



Early Steps Program State Plan

2020-2021

Marcy R. Hajdukiewicz, MS
Director

Division of Children's Medical Services

K. Renee Jenkins, BS
Early Steps Administrator
Bureau of Early Steps & Newborn Screening

Mission

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

Vision

To be the Healthiest State in the Nation.

Values

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Table of Contents

Program Overview.....	1
Statutory Authority.....	1
State Plan Goals.....	2
Goal 1.....	3
Extent of Need.....	3
Barriers.....	3
Action Steps.....	4
Goal 2.....	5
Extent of Need.....	5
Barriers.....	6
Action Steps.....	6
Goal 3.....	8
Extent of Need.....	8
Barriers.....	8
Action Steps.....	8
Goal 4.....	10
Extent of Need.....	10
Barriers.....	10
Action Steps.....	11
Goal 5.....	12
Extent of Need.....	12
Barriers.....	12
Action Steps.....	13
Conclusion.....	14

Program Overview

Part C of the Individuals with Disabilities Education Act (IDEA) is a federal law creating a federal-state partnership of early intervention services for infants and toddlers, ages birth through thirty-six months, with a developmental disability, developmental delay, or a risk for developmental delay. Section 391.308, Florida Statutes (F.S.), directs the Department of Health (Department) to implement and administer Part C of the IDEA, which is known as the Early Steps Program. As Florida's lead agency for Part C of the IDEA, the Department is responsible for program oversight, which includes, but is not limited to, administrative functions, federal reporting, federal grant management, fiscal accountability, and monitoring of contract compliance.

Services are provided via contracts with programs in 15 geographic regions of the state. Local programs, referred to as Local Early Steps (LES), provide services directly or through subcontracts with community providers. Services include developmental monitoring, screening, evaluation, service coordination, early intervention sessions, therapies, assistive technology, audiology and vision services, transition activities to support the child and family after exiting the program, and other individualized services necessary to meet the child and family's needs. Services are provided in a variety of home and community settings to promote family and caregiver confidence and competence to meet their child's individual developmental needs and identified outcomes. 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.

Statutory Authority

Annually, the Early Steps Program submits a report outlining the program's performance to the Governor, President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). Additionally, Section 391.308(2)(c), F.S., requires the Early Steps Program to also develop a state plan annually. Information included in the December 2019 Annual Report serves as the foundation for this Early Steps Program's State Plan. The state plan must:

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

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

State Plan Goals

An analysis of Florida's performance as outlined in state and federal reports resulted in the goals included in this plan. Stakeholder workgroups were convened for each goal based on subject-matter expertise. Membership includes parents, local program administration and staff, providers, FICCIT, Institutes of Higher Education, local and state partners, state office staff, and other stakeholders. Stakeholder workgroups completed a self-assessment developed by technical assistance centers funded by the United States Department of Education (U.S. ED) related to their goal's subject-matter. The self-assessments assisted each stakeholder workgroup in evaluating the current system, identifying areas for improvement, and developing more effective and efficient systems to implement evidence-based practices. Based on the results of the self-assessment and expertise of members, the statewide need, barriers, and action steps to improve performance over the forthcoming year were identified as outlined below.

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

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

Children are referred to the Early Steps Program from a variety of sources, including parents, physicians, childcare programs, community agencies, and hospital neonatal intensive care units. LES programs educate primary referral sources on the purpose of the program, eligibility criteria, services provided, and the referral process. Referral sources are captured in the Early Steps data system. In fiscal year (FY) 2018-2019, 36,199 children were referred to the Early Steps Program.

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

What are the barriers to fully meeting the need?

Part C of the IDEA requires that infants and toddlers who may need early intervention services are identified, located and evaluated as early as possible. This is referred to as Child Find. The Early Steps Program is required to report Child Find data to the U.S. ED annually. This includes data on the percentage of the total population of infants, ages birth to one in the state served by the program. Florida's target for this indicator is 0.74 percent, whereas the actual performance of the state is 0.71 percent.

Although this is a .02 percent increase from last year, it is still below the target. An identified barrier to achieving the 0.74 percent target is the practice of primary referral sources referring a high percentage of infants and toddlers who do not meet the eligibility criteria. While the average age of referral to Early Steps is 17 months of age, referrals in certain areas of the state tend to be children between age 2 and 3, and not younger children. LES programs conduct varying outreach efforts to primary referral sources who serve different populations, which sometimes

may not be effective in educating those sources about potentially eligible infants and toddlers. States also report to U.S. ED on the percentage of the total population of infants and toddlers, ages birth to three, in the state served by the program. During FY 2018-2019, the Early Steps Program continued to meet its target for this age group, achieving 2.47 percent. This was a slight increase of 0.18 percent from FY 2017-2018.

What were the action steps taken in 2019 to address the barriers and improve program performance?

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

- Collaboration with network inclusion specialists on Early Learning Coalitions to share Part C eligibility criteria at monthly webinars and/or retreats.
- Surveying of stakeholders represented on the Child Find workgroup to determine:
 - methods to receive referrals,
 - processes to submit referrals to the LES programs,
 - communications to reach families of potentially eligible children, and
 - outreach strategies to reach specific sub-populations (e.g. minorities, tribal nations, migrants, those experiencing homelessness).

There were approximately 1,829 more referrals in FY 2018-2019 than the previous year, with almost every LES program showing growth; however, the percentage of referred children that were determined eligible remained the same at 51 percent. Physicians, families, and community agencies have been the top referral sources for the past three fiscal years.

Data were collected to monitor referral and eligibility patterns and trends for referred infants and toddlers, especially those at risk of developmental delay, to identify and plan to meet future need. The following data were collected and analyzed:

- Referral patterns for LES programs between 2015 and 2018,
- Referral data from Help Me Grow,
- Stakeholder processes for serving infants and toddlers ineligible for the Early Steps

Program,

- LES program processes for linking infants and toddler's ineligible for the Early Steps Program with community organizations, and
- Neonatal Abstinence Syndrome data linked between the Child Protection Team Data System and the Early Steps data system to ensure children with a diagnosis of are captured in both systems.

What are the action steps planned in 2020-2021 to improve program performance related to Goal 1?

1.1 Provide consistent education to state and local entities and other primary referral sources on the Early Steps Program's eligibility criteria, purpose, and intent to ensure appropriate referrals for potentially eligible infants and toddlers, using a clear and consistent message.

1.2 Continue to collect data to monitor referral and eligibility patterns and trends for referred infants and toddlers, especially those at risk of developmental delay, to identify and plan to meet future need.

1.3 Continue to analyze data in local areas where a high percentage of children referred to Early Steps are not eligible to further determine why ineligible children are being referred and how these children can be connected to other community resources, with the goal of increasing the percentage of referred children being determined eligible.

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

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

The U.S. ED has an accountability system under the IDEA, referred to as Results Driven Accountability (RDA). The purpose of RDA is to ensure that states meet IDEA requirements as well as improve results for children and families. RDA requires the use of quantifiable and qualitative indicators to measure performance for areas designated as priority areas by the U.S.

ED. RDA requires that 100 percent of evaluations and Individualized Family Support Plans (IFSPs) are completed within 45 days of the date a child is referred to the Early Steps Program. In FY 2018-2019, 90 percent of infants and toddlers received an evaluation and IFSP within 45 days of being referred. This represents a six percent increase in performance from the previous year.

Part C of the IDEA requires that early intervention services are initiated in a timely manner, within 30 days after the family consents to the services. During FY 2018-2019, 89 percent of children received services within 30 days after the family consented to the services. This was the same percentage in the prior year. An additional IDEA requirement is that steps and services for transition planning be developed at least 90 days prior to a child's third birthday. In FY 2018-2019, 96 percent of children 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.

What are the barriers to fully meeting the need?

All LES programs are monitored annually by the Department, including a review of child record documentation and information from the Early Steps data system. Provider capacity issues continue to be a barrier to improvement in timely service provision. An assessment of the existing number of providers and provider types is needed to ensure an adequate network of providers in the Early Steps Program exist for timely service provision. Furthermore, administrative processes in some LES program appear to cause delays in eligibility determination and IFSP development.

What were the action steps taken in 2019 to address the barriers and improve program performance?

Effective FY 2018-2019, contracts with LES programs include enhanced provisions related to compliance, including financial consequences for LES programs that are issued findings during annual on-site contract monitoring. Further analysis will determine if the contract provisions improve LES program performance. In addition to the contract monitoring, an on-site programmatic monitoring tool was developed to assist with the identification of non-compliance

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

The Early Steps Program identified three compliance priority areas for program improvement. Those include timely IFSPs, services within the required 30-day timeframe, and services in the natural environment. To increase performance in these priority areas, a technical assistance framework, based on a multi-tiered system of supports, has been identified. The Early Steps Program will use this framework to disaggregate data across one or more factors, analyze trends over time, and engage in data-informed decision-making to determine a “tier” for each LES program. The level of support provided to each LES program will be determined by the “tier” assigned to the program.

What are the action steps planned in 2020-2021 to improve program performance related to Goal 2?

2.1 Analyze LES program data to determine if enhanced provisions related to compliance have shown decreases in non-compliance.

2.2 Initiate and implement technical assistance and monitoring components at the state and local level that address the federal and state regulations, with a focus on improving the efficiency, effectiveness, quality, performance, processes, capacities, and outcomes of the Early Steps Program.

2.3 Determine the LESs 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.

GOAL 3: 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.

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

The U.S. ED defines and provides formulas for reporting child outcomes, including five progress categories for each of the three child outcomes. States are required to measure and report the amount of progress each child makes from entry to exit from the program. Each state determines the method to assign eligible infants and toddlers to the progress categories. For FY 2018-2019, the Early Steps Program continued to use data from entry and exit administrations of the Battelle Developmental Inventory, 2nd Edition (BDI-2) to determine child progress. The BDI-2 is a standardized, norm-referenced measure, which means standardized materials, administration procedures, and scoring is used by qualified examiners. Results from the BDI-2 are assigned to one of the five progress categories which results in the child outcomes data reported to the U.S. ED annually.

What are the barriers to fully meeting the need?

Currently, Florida's Early Steps Child Outcomes Measurement System uses scores from all developmental domains of the BDI-2 to determine a child's entry-exit progress using one of the five progress categories. Of the 56 states and territories, five, including Florida, use BDI-2 scores to assign progress categories. Most other states and territories use the Child Outcomes Summary (COS) process, which summarizes information from a variety of sources on a child's functioning in each of the three child outcome areas, to determine a child's progress.

What were the action steps taken in 2019 to address the barriers and improve program performance?

Stakeholders were convened to review Florida's business rules for assignment of progress categories. A comparison was also conducted of Florida's rules compared to other states who use the BDI-2 for the outcomes measurement system. As a result, Florida's business rules were revised to align with the other five states that use the BDI-2 to assign progress. The below data

is a comparison of the FY 2018-2019 results following the revision to the business rules? It should be noted the child outcome indicators are performance indicators and do not require 100 percent compliance; however, states must identify and achieve a statewide target.

Federal Indicator	FY 2017-2018 Early Steps Program Performance	FY 2018-2019 Early Steps Program Performance
Infants and toddlers demonstrate improved social/emotional skills at exit.	29%	30%
Infants and toddlers demonstrate typical social/emotional skills at exit.	60%	55%
Infants and toddlers demonstrate improved use of knowledge and skills at exit.	53%	75%
Infants and toddlers demonstrate typical use of knowledge and skills at exit.	39%	51%
Infants and toddlers demonstrate improved use of appropriate behaviors to meet needs at exit.	51%	87%
Infants and toddlers demonstrate typical use of appropriate behaviors to meet needs at exit.	65%	89%

What are the action steps planned in 2020-2021 to improve program performance related to Goal 3?

- 3.1 Begin statewide implementation of the COS process through a three-year phased approach.
- 3.2 Support local programs to provide effective professional development to support fidelity of implementation of the COS process.
- 3.3 Develop policies and procedures for implementation of the COS to ensure clear and consistent statewide practices.

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

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

The U.S. ED has implemented revisions to its RDA system under the IDEA, which place greater emphasis on improving child outcomes and shifts accountability efforts from a primary emphasis on compliance with process indicators. The RDA system requires states develop, implement, and evaluate a State Systemic Improvement Plan (SSIP) through the delivery of evidence-based practices in the provision of services to improve results for children with disabilities. The goal of the state's SSIP is to increase the percentage of infants and toddlers that demonstrate improved social-emotional skills at exit from the Early Steps Program. The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality, leading to improved child outcomes. This includes professional development for providers to ensure services are evidence-based and family-centered.

What are the barriers to fully meeting the need?

During FY 2018-2019, 30 percent of infants and toddlers served by the Early Steps Program demonstrated improved social-emotional skills at exit from the program. This is an increase of one percent from the prior year, using the revised business rules for assignment to progress categories. The percentage increase from the prior year for the other two child outcomes was 22 and 36 percent. Continued use of the BDI-2 standardized assessment instrument, even with revised rules for defining progress, did not positively impact social-emotional development. From a review of national data, it appears measurement of social-emotional skills using the COS, versus a standardized assessment instrument, such as the BDI-2, results in an increased percentage of children showing improvement and more accurately reflects the infant's or toddler's social-emotional skills.

Furthermore, low performance on social-emotional outcomes compared to the other two child outcome areas may be attributed to the fact that the professional development system in Early Steps has historically had limited focus on identification of social-emotional needs of infants and toddlers and implementation of effective intervention strategies to promote social-emotional

development. Professional development for the early intervention workforce has instead focused on traditional strategies for addressing other developmental areas, such as motor and communication skills (i.e., walking, talking). All learning occurs within the context of relationships. Supporting social-emotional development fosters positive relationships for infants and toddlers within their families and communities. These positive social connections and skills are a critical foundation that supports overall development.

What were the action steps taken in 2019 to address the barriers and improve program performance?

The partnership and contract with Institutes of Higher Education (IHE) subject matter experts at the Anita Zucker Center at the University of Florida (UF) continued in 2018-2019 to implement strategies to improve the positive social-emotional outcomes of infants and toddlers who exit the Early Steps Program. Two LES sites were selected and funded to join the initial three demonstration sites for implementation of evidence-based practices identified in the SSIP. UF has engaged in a rigorous process and outcome evaluation practices to scale up the implementation of the practices as demonstration and implementation sites expand. Efforts have included:

- Designing a sustainable professional development infrastructure that includes training, coaching, and infusing Division of Early Childhood (DEC) Recommended Practices,
- Testing and determining feasibility of implementation strategies and practices, and
- Building the foundation needed to ensure scale-up of evidence-based practices across the state.

What are the action steps planned in 2020-2021 to improve program performance related to Goal 4?

See Goal 3. Action steps for Goals 3 and 4 have been combined for 2020 to support the policy and professional development framework necessary to implement the COS process for Florida's Early Steps Program.

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

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

The current Early Steps data system provides basic information for state and federal reporting; however, it does not capture the level of detail needed to monitor compliance with all federal, state, and local programmatic and fiscal requirements. The program relies on manual processes for identification, coordination and allocation of available resources for early intervention services, including those from federal, state, local, and private sources. These processes do not permit adequate tracking of resources and funding streams to ensure that Part C of the IDEA is the payer of last resort. A modern data system is needed to enable the program to collect, report and analyze state and local level data to improve program performance and make data-informed fiscal decisions.

What are the barriers to fully meeting the need?

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

It is critical that the program increase capacity to identify children needing services, monitor the provision of services, track professional development activities, and improve outcomes for children and families. Multiple funding streams at the federal, state, and local level support the Early Steps Program and need to be managed efficiently. The current data system needs have the increased ability to collect valid and reliable data to ensure programmatic and fiscal accountability.

What were the action steps taken in 2019 to address the barriers and improve program performance?

Following a procurement process to select a vendor, in 2019, the program engaged in negotiations with the selected vendor to finalize a contract for design and implementation of a new high-capacity data system, executed a contract, and hired a project management professional to represent the program in building and implementing the system. Program staff participated in monthly meetings with national centers funded by the U.S. ED to receive technical assistance related to building the new data system. Plans for the data system address the following benefits for the program:

- A single source of record for information pertaining to a child, which will allow for the tracking of outcome data,
- System alerts that will assist the program with maintaining compliance with federal timelines,
- Immediate family access to their child's information, and
- Ability to complete work tasks via modern mobile technology.

The system will allow more efficient operations. Rather than spending time searching for information from multiple sources and documenting using several methods, state and local staff will be able to document and access information in the system, and therefore have more time to interact more with families and providers.

Recognizing the opportunity to refine the current allocation methodology for a balanced distribution of funding to local programs, the program contracted with Mercer Health and Benefits in 2019 to develop a new allocation methodology for the LES programs. As the methodology was developed, stakeholders provided input into the factors that should be included in the methodology calculation.

The methodology uses child data in the Early Steps data system, including data on children referred and evaluated and data from children receiving services. Additional variables integrated into the methodology are population growth, population density, and geographic size.

The new methodology includes a transition phase to reduce the impact of any changes in funding for LES programs. The transition plan involves gradually phasing in the new

methodology over a three-year period, weighting the allocation amounts resulting from the current and new methodologies together, with increasing weight on the new methodology over the three-year period.

What are the action steps planned in 2020-2021 to improve program performance related to Goal 5?

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

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

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

Conclusion

Early intervention helps families learn strategies to be the best teachers for their children with developmental delays or disabilities. Services are evidence-based and support families to integrate intervention strategies into daily routines. Early intervention reduces the need for special education, improves developmental outcomes for infants and toddlers, increases children's rate of growth, and increases the rate of return on investment.

Early Steps will continue to convene workgroups with subject-matter expertise to evaluate the program's current system and identified action steps to increase performance on state and federal measures. The Early Steps Program remains committed to its continuous improvement process to ensure infants and toddlers with disabilities, developmental delays, and those at risk for delays, reach their greatest potential.