities and to problem-solve implementation issues for the Florida Birth to Five Child Outcomes Measurement System. The committee includes representation from the State Office, The Department of Education (DOE), the DOE discretionary project for child outcomes, local Early Steps, and local school districts. The committee meets as needed to review progress data, effectiveness of implementated imrovement strategies and recommended changes.

			W	

### **Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

A comparison of state and national data was analyzed for FFY 2009-2010 through 2013-2014 prepared by the Early Childhood Technical Assistance Center (ECTA). This analysis showed that Florida's outcomes for 3.A. (percent of infants and toddlers who substantially increased their rate of growth in positive social-emotional skills) was significantly below the national average and more disparate than other child outcome areas.

Florida's child count and settings data were disaggregated by service area, age of child, and service settings. Broad statewide analysis of Indicators 1-8 revealed improvement in Indicators 2, 4 and 6. Indicators 1, 5, 7 and 8 did not meet targets. There was improvement for child outcome Indicators 3.B. related to knowledge and skills and 3.C. related to use of behaviors to meet needs. There was regression for indicator 3.A.1., "Percent of infants and toddlers with an IFSP who demonstrated improved positive social-emotional skills (including social relationships)" and 3.A.2, "Percent of infants and toddlers with an IFSP who demonstrated comparable positive social-emotional skills (including social relationships)".

An in-depth analysis of Local Early Steps child outcomes five year trend data was completed. Further review included a comparison of data across programs disaggregated by age at entry (0-1, 1-2, 2-3), developmental status at entry (average or above: > -1.0 SD below the mean on the BDI-2; low average: >-1.5 SD and < -1.0 SD; moderate delay: > -2.0 SD and < -1.5 SD; significant delay, < -2.0 SD), and subgroups of children classified empirically, through mixture modeling, into one of 4 classes: (a) children with severe developmental

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delays in all areas of functioning; (b) children with a severe delay in the communication domain and mild to moderate delays in other domains; (c) children with significant delays in communication and either no delay or only a mild delay in the other domains; and (d) children demonstrating low-average functioning in all five domains.

Additional data analyzed included a sample of Individualized Family Support Plan (IFSP) outcomes for children who had evaluation results that included low social-emotional scores on the Battelle Developmental Inventory II (BDI 2) (less than standard score of 80) for each Local Early Steps program. This analysis indicated that IFSP outcomes related to social-emotional development were included for 28% of the IFSPs reviewed.

The Early Steps State Office conducted a survey of each Local Early Steps program regarding barriers to improving social emotional outcomes for infants and toddlers. Of the fifteen local programs, eleven identified lack of qualified providers, seven identified lack of adequate screening and assessment tools and practices, six identified lack of parent awareness and engagement in social emotional skill development, and four identified resources for in-depth data analysis as barriers.

The analysis of the data led to the conclusion that there were inconsistent results and strategies to improve child outcomes for children served by Early Steps. It was determined that social-emotional outcomes were less positive than the other two outcome areas because the traditional early intervention workforce has focused on children's motor and communication skills (i.e. walking and talking), has limited knowledge and skills related to identification of social-emotional deficits and effective intervention strategies to promote social-emotional development.

### Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

The Early Steps State Office participated in a SWOT analysis facilitated by staff from the Southeast Regional Resource Center. The Early Childhood Technical Assistance Center's System Framework was utilized, along with an addendum from the National Center on Child Care Professional Development Systems and Workforce Initiatives' definition of Technical Assistance, with the goal of building high-quality systems for improving positive social-emotional outcomes for infants and toddlers, and their families.

The results of the broad infrastructure analysis identified opportunity for improvment in some of the following areas:

- Governance Opportunities for improvement include engagement with the Florida Children and Youth Cabinet, expansion of intraagency and interagency collaboration, education of FICCIT members regarding roles and responsibilities, and staff retention within Early Steps.
- Fiscal Opportunities to ensure funding is aligned with the activities necessary to improve child outcomes.
- Quality Standards Opportunities to include implementation of the Division of Early Childhood (DEC) Recommended Practices in Early Intervention/Early Childhood Special Education.
- Professional Development Opportunities to revise and update existing training and to develop standardized mentoring and coaching practices
- Data Opportunities to improve data quality for collection of child outcomes.
- Technical Assistance Opportunities to improve cross-training within ESSO.
- · Accountability and Quality Improvement Opportunities to enhance the use of data to identify improvement strategies

### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statemen

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

Description

The Early Steps program and stakeholders identified SPP Indicator 3.A.1 as the state identified measurable result (SiMR) for infants and

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toddlers with disabilities and their families. The SiMR is well supported by data, has the approval and backing of stakeholder groups, and is aligned with current initiatives in the state.

The Early Steps State Office and stakeholders reviewed data in order to identify Local Early Steps programs to begin implementation strategies as demonstration sites and assist with statewide implementation according to principles of implementation science. The following criteria were used to identify the Local Early Steps programs to implement targeted improvement strategies as the initial demonstration sites:

- Programs representing small, medium and large service areas;
- · Programs representing rural and urban communities;
- Programs that have performed in the low to middle range for Indicator 3.A.1;
- Programs that have not piloted other initiatives in the past two years; and
- Programs that have higher levels of readiness; e.g. involvement of stakeholders, existence of champions, level of integration into local systems, confidence in being able to implement the strategies, etc.

During implementation, the Early Steps State Office will continue to monitor the status of infants and toddlers served by Local Early Steps programs and compare to national data on child well-being, including child abuse and neglect, foster care placement, poverty, health and mental health and pre-kindergarten programs.

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

The improvement strategies that follow were selected based on an analysis of disaggregated child outcome data for each Local Early Steps program, stakeholder input, and collaboration with other state initiatives. The focus was to identify strategies that address contributing factors, remove barriers, and incorporate evidence-based resources. Florida's Early Steps program will implement improvement strategies by partnering with initiatives and operational in the Local Early Steps programs selected as demonstration sites. This will reduce duplication and leverage resources of partners with goals consistent with and complementary of the priorities of the Early Steps program, including the SSIP process. Implementation of these strategies will build capacity in Local Early Steps programs to implement, and sustain evidence-based practices to improve results for infants and toddler and their families. The goal is to address service system gaps and facilitate seamless integration of resource across the state of Florida.

Governance Strategy: Florida will implement an infrastructure through policies, procedures, and professional development which includes training on the use of screening and assessment tools to appropriately identify and support social emotional development for infants and toddlers, includes coaching and mentoring, and is aligned with the Division of Early Childhood (DEC) Recommended Practices.

Governance, Accountability & Quality Improvement, Professional Development Strategy: Florida will implement a service delivery approach that ensures the ongoing monitoring and surveillance of social emotional skill development, provides parent training and anticipatory guidance on healthy social emotional development, and provides appropriate intervention strategies to promote social emotional skills for all infants and toddlers with social emotional developmental delays, including those who come to the attention of the mental health and child welfare systems.

Professional Development/Technical Assistance Strategy: Use of positive behavior supports and age appropriate expectations will be promoted in early childhood settings via collaboration with early learning staff for training of public and private providers in the area of social-emotional screening/assessment, positive behavior support, infant and toddler mental health and other topics that are associated with improved social-emotional skills in young children.

Fiscal Strategy: The Early Steps State Office will conduct a review of program costs, projected revenues and expenditures, to identify the resources necessary to support and sustain the system.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

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Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.

(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

The Florida Department of Health (the Department), Division of Children's Medical Services, Bureau of Early Steps and Newborn Screening is the state lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) in Florida. In Florida the IDEA Part C program is known as Early Steps. The Early Steps State Office (ESSO) with stakeholders input selected as Florida's state identified measurable result (SiMR): Increase in the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social/emotional skills.

Early Steps created stakeholder workgroups to participate in the development of the State Systemic Improvement Plan (SSIP). These workgroups include the Continuous Improvement Workgroup, which provided input in the selection of the Phase I SiMR and improvement strategies, and the SSIP Phase II Workgroup, which was established to provide input for implementation of improvement strategies.

(a) Based on stakeholder feedback, the state adopted the Pyramid Model which is an evidence based framework to improve the SiMR. This model provides a tiered framework of evidence based interventions for promoting social/emotional, and behavioral development of infants and toddlers. The Pyramid Model will also be used to support the state's implementation of the Division of Early Childhood (DEC) of the Council for Exceptional Children's Recommended Practices. This model promotes collaborative partnerships between families and early intervention providers with an emphasis on the importance of the family's role in the social/emotional development of their child.

Florida will implement the use of the Pyramid Model through selected demonstration sites. The following criteria, which were developed in Phase I, were applied to identify demonstration sites:

- Programs representing small, medium, and large service areas;
- Programs representing rural and urban communities;
- Programs performed in the middle range for Indicator 3.A.1;
- Programs had not piloted other initiatives in the past two years; and

Programs with a director interested in participating and whose programs have: a level of readiness, involvement of stakeholders, existence of champions, level of integration into local systems, and confidence in being able to implement the strategies.

The three demonstration sites are: Northeastern Early Steps, North Central Early Steps, and North Dade Early Steps, and their programs directors are members of the SSIP Workgroup and attend Continuous Improvement Workgroup meetings. These programs serve 21% of infants and toddlers in Early Steps. Gulf Central and Southwest Early Steps[1] were selected as a limited demonstration sites for the purpose of implementing strategies, but is not considered a full demonstration site due to existing initiatives with the Autism Navigator which could influence data results.

Early Steps and the Florida Department of Education (DOE) collaborated to develop an outcome measurement system for children birth to five years of age and have agreed to collect data on children across Part C and Part B on a common instrument - the Battelle Developmental Inventory 2nd Edition (BDI-2). The actual target data are derived from assessments administered upon entry into and exit from Early Steps for eligible children in all local Early Steps programs. Based on stakeholder input, more information about social/emotional development of infants and toddlers is needed than is provided by the BDI-2. Phase II of the SSIP will include the selection and use of screening and assessment tools to supplement BDI-2 results. The consistent use of selected screening and assessment tools will provide early intervention providers with additional information needed to fully assess a child's social/emotional developmental needs and develop Individual Family Support Plan (IFSP) functional outcome to address social/emotional development. Each demonstration site will receive training on the selected screening and assessment tools which they will use with children at six month intervals to assess their social/emotional developmental needs and progress.

In addition to the use of selected screening and assessment tools, each demonstration site will have an average ratio of one service coordinator to 50 children. Each demonstration site will also have a designated coach responsible for professional development of early intervention providers. Coaches will support and provide feedback about implementation of early intervention practices.

(b) Early Steps will partner with other programs and initiatives, including the Florida Maternal Infant and Early Childhood Home Visiting Initiative (MIECHV), to share resources with demonstration sites, including home visiting training materials. Demonstration sites will also work with MIECHV and the Florida Association for Infant Mental Health (FAIMH) to develop and test strategies for infusing infant mental health consultation into staff support activities. Demonstration sites will work with the Florida State University, College of Medicine, Autism Institute. The Institute's Autism Navigator provides a collection of web-based tools and courses for early intervention providers. The Autism Institute has created tools to aid parents and early childhood professionals on how to identify typical verses atypical development such as "16 Gestures by 16 Months" and social communication growth charts. The University of South Florida's Center for Inclusive Communities will provide demonstration sites with training on the Pyramid Model and facilitate two annual Page 34 of 44

leadership team trainings and monthly conference calls to support demonstration site leaders. Early Steps is a member of the Screening and Intervention Workgroup with Project LAUNCH of the Florida Department of Children and Families (DCF). As part of this group Early Steps is working to increase coordination and communication between providers who conduct screenings to streamline use of resources and improve the effectiveness of screenings and referrals for infants and toddlers in Florida. Early Steps will partner with the Florida State University Center for Prevention and Early Intervention Policy and the Florida Association for Infant Mental Health to ensure the availability of adequate education regarding infant mental health and its impact on children's social/emotional development.

- (c) ESSO will work with the demonstration sites to establish funding. The current budget includes: 1) use of selected assessment tools, 2) reduced service coordinator ratios to an average of one service coordinator to 50 children, and 3) establish a staff coaching position(s) for professional development. ESSO will continue to collaborate with stakeholder workgroups to develop family capacity to access resources and align state and local initiatives to improve practices of early intervention providers to support social/emotional development. ESSO will continue to monitor for adequate funding to implement the improvement strategies identified in Appendix C Improvement Strategies Plan, Objective 8.
- (d) Additional resources within the Department will be used to implement SSIP Phase II Improvement Strategies. This includes support from the Department's Office of Communications, Office of Budget and Revenue Management, Office of the General Counsel, Office of Contracts, and Legislative Affairs. ESSO will continue to partner with DOE to share resources for the BDI-2 to successfully transition children from IDEA Part C to IDEA Part B, and work together on initiatives such as the Florida Diagnostic and Learning Resource System. Early Steps will also continue to work with MIECHV, DCF, the University of South Florida's Center for Prevention and Early Intervention Policy, and Florida State University's College of Medicine, Autism Institute.
- [1] These two programs are a single contract with the Health Council of Southwest Florida

### Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.
- (a) By developing core competencies for early intervention staff and developing and implementing a coaching structure, Early Steps and demonstration sites will be able to support training and implementation of evidence-based practices that will achieve the state's SiMR. Early Steps' adoption of the Pyramid Model of evidence-based practices and integration of DEC Recommended Practices into policies and procedures will provide a framework for implementing strategies that will aid in the achievement in the State's SiMR.
- (b) The Improvement Strategies Plan includes intended outcomes, improvement strategies, activities, outputs and timelines. The Phase II plan was developed with extensive stakeholder input which included the IDEA Part C Interagency Coordinating Council, the Continuous Improvement Workgroup, the SSIP Phase II Workgroup, demonstration site directors, Local Early Steps directors, MIECHV, the DCF, Florida State University's Center for Prevention and Early Intervention Policy, and the Florida State University's Autism Institute. As a part of the SSIP project a communication plan will be developed to ensure that the Phase II plan is shared with all interested stakeholders, partners, the lead agency, DOE, the Local Early Steps programs and Early Steps providers.

Early Steps will work with the demonstrations site to identify barriers to implementation and with stakeholders such as the Interagency Coordinating Council, the Continuous Improvement Workgroup and other state agency and initiatives to develop solutions.

(c) Early Steps will continue to use all available resources at the Department and make every effort to ensure adequate funding exists for an evidence-based practice.

### Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

  (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.
- (a) During Phase II, the Phase I Theory of Action was updated. The revised Theory of Action is focused on early intervention providers having the professional development support needed to understand and implement evidenced-based practices. As a result, providers and families will be better equipped to develop more effective IFSPs to meet infants' and toddlers' social/emotional developmental needs. Evaluation Plan includes short term, intermediate, and long term outcomes that align with the revised Theory of Action. These outcomes are indicators of meeting the objectives of the improvement strategies.

All short term, intermediate and long term outcomes were developed by integrating improvement strategy objectives. Each improvement strategy objective has an evaluation of activities. By evaluating each improvement strategy objective, Early Steps will be able to evaluate if intended outcomes are met.

(b) Early Steps will provide regular updates to stakeholder groups to address progress, this includes the Continuous Improvement

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Workgroup, the SSIP Phase II Workgroup, and the Interagency Coordinating Council. Updates will include both activity evaluation and outcome evaluation. Regular assessment of progress on the outcomes will be made with the demonstration sites to ensure that barriers can be address and strategies can be adjusted as needed to ensure that the SiMR is reached.

(c) and (d) Data will be collected throughout the Phase II implementation as identified in the plan. Data will be analyzed by ESSO and shared with demonstration sites to determine if activities have been completed, objectives met and if adjustments are needed. Stakeholders will receive data at least quarterly to determine the

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

As Early Steps moves forward with implementation of the Florida State Systemic Improvement Plan – Phase II, Improvement Strategies Plan, technical assistance with integration of demonstration sites' processes into general supervision will increase accountability and improve the state's monitoring process.

Technical assistance with efficient evaluation methods, tools, and analysis will ensure the most effective use of Early Steps resources.

### Phase III submissions should include:

- · Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

### A. Summary of Phase 3

- 1. Theory of action or logic model for the SSIP, including the SiMR.
- 2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
- 3. The specific evidence-based practices that have been implemented to date
- 4. Brief overview of the year's evaluation activities, measures, and outcomes.
- 5. Highlights of changes to implementation and improvement strategies.

The Phase III, Year 1 refined strategies included the following focus areas:

- Adaptations to the Continuous Improvement Process (CIP), contract monitoring process, and developing policies and procedures to promote improvement in LESs performance for state-identified outcome targets, including the SiMR
- Engagement and collaboration with key stakeholders to implement the SSIP activities to achieve the desired outcomes
- Procurement and implementation of a new data system to enhance Early Steps' ability to make data informed decisions for program improvement at the state and local level
- Development of a statewide fiscal plan that includes implementation of the professional development framework based on demonstration site activities
- Development and implementation of a revised Individualized Family Support Plan (IFSP) to focus on family-centered functional outcomes, including social-emotional development
- Implement a professional development framework based on Embedded Practices and Interventions with Caregivers (EPIC) coaching practices with integrated Pyramid Model and caregiver social-emotional practices, first at demonstration sites and then statewide

During Phase III, Year 2, the Theory of Action (Appendix A) and Strategies and Evaluation Plan (Appendix B) were further refined to ensure alignment of the Theory of Action, planned strategies and activities, and evaluation of the planned strategies and activities. Specific, measurable, achievable, relevant and time-bound performance indicators have been set for all planned activities. The revised Theory of Action and Strategies and Evaluation Plan focuses on demonstrating intermediate incremental changes toward achieving the intended long-term impacts on the SiMR. The rational for the refinements are described below for each activity.

The following activities are included in the revised Phase III, Year 2 plan that were not included in the Phase III, Year 1 plan:

- Restructuring ESSO into two units to support a professional development system and continuous improvement focused on achieving the SiMR
- Developing and implementing a State Plan to drive system improvement in program focus areas, including child outcomes and the SiMR
- Implementing changes to the Child Outcomes Measurement System (COMS) to collect, analyze, and use data to determine progress on child outcomes and make program improvements to achieve the SiMR based on the State Plan
- · Provision of Tools for Early Steps Teams (TEST) Toolkit training statewide to service coordinators and providers on developing

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family-centered functional outcomes

The following activities were discontinued and removed from the plan:

- Changes to policies and procedures that are routinely made as part of the Part C application process and not unique to the SSIP
- Contract monitoring process changes which allows for program oversite
- Development and implementation of a communications plan and replaced with a plan to engage stakeholders in the development of a plan to drive program improvement

In addition to the refinements made to the Theory of Action and Strategies and Evaluation Plan, the following activities were implemented during Phase III, Year 2:

- Changes to the CIP to integrate child outcome performance expectation requirements for state-identified targets into the process and tools
- Development of initial plans to engage stakeholders to develop a State Plan, including changes to the Early Steps' Child Outcomes Measurement System (COMS)
- Submission of market research and completion of a Legislative Budget Request by the Department for procurement of a new data system to facilitate data-informed decision making
- Participation in the Infant and Toddler Coordinators Association (ITCA) Fiscal Initiative of the Individuals with Disabilities Education Act (IDEA) Infant and Toddler Coordinators Association
- · Implementation of a revised Individualized Family Support Plan (IFSP) that embeds family-centered functional outcomes
- Contracted with the University of Florida, Anita Zucker Center for Excellence in Early Childhood Education (UF), in partnership with Florida State University's Communication and Early Childhood Research and Practice Center, to provide training, implementation support, and evaluate implementation of EPIC at demonstration sites
- Trained the first of three cohorts of service providers and Lead Implementation Coaches (LIC) at three demonstration sites on evidence-based coaching practices using EPIC
- · Implemented EPIC with practitioners and families in the first of three cohorts of demonstration sites

Due to these activities, the ESSO personnel, accountability, finance, and data infrastructure has been strengthened to support program improvement, focusing on making an immediate, positive impact on the SiMR. Additionally, the work at the professional development demonstration sites is laying the groundwork for statewide scale-up of evidence-based coaching practices.

### B. Progress in Implementing the SSIP

- 1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
- 2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

### **ESSO** Restructure

In 2015, the number of ESSO staff was greatly reduced. This reduction in staff limited ESSO's capacity to implement professional development and improvement strategies to achieve the SiMR. Last year Early Steps requested, and was granted, budget authority to hire seven additional positions by the Governor and the Florida Legislature. The seven new positions include two supervisor positions, four program consultant positions, and a contract manager position. Early Steps currently has 14 full time positions, 3 half-time positions, and a Department of Education liaison.

ESSO staff held a strategic planning meeting in May 2017 to provide input and plan for restructuring ESSO. Because of the seven new positions, two new four-person units were formed in January 2018. The two units are the Quality Assurance, Accountability, and Monitoring (QAAM) Unit and the Policy and Professional Development (PPD) Unit.

### **State Plan Development**

ESSO is committed to engagement of program stakeholders to develop a State Plan to drive system improvement in program focus areas, including child outcomes and the SiMR. ESSO and stakeholders will use implementation science to develop the State Plan. The use of the implementation science Plan Do Study Act approach will help stakeholders ensure a data-informed decision-making process is used to plan improvements in the Early Steps system. Workgroups will be established for each program focus area.

ESSO will convene workgroups in May 2018. Membership for the workgroups will include representation from ESSO, LESs, institutes for higher education, state-level program partners, and families. The workgroups will participate in the completion of the initial and follow-up self-assessments. The SSIP Workgroup met via webinar on March 1, 2018, and were apprised of the planned stakeholder engagement strategy.

### Other Stakeholder Engagement Activities

During 2017, ESSO worked with the Department's Office of Communications to develop a factsheet and video on the SSIP for the purposes of educating and engaging LESs, service providers, and families, both at the demonstration sites and statewide. As a result, stakeholders have a better understanding of their roles for implementation of the SSIP strategies and activities and are engaged on a deeper level in the work being done to improvement the social-emotional development of infants and toddler served through Early Steps.

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The factsheet and video have been shared with LESs, SSIP demonstration site cohort providers and families, SSIP Workgroup, and program partners. Program stakeholders were invited to share the factsheet and video on their program webpages and social media.

### **Continuous Improvement Process**

Florida Early Steps' CIP is the statewide quality assurance and accountability process designed to support LESs to identify root causes for non-compliance with OSEP compliance and child outcomes requirements and to support program improvement. Early Steps is changing the CIP to integrate child outcome performance requirements for state-identified targets and to align the CIP with OSEP's Differentiated Monitoring and Support Engagement process. The desired outcome is to support improvement to achieve child outcomes targets, including Indicator 3.A.1.

While being factored into the state's determinations issued by OSEP, 2018 is the first year that the Child Outcomes Indicator results were factored into LESs' determinations released in January. Because of the changes made to the determination categories, the level of support provided by ESSO to LESs not meeting compliance indicators and child outcome results requirements has increased.

### **Child Outcomes Measurement System**

Using the State Plan developed by ESSO and stakeholders by June 2018, Early Steps will implement changes to the COMS to collect, analyze, report, and use child outcomes data to determine progress on child outcomes, including indicator 3.A.1. The changes will address current system gaps and limitations described below.

### **Data System Development**

The Florida Legislature granted \$1.3 million spending authority to the Department during the 2018 Legislative Session. The spending authority will enable ESSO to advance the work to contract with a system developer. The Department will make annual requests to the Florida Legislature for budget authority until the data system is completed.

### **ITCA Fiscal Initiative**

Early Steps administrative and fiscal staff participated along with three other states in the third cohort of a Fiscal Initiative sponsored by the IDEA Infant and Toddler Coordinators Association (ITCA) in October 2017. The purpose of the initiative was to build knowledge and skills of lead agency staff to work within state structures and climates to ensure that sufficient resources are available to support and sustain the early intervention system and to develop a Finance Action Plan. This work is built around the fact that federal statutes and regulations require that IDEA Part C funds and resources are available to supplement, not supplant, existing state resources. A goal of participation in this initiative is that states not only have sufficient funds available to support early intervention systems but have in place administrative processes for finance forecasting, procurement, leveraging resources, accountability, and monitoring use of funds.

### **Revised IFSP**

An Excel version of the revised Individualized Family Support Plan (IFSP) was piloted in January of 2017. Training of the plan followed in March 2017. There were issues with the Excel version in the field that included different versions of Excel that would not enable certain functions to work. There were also a few IT departments that blocked the version and did not allow the LESs to use the Excel version on their hard drive. As a result, the need to revise the Excel version into Word was identified in April 2017. The Word version was piloted in the fall of 2017 and implemented statewide in January 2018.

### Early Steps Professional Development Project

As part of the SSIP, Early Steps is working to implement a professional development framework using EPIC coaching practices with integrated Pyramid Model and caregiver social-emotional practices, first at demonstration sites and then statewide.

In 2016, ESSO amended the contracts with three LESs (Northeastern, North Central, and North Dade) to include participation in the implementation of evidence-based coaching practices. In preparation for implementation, the demonstration sites hired LIC's and service coordinators to build implementation capacity.

In spring 2017, the ESSO began a contractual relationship with the University of Florida, Anita Zucker Center (UF) to lead the demonstration. UF is working in close collaboration with Florida State University, Communication and Early Childhood Research and Practice Center (FSU) to lead the demonstration sites. Dr. Patricia Snyder and Dr. Juliann Woods, along with their teams, have been personally invested in the work throughout the process. A two-year contract between ESSO and UF was executed in July 2017 and will continue through June 2019.

Since July of 2017, the following activities have occurred:

- The first of three caregiver coach cohorts were trained by UF and FSU on EPIC at each of the three demonstration sites
- LIC's received role-specific training on supporting caregiver coaches
- There were three quarterly cross-site meetings to support planning and implementation
- Bi-weekly cross-site technical assistance conference calls were held
- UF developed a self-evaluation plan
- · Implementation of EPIC practices with the first cohort of families began in October 2017

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Implementation of EPIC with the first cohort of families was delayed due to Hurricane Irma, which made landfall in September 2017. The first cohort of families is coming to an end in March 2018. The second cohort of providers have been identified and will receive training at each demonstration site in March 2018. The second cohort of families are being identified at the time of this report.

### C. Data on Implementation and Outcomes

- 1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
- 2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path 3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

### **ESSO Restructure**

The intended outcomes of restructuring ESSO include the following:

- a professional development system focused on achieving the SiMR
- a statewide continuous improvement structure focused on achieving the SiMR

The Early Childhood Technical Assistance (ECTA) Center's System Framework, Governance Subcomponent of the Self-Assessment will be used to measure the extent that:

- ESSO's structure supports a professional development system focused on achieving the SiMR
- ESSO's structure supports statewide continuous improvement focused on achieving the SiMR

### **State Plan Development**

The intended outcome of developing a State Plan is to have a plan to drive system improvement and to implement the plan to support improvement in program focus areas, including child outcomes and the SiMR. The ECTA Center's System Framework Governance Subcomponent of the Self-Assessment will be used to measure the extent to which the State Plan drives system improvement.

### **Continuous Improvement Process**

An intended outcome of changing the CIP is to support improvement in child outcomes targets, including Indicator 3.A.1. The ECTA Center's System Framework Accountability Subcomponent of the Self-Assessment will be used to measure the extent to which the CIP supports program improvement to achieve child outcomes.

### **Child Outcomes Measurement System**

The intended outcome of implementing changes to the COMS is for LESs to collect, analyze, report, and use high-quality data to determine progress on child outcomes, including Indicator 3.A.1. and make program improvement to achieve the SiMR. The DaSy Local Child Outcomes Measurement System (L-COMS) Self-Assessment will be used to measure the extent to LESs collect, analyze, report, and use data to determine progress on child outcomes.

### **Data System Development**

The desired outcomes include:

- ESSO staff being actively involved in the design and development of the data system
- ESSO and LESs using the system to support program accountability, improvement, and operations

The Data System Subcomponent of the ECTA Center's System Framework Self-Assessment will be used to measure the extent to which ESSO staff are involved in the design and development of the system and the extent to which ESSO and LESs use the system to support program accountability, improvement, and operations. ESSO administration, supervisors, data manager, special projects coordinator, program consultants, and representatives from LESs will participate in the completion of the self-assessments.

### **ITCA Fiscal Initiative**

The intended outcome of participation in the ITCA Fiscal Initiative is to develop and implement a Finance Action Plan stakeholders can use to ensure resources at the state and local level meet current infrastructure and service delivery needs. The Finance Component from the ECTA Center's System Framework Self-Assessment was completed in September 2016. Early Steps received a rating of 2 (most elements not yet planned or in place) on Quality Indicator 1, related to conducting finance planning to identify adequate resources to meet program infrastructure and service delivery needs. The Self-Assessment was administered again in October 2017. Early Steps received an increased rating of 4 (at least half of elements in place; some fully implemented) on the second administration. ESSO administration, data manager, special projects coordinator, program consultants, contract managers, and the Department of Education's program specialist participated in the completion of the initial and follow-up self-assessments.

No data was collected on implementation of the revised IFSP. ESSO planned to conduct training and collect data on developing high-quality function IFSP outcomes using the ECTA Center's Developing High-Quality Functional Outcomes and IEP Goals Training Package but discontinued that plan because of experience at the Professional Development Demonstration Sites. The training was conducted at each of the three demonstration sites. Training on Embedded Practices and Intervention with Caregivers (EPIC) was conducted shortly after the Developing High-Quality Functional Outcomes training. Providers were confused by misaligned language related to "goals," "targets," and "outcomes." The decision was made by ESSO, in collaboration with subject matter experts and demonstration site staff, to discontinue use of the Developing High-Quality Functional Outcomes training and use outcomes material that is being modified as part of the Tools for Early Steps Teams (TEST) toolkit.

Participant workshop evaluation forms will be used to measure the degree in which services coordinators and providers find the Toolkit informative, useful, and practical for development of the IFSP. Success will be measured by 80% of TEST Toolkit participants reporting that the website is an informative, useful, and practical resources for development of the IFSP.

### Early Steps Professional Development Project

\*See Appendix E for a complete list of Interim Formative and Summative findings.

Cohort 1 of providers and families are still on-going; therefore, data on practice change, fidelity, family implementation, and impacts on child outcomes have not been collected and analyzed. Interim Summative Evaluation Outcomes for the following are detailed below:

- Caregiver Coaching Workshops/LIC Training
- LIC-Provider Coaching
- Provider Implementation of Caregiver Coaching
- Family Member Implementation
- Family Member Confidence and Competence

Caregiver Coaching Workshops Training, Interim Summative Evaluation Findings are as follows:

- 43 participants attended Cohort 1 provider workshops across sites, including providers, site directors, LICs, family educators, and other local LESs staff. 31 of the 43 participants were Cohort 1 providers.
- 86% of Cohort 1 provider workshop participants who completed both pre- and post-workshop 5Q quizzes increased or maintained their knowledge about implementing 5Q home visiting practices following presentation of workshop content.
- 80% of Cohort 1 provider workshop participants who completed both pre- and post-workshop SOOPR quizzes increased or maintained their knowledge about implementing SOOPR coaching practices following presentation of workshop content.
- 100% of Cohort 1 providers across all 3 demonstration sites reported that the provider workshop was effective for enhancing their competence and confidence in coaching caregivers to implement embedded intervention and social-emotional teaching practices
- 100% of LICs demonstrated knowledge and application related to coaching providers to implement SOOPR and 5Q home visiting practices following presentation of Lead Implementation Coach (LIC) workshop content.
- 100% of LICs reported that the LIC workshop was effective for enhancing their competence and confidence in coaching providers to implement home visiting practices.

LIC-Provider Coaching, Interim Summative Evaluation Outcomes are as follows:

- A total of 91 LIC Ongoing Coaching Session Fidelity Checklists have been collected from LICs across the 3 demonstration sites.
   Cohort 1 is still enrolled and data collection is ongoing. Therefore, these data have not yet been analyzed to determine percentage increase in LIC implementation of coaching practices with Cohort 1 providers.
- Scores on LIC Ongoing Coaching Fidelity Checklists and Provider Home Visiting Checklists have not yet been analyzed and summarized to determine what percentage of providers increased their implementation of home visiting practices and to explore relationships between LIC implementation of provider coaching practices and provider implementation of home visiting and socialemotional practices.

Provider Implementation of Caregiver Coaching, Using Home Visiting Practices Interim Summative Evaluation Outcomes are as follows:

- To date, 117 LIC Home Visiting Fidelity Checklists (fidelity of implementation checklist LICs complete after viewing and discussing with providers their implementation of home visiting practices) have been collected from providers across the 3 demonstration sites. Cohort 1 is still ongoing and these data have not yet been analyzed to identify the percentage of providers coached by LICs that increased their implementation of evidence-based home visiting practices.
- To date, 116 Provider Home Visiting Checklists (checklist providers complete about their fidelity of implementation of home visiting practices following a home visit with a family) have been collected from providers across the 3 demonstration sites. Cohort 1 is still ongoing and these data have not yet been analyzed to identify the percentage of providers coached by LICs that increased their implementation of evidence-based home visiting practices.
  - A summary of provider and family enrollment numbers is shown in the figure below. Most of the providers and families who began the model demonstration project in Cohort 1 remained in the cohort. A completion rate of 87% for providers and 70% for families is similar or superior to research projects conducted in other Part C settings. Reasons families did not remain in the project included moving out of the catchment area of the LESs, changes in family dynamics, changes in early intervention providers, and exiting from Early Steps. Assuming enrollment remains similar across the next two cohorts, the data also show that the model demonstration project will have an adequate sample size to achieve the project objectives related to refinement and evaluation of the professional development intervention.

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	Site	Initial Provider	Current	initiai	Current Family	
	Site	Enrollment	Provider Enrollment	Family Enrollment	Enrollment	
	North Central	10	9	20	13	
	North Dade	10	8	17	12	
	Northeastern	11	10	23	17	
	Total	31	27	60	42	

Family Member Implementation, Interim Summative Evaluation Outcomes are as follows:

- To date, 116 embedded intervention 5Q Visual Models across 39 families have been collected across the 3 demonstration sites. Cohort 1 is still ongoing; therefore, these data have not yet been analyzed to determine what percentage of family 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.
  - A summary of Cohort 1 implementation support data collected to date is shown in the figure below.

Site	Provider Implementation Data	LIC Implementation Data	Caregiver Implementation Data	Number of Home Visit Videos
	Number of home visit sessions that include Provider HV Checklist, Home Visit Video, and LIC Fidelity Checklist	Number of home visit sessions with Provider Data and LIC Ongoing Coaching Session Fidelity Checklist	Number of families with at least one Visual Model	Number of provider home visits with video
North Central	50	45	7	93
North Dade	20	18	14	31
Northeastern	29	19	18	124
Total	99	82	39	248

Family Member Confidence and Competence, Interim Summative Evaluation Outcomes are as follows:

• The Family Member Self-Efficacy Questionnaire was approved by ESSO and has been distributed to LICs for completion by families participating in Cohort 1. Cohort 1 is still ongoing; therefore, these data have not yet been collected or analyzed.

### D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

- 1. Concern or limitations related to the quality or quantity of the data used to report progress or results
- 2. Implications for assessing progress or results
- 3. Plans for improving data quality

There are data quality issues pertaining to the data used to assess child outcome performance including:

- COMS Business Rules Florida's business rules used to assign children to the OSEP progress categories are more conservative and rigorous than any other state using the only the BDI-2. Florida's rules also require children to make progress in their raw and standard scores to be considered "improved". This rule does not allow the program to capture more sensitive incremental progress made by children served through Early Steps.
- Limitations of Current Instrument The BDI-2 normative update (implemented in Florida in January 2017) reflects decreased progress on the social-emotional outcome (the focus of Florida's State Systemic Improvement Plan or SSIP) for children at 36 months of age compared to the same children's progress using the original instrument (BDI-2).
- Training/Fidelity Issues There are inconsistencies statewide in assessor training and fidelity, due to issues related to access to certified trainers, levels of trainer experience and expertise, and lack of refresher training.
- Data Integrity, Completeness, and Access Due to training and fidelity issues, the BDI-2 entry and exit scores are less reliable, thereby making the child outcomes scores less reliable. In addition, parents of children who are not eligible for Part B prekindergarten services sometimes decline the exit assessment or LESs are not able to contact families, many children who should be included in child outcomes reporting are not included, due to incomplete BDI-2 exit data. The process to manually manipulate outcome data in the BDI Data Manager into a usable format for performance and quality reviews requires skill and is time- consuming for LESs.

### E. Progress Toward Achieving Intended Improvements

- 1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
- 2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
- 3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
- Measurable improvements in the SIMR in relation to targets

### **ESSO** Restructure

The QAAM and PPD Units have been established. Six of the seven new positions including two supervisor positions, three program consultant positions, and a contract manager position have been filled. The program consultant position responsible for the SSIP is currently unfilled. The Supervisor for the PPD Unit, which is responsible for implementation of the SSIP strategies, is currently fulfilling those duties.

### **State Plan Development**

Stakeholder workgroup members for each of the State Plan focus areas have been identified and invited to participate. ESSO is in the process of planning logistics for a two-day kickoff meeting with stakeholders. The purpose of the meeting is for each workgroup to address State Plan Actions Steps for each focus area.

### **Continuous Improvement Process**

Child Outcomes Indicator results were factored into the 2018 LESs Determinations released in January 2018. The following ongoing CIP activities are being implemented to promote this work:

- LESs are being required to submit Performance Improvement Plans (PIPs) that include looking a root cause analysis, strategies, and actions steps for improvement
- · PIP updates address the following:
  - LESs with the Determination of Meets Requirements submitted an Initial PIP in January and will provide updates bi-annually
  - LESs with the Determinations of Needs Assistance and Needs Intervention submitted an Initial PIPs in January and will
    provide a quarterly update
  - LESs with the Determination Needs Substantial Intervention submitted an Initial PIP in January and will provide a monthly update
- The ESSO program consultants are conducting, at the minimum, monthly technical assistance with all LES's.

On-going communication with the LESs promotes collaborative opportunities for the state-office and local programs to engage in further analysis of child outcome data to identify trends and implement strategies to improve performance.

### **Child Outcomes Measurement System**

ESSO has conducted an analysis of the COMS and has engaged stakeholders from the Department, Children's Medical Services, and ESSO to develop a State Plan, which will include recommended changes to the COMS. Improving results by increasing the percentage of infants and toddlers demonstrating improved developmental outcomes upon exiting the program is one of the focus areas of the State Plan. Additionally, there are plans to use the COS process to measure child outcomes on social emotional targets at the professional development demonstration sites.

### **Data System Development**

Market research was conducted on existing Part C data systems in other states using the DaSy Data System Component of the ECTA Systems Framework. To help structure the market research, the IDEA Data Center and the Center for IDEA Early Childhood Data Systems (DaSy) provided orientation to ISF and the new ESSO Data Manager in January 2017. Additionally, ESSO staff participated in the development of data system specifications in preparation for procurement of a vendor to develop the system.

### **ITCA Fiscal Intiative**

ESSO developed a Finance Action Plan that includes actions steps and expected outcomes for the state office including:

- Procurement of a data system to ensure programmatic and fiscal accountability
- · Development of an allocation methodology for distributing funds in a fair and equitable manner
- Updating policies and procedures to address administrative and fiscal matters
- Researching and sharing best practices related to interagency collaboration, accessing funding, and leveraging resources
- Maintaining state-level interagency communication, cooperation, and coordination with key entities such as Medicaid, Department of Education, and other partners
- Making requests as needed to ensure sufficient funds and resources are in place to support implementation of a professional development framework based on the work at the demonstration sites

The costs associated with implementation of evidence-based practices at the demonstration sites are being closely tracked. State level, departmental, and program leadership are aware, and provided regular updates related to, the need to have sufficient resources to support statewide scale-up and sustainability of evidence-based coaching practices.

### **Revised IFSP**

The Word version of the IFSP with embedded family-centered functional outcomes was implemented statewide in January 2018. The first of two rounds of TEST Toolkit workshops at each site will be scheduled after completion of the validation meetings (anticipated May-June 2018). Adaptations to the TEST Toolkit website are pending feedback from validation meetings scheduled at each of the three demonstration sites March-April 2018. Feedback from demonstration site lead implementation coaches (LICs) and site directors on the revised TEST Toolkit are pending the revisions made following the validation meetings scheduled in March-April 2018.

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Early Steps Professional Development Project

Interim summative evaluation finding suggests:

- · Providers have increased their knowledge about caregiver coaching practices
- LICs increase their knowledge of provider coaching practices

### F. Plans for Next Year

- 1. Additional activities to be implemented next year, with timeline
- 2. Planned evaluation activities including data collection, measures, and expected outcomes
- 3. Anticipated barriers and steps to address those barriers
- 4. The State describes any needs for additional support and/or technical assistance

Early Steps has made great strides in SSIP Phase III, Year 2 with implementation of infrastructure improvements and evidence-based practices to support professional development. Phase III, Year 3 priorities are focused on solidifying infrastructure improvements and continued implementation of evidence-based practices at the demonstration sites.

SSIP Phase III, Year 3 Priorities include:

- Continuing to formalize the roles and responsibilities of the new QAAM and PPD Units, with a focus on the continuous improvement and development of a professional development system
- Develop the State Plan to support improvement in child outcomes and SiMR
- Increasing ESSO staff capacity to use implementation science to support improvement at the state and local level
- Adapting the COMS to address data quality issues and to make an immediate positive impact on child outcomes, including Indicator 3.A.1
- Procuring a vendor to design and develop a new data system to enhance Early Steps' ability to make data-informed decisions
- Revising the Finance Action Plan to include state-wide scale-up of evidence-based coaching practices
- · Providing training and technical assistance to LESs on use of the revised IFSP
- · Training and implementation of evidence-based coaching practices with the final cohorts at the demonstration sites
- · Collecting and analyzing evaluation data on SSIP strategies to measure success and make program adjustments

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# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Renee Jenkins

Title: IDEA Part C Coordinator

Email: renee.jenkins@flhealth.gov

Phone: 850-245-4456

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