



# Early Steps Program Annual Report

December 1, 2019

**Ron DeSantis**  
Governor

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Department of Health

## Mission

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

## Vision

To be the *Healthiest* State in the Nation.

## Values

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals and solve problems.

**A**ccountability: We perform with integrity and respect.

**R**esponsiveness: We achieve our mission by serving our customers and engaging our partners.

**E**xcellence: We promote quality outcomes through learning and continuous performance improvement.

### Submitted to:

The Honorable Ron DeSantis, 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

## Table of Contents

Executive Summary .....	4
Background.....	4
• Legislative History .....	4
• Primary Activities .....	5
• Program Eligibility .....	6
Program Structure.....	6
• Funding.....	8
• Federal Fiscal Requirements .....	9
• Local Provider Funding .....	9
• Statewide Medicaid Managed Care .....	10
Program Performance.....	11
Children Served .....	12
Services from Referral Through Transition.....	14
• Compliance Measures .....	14
• Individualized Family Support Plan Timelines .....	15
• Timely Services .....	16
• Transition.....	17
Family and Child Outcomes .....	18
• Outcome Measures.....	18
• Family Outcomes .....	18
• Individualized Family Support Plans.....	19
• Families Reporting on Child Outcomes .....	21
• Child Outcomes .....	24
Conclusion .....	27
References .....	28

## Executive Summary

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

Highlights of the program's performance in the report include:

- Increase in the number of infants and toddlers in the Early Steps Program.
- Increase in the percentage of infants and toddlers who received an evaluation and Individualized Family Support Plan (IFSP) within 45 days of being referred.
- Increase in the percentage of infants and toddlers served who made progress toward meeting their outcomes on the IFSP.
- Increase in the percentage of toddlers exiting the Early Steps Program with transition planning not fewer than 90 days and not more than nine months prior to the third birthday.
- Phased transition from direct payment by Medicaid to payment by Managed Care Plans for screenings, developmental evaluations, targeted case management and early intervention sessions.

## 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 developmental needs. Moreover, early intervention services benefit society by lowering the costs of special education and social service programs (Tout, Halle, Daily, Albertson-Junkans, & Moodie, 2013).

## Legislative History

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

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

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

Part C of the IDEA provides for early intervention services<sup>1</sup> for children under three years of age with a developmental disability, developmental delay or at-risk for developmental delay. Florida initiated Part C, IDEA in September 1993. In 2016, Florida law was amended to provide a comprehensive framework for the operation and administration of Florida's infants and toddlers early intervention program. Some of the statutory requirements include specifying eligibility criteria, requiring an annual report and state plan, procuring local program offices and officially naming the program Early Steps.

### Primary Activities

Below are the primary activities of the Early Steps Program:

- Identify infants and toddlers potentially eligible under Part C, IDEA.
- Determine eligibility.
- Complete an assessment and re-assessment of each eligible child's skills and abilities.
- Create an IFSP based on the developmental needs of the infant or toddler and the family's concerns, priorities, resources and desired outcomes.
- Coordinate the provision of early intervention services and supports with the family within the family's daily routines and activities.
- Utilize team-based approaches through use of coaching strategies to help family members and caregivers develop the skills needed to support the child's development.
- Provide a service coordinator to coordinate services.
- Provide transition planning services.

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<sup>1</sup> Services include, but are not limited to, developmental monitoring and evaluation; assistive technology; audiology; early intervention sessions; hearing and vision services; occupation, physical, and speech therapies; and service coordination.

## Program Eligibility

Children are eligible for the Early Steps Program if meeting one of the following eligibility criteria:

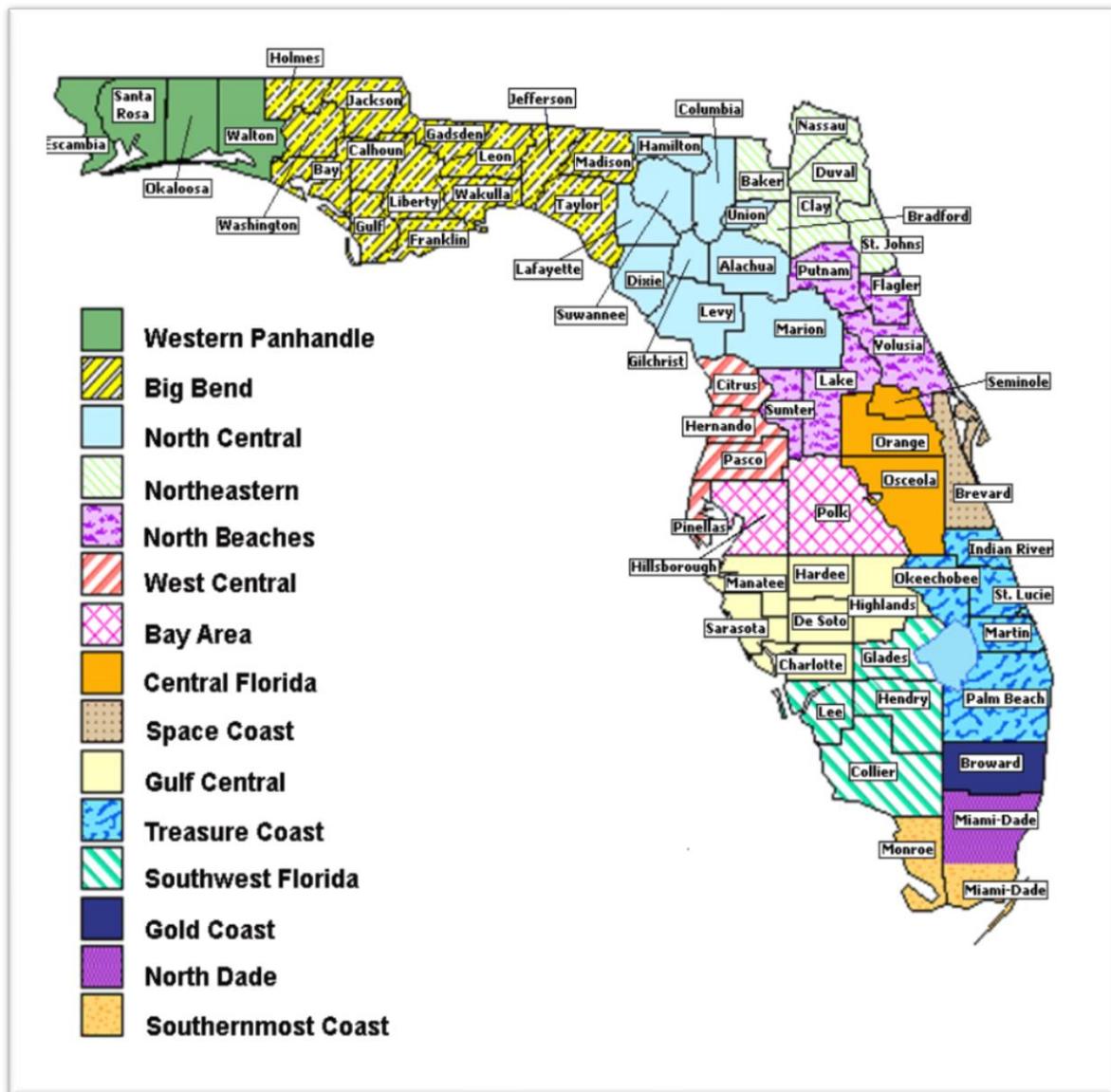
- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (e.g. autism spectrum disorder, cerebral palsy, deafness and hard of hearing, Down syndrome and visual impairment).
- A specified physical or medical condition known to create a risk of developmental delay (e.g., low birth weight, Neonatal Abstinence Syndrome).
- A developmental delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:
  - 1.5 standard deviations below the mean in two or more developmental domains.  
or
  - 2.0 standard deviations below the mean in one or more developmental domains.

## 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 oversees the Early Steps Program via contracts with programs in 15 geographic regions of the state. These local programs are referred to as Local Early Steps (LES) providers and displayed in **Figure 1**.

Figure 1. Early Steps Service Areas



The LES providers are the contracted entities responsible for service provision. Services include developmental monitoring, screening, evaluation, service coordination, early intervention sessions, therapy, assistive technology, audiology and vision services, transition activities to support the child and family after they exit the program, and other individualized services necessary to meet the child and family’s needs. Services are provided in a variety of home and community settings. The intent of early intervention services is to reduce or eliminate developmental delays in eligible infants and toddlers in the early years and enhance future education and life success.

## Funding

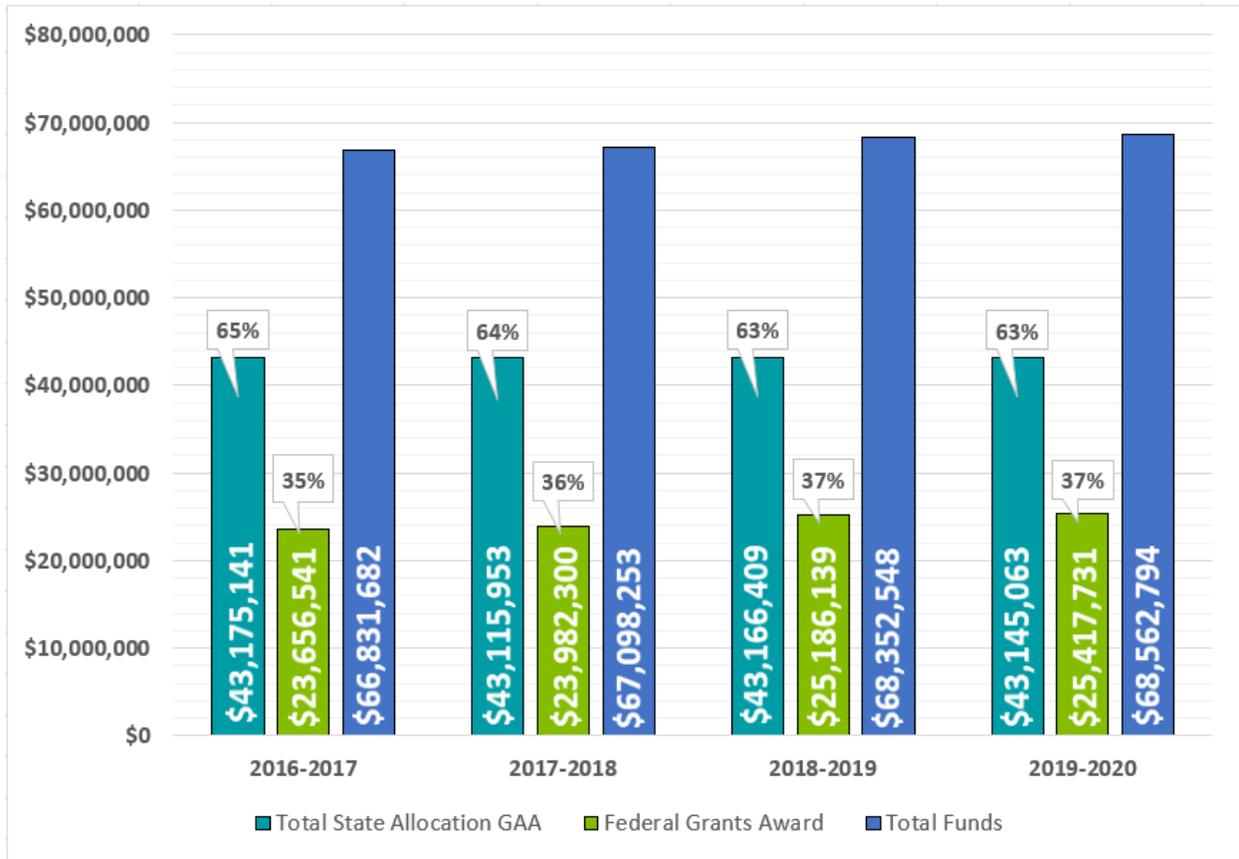
The Early Steps Program is funded through a combination of federal grant and state general revenue funds. The U.S. ED provides grant funding to states and allocates the funds based on each state's number of children from birth to thirty-six months, using a federal funding methodology, as a proportion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

- Direct early intervention services for eligible children and their families.
- Infrastructure for contracted LESs providers.
- Major activities by the Early Steps Program to implement and maintain a statewide system of early intervention services (e.g., a system to ensure qualified personnel, operation and maintenance of a data system and public awareness activities).
- Support for the FICCIT.
- State office (lead agency) administrative positions.

Federal and state funds allocated to the Early Steps program can only be used to pay for services that are not covered by another public or private funding source. This requirement is referred to in federal law as payor of last resort.

Federal and state funding has increased from FY 2016-17 through FY 2019-20 by a total of seven percent primarily due to an increase in the federal allocation. **Figure 3** displays the current year's funding and the annual funding trend for the three preceding fiscal years.

Figure 3. Early Steps Annual Funding



### Federal Fiscal Requirements

The Early Steps Program remains in compliance with Part C, IDEA’s 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. In addition to funds appropriated to the Early Steps program, this principle also applies to state Medicaid Match dollars.

### Local Provider Funding

The Early Steps Program is working with a contracted vendor to better align the methodology with the principles of fairness, efficiency, flexibility and equitability. The new methodology will rely upon two local program core functions to allocate funds:

- Referral component to include management of the referral, evaluation and IFSP development process.

- Service component to include delivery of services and supports to eligible children.

The Department is working with the vendor and LES providers to develop an implementation plan for the new methodology.

### Statewide Medicaid Managed Care

In FY 2014-15, some services provided by the Early Steps Program transitioned from fee-for-service (i.e., claims for services were billed to, and paid by, the Agency for Health Care Administration [AHCA] to Medicaid Managed Care). In FY 2019-20, additional services provided by Early Steps were transitioned into Medicaid Managed Care, specifically, Early Intervention Services (i.e., developmental screening, evaluation and early intervention sessions) and Targeted Case Management, which are services provided by the child's Service Coordinator.

The priorities for the transition include ensuring:

- Services to children are not disrupted.
- Providers are paid.
- All programs and providers remain in compliance with Florida law; Part C, IDEA regulations; Medicaid rules; regulations and policies.

The Department engaged in the following activities to support a successful transition:

- Received technical assistance from federally-funded centers that included linkages to other Part C, IDEA states that transitioned into Medicaid Managed Care.
- Provided technical assistance to LES providers to address barriers for successful claims submissions and payment. This includes linking the Early Steps Data System to an existing claims processing clearinghouse, as well as personnel resources and staffing to LES providers.
- Assessed the needs of LES providers and provided targeted assistance based on their individual needs and status of claims submission and payment.

All transition activities were completed in collaboration with AHCA and local providers and included an expedited complaint process and extended continuity of care periods, as necessary.

## 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 (IFSP), as measured by family feedback and by independent assessments of services used by each child.

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

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

(a) Number and percentage of infants and toddlers served with an IFSP.

(b) Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program,

(c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program.

(d) Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services.

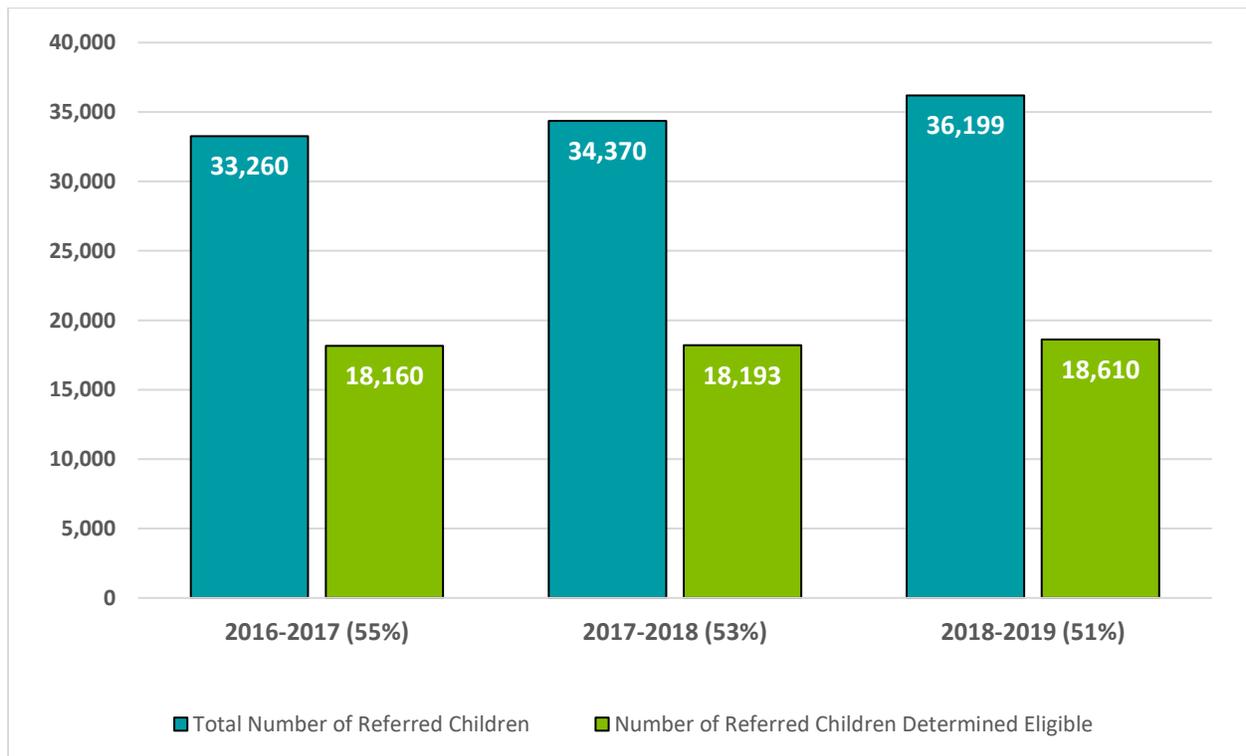
- (e) Progress toward meeting the goals of IFSP.
- (f) Any additional measures established by the Department.

This report addresses performance standards and performance measures beginning FY 2016-17 through FY 2018-19. Performance standards and related measures are discussed simultaneously. The information included in the report serves as the foundation for the Early Steps State Plan required in section 391.308(2)(c), Florida Statutes. The Early Steps State Office worked with stakeholder groups to assess the need for early intervention services, evaluate the extent of the need that is met by the program, identify barriers to fully meeting the need and recommend specific action steps in the state plan to improve program performance.

### Children Served

The Early Steps Program promotes early intervention services to all referral sources to ensure each potentially eligible child is referred as soon as possible. As **Figure 4** depicts, there were 36,199 children referred to the Early Steps Program during FY 2018-19. Of those children, 18,610 were determined eligible, which is a numerical increase; however, this constitutes a two percent decrease in the percentage of children determined eligible compared to FY 2017-18.

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

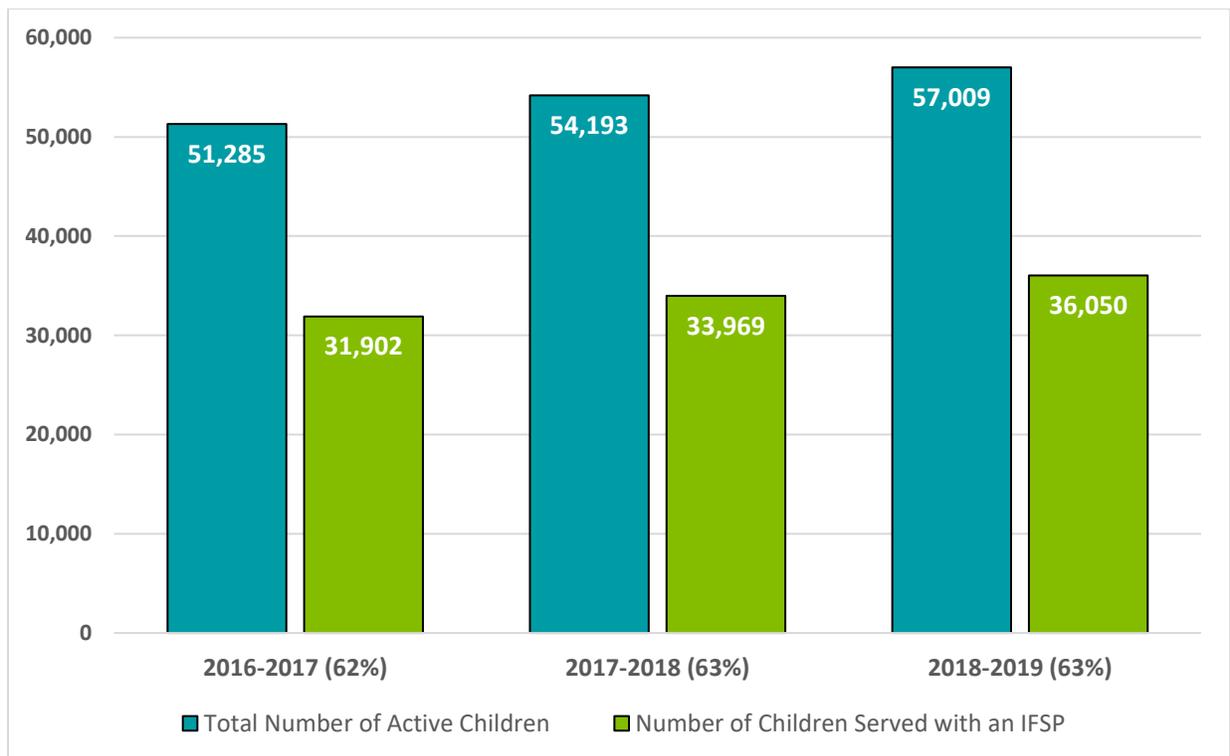


One of the goals identified in the Early Steps State Plan is to monitor and track the population referred to and served by the Early Steps Program, including infants and toddlers at-risk of developmental delay. The action steps for this goal in FY 2018-19 included education to state and local entities on the Early Steps Program’s eligibility criteria to ensure appropriate referrals for potentially eligible infants and toddlers. Data collection is used to monitor eligibility patterns and trends for referral of infants and toddlers, especially those at-risk of developmental delay. The Early Steps Program will also provide increased education and public awareness materials to LES providers and referral sources in FY 2019-20 to address the discrepancy in ratio between referred children to those determined eligible.

As illustrated in **Figure 5**, there were 57,009 active children in the Early Steps Program during FY 2018-19. Active children are defined as:

- Children continuing to be served from the last fiscal year.
- Children who exited but were active at some point within FY 2018-19.
- Children referred who were determined eligible.
- Children referred who were determined not eligible.
- Children referred who have yet to complete the eligibility determination process.

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



There is an increase of 11 percent of active children from FY 2016-17 to FY 2018-19 and a 13 percent increase of children served with an IFSP from FY 2016-17 to FY 2018-19. As of January 2018, the Early Steps Program began serving children who are at-risk of developmental delay based upon a physical or medical condition. A total of 735 children with at-risk conditions were served during the first fiscal year of reporting. Additionally, new contracts were executed with LES providers in FY 2018-19 that include an annual deliverable for a Child Find Plan, including public awareness activities to primary referral sources and a status report detailing the progress and outcomes of the Plan. Public awareness activities include partnerships with physicians, hospitals and birthing facilities to increase the visibility of the program.

## Services from Referral Through Transition

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*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.*

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### Compliance Measures

IDEA requires each state to develop an annual state performance plan/annual performance report that evaluates the state's efforts to implement the requirements and purposes of Part C, IDEA and describes how the state will improve its implementation. Some of the indicators are compliance measures which require 100 percent compliance by the U.S. ED. These measures indicate the state's performance related to timelines established in Part C, IDEA. Specifically, the measures are intended to ensure:

- Infants and toddlers referred are evaluated and provided with an IFSP within the federal timelines.
- Services begin timely after the family consents via the IFSP.
- Transition activities are established to best support the child and family after exiting the program.

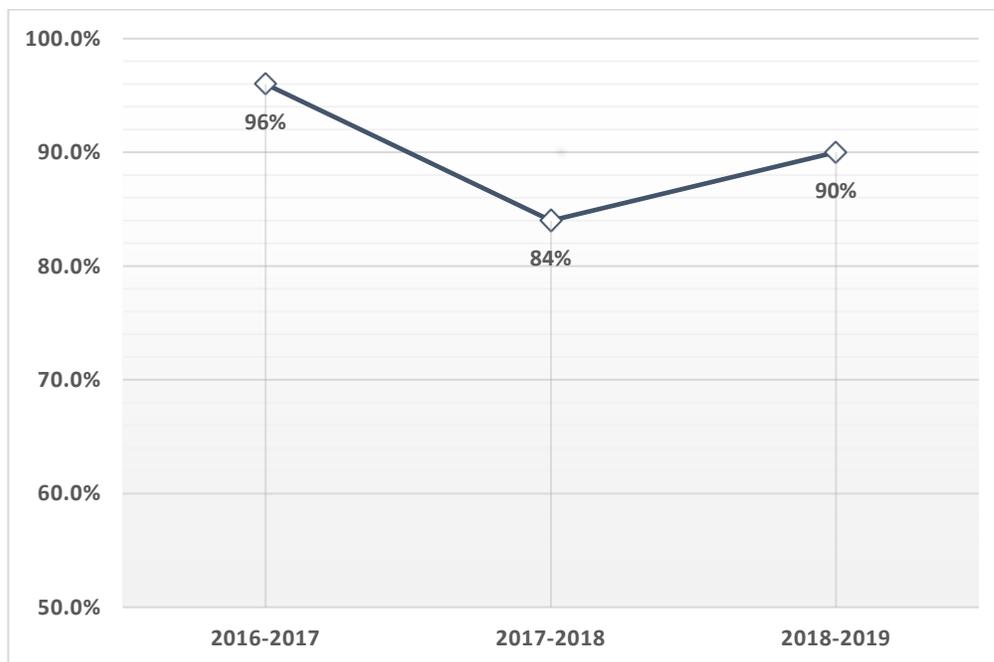
The Early Steps State Plan identified a goal to ensure compliance with state and federal requirements and indicators through development of an accountability system that strengthens local and state resources and capacity. The action steps for this goal in FY 2018-19 were to:

- Monitor LES provider contracts with enhanced provisions related to compliance.
- Implement an on-site monitoring component that includes the Continuous Quality Improvement (CQI) process as an approach to improve the efficiency and effectiveness of the Early Steps Program.
- Determine the LES providers that have exemplary practices and those that require technical assistance related to meeting the 45-day, 30-day, and 90-day timelines and provide focused assistance to achieve and maintain 100 percent compliance.

### Individualized Family Support Plan 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 LES provider. The IFSP is developed by a team for children who are eligible for the program that includes the evaluators, service coordinator, and family, at a minimum. The team gathers information such as the family’s concerns for their child’s development, daily routines and activities, linkages to community resources, the child’s level of functioning, individualized outcomes and the services necessary to meet the outcomes. **Figure 6** provides the percentage of infants and toddlers who received an evaluation and IFSP within the 45-day timeline.

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

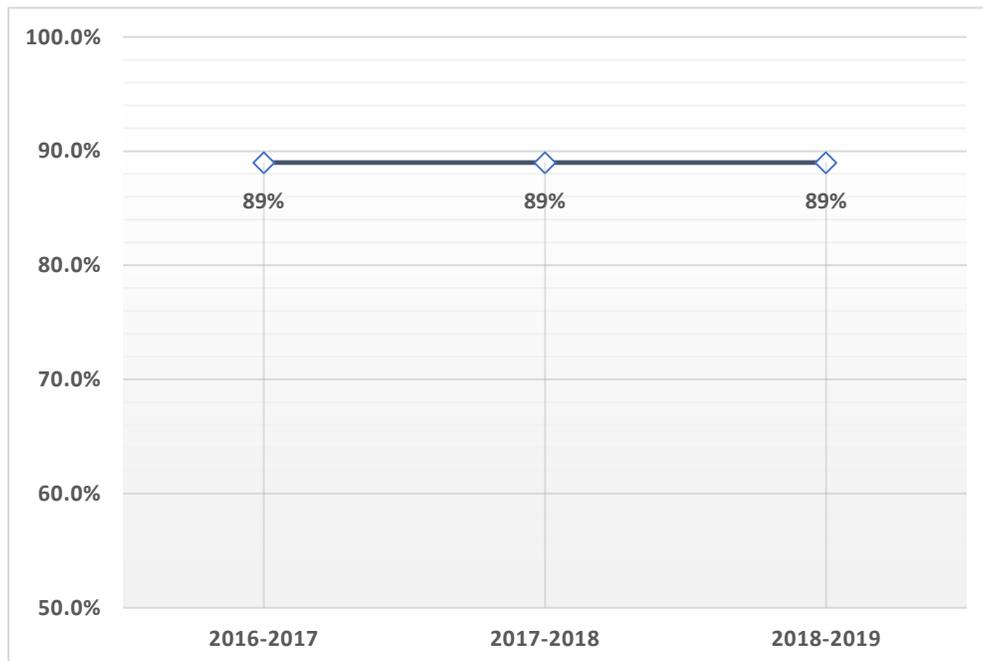


During FY 2018-19, 90 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. While the target for the 45-day timeline is 100 percent as established by the U.S. ED, the six percent increase in performance from the previous year is attributed to the CQI process, specifically, the approach to improve the efficiency, quality and performance.

### Timely Services

Early Steps services are required to be provided within 30 days after the family’s 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**



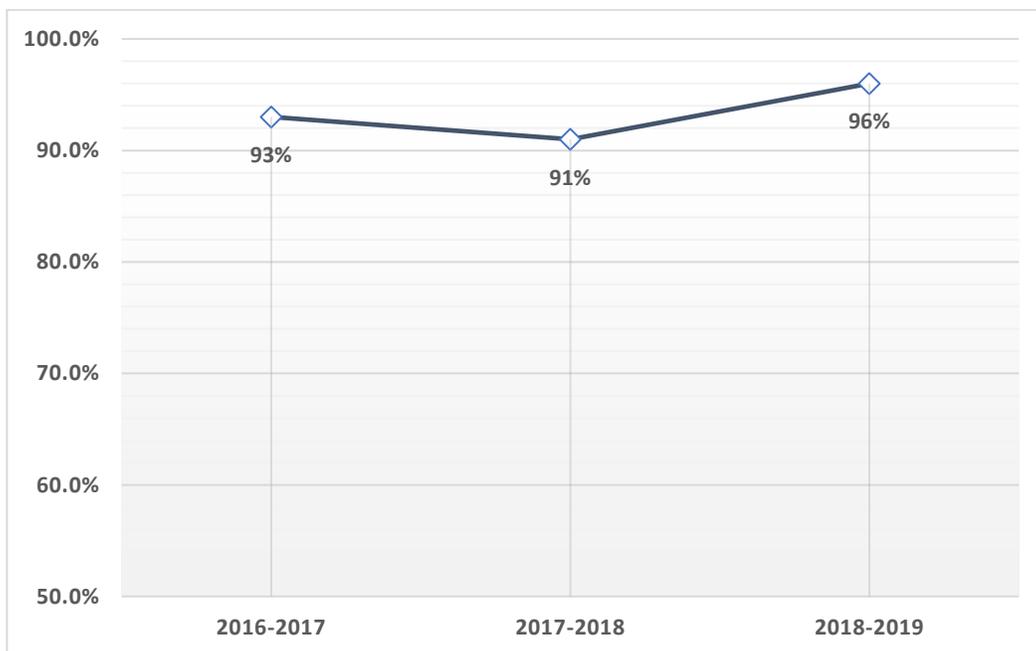
The target for the 30-day timeline is 100 percent and is established by the U.S. ED. During FY 2018-19, 89 percent of infants and toddlers received services within 30 days of consent. This figure represents maintenance of the same performance as last year. The LES provider contracts, executed in FY 2018-19, contain a financial penalty for noncompliance with this indicator and 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, IDEA, to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

The LES provider is required to hold a conference to discuss services and develop a transition plan not fewer than 90 days or more than nine months before the third birthday of a toddler served in Early Steps. The transition plan must include activities and timelines for successful transition from Early Steps. **Figure 8** shows, for children preparing to transition from Early Steps in FY 2018-19, 96 percent received a timely transition conference with activities and timelines for the appropriate program(s) upon exit from the program. This is a five percent increase from the previous year. The increase is attributed to the provision of targeted technical assistance to local programs with a finding of noncompliance in this indicator in FY 2017-18. The target for the 90-day timeline is 100 percent and is established by the U.S. ED.

**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**



## Family and Child Outcomes

### Outcome Measures

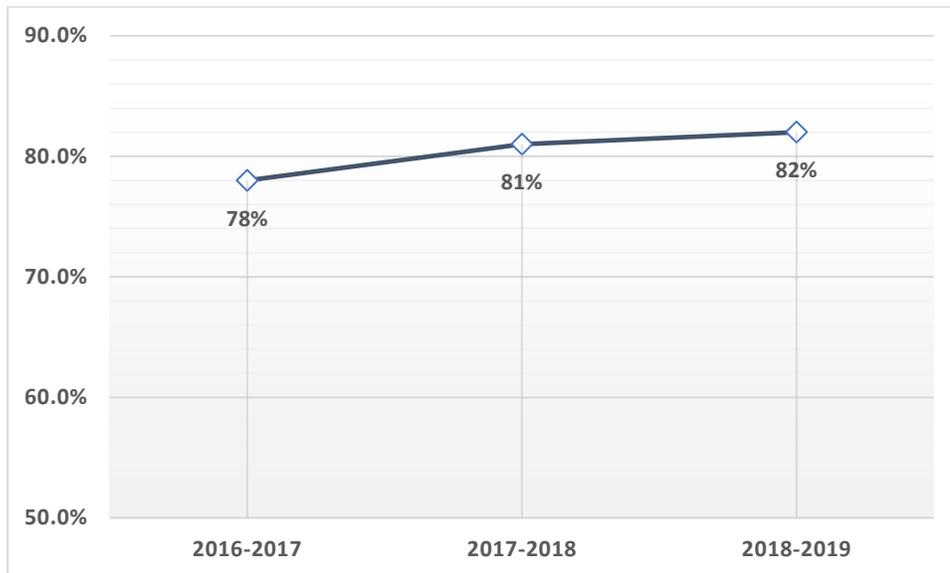
The annual state performance plan/annual performance report, required by the U.S. ED, includes child outcome measures that report the improvement of children's development as a result of participation in the Early Steps Program. Family outcome measures are also reported and indicate if Early Steps helped the family know their rights, effectively communicate their child's needs, and helped their child develop and learn. These are considered performance measures by the U.S. ED. Each state identifies their target for compliance for each outcome measure and is monitored based on the established target.

The Early Steps State Plan includes a goal to increase the percentage of infants and toddlers demonstrating improved developmental outcomes upon exiting the program and the percentage of families reporting that their participation in the Early Steps Program enhanced their capacity and confidence to support their child's development and learning. The action steps for this goal in FY 2018-19 were to review Florida's Progress Category Rules to determine necessary revisions to the rules and explore the feasibility of implementation of the Child Outcomes Summary (COS) process and determine the effects on child outcome percentages when multiple methods and sources of information, including parent/provider observation, progress on IFSP outcomes, and results from direct assessments, are used.

### Family Outcomes

The Early Steps Program solicits feedback from families to assess family outcomes resulting from their child's participation in the program. These outcomes are identified by the U.S. ED and reported annually. The reported data are derived from a nationally-developed family survey for states' early intervention programs.

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



During FY 2018-19, 82 percent of families reported that early intervention services helped the family effectively communicate the child's needs. This is a one percent increase from the prior year. This improvement is attributed to the detailed analysis of local performance in FY 2017-18 which resulted in the identification and implementation of targeted improvement strategies to improve family outcomes. The target established for FY 2018-19 was 74.5 percent and the state surpassed this target by 7.5 percent. A new target will be set in 2020 for the FY 2021-22 survey with stakeholder input.

### Individualized Family Support Plans

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*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.*

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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:

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

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, modify provisions and assess the appropriateness of the outcomes, strategies and recommended services.

During April and May of 2019, three focus groups were conducted with Early Steps parents in South Florida (two in Miami and one in Fort Myers). In addition to these focus groups, 13 structured interviews were conducted with Early Steps parents by phone. The results of these focus groups yielded that most families were involved in the generation of the IFSP and that a copy of the IFSP was always provided with goals and expectations outlined. As a result, families expressed appreciation for being able to see the goals of the IFSP clearly outlined.

Another area of note pertains to parents who participated in the development of the IFSP in a clinic setting. These parents stated that initially, they did not understand the IFSP; however, these same parents reported that they always felt comfortable reaching out to service coordinators or primary service providers for additional explanations.

Results of the focus group and interviews also revealed that parents of children who entered the Early Steps Program later than 30 months reported that the goals of the IFSP were tailored to primarily focus on how to successfully transition the child to the next step. This acknowledgment exemplifies Early Steps staff as detail-oriented, prioritizing the needs of the families served.

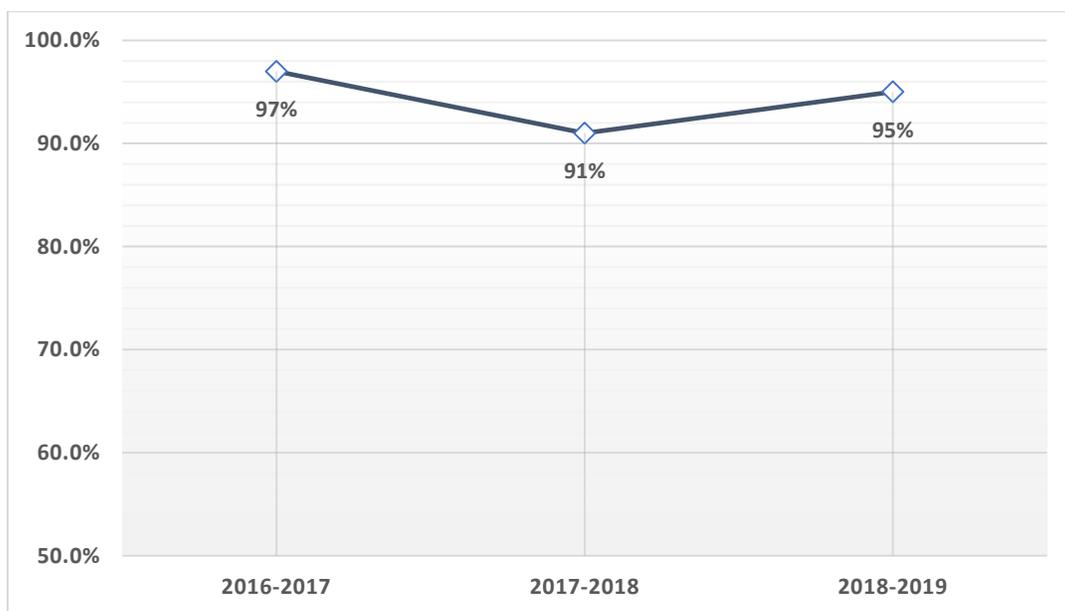
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*Measure: Progress toward meeting the goals of Individualized Family Support Plans*

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A random sample of child records were reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 95 percent of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 2018-2019 (**Figure 10**). This is a four percent increase from the previous year.

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



### Families Reporting on Child Outcomes

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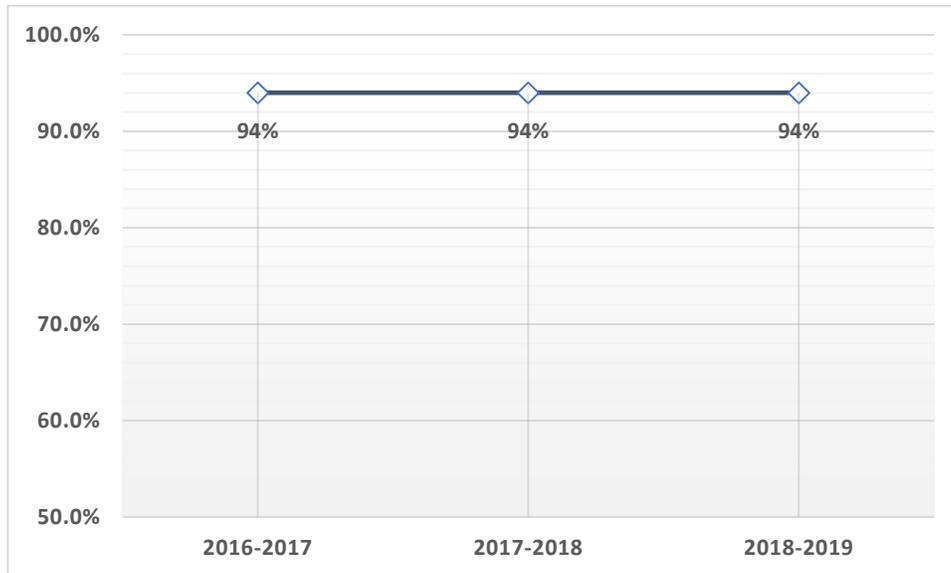
*Standard: The program must help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the Individualized Family Support Plan, as measured by family feedback and by independent assessments of services used by each child.*

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The IFSP teams work with families to identify available resources needed to meet children's individualized outcomes. **Figure 11** shows the percentage of families who indicated the LES provider helped with the use of resources to achieve the desired outcomes on the IFSP.

During FY 2018-19, 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**).

**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 LES providers 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 indicate that a substantially high percentage of Early Steps families report Early Steps has helped the family get the supports and services their child and family need. In addition, focus group and structured interview results indicate that parents and caregivers feel very positive about the service providers and service coordinators and believe they have close and personal relationships with primary service providers. Parents also noted there is an incredible amount of support, communication and expertise in the Early Steps Program.

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

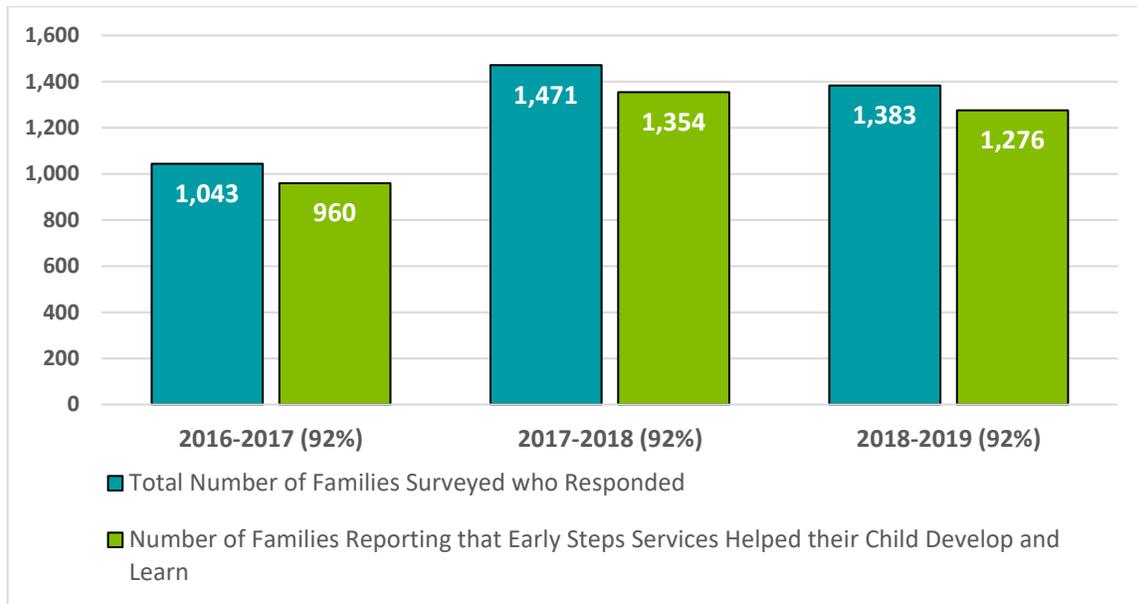
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The purpose of the Early Steps Program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the child's needs. Each LES has a minimum of one full-time Family Resource Specialist (FRS). The FRS is a parent or primary caregiver of a child who received early intervention services. The primary role is to provide parent-to-parent support to families served by the program. FRSs work with LES providers 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 LES provider. 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 contractual requirement.

Families with children exiting Early Steps are surveyed annually to determine the extent to which Early Steps services have helped the child and family. During FY 2018-19, 53 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. ED and identify priorities for program improvement.

**Figure 12** shows that in FY 2018-19, 92 percent of families reported that Early Steps services positively impacted their ability to help their child develop and learn. This percentage remains the same as the previous two years. The target for this indicator is established by the state. The target established for FY 2018-19 was 89.5 percent and the state surpassed this target by 2.5 percent. The current set of targets end in FY 2019-20 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

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*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.*

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The U.S. ED requires each Part C, IDEA state to develop a State System Improvement Plan (SSIP) as part of the annual state performance plan/annual performance report. The SSIP is a multi-year plan intended to increase the capacity of LES providers to improve outcomes for children with disabilities and their families. In coordination with stakeholders, the Early Steps Program identified the following child outcome as the priority focus of the SSIP: “Increase the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social emotional skills.” This was chosen because the percentage of infants and toddlers who show substantial progress in the social-emotional domain is significantly below the national average and more disparate than other child outcome areas. The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality providers, leading to improved child outcomes. This includes professional development for providers to

ensure they are providing current evidence-based, family-centered early intervention services.

In order to measure child outcomes, Early Steps conducts an assessment using a tool called the Battelle Developmental Inventory, 2nd Edition (BDI-2). Children are assessed when entering the program and again when exiting the program to measure their progress. The data obtained on the child's progress are used to report on child outcomes determined by the U.S. ED and this annual report. The U.S. ED requires outcome measures that report "substantial" child progress while the state of Florida requires the reporting of any child progress.

States can identify the methods and tools used to measure children's progress. Florida is one of seven Part C, IDEA states that solely uses the BDI-2 tool to assess child outcomes. Since the U.S. ED compares compliance and outcome data amongst other states, the need was identified to review the other six states to determine each states' method to link BDI-2 results with each child outcome measure. The Child and Family Outcomes workgroup completed this analysis and identified improvements to the rules used by Early Steps to more accurately reflect the progress children make as a result of their enrollment in the Early Steps Program. These changes will also be more equitable when comparing Florida's child outcomes data with other Part C, IDEA states.

The measures for improved social or emotional skills and improved acquisition and use of knowledge, as well as communication skills, are shown below. Because the revised measurement system noted above, comparisons of gains with prior years are not possible. However, these data will provide a baseline for comparison with future gains assessments.

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

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*Total Number of Children Assessed: **7,818***

*Number of Children Who Demonstrated Improvement: **97%***

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. During FY 2018-19, 97 percent of infants and toddlers demonstrated improvement, and this indicator continues to be one of the priorities for Florida.

One of the goals in the Early Steps State Plan is to implement the SSIP to increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social emotional skills. The action steps for this goal in FY 2018-19 were to:

- Establish and implement a framework for professional development to promote positive social-emotional development for infants and toddlers based on identified evidence-based coaching practices from demonstration sites.
- Oversee and support SSIP demonstration sites to implement Phase III of the SSIP, in partnership with subject matter experts.
- Build the foundation needed to ensure evidence-based practices across the state, as well as, a process for data collection, analysis and reporting to test and determine feasibility of implementation strategies and practices.

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

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*Total Number of Children Assessed: **7,653***

*Number of Children Who Demonstrated Improvement: **98%***

The BDI-2 assessment of cognitive skills includes the acquisition and use of knowledge, such as thinking, reasoning, problem-solving and remembering. The reported numbers for FY 2018-19 differ from FY 2017-18 in that the scores for cognitive and communication skills are now being reported separately rather than together. During FY 2018-19, 96 percent of infants and toddlers demonstrated improvement in their cognitive skills.

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*Measure: Number and percentage of infants and toddlers demonstrating improved ability to both understand and use language after the program.*

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*Total Number of Children Assessed: **7,827***

*Number of Children Who Demonstrated Improvement: **98%***

The assessment for the communication domain determines the percent of infants and toddlers with IFSPs demonstrating an increased rate of ability to both understand and use language.

Communication skills refer to both the ability to respond to sounds and words (receptive) and to relate information to others by gestures, sounds, words and sentences (expressive). During FY 2018-19, 98 percent of infants and toddlers demonstrated improvement in their communication skills. This measure differs from a similar federal measure, as it is a statutory requirement in Florida law.

## 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 2016-17 through FY 2018-19. There were 36,199 children who were referred in FY 2018-19 and 18,610 of those children were eligible for services. 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).

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

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

Early intervention services in the first years of a child's life can greatly reduce the need for services as a child grows older and enters school. Early Steps is committed to serving infants and toddlers with disabilities and developmental delays to help them reach their full potential.

## References

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