



# Early Steps Program Annual Report

December 1, 2018

**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General and  
Secretary of Health

**Mission:**

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Vision:**

To be the *Healthiest* State in the Nation.

Submitted to:

The Honorable Rick Scott, Governor, State of Florida

The Honorable Bill Galvano, President, Florida State Senate

The Honorable Jose R. Oliva, Speaker, Florida State House of Representatives

Florida Interagency Coordinating Council for Infants and Toddlers

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## Executive Summary

The Florida Department of Health (Department), Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening presents this annual report assessing the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives and the Florida Interagency Coordinating Council for Infants and Toddlers, as required by section 391.308(5), Florida Statutes.

The Individuals with Disabilities Education Act (IDEA), 34 C.F.R § 303 (2011), is a federal law that provides children, including those with disabilities, with a free, appropriate public education. Part C of the IDEA provides for early intervention services for children under three years of age with a developmental disability, developmental delay or at risk for developmental delay. The Early Steps Program implements and administers Part C of the IDEA in Florida.

The Early Steps Program provides developmental monitoring and evaluation, early intervention services, therapies, and training and support services in a variety of home and community settings. These services and supports enhance family and caregiver confidence and competence to meet their child's individual developmental needs and identified outcomes. Some of the highlights of the program's performance this year include:

- Increase in the number of infants and toddlers in the Early Steps Program
- Increase in the percentage of families that reported the program helped communicate their child's needs
- Increased response rate to the family survey

## Background

Early intervention services positively impact Infants and toddlers with disabilities or developmental delays. Families with children receiving early intervention services also report being able to meet their children's needs and help them reach their full potential. Moreover, early intervention services benefit society by lowering the costs of special education and social service programs.

### Legislative History

Congress initially passed the Education for All Handicapped Children Act in 1975 requiring the U.S. Department of Education (U.S. DOE) to ensure that all school-aged children receive a free appropriate public education. The law was amended in October 1986 as the Individuals with

Disabilities Education Act (IDEA), establishing an early intervention program in recognition of "an urgent and substantial need" to:

- Enhance the development of infants and toddlers with disabilities
- Reduce educational costs by minimizing the need for special education through early intervention
- Minimize the likelihood of institutionalization and maximize independent living
- Enhance the capacity of families to meet their children's needs

Florida initiated Part C of the IDEA in September 1993. In 2016, Florida law was amended to provide a comprehensive framework for the operation and administration of Florida's Infants and Toddlers early intervention program. Some of the changes included specifying eligibility criteria, requiring an annual report and a state plan and designating that the program be called Early Steps.

In January 2018, Florida expanded Early Steps eligibility criteria and began serving children with specified physical or medical conditions known to create a risk of developmental delay. This expansion followed an extensive public participation process, approval from the Office of Special Education in the U.S. Department of Education and amendment of Chapter 391, Florida Statutes.

In April 2017, the Department of Health released a Request for Proposals to serve as Local Early Steps Programs, in accordance with section 391.308(2)(k), Florida Statutes, which directed the Department to:

- (k) Competitively procure local program offices to provide services throughout the state in accordance with chapter 287. The department shall specify the requirements and qualifications for local program offices in the procurement document.

A legal challenge was filed after the awards were announced. The delay in the contracting process and the eventual transfer of services from one of the existing contractors to a new contracted provider resulted in a decrease in some of the Early Steps Program's performance measures.

## Program Overview

Early Steps serves infants and toddlers, from birth to thirty-six months, with disabilities or developmental delays, an established condition likely to result in developmental delay, or a physical or medical condition known to create a risk of developmental delay.

Examples of conditions that children have who are served by the Early Steps Program include autism spectrum disorder, cerebral palsy, deafness and hard of hearing, Down syndrome and visual impairment.

The Early Steps Program:

- Identifies infants and toddlers potentially eligible under Part C of the IDEA
- Determines eligibility
- Completes an assessment of each eligible child's skills and abilities
- Creates an Individualized Family Support Plan (IFSP) based on the developmental needs of the infant or toddler and the family's concerns, priorities, resources and desired outcomes
- Coordinates the provision of early intervention services and supports with the family which involves the family and caregivers' interaction with the child
- Provides a service coordinator to assist families in accessing a variety of services and supports, such as early intervention sessions, vision/hearing services, assistive technology, family supports or training and other developmental interventions

Early Steps uses a team-based approach with each family that provides cohesive and consistent support. The team uses coaching strategies to help family members and caregivers develop the skills needed to support child development and ensure full support to address the child's functional needs.

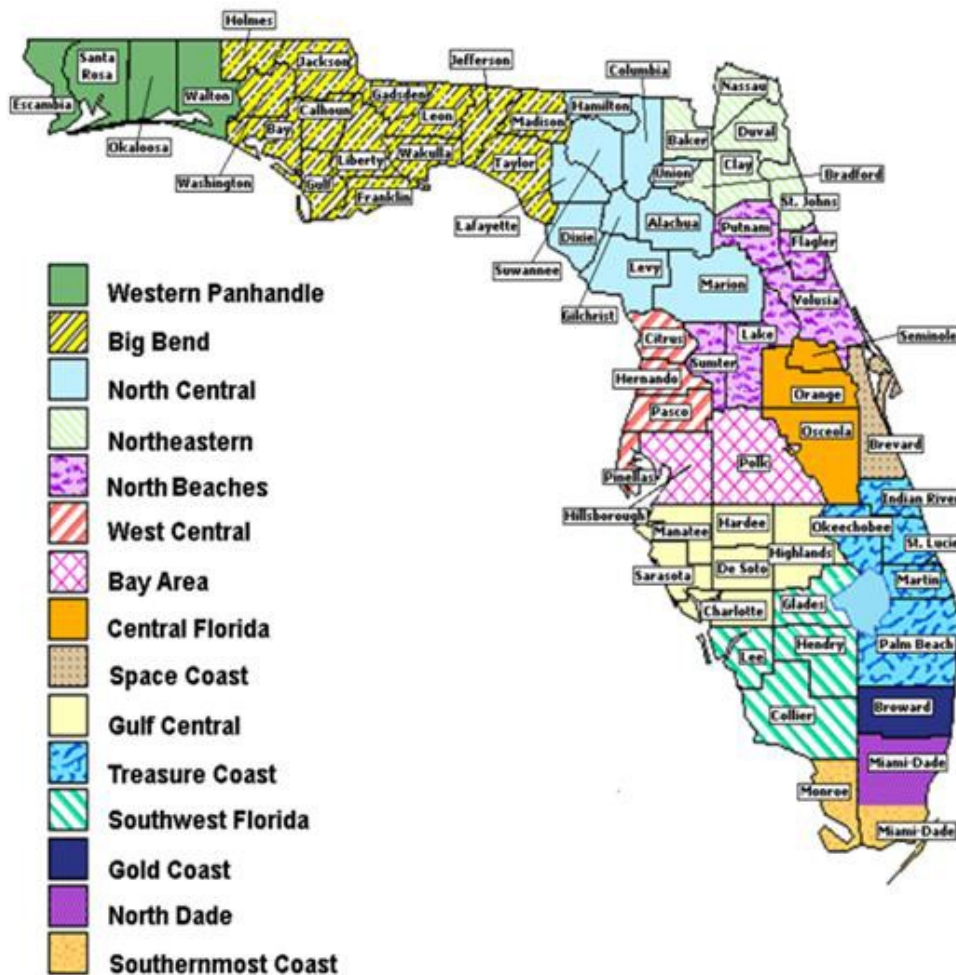
## Program Structure

The Department is the lead agency responsible for program oversight, which includes, but is not limited to, administrative functions; federal reporting; federal grant management; fiscal accountability; and the monitoring of contract compliance. The Department maintains a statewide interagency coordinating council, which is known as the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of the FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. Collaboration with stakeholders across the state is a key component for the program's success.

The Early Steps State Office within the Department of Health administers Early Steps through contracts with 15 local programs in different geographic areas of the state. The service areas are shown in Figure 1.

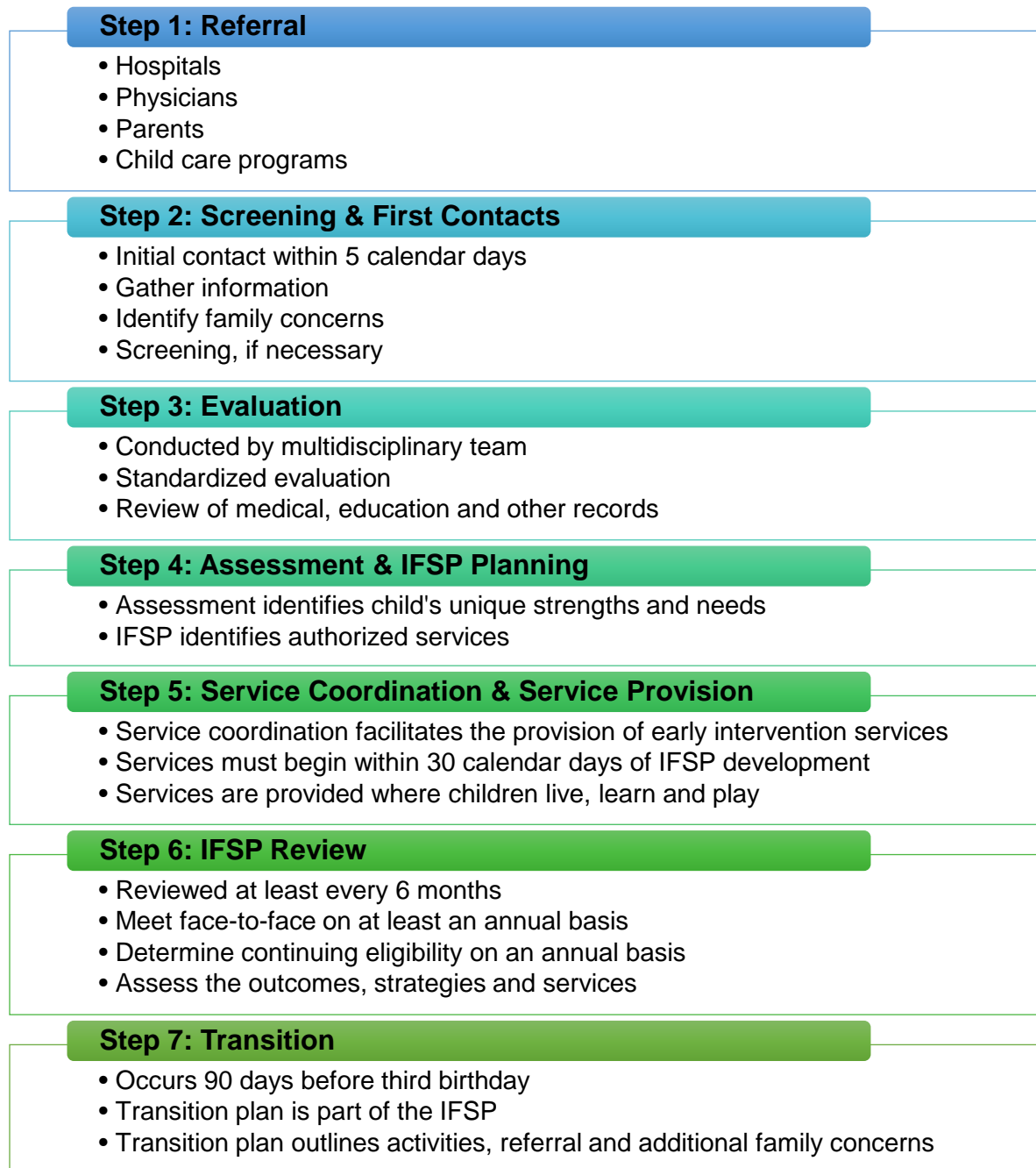
Figure 1. Early Steps Service Areas

## Florida's Early Steps Service Areas



Local Early Steps are the contracted entities responsible for service provision; Figure 2 is an overview of the functions of the Local Early Steps.

Figure 2. Local Early Steps Functions<sup>1</sup>



Children made eligible based solely on having an at-risk condition receive individualized family support planning, service coordination, developmental surveillance and family support.

<sup>1</sup> Table adapted from a version outlined in Office of Program Policy Analysis & Government Accountability (OPPAGA) Research Memorandum, Florida's Early Steps Program, November 3, 2015, page 6, Exhibit 3.



However, at-risk children who are later determined eligible based on developmental delay are eligible to receive all services outlined in Figure 2, including further evaluation and assessment, IFSP review, and transition planning.

## Funding

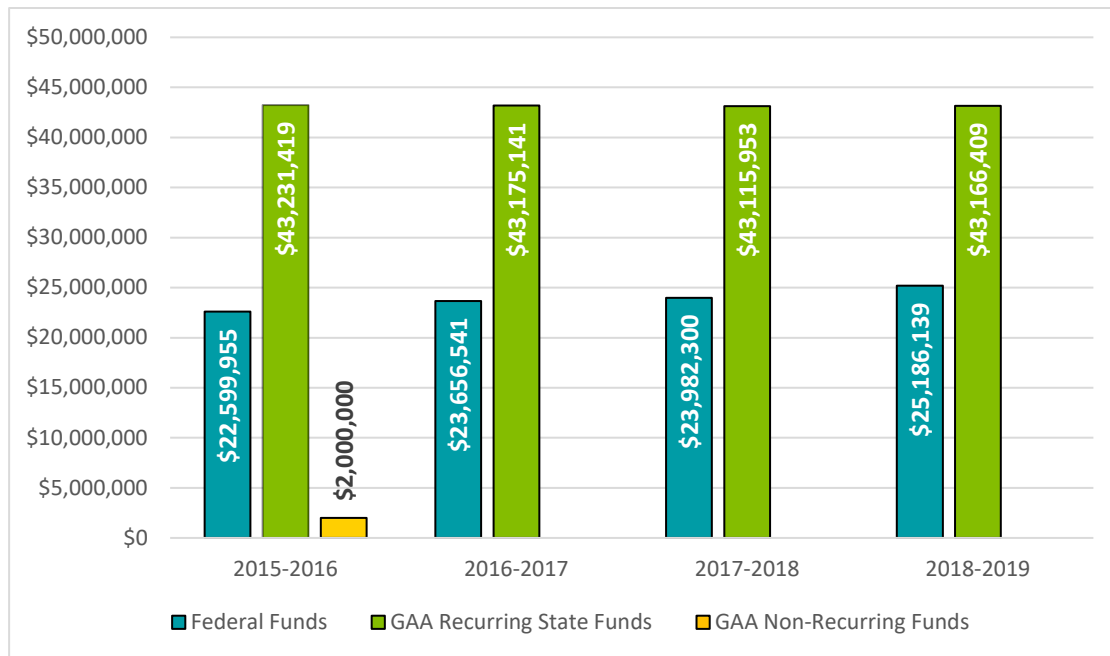
The Early Steps Program is funded through a combination of federal grant and state general revenue funds. The U.S. DOE provides grant funding to states and allocates the funds based on each state's number of children from birth to thirty-six months as a proportion of the nationwide child population. Early Steps Program funds support:

- Direct early intervention services for eligible children and their families
- Infrastructure for contracted Local Early Steps programs
- Major activities by the Early Steps Program to implement and maintain a statewide system of early intervention services, a system to ensure qualified personnel operation and maintenance of a data system, and public awareness materials
- Support for the Florida Interagency Coordinating Council for Infants and Toddlers
- State office (lead agency) administrative positions

Federal regulations require Part C, IDEA funds be used as the payor of last resort. Sixty three percent of the Early Steps statewide budget is supported by state funds.

Federal and state funding has increased from fiscal year (FY) 2015-2016 through FY 2018-2019 by a total of four percent primarily due to an increase in the federal allocation. Figure 3 shows the current year's funding and the annual funding trend for the three preceding fiscal years.

**Figure 3. Early Steps Annual Funding**



The Early Steps Program remains in compliance with IDEA’s Part C maintenance of effort requirement, meaning Florida’s annual state budget for early intervention services must be at least equal to the amount of state funds expended for early intervention services for the preceding fiscal year. The Early Steps Program is responsible for the state match for Medicaid Early Intervention Services, which is part of the Early Steps Program’s annual budget included in the General Appropriations Act (GAA). Fiscal year 2019-2020, will be the first full year in which Medicaid Managed Medical Assistance Plans will be responsible for coordinating and paying for Early Intervention Services (EIS) and Targeted Case Management (TCM), in addition to other Medicaid-reimbursable services. EIS and TCM are the key services within the Early Steps Program in Florida.

### Program Performance

The Department is required to address the performance standards in section 391.308(1), Florida Statutes, and report actual performance compared to the standards for the prior fiscal year annually. Section 391.308(1), Florida Statutes, provides as follows:

- (1) PERFORMANCE STANDARDS. —The department shall ensure that the Early Steps Program complies with the following performance standards:
  - (a) The program must provide services from referral through transition in a family-

centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups and input from stakeholders.

(b) The program must provide individualized family support plans that are understandable and usable by families, health care providers and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.

(c) The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the individualized family support plan, as measured by family feedback and by independent assessments of services used by each child.

(d) The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication and adaptive behaviors.

Pursuant to section 391.308(5), Florida Statutes, the following measures are to be included in this report:

- (a) Number and percentage of infants and toddlers served with an individualized family support plan;
- (b) Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program;
- (c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program;
- (d) Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services;
- (e) Progress toward meeting the goals of individualized family support plans; and
- (f) Any additional measures established by the department.

This report addresses performance standards and performance measures beginning FY 2015-2016 through FY 2017-2018. Performance standards and related performance measures are discussed together. The information included in the report serves as the foundation for the annual state plan required in section 391.308(2)(c), Florida Statutes, which will assess the

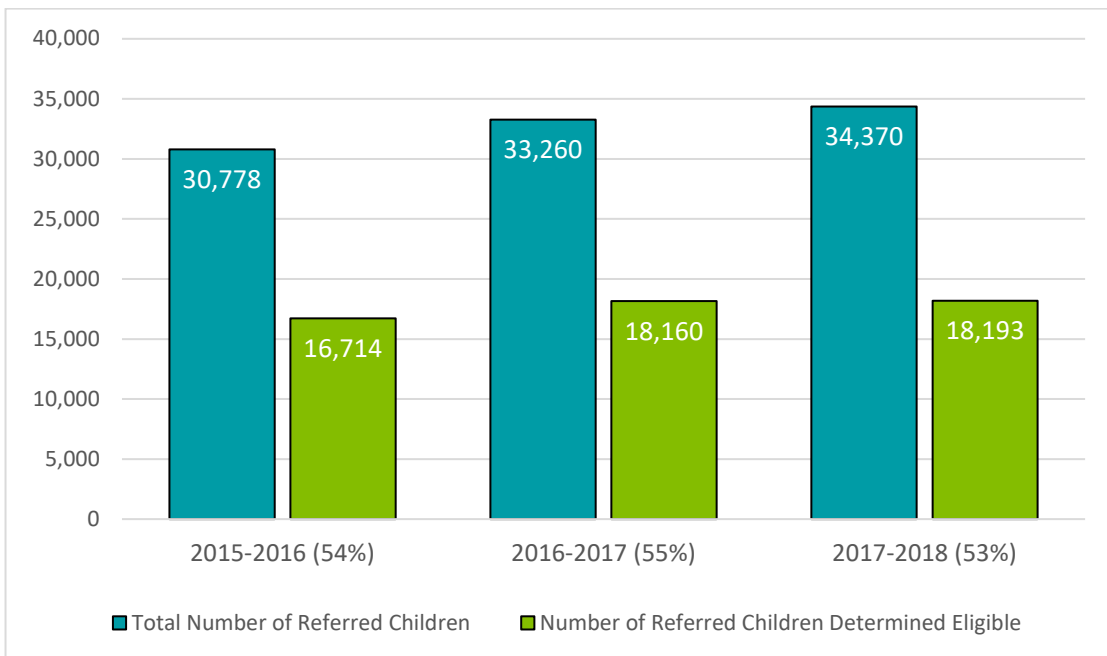
need for early intervention services, evaluate the extent of the statewide need that is met by the program, identify barriers to fully meeting the need and recommend specific action steps to improve program performance.

### Children Served

Children are referred to Early Steps from a variety of sources, including parents, physicians, child care programs, community agencies and hospital neonatal intensive care units. The Early Steps Program promotes early intervention services to all referral sources to ensure each potentially eligible child is referred as soon as possible.

There were 34,370 children referred to the Early Steps Program in FY 2017-2018. Of those children, 18,193 were determined eligible, which is an 8.8 percent increase in the number of children determined eligible compared to FY 2015-2016. The Early Steps Program will provide increased education and public awareness materials to Local Early Steps and referral sources in FY 2018-2019 to address the discrepancy in ratio between referred children to those determined eligible.

**Figure 4. Number of referred children, referred children determined eligible, and the percentage determined eligible**



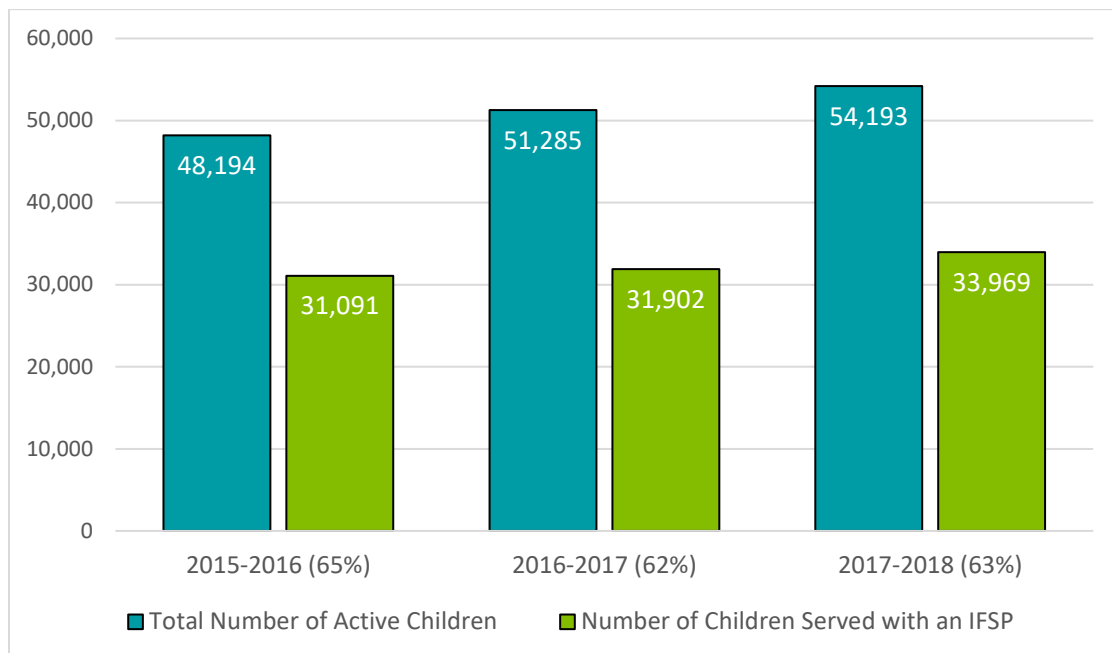
*Measure: Number and Percentage of Infants and Toddlers Served with an Individualized Family Support Plan*

During FY 2017-2018, there were 54,193 active children in the Early Steps Program, as shown in Figure 5, with active children being defined as follows:

- Children continuing to be served from the last fiscal year
- Children who exited but were active at some point within FY 2017-2018
- Children referred who were determined eligible
- Children referred who were determined not eligible
- Children referred who have yet to complete the eligibility determination process

Of the active children, there were 33,969 children who received services with an IFSP in FY 2017-18. Figure 5 differs from Figure 4 in that Figure 5 includes children referred from previous years.

**Figure 5: Number of active children and number and percentage of children served with an IFSP**



Local Early Steps continue to partner with physicians, hospitals and birthing facilities to increase the visibility of the program. The addition of the at-risk category resulted in additional efforts by Local Early Steps to reach out to primary referral sources and provide education on updated criteria for referral to Early Steps. Public awareness materials were updated to reflect at-risk eligibility and distributed to these referral sources. These education efforts have also led to

increased awareness in the community of the Early Steps Program as a whole. Another factor leading to the increase in awareness and referrals is the effort of partners such as Help Me Grow Florida, a state system that links families to community-based support to address developmental concerns.

As of January 2018, the Early Steps Program began serving children who are *at risk of developmental delay* based on a physical or medical condition. Children identified as at-risk must have at least one of the conditions on a specified At-Risk Conditions list and written confirmation of the condition from a licensed physician.

### **Services from Referral Through Transition**

*Standard: The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups and input from stakeholders.*

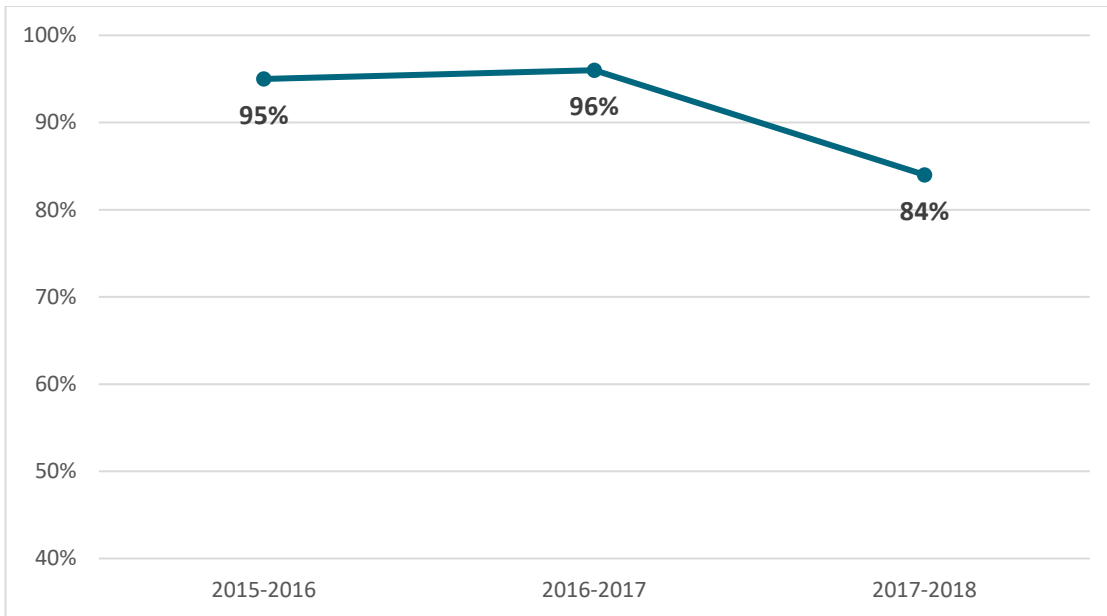
The measures below are federal reporting indicators that are monitored and reported to the U.S. DOE annually. These measures are intended to ensure infants and toddlers referred are evaluated and provided with an IFSP within the federal timelines; services begin timely after the family consents via the IFSP and transition activities are established to best support the child and family after exiting the program.

### **Evaluation and Individualized Family Support Plans Timelines**

In accordance with federal regulations, evaluations and IFSPs are required to be provided within 45 days of the date the child's referral is received by the Early Steps Program. Figure 6 depicts the percentage of infants and toddlers who received an evaluation and IFSP within the 45-day timeline.

During FY 2017-2018, 84 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. This represents a 12 percent decrease in performance from the previous year. The target for the 45-day timeline is 100 percent and established by the U.S. DOE.

**Figure 6. Percentage of infants and toddlers who received an evaluation and IFSP within 45 days of referral**

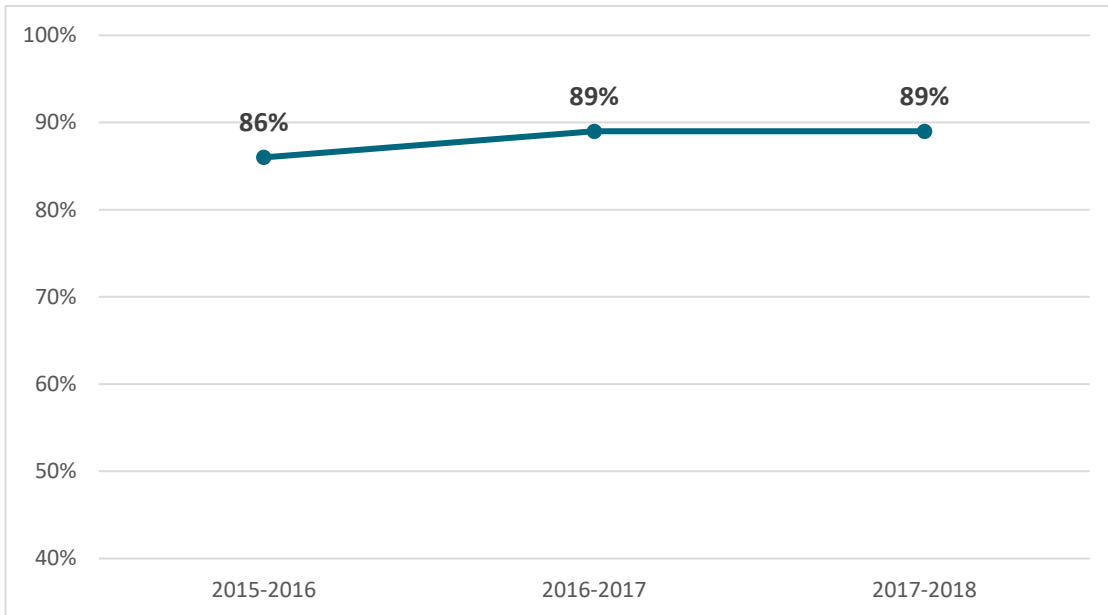


This indicator revealed two contributing factors for the decrease in performance. One was the transition period following the procurement and award of new Local Early Steps contracts throughout the state during the time period when records were pulled. The other is a system issue in that some Local Early Steps have processes that appear to consistently cause late eligibility determination and IFSP development. The current statewide accountability process is under review and being revised to enable appropriate and continuous improvement for key indicators. In addition, new contracts contain financial penalties for noncompliance with these indicators.

### Timely Services

Early Steps services are required to be provided within 30 days after family consent to the service(s) authorized on the IFSP. Figure 7 illustrates the percentage of children who received services within 30 days of consent.

**Figure 7. Percentage of infants and toddlers who received services within 30 days of consent**



The target for the 30-day timeline is 100 percent and is established by the U.S. DOE. The Early Steps Program maintained the same performance this year from FY 2016-2017. For the FY 2018-2019 year, the local program contracts contain a financial penalty for noncompliance with this indicator. The Early Steps Program will also provide targeted technical assistance to those local programs with a finding of noncompliance in this indicator.

### Transition

The Early Steps Program must ensure a smooth transition for infants and toddlers from early intervention services under Part C of the IDEA, to preschool or other appropriate services for toddlers with disabilities by 36 months of age. Not fewer than 90 days or more than nine months before the third birthday of a toddler served in Early Steps, the program is required to hold a conference to discuss services and develop a transition plan. The transition plan must include activities and timelines for successful transition from the Early Steps Program.



**Figure 8. Percentage of toddlers exiting Early Steps with steps and services for transition planning not fewer than 90 days and not more than nine months prior to the third birthday**

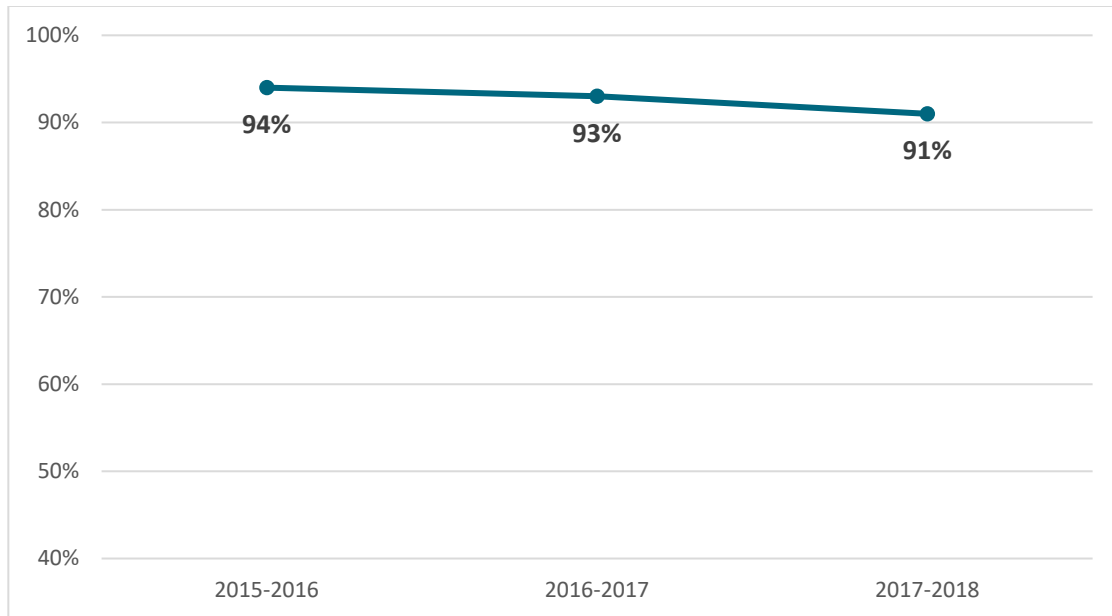


Figure 8 shows that for children preparing to transition from Early Steps in FY 2017-2018, 91 percent received a timely transition conference with activities and timelines for the appropriate program(s) upon exit from the program. This is a two percent decrease from the previous year. The target for the 90-day timeline is 100 percent and is established by the U.S. DOE. This slight drop is partially attributed to the transition period following procurement and awarding new Local Early Steps contracts throughout the state. In the coming year, the Early Steps Program will provide targeted technical assistance to local programs with a finding of noncompliance in this indicator.

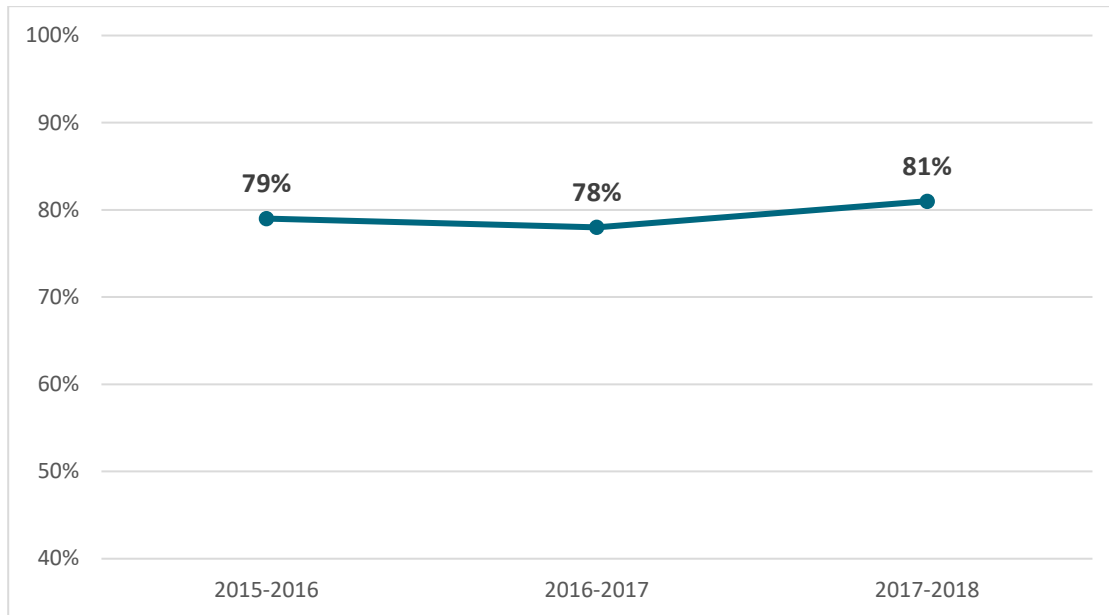
## Family and Child Outcomes

### Family Outcomes

The Early Steps Program solicits feedback from families to assess family outcomes resulting from their child's participation in the program. These outcomes are identified by the U.S. DOE and reported annually. These data are derived from results from a nationally-developed family survey for states' early intervention programs. There was an increase of 381 family survey responses from last year which was a 1 percent increase in the response rate.

Figure 9 shows the percentage of families that report the program helps to effectively communicate the child's needs.

**Figure 9. Percentage of families that report the program helped the family effectively communicate child's needs**



During FY 2017-2018, 81 percent of families reported that early intervention services helped the family effectively communicate the child's needs. This is a three percent increase from the prior year. This improvement is attributed to the detailed analysis of local performance in FY 2016-2017 which resulted in the identification and implementation of targeted improvement strategies to improve family outcomes.

The target established for FY 2017-2018 was 74 percent and the state surpassed this target by 7 percent. A new target will be set in 2019 for the 2020-2021 survey with stakeholder input.

### Individualized Family Support Plans

*Standard: The program must provide Individualized Family Support Plans that are understandable and usable by families, health care providers and payers and that identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation.*

The families and caregivers of eligible infants and toddlers are provided with an IFSP. The IFSP is a written plan that includes family concerns, the child's developmental status, strategies toward achieving outcomes and authorized services and supports. IFSPs are developed by the IFSP team which includes:

- The parents
- Other family members
- Advocates
- Persons outside the family, as requested by the parents
- The service coordinator responsible for implementing the IFSP
- Persons directly involved in conducting the evaluation and/or assessment
- Persons who are or will be providing early intervention services to the child or family

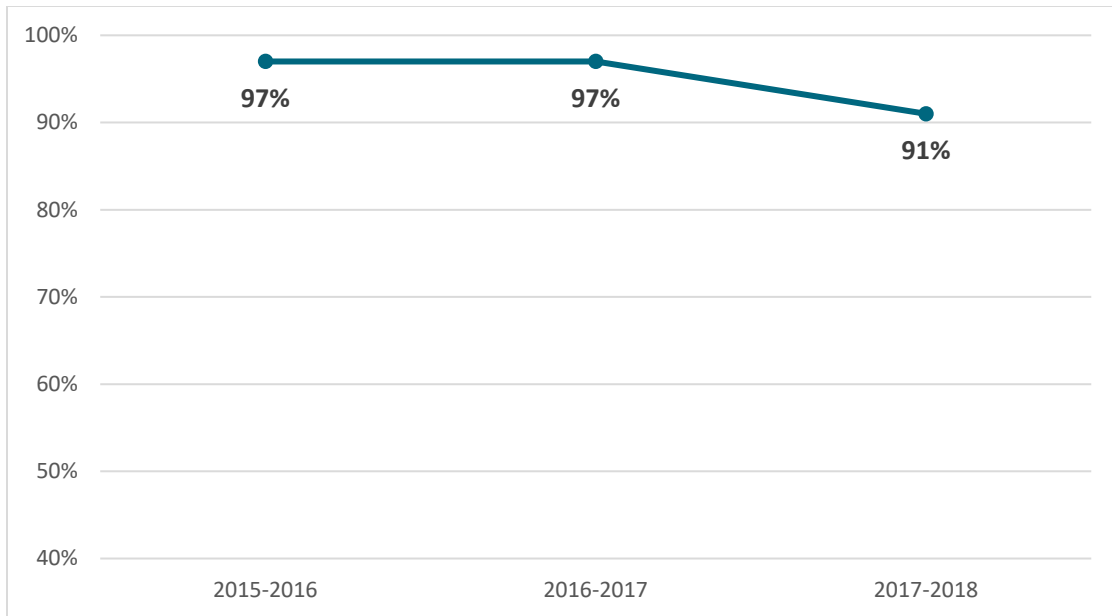
IFSPs are reviewed at least every six months; however, a review may occur more frequently if the family requests a review or if conditions warrant. The purpose of periodic review is to determine the progress toward achieving the identified outcomes for the child and whether modifications are necessary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

Based on stakeholder feedback, a new IFSP was developed and implemented statewide in January 2018. Families were surveyed seeking their feedback on whether the new IFSP is understandable and usable to their family, and 88 percent of families reported the IFSP was "always" understandable and usable. This is a 14 percent increase from 2017, indicating that the revisions to the IFSP were appropriate and meaningful. Further, more than one-third of families surveyed have been in the program at least one year and were able offer feedback based on a comparison with the previous IFSP; supporting the value of the changes made to the IFSP.

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

A random sample of child records were reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 91 percent of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 2017-2018 (Figure 10).

**Figure 10. Percentage of infants and toddlers that made progress toward meeting the goals of the IFSP**



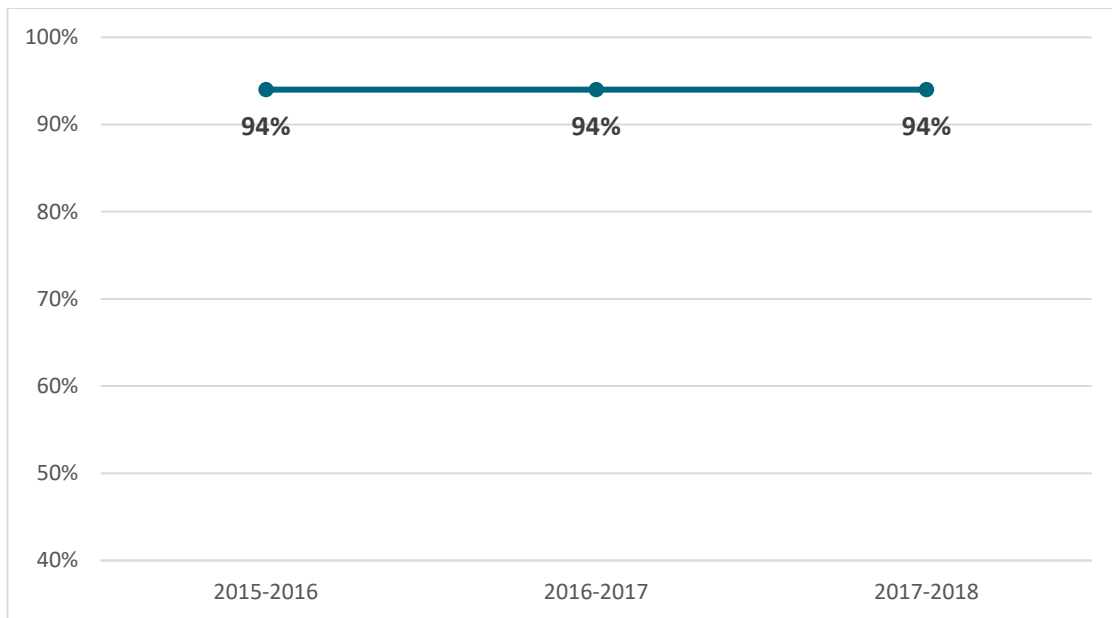
### Families Reporting on Child Outcomes

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

The IFSP teams work with families to identify available resources needed to meet children's individualized outcomes. Figure 10 shows the percentage of families who indicated that the Early Steps Program helped with the use of resources to achieve the desired outcomes on the IFSP.

During FY 2017-2018, 94 percent of families again reported that Early Steps helped with the use of available resources in a way that maximized access to services necessary to achieve the goals on the IFSP (Figure 11). Although the percentage remains the same from the previous two years, the number of families it represents is much larger due to the increase in families responding to the survey.

**Figure 11. Percentage of families who reported that Early Steps helped families use available resources in a way that maximizes the child’s access to services necessary to achieve the goals of the IFSP**



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

Family survey results have indicated that engagement and empowerment are a strength of the Early Steps Program. However, families have still identified opportunities for improvement that include consistent implementation of the service delivery system and responsiveness from service coordinators. The Early Steps Program will review its training materials and monitoring tools to ensure uniform implementation of the service delivery system, including timely responsiveness to families. The ratio of service coordinators to families will continue to be monitored, and there is now a financial consequence component related to service coordinators in the contracts as additional incentive to maintain the required ratio.

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

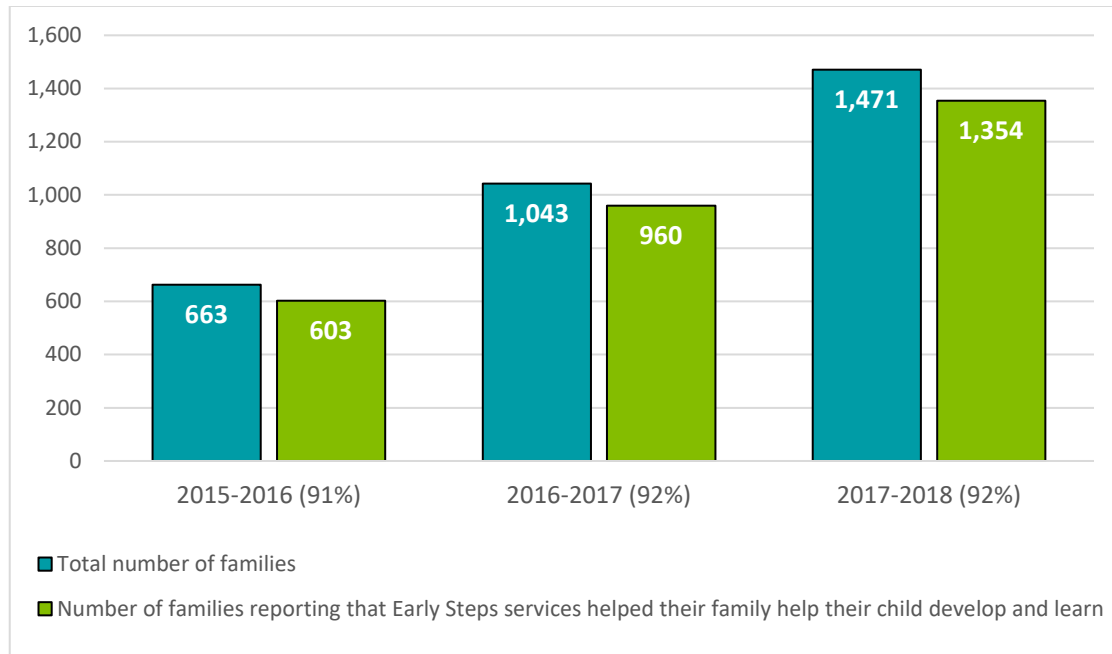
The purpose of the Early Steps Program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the

child's needs. Each Local Early Steps has a minimum of one full-time Family Resource Specialist (FRS). The FRS is a parent or primary caregiver of a child who received early intervention services or of a child who has a qualifying condition for early intervention services. The primary role is to provide parent-to-parent support to families served by the program. FRSs work with Local Early Steps to promote the importance of family education in service provision. FRSs are required to develop and submit an annual System of Family Involvement Plan in collaboration with families served by the Early Steps Program. The plans address strategies to increase family outcomes to build the capacity of families to help their children grow. Outcomes of the plans are provided to the Department as a contract requirement.

Families with children exiting Early Steps are surveyed annually to determine the extent to which Early Steps services have helped the child and family. During FY 2017-2018, 60 percent of families with children who exited during the survey period provided a survey response. Survey data are used to report family outcome measures determined by the U.S. DOE and identify priorities for program improvement. Figure 12 shows that in FY 2017-2018, 92 percent of families reported that Early Steps services positively impacted their ability to help their child develop and learn.

This is a results indicator and the target is established by the state. The target established for FY 2017-2018 was 89 percent and the state surpassed this target by 3 percent. The current set of targets end in FY 2018-2019 and with stakeholder involvement, the Early Steps Program will begin assessing new targets for the future.

**Figure 12. Number and percentage of families that report that early intervention services have helped their family help their child develop and learn**



### Child Outcomes

*Standard: The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and developmental delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication and adaptive behaviors.*

Early Steps conducts an assessment on every child served using a tool called the Battelle Developmental Inventory, 2nd Edition (BDI-2). This tool assesses developmental domains that include social, communication, motor, cognitive/thinking and self-help skills. Children are assessed when entering the program and again when exiting the program to measure the child's progress. The data obtained on the child's progress are used to report on child outcomes determined by the U.S. DOE and identify priorities for program improvement.

Florida is one of seven states that solely uses the BDI-2 tool to assess child outcomes. Stakeholders have previously identified a concern with the BDI-2 instrument's ability to accurately capture the social-emotional domain of infants and toddlers under the age of three.

The BDI-2 normative update (implemented in Florida in January 2017) reflects decreased progress on the social-emotional outcome for children at 36 months of age compared to the

same children's progress using the original BDI-2 instrument. The Early Steps Program has conducted an analysis of its Child Outcomes Measurement System and formed a stakeholder workgroup to review and recommend changes to the outcomes measurement system, including tools.

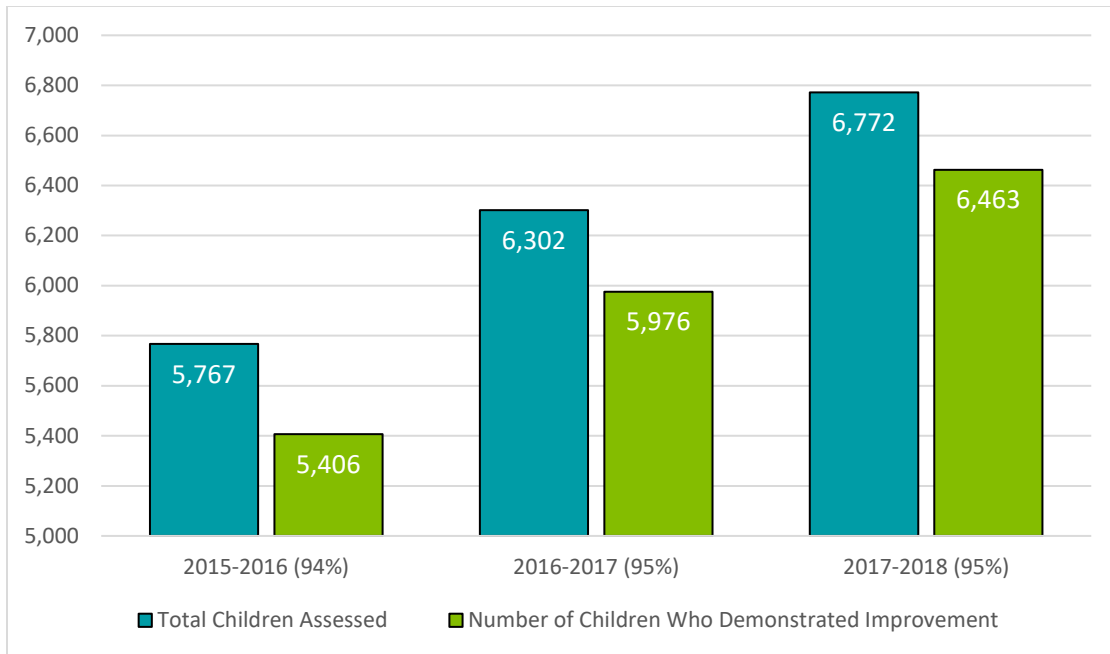
*Measure: Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program*

The assessment for the social-emotional domain determines the percent of infants and toddlers with IFSPs demonstrating the increased rate of growth in positive social-emotional skills. Social-emotional skills refer to the social relationships a child forms with others and how the child interacts with or relates to other children and adults. Figure 13 illustrates the number and percentage of infants and toddlers demonstrating improved social-emotional skills upon exiting the Early Steps Program.

During FY 2017-2018, 95 percent of infants and toddlers demonstrated improvement, and this indicator continues to be one of the priorities for the state. This maintains the performance of the prior year and is attributed to the quality of the Early Steps providers and the professional development and training provided. Please note that the federal indicator for social-emotional outcomes measures "substantial" improvement. This state measure differs from a similar federal measure, as it is a statutory requirement in Florida law.



**Figure 13. Number and percentage of infants and toddlers demonstrating improved social or emotional skills upon exiting Early Steps<sup>2</sup>**



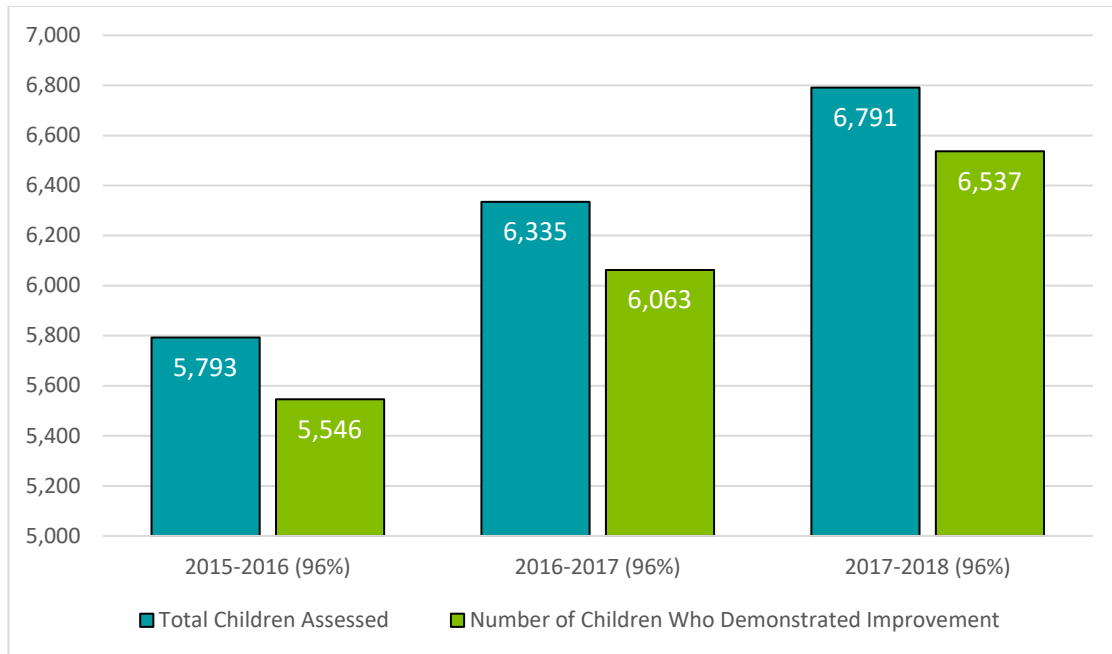
*Measure: Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program*

The BDI-2 includes an assessment of cognitive skills, including communication. The assessment for cognitive skills determines the percentage of infants and toddlers with IFSPs demonstrating improvement. These skills include the acquisition and use of knowledge such as thinking, reasoning, problem-solving, expressive and receptive language. Figure 13 illustrates the number and percentage of infants and toddlers demonstrating improved acquisition and knowledge of skills upon exiting Early Steps.

As shown in Figure 14, 96 percent of infants and toddlers demonstrated improvement in the acquisition and knowledge of skills domain during FY 2017-2018. This indicator continues to be one of the priorities for the state. Please note that this state measure differs from a similar federal measure, as it is a statutory requirement in Florida law.

<sup>2</sup> Although the mechanism to obtain the data are the same, the measures required for federal reporting on child outcomes vary from the state measures for this report; therefore, the results are not the same.

**Figure 14. Number and percentage of infants and toddlers demonstrating improved acquisition and knowledge of skills upon exiting Early Steps <sup>3</sup>**



## Conclusion

The services provided under the Early Steps Program enhance the physical, cognitive, communication, social-emotional and adaptive development of infants and toddlers. Well-implemented, high-quality early intervention programs help children in both the short and long term through reduced placement in Exceptional Student Education programs, increased high school graduation rates, and improved long-term health.

The Early Steps Program is serving more children across Florida as demonstrated by the increased number of children referred and subsequently receiving services between FY 2016-2017 and FY 2017-2018. There were 34,370 children who were referred in FY 2017-2018 and 18,193 of those children were eligible for services. That number includes a newly expanded population to be served by Early Steps, children with conditions known to create a risk of developmental delay. Service satisfaction is high as measured by the families who reported positive outcomes due to early intervention services (92 percent) and the families who reported the program helped obtain needed services (94 percent).

<sup>3</sup> Although the mechanism to obtain the data are the same, the measures required for federal reporting on child outcomes vary from the state measures for this report; therefore, the results are not the same.

The Early Steps Program will continue to involve stakeholders at the state and local level to improve both the performance in areas scoring below the target level and outcomes for infants and toddlers and their families. Through a comprehensive state planning process, the program will:

- Assess statewide need
- Evaluate the extent of the need met by the program
- Identify barriers to meeting the need
- Develop action steps to improve performance

The Department and the Local Early Steps are currently engaged in the following strategies to address and improve overall program efficiency and services:

- Updating policies to align with system changes and infrastructure improvements
- Updating monitoring tools and schedules to allow for review of federal reporting indicators on a more frequent basis
- Procurement of a vendor to design and develop a new Early Steps data system
- Implementing Phase III, Year 3 of the Early Steps State Systemic Improvement Plan by sustaining infrastructure improvements at the participating demonstration sites and planning professional development training and initial installation of infrastructure at additional Local Early Steps
- Engaging in continued collaboration with the Agency for Health Care Administration to enable Local Early Steps to successfully contract with Medicaid Managed Care Plans, which are newly responsible for coordinating and paying for EIS and TCM
- Forming and convening stakeholder workgroups to ensure stakeholder involvement with program improvement and recommend action steps for inclusion in the annual State Plan