

NY
Part C

FFY2014
State Performance Plan /
Annual Performance Report

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)**Executive Summary:****EXECUTIVE SUMMARY**

The New York State Early Intervention Program (NYSEIP) is the statewide system of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA).

The New York State Department of Health (Department) is designated in State Public Health Law (PHL) as lead agency for the Part C Early Intervention Program. In this capacity, the Department is responsible for the completion of the federally required State Performance Plan/Annual Performance Report (SPP/APR), which consists of nine applicable indicators, five of which are compliance with an expectation of 100%, and six of which are performance or results-driven indicators for which targets are set with stakeholders (the performance indicator for resolution settlement (indicator 9) is not applicable to NYSEIP, and the State Systemic Improvement Plan indicator (11) will be reported in April 2016). Department staff work closely with local municipal early intervention officials and their staff as well as to provide training and technical assistance on the federal and state requirements, data entry into the states' data systems, and review of data to ensure data are comprehensive, accurate, and timely. The Department has also taken advantage of technical assistance provided by the US Department of Education's Office of Special Education (OSEP) and their national technical assistance centers, such as Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Systems (DaSy) and the IDEA Data Center (IDC).

NYSEIP is one of the nation's largest early intervention delivery systems. In federal fiscal year (FFY) 2014-2015 (July 1-June 30), NYSEIP received almost 58,000 referrals, completed over 51,148 multidisciplinary evaluations, and had over 65,000 children with an active Individualized Family Service Plan (IFSP). NYSEIP served 4% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which compares with the national average of 2.95% (indicator 6). NYSEIP served just over 1% of the population under one year old, which is similar to the national average (indicator 5). Over 93% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2).

The 57 counties and New York City in New York State (referred to as "municipalities") are responsible for local administration of the NYSEIP. Currently, there are 1,258 billing providers under agreement with the Department to accept service authorizations and submit claims for EIP services, and 14,673 qualified personnel rendering services to children and their families (a ratio of approximately four children per provider).

Collaboratively with local program staff and early intervention providers, the Department's efforts to address systems issues and improve data quality have resulted in a consistent increase in the performance of the SPP/APR compliance indicators for timely services, timely IFSP, and timely transition (indicators 1, 7, and 8A-C). The SPP/APR for FFY 2014-2015 reflects the best performance to-date for the state in these compliance indicators.

The Department has also intensified efforts to work with local programs on child outcome measures (indicator 3) reported in the SPP/APR. The measures for child outcomes have all been maintained or improved from FFY 2013-14 to FFY 2014-15. The Department will continue to provide training and technical assistance to local programs to sustain this improvement.

As part of the State Systemic Improvement Plan (SSIP), which was submitted April 2015 and approved by OSEP in June 2015, NYSEIP has selected improving family outcomes as its State-identified Measurable Result (SiMR). Building off the data and infrastructure analysis and stakeholder feedback, the Department critically examined the entire process of

collecting and analyzing family outcomes, as well as the state’s infrastructure to align with the SSIP and the state’s Theory of Action. This reassessment took time and staff resources, and resulted in a delay in surveying families. Surveys were mailed in the fall of 2015 and contributed to a lower than usual response rate (11.3%); however, the respondents were representative of the NYSEIP population by geography, gender, race/ethnicity, and age at referral. The performance on the family outcome indicators declined from the previous year. The Department, along with EIP stakeholders, is focusing on improving all family outcomes, for the state identified measurable results and state systemic improvement plan, so the goal is to effect improvement over the upcoming years.

The Department, local programs, early intervention service providers, Early Intervention Coordinating Council, and many other stakeholders are committed to ensuring not only compliance with federal and state requirements but also that the program delivers high quality services in a natural environment resulting in positive child and family outcomes.

Below is a summary of New York State Part C Early Intervention Program’s FFY 2014-15 Performance.

Indicator	FFY 2013 Performance	FFY 2014 Performance	FFY 2013 to 2014 Change	FFY 2014 Target
1 Service Timeliness	88.79%	89.44%	0.65%	100.00%
2 Natural Environments	93.69%	93.73%	0.04%	90.00%
3A1 Positive Socio-emotional Skills - Improvement	58.19%	67.30%	9.11%	59.00%
3A2 Positive Socio-emotional Skills - Age Expectations	40.27%	44.70%	4.43%	41.00%
3B1 Acquisition/Use of Knowledge/Skills - Improvement	71.22%	74.70%	3.48%	71.50%
3B2 Acquisition/Use of Knowledge/Skills - Age Expectations	38.72%	40.20%	1.48%	39.00%
3C1 Appropriate Behavior to Meet Needs - Improvement	70.02%	71.70%	1.68%	70.50%
3C2 Appropriate Behavior to Meet Needs - Performing at Age Expectations	37.61%	40.60%	2.99%	38.00%
4A EI Services Helped Families Know Their Rights	75.99%	70.78%	-5.21%	76.00%
4B EI Services Helped Families Helped Them Communicate Child's Needs	71.97%	68.90%	-3.07%	72.00%
4C EI Services Helped Families Help Their Child Develop and Learn	84.16%	79.62%	-4.54%	84.50%
5 Population under 1 year old	1.09%	1.11%	0.02%	1.22%
6 Population under 3 years old	3.95%	4.03%	0.08%	4.00%

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7	IFSP Timeliness	92.58%	94.06%	1.48%	100.00%
8A	Timely Transition Steps and Services in the IFSP	99.16%	98.99%	-0.17%	100.00%
8B	Timely SEA and LEA Notification	97.22%	98.82%	1.60%	100.00%
8C	Timely Transition Conferences	88.53%	95.89%	7.36%	100.00%
9	Resolution Settlement (not applicable to NYS)	n/a	n/a	n/a	n/a
10	Mediations Resulting in Agreements	95.59%	93.94%	-1.65%	90.00%

Attachments

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General Supervision System:

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

Overview of the New York State Early Intervention Program

The New York State Early Intervention Program (NYSEIP) is the statewide system of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA). This comprehensive service system supports the delivery of NYSEIP services to approximately 65,000 eligible children and their families annually, and as such, is one of the largest early intervention systems in the United States.

The New York State Department of Health (Department) is designated in PHL section 2550 as the lead agency for the NYSEIP in Title 2A of Article 25 of PHL, which was enacted in 1992 and established a statewide early intervention system consistent with Federal Part C IDEA requirements. As lead agency for the NYSEIP, the Department is responsible for overall administration and supervision of the state’s early intervention system, including monitoring of agencies, institutions, and organizations providing early intervention services; enforcing any obligations under PHL and Part C of IDEA; providing training and technical assistance to municipalities, providers, and parents; correcting deficiencies that are identified through monitoring; and maintaining a comprehensive system of personnel development to promote the availability of qualified personnel to deliver early intervention services to eligible children and their families.

The Department is responsible for ensuring parents and children receive the rights and entitlements afforded to them under state and federal law; establishing reimbursement rates for early intervention services, with the approval of the Division of Budget; fiscal management and payment of early intervention claims through a State Fiscal Agent under contract with the Department; auditing and oversight of fiscal operations related to the NYSEIP, including claiming of commercial insurance and Medicaid; and reimbursement of state aid to municipalities for the state share of early intervention services delivered to eligible children and their families.

The 57 counties and New York City in New York State (referred to as “municipalities”) are responsible for local administration of the NYSEIP. Municipalities have significant authority and responsibility in PHL for the NYSEIP,

including child find and public awareness, development and oversight of individualized family service plans (IFSPs) for eligible children and their families; monitoring and auditing of NYSEIP providers; due process procedures for families; and funding of NYSEIP services delivered to eligible children and families residing within their localities.

The Bureau of Early Intervention (BEI) manages state NYSEIP operations, under the auspices of the Division of Family Health within the Center for Community Health, Office of Public Health. The BEI has four programmatic units established to address major program responsibilities for the NYSEIP: Quality Improvement and Information Systems Unit, responsible for management of the statewide comprehensive monitoring system, training and technical assistance, staff support for the Early Intervention Coordinating Council, and the New York State Early Intervention System (NYEIS) information management system; Provider Approval and Due Process Unit, responsible for management of provider approval and agreements, and due process procedures, including systems complaints, mediations, and impartial hearings; Financial Planning and Policy Unit, responsible for reimbursement methodologies, policies and procedures, and management and oversight of claiming and reimbursement associated with early intervention services; and Program Evaluation and Evidence-based Practices Unit, responsible for oversight and management of all data required for program operations, evaluation, and federal and state-level reporting, including child and family outcomes and projects to promote use of evidence-based practices, including clinical practice guidelines.

BEI works collaboratively with many partners across the Department on NYSEIP operations, including the Office of Public Health, Informatics, and Project Management (NYEIS development and operations), Office of Health Insurance Programs (Medicaid, Child Health Plus, and commercial insurance reimbursement); Fiscal Management Audit Unit (auditing of municipalities and providers) and Division of Legal Affairs (legal advice and support on issues related to the NYSEIP).

Provider Capacity

The Department approves and enters into agreements with NYSEIP providers as necessary to ensure timely and continuous delivery of services to eligible children and their families. Currently, there are 1,258 billing providers under agreement with the Department to accept service authorizations and submit claims for EIP services, and 14,673 qualified personnel rendering services to children and their families (a ratio of approximately four children per provider).

Monitoring System

The Department contracts with a review organization to conduct on-site monitoring activities of municipalities who locally administer the New York State Early Intervention Program and approved providers who directly render early intervention services. On-site comprehensive monitoring is conducted by the Department's contractor, whose staff uses tools that include multiple methods of evaluation of an early intervention program to ensure compliance with Federal requirements of IDEA. Monitoring protocols include the following:

- Review of a sample of child records at a provider's/municipality's on-site location where early intervention services are provided, or at a location determined by the contractor, if only home-based and community-based services are provided;
- Review of written policies and procedures regarding all early intervention processes, including confidentiality of child records, program administration, personnel records, billing records, and evaluation reports;
- Immediate processes for correction of noncompliance should a health and safety violation be determined;
- For each finding of noncompliance that is a violation of IDEA requirements or New York State (NYS) requirements, a written report is issued and the provider/municipality must submit a Corrective Action Plan (CAP) within 45 days of receipt of their report;
- The CAP must include identification of the root cause of the noncompliance, strategies for implementation to correct the noncompliance; revision of pertinent policies and procedures, organizational changes that will be implemented to achieve correction, plan to provide training, supervision and oversight to assure staff carry out new policies and

- procedures, and quality assurance measures that will be implemented to ensure corrections are being implemented;
- CAPs are reviewed by Department staff no later than 60 days of receipt from the provider. Letters of approval or needs correction are sent to providers/municipalities. If the CAP needs correction, written technical assistance is included to assist the provider/municipality to revise their CAP. If revision is required, the CAP must be submitted within 10 days for Department staff review;
 - Verification of correction of noncompliance reviews are conducted subsequent to CAP approval to ensure that correction is achieved at the individual child level and the systemic level. This may be conducted by multiple methods, including on-site review of child records, interviews with providers/municipal staff, review of revised policies and procedures and submission of a subset of child records to the Department for review;
 - A provider/municipal staff may be required, as a part of their CAP, to attend Department-sponsored statewide training, if numerous or repeat findings of noncompliance are determined;
 - A provider/municipal staff may also be required as part of their CAP, to participate in targeted technical assistance calls with the Department staff to brainstorm about root cause of noncompliance and to discuss strategies to correct noncompliance.

If continued noncompliance occurs with providers or municipalities, additional enforcement actions are taken, which include withdrawal of Department approval, fiscal audits and reporting to Office of Professions, Office of Teaching and/or Office of the Medicaid Inspector General.

System Complaints, Dispute Resolutions, and Mediations

Multiple individuals share in the responsibility of ensuring that parents and stakeholders are aware of their right to resolve disputes regarding services as well as file a complaint. Service coordinators and local early intervention officials (EIO) have multiple interactions with families, providers and other stakeholders. Information is provided via training initiatives, print media, public websites and face to face encounters. Established procedures address disputes regarding services as well as complaints filed by organizations or individuals alleging that a public agency or a private provider is violating federal or state statute and regulations. The Department encourages families and stakeholders to come to an agreement at the local level, however, parties who have been unsuccessful addressing issues at a local level may choose to resolve a dispute through mediation, impartial hearing and by filing a complaint.

Mediation is a voluntary process. Requests for mediation can be submitted by a family to the EIO who will arrange for mediation. EIO may also initiate a request for mediation with a family. Mediators are qualified and impartial. The Department contracts with the New York State Dispute Resolution Association Inc. (NYS DRA) to provide mediation. The process carries a 30-day timeline. NYSDRA provides oversight and training to the local Community Dispute Resolution centers in each of the 62 counties.

Requests for an impartial hearing can be submitted by families to the co-Directors of the Bureau of Early Intervention. If the dispute involves a child's IFSP, sections of the proposed IFSP that are not in dispute will be implemented. The request is then referred to the Department's Division of Legal Affairs, Bureau of Adjudication who assigns an Administrative Law Judge. A notice of hearing is sent which will include parental rights related to the hearing process. A written decision is issued in 30 days unless the family agrees to extend the timeline. The decisions of the hearing officer are final.

System complaints are submitted to the Bureau of Early Intervention by a parent/guardian, parent representative or any other interested individual or entity. The complaint process ensures the timely completion of investigations and verification of correction. The procedures address issues at a child-specific and systemic level and ensures that all allegations are addressed, that a report is issued, and if a CAP is necessary that it is received, is appropriate and is implemented. A parent/guardian may be contacted to address individual child service issues related to the complaint. An investigation is completed within 60 days unless there are exceptional circumstances. Department staff share the findings of complaint investigations with the monitoring unit for consideration when scheduling and conducting additional program monitoring.

Partnerships

The Department has a strong partnership with municipalities in administration of the EIP, and also works closely with the New York State Association of Counties and Association of County Health Officials on state and local issues related to the NYSEIP.

The Department also works closely with providers and parents involved in the NYSEIP statewide. The Department meets and communicates with provider organizations and professional associations that represent providers on an ongoing basis on a variety of issues related to the delivery of early intervention services. Through its Family Initiatives contract, the Department supports the involvement of parents in the NYSEIP on a variety of levels. In particular, the Department-sponsored “Partners in Policymaking” training program is an important and ongoing avenue to develop parent leadership and participation in the NYSEIP at the state and local levels.

The Department collaborates closely with other State agencies on a variety of issues related to the EIP, including the State Education Department (SED), Department of Financial Services (DFS), Office of Children and Family Services (OCFS), Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Alcoholism and Substance Abuse Services (OASAS). All of these agencies are represented on the Early Intervention Coordinating Council (EICC).

The EICC is actively involved in providing advice and assistance to the Department on ongoing and emerging issues related to the NYSEIP. This 27-member Governor-appointed Council is comprised of parents, NYSEIP provider representatives, EIOs representing municipalities, and the state agency partners described above. The EICC meets quarterly, and convenes task forces on an as-needed basis to assist the Department in addressing specific and pressing policy issues. Task forces of the EICC have assisted the Department in issuance of policy and procedural guidance on transition, evaluation, eligibility, health and safety requirements, marketing guidelines, and group developmental intervention services.

The Department has two representatives (the Director of the Division of Family Health and the co-Director of BEI) on New York State's Early Childhood Advisory Council (ECAC). In addition, two members of the EICC are also members of the ECAC. Recently, a joint task force with representatives from the EICC and ECAC has been established on social emotional development. The charge for this joint task force is to develop guidance for early childhood professionals, including NYSEIP providers and early care and education providers to assist them, in partnership with families, in promoting and supporting positive social emotional development in young children (ages birth to three years).

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Technical Assistance System:

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

New York State maintains a comprehensive approach to technical assistance for municipalities, providers, families and other stakeholders engaged in the NYSEIP.

Department staff is responsible for fielding telephone calls on a daily basis and responding to emails, letters and other forms of communication from municipalities, providers, parents, the public and all other stakeholders. Communication may be on a variety of issues, complaints, concerns and questions related to all aspects of the NYSEIP.

The Department develops and provides periodic written policy and procedural guidance (Guidance Documents) on state

and federal requirements for the NYSEIP on a regular basis. For this reporting period, a formal Guidance Document on Group Developmental Intervention Services for the NYSEIP was issued. Additionally, the Department revised guidance on Billing for Service Coordination Activities and produced several documents for Service Coordinators that were compiled into a Service Coordinator Tool Kit.

The Department also provides technical assistance regarding best practices in identification, evaluation and service delivery in the form of evidence-based clinical practice guidelines in the areas of Communication Disorders, Autism/Pervasive Developmental Disorders (PDD), Motor Disabilities, Down syndrome, Hearing Loss, and Visual Impairment. Department staff provide technical assistance and responds to inquiries regarding the use and content of the policy Guidance Documents and the Clinical Practice Guidelines.

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Professional Development System:

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

New York State maintains a comprehensive system of professional development (CSPD) for NYSEIP providers, who are qualified and credentialed through the New York State Education System, for municipal staff who administer local early intervention programs, and for other key early intervention stakeholders.

New York State’s CSPD includes implementation of training contracts which provide in-person statewide training opportunities for current early intervention personnel to gain knowledge and develop skills to deliver EI services that are of high quality and conform with federal and state requirements, including the delivery of services in natural environments, as appropriate. Training contracts also provide training opportunities for other stakeholders including parents, municipal staff, primary referral sources, primary health care providers, day care providers, local social services district staff, early childhood direction center staff, local school district staff and other public health facility staff.

Current training is evaluated based on development of an objective process to measure the degree to which current early intervention curricula contain information and strategies describing and promoting best practices to deliver early intervention services. Each training curriculum has an evaluation process completed at the end of the training session. The training evaluations are compiled and analyzed to determine if the curriculum meets the needs of the providers and other stakeholders in the field. Additionally, when a new training curriculum is developed, Department staff attend the first session to evaluate the content and the reception of the new training. Based on the in-person evaluation and written evaluation feedback, revisions are made to the content and delivery method, as appropriate.

Training curricula are updated or new curricula are developed, based on formal needs assessments surveys, which are carried out periodically to gain input from the field and early intervention stakeholders. Based on the results of the needs assessment, new curricula topics are researched and developed or current curriculum content is revised.

Additionally, training curricula are developed or revised, based on specific needs, where current gaps of knowledge are identified through the statewide monitoring system determinations and through analysis of technical assistance responses on specific topics.

The Department also maintains a contract to continue an Early Intervention Family Initiatives Project that is exclusive to training for parents on leadership, advocacy skills, updates and general information regarding the NYSEIP. Through this

contract, parents apply and are selected to participate in three weekend training sessions. One weekend includes participation in all-day webinars which have multiple modalities of participation, including viewing of PowerPoint presentations, interactive learning, and working in chat rooms. The second and third weekend are in-person training sessions, which include networking, group activities, meeting with an Early Intervention Official, learning about the Local Early Intervention Coordinating Council, meeting with statewide policy makers, and other topics that will assist with the early intervention process.

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Stakeholder Involvement: apply this to all Part C results indicators

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

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015. As described previously, the EICC is a 27-member Council comprised of parents, EIP provider representatives, Early Intervention Officials (EIOs) representing municipalities, and the state agency partners. The EICC is a public meeting and is webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

The SPP/APR was discussed on an all-county conference call with the EIOs and other county staff on December 17, 2015. In addition, Department staff has worked with EIOs and managers to review and finalize the data for the SPP/APR.

As part of the Department's performance management initiative, which uses data-driven metrics to measure improvements, the SPP/APR indicator for timely Individualized Family Service Plans (IFSP) has been presented and discussed with leadership from the Office of Public Health, including Division of Family Health, Division of Nutrition, and Center for Community Health. The presentations provided an opportunity to educate public health leaders about the Early Intervention Program, and allowed them to ask critical questions and to provide ideas to improve performance. As a result of the concerted effort over the past two years, the SPP/APR indicator for timely IFSPs has improved from 82.5% in FFY 2012-2013 to 94.1% in FFY 2014-15.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

The Department maintains a public web site for the New York State Early Intervention Program at the following address: (http://www.nyhealth.gov/statistics/community/infants_children/early_intervention/). Statewide and local performance data

for FFYs 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013 are available on the Department’s public web site.

The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets. Printed and electronic copies of the APR will be available at no cost to any citizen of the state requesting the document. The FFY 2014 APR will be posted on the Department’s public web site at: http://www.nyhealth.gov/community/infants_children/early_intervention/index.htm. The web page is easily located through a search of the website or by following content-specific links.

Attachments

File Name	Uploaded By	Uploaded Date	Remove
signed apr cert ffy 2014 eicc annual report.pdf	Kirsten Siegenthaler		<input type="button" value="R"/> e m o v e
new york part c early intervention program report on technical assistance ffy 2014.pdf	Kirsten Siegenthaler		<input type="button" value="R"/> e m o v e

Actions required in FFY 2013 response

None

OSEP Response

The State’s determinations for both 2014 and 2015 were needs assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP’s June 30, 2015 determination letter informed the State that it must report with its FFY 2014 SPP/APR submission, due February 1, 2016, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Required Actions

The State’s IDEA Part C determination for both 2015 and 2016 is needs assistance.

In the State’s 2016 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2015 SPP/APR submission, due February 1, 2017, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		72.00%	68.00%	76.30%	78.40%	76.20%	85.10%	63.00%	88.50%	88.81%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
8739	11165	88.81%	100%	89.47%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	1,250
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

January 1, 2015 to March 31, 2015

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2014-2015, so one quarter of FFY 2014 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

The benchmark for timely services in New York is 30 days from the IFSP meeting or the start date of the service authorization amendment if the service is added to the IFSP after the IFSP meeting date. The New York State Early Intervention Program's data systems do not capture exceptional family delay reasons. In order to capture the reasons for delays in services, each local program (municipality) was provided a report of all infants and toddlers with new services authorized on an initial or subsequent IFSP between January 1, 2015 and March 31, 2015 and for whom those services were not initiated within the required timeframe. Municipalities were instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: discountable delay (family problem scheduling appointment, family missed or canceled an appointment, family delayed response or consent for an appointment, intermittent service, weather or other emergency declared) or non-discountable delay (difficulty identifying or assigning a service provider or other local program administrative reasons).

There were 1,250 infants with documented exceptional family circumstances which caused a delay in the initiation of services authorized on the IFSP. These infants and toddlers have been included in the numerator and denominator, as allowed by OSEP.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
31	8	23	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Onsite Monitoring Finding of Noncompliance:

One early intervention provider was notified of a finding for this indicator during an onsite monitoring review.

A formal, written report of the finding was issued within 90 days of the on-site review. The provider was required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The provider's CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they will implement to correct the noncompliance. The CAP was reviewed and approved by Department staff within 60 days of receipt and the provider was formally notified in writing that their CAP had been approved. Written technical assistance was provided by Department staff. Additional technical assistance was also provided by phone call by Department staff. The Department's monitoring contractor staff conducted on-site verification of correction reviews within 90 days subsequent of approval of the provider's CAP for those providers with significant findings of noncompliance. This review was conducted to determine if CAP activities were fully implemented and correction of compliance at 100% can be verified. The CAP process included a review of a subset of subsequent child records that were sent to the DOH for review. Those records demonstrated systemic compliance within one year of the finding determination.

Data Finding of Noncompliance:

Thirty local programs (municipalities) were notified of a data finding of noncompliance for this indicator in FFY 2013. Seven of these local programs achieved 100% compliance based on a review of their data within one year. Twenty-three local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2013, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from a subsequent quarter (January to March). System findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then additional data were reviewed for subsequent quarters until the local program was verified as having achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual cases.

Onsite Monitoring Finding of Noncompliance:

While conducting the on-site review, the contractor staff determined that each individual case of noncompliance has been corrected within one year, unless the child was no longer within the jurisdiction of the local program.

Data Finding of Noncompliance:

For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Explanation of Alternate Data

As allowed by OSEP, New York is reporting all data for one quarter of the FFY 2014. There were 11,165 infants and toddlers with new services authorized on an initial or subsequent IFSP between January 1, 2015 and March 31, 2015.

FFY 2010 Findings of Noncompliance Verified as Corrected

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

There were nine local programs with data findings of noncompliance from FFY 2011 (not FFY 2010) that were not verified as corrected in FFY 2013-14 APR. These data findings have been verified as subsequently corrected in FFY 2014-15.

In compliance with the OSEP Memo 09-02, the Department examined data from its data systems at least one time per year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program (municipality) to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from a subsequent quarter (January to March). System findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then data were reviewed for subsequent quarters until the local program achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual case.

For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2014-June 30, 2015). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			89.51%	89.76%	89.88%	92.60%	89.97%	89.97%	89.97%	90.00%
Data		89.81%	91.50%	91.20%	92.60%	93.70%	93.40%	93.30%	93.70%	93.69%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	90.00%	90.00%	90.00%	90.00%	90.00%

Key:

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Data were presented on SPP/APR Indicator 2, services in natural environments, including historical trend data and OSEP-approved targets for 2014-15. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	27,043	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Total number of infants and toddlers with IFSPs	28,852	

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
27,043	28,852	93.69%	90.00%	93.73%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2013	Target ≥						59.10%	62.80%	63.50%	64.30%	58.19%
		Data					59.70%	67.00%	64.00%	65.00%	64.10%	58.19%
A2	2013	Target ≥						50.40%	50.40%	54.40%	54.50%	40.27%
		Data					52.20%	58.00%	52.00%	48.00%	47.70%	40.27%
B1	2013	Target ≥						67.60%	71.20%	73.40%	73.50%	71.22%
		Data					71.10%	75.00%	71.00%	69.00%	71.20%	71.22%
B2	2013	Target ≥						47.20%	50.50%	51.75%	51.80%	38.72%
		Data					50.00%	53.00%	50.00%	44.00%	44.20%	38.72%
C1	2013	Target ≥						64.90%	68.30%	68.60%	69.50%	70.02%
		Data					67.70%	73.00%	73.00%	75.00%	70.70%	70.02%
C2	2013	Target ≥						41.60%	44.80%	45.70%	45.80%	37.61%
		Data					43.90%	53.00%	49.00%	41.00%	42.20%	37.61%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	59.00%	60.00%	61.00%	62.00%	63.00%
Target A2 ≥	41.00%	42.00%	43.00%	44.00%	45.00%
Target B1 ≥	71.50%	72.00%	72.50%	73.00%	73.50%
Target B2 ≥	39.00%	40.00%	41.00%	42.00%	43.00%
Target C1 ≥	70.50%	71.00%	71.50%	72.00%	72.50%
Target C2 ≥	38.00%	39.00%	40.00%	41.00%	42.00%

Key:

Explanation of Changes

The target for FFY 2018 for indicator 3A2 was missing. The target of 45% was approved by OSPE in the APR for FFY 2013-14.

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early

Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Data were presented on SPP/APR Indicator 3, child outcomes, including historical trend data and OSEP-approved targets for 2014-15. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	1096.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	43.00	3.92%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	246.00	22.45%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	316.00	28.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	278.00	25.36%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	213.00	19.43%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	594.00	883.00	58.19%	59.00%	67.27%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	491.00	1096.00	40.27%	41.00%	44.80%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	36.00	3.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	212.00	19.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	408.00	37.23%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	317.00	28.92%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	123.00	11.22%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth	725.00	973.00	71.22%	71.50%	74.51%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).					
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	440.00	1096.00	38.72%	39.00%	40.15%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	37.00	3.38%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	242.00	22.08%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	372.00	33.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	329.00	30.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	116.00	10.58%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	701.00	980.00	70.02%	70.50%	71.53%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	445.00	1096.00	37.61%	38.00%	40.60%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a sampling methodology to measure and report on OSEP-required child outcome data for Indicator 3 in its Annual Performance Reports (APR). Two versions of the Child Outcomes Summary Form (one for entry and one for exit data), originally developed by the OSEP-funded Early Childhood Outcomes Center (ECO), have been adapted for use in New York State to collect data necessary to measure the three child outcomes for this indicator.

The Department had a memorandum of understanding with the University at Buffalo, Population Public Health Observatory, School of Public Health and Health Professions (UB-SPH) to provide support for data collection and analyses necessary to measure child outcomes.

Child outcomes summary entry and exit forms for children in sample cohorts are completed locally by IFSP teams. Municipalities (the 57 counties and New York City), which administer the local early intervention programs, are responsible for coordinating all aspects of the data collection process, including enrolling children into child outcomes cohort samples, ensuring Child Outcomes Summary Forms (COSFs) are completed at entry and exit to the program, and transmitting COSFs to UB-SPH for data entry. To ensure the protection of confidential information collected on the COSFs, municipalities are required to send completed forms to the project data coordinator for the UB-SPH via U.S. registered mail, return receipt requested, or by Federal Express or UPS with a signature required for delivery.

To meet the requirement to collect and report data annually to OSEP on the state's performance with respect to Indicator 3 on child outcomes with minimal burden to municipalities, the Department has developed a sampling plan for the annual selection and enrollment of a structured random state sample of children entering the NYSEIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes in its APRs. In addition, to meet Federal IDEA requirements on the state to report to the public on the performance of the local early intervention programs during the time period covered by this State Performance Plan (SPP), the Department's sampling plan includes a schedule for the selection and identification of locally-representative samples of children participating in each of the 58 municipal EIPs, for whom child outcome data will be collected and reported to the public.

Sample size calculations for both the state and locally-representative samples are based on the NYSEIP's experience with child referrals statewide, and within the 58 municipalities, for the July 1, 2013-June 30, 2014 Program Year. To ensure the selection of a representative sample of children, the sample size was calculated with a confidence level of 1.96 for 95% confidence, a precision level of .05, and an estimated eligibility rate of 50% and a completion rate for entry and exit forms of 50%.

These same assumptions were used to calculate locally representative samples for each of the 58 municipalities. Using the above parameters to calculate the state sample size, it was determined that 1,400 children (686 from New York City and 714 from the 57 counties) should be enrolled in child outcomes sample cohorts each year.

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2013	Target ≥					74.20%	75.20%	76.20%	77.20%	78.20%	75.99%
		Data			73.78%	71.00%	74.73%	74.38%	77.02%	75.20%	70.04%	75.99%
B	2013	Target ≥					68.69%	69.69%	70.69%	71.69%	72.69%	71.97%
		Data			68.08%	66.09%	70.17%	67.84%	72.63%	70.00%	68.28%	71.97%
C	2013	Target ≥					85.41%	86.41%	87.41%	88.40%	89.41%	84.16%
		Data			83.83%	80.53%	82.26%	80.57%	84.04%	83.00%	78.85%	84.16%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	76.00%	77.00%	78.00%	79.00%	80.00%
Target B ≥	72.00%	73.00%	74.00%	75.00%	76.00%
Target C ≥	84.50%	85.00%	86.00%	87.00%	88.00%

Key:

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Data were presented on SPP/APR Indicator 4, family outcomes, including historical trend data and OSEP-approved targets for 2014-15. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	405.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	281.00

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

A2. Number of responses to the question of whether early intervention services have helped the family know their rights	405.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	273.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	405.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	324.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	405.00

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	75.99%	76.00%	69.38%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	71.97%	72.00%	67.41%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	84.16%	84.50%	80.00%

Explanation of A Slippage

As part of the State Systemic Improvement Plan (SSIP), which was submitted April 2015 and approved by OSEP in June 2015, NYSEIP has selected improving family outcomes as its State-identified Measurable Result (SiMR). Building off the data and infrastructure analysis and stakeholder feedback, the Department critically examined the entire process of collecting and analyzing family outcomes, as well as the state’s infrastructure to align with the SSIP and the state’s Theory of Action. This reassessment took time and staff resources, and resulted in a delay in surveying families. Surveys were mailed in the fall of 2015 and contributed to a lower than usual response rate (11.3%); however, for the most part, the respondents were representative of the NYSEIP population by gender, age at referral, and race. There were fewer than expected responses among people identified as being of Hispanic or Latino ethnicity.

The performance on all three family outcome indicators declined from the previous year. The Department, along with EIP stakeholders, is focusing on improving all family outcomes, for the state identified measurable results and state systemic improvement plan. Preliminary analyses of the most recent data have not yielded any specific or clear reasons for the slippage. The Department will be working to ensure the family outcome surveys are distributed in a timelier manner this year, and will continue to analyze the data.

Explanation of B Slippage

The performance on all three family outcome indicators declined from the previous year. The Department, along with EIP stakeholders, is focusing on improving all family outcomes, for the state identified measurable results and state systemic improvement plan. Preliminary analyses of the most recent data have not yielded any specific or clear reasons for the slippage. The Department will be working to ensure the family outcome surveys are distributed in a timelier manner this year, and will continue to analyze the data.

Explanation of C Slippage

The performance on all three family outcome indicators declined from the previous year. The Department, along with EIP stakeholders, is focusing on improving all family outcomes, for the state identified measurable results and state systemic improvement plan. Preliminary analyses of the most recent data have not yielded any specific or clear reasons for the slippage. The Department will be working to ensure the family outcome surveys are distributed in a timelier manner this year, and will continue to analyze the data.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the

demographics of the State.

To collect data on the three federally-required family outcomes, the Department is using the “Impact of Early Intervention Services on Your Family” (IFS) subscale of the family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the US Department of Education to measure the three family outcomes that must be reported annually to OSEP. The items included in this NCSEAM subscale have established and rigorous psychometric properties, and the impact scale is known to be a valid and reliable way to measure the three OSEP-identified family outcomes. The items in the NCSEAM Family Survey are written in a manner that makes them easily understandable to parents. A copy of the NYS Family Survey used to collect family outcomes data, which also includes the adapted IFS scale, the NCSEAM Family-Centered Services Scale, and the New York State Impact on Child Scale, is attached.

The sampling methodology is stratified by municipality to ensure that the families invited to participate in the NYS Family Survey are geographically representative of the families participating in the New York State Early Intervention Program (NYSEIP). The sample of invited families, who are sent the NYS family survey, is selected so that the infants and toddlers of those invited families are representative of the gender, race/ethnicity, language, and age at referral of the NYSEIP population.

The challenge has been assuring that the families who respond to the NYS Family Survey are representative of the NYSEIP population.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? Yes



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

Submitted collection tool: [Revised Family Outcomes Survey](#)

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting data on family outcomes. Data collection to measure family outcomes was handled centrally at the state level, with the assistance of the University at Buffalo, Public Health Observatory, School of Public Health and Health Professions. A random sample of 3,599 families whose children exited the New York State Early Intervention Program (NYSEIP) between July 1, 2014 – December 31, 2014, and those who were not closed but turned three years of age between January 1, 2015 and June 30, 2015 and would be exiting the program by August 31, 2015, were invited to participate in the New York State modified version of the NCSEAM Family Survey.

The sample of families selected to participate in the NYS Family Survey were geographically representative of the families participating in the NYSEIP. The sample of families, who were sent the NYS Family Survey, have infants and toddlers who were representative of the gender, race/ethnicity, language, and age at referral of the NYSEIP population. A total of 405 (11.3%) families responded to the survey. Analyses are performed to assess whether respondents were representative of the NYSEIP population. Respondents were representative of the NYSEIP population by gender, age at referral, and race. There were slightly fewer than expected responses among people identified as being of Hispanic or Latino ethnicity.

Provide additional information about this indicator (optional)

The revisions to the NYS Family Survey were minor. The number of items were maintained. Specific items were

interchanged with new items that were developed by stakeholders as part of a research study funded by the US Department of Health and Human Services Maternal and Child Health Bureau to evaluate the impact of early intervention services on young children with autism and their families. The study included children with other developmental disabilities as a comparison group. The new items were validated during the study and could be reliably interchanged with items on the existing scales. The specific items on the survey that relate to the three OSEP-required family outcome indicators were not changed.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.13%	1.16%	1.18%	1.20%	1.22%	1.22%	1.22%	1.22%
Data		1.10%	1.09%	1.04%	1.15%	1.17%	1.16%	1.10%	1.10%	1.09%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	1.22%	1.22%	1.22%	1.22%	1.22%

Key:

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Preliminary data were presented on SPP/APR Indicator 5, including historical trend data and OSEP-approved proposed targets. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 1 with IFSPs	2,654	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	Population of infants and toddlers birth to 1	239,804	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
2,654	239,804	1.09%	1.22%	1.11%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			4.09%	4.10%	4.10%	4.10%	4.10%	4.10%	4.10%	3.95%
Data		4.56%	4.24%	4.11%	4.25%	4.41%	4.47%	4.09%	4.05%	3.95%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	4.00%	4.00%	4.00%	4.00%	4.00%

Key:

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Data were presented on SPP/APR Indicator 6, including historical trend data and OSEP-approved targets. The EICC members engaged in a thorough and thoughtful discussion of the data and voted to accept the SPP/APR as their annual report.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 3 with IFSPs	28,852	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	Population of infants and toddlers birth to 3	715,058	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
28,852	715,058	3.95%	4.00%	4.03%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find


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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		52.90%	71.30%	77.50%	84.80%	83.50%	85.20%	82.90%	82.50%	92.58%

Key:  Gray – Data Prior to Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2014 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
4263	7272	92.58%	100%	94.06%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>	2577
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

January 1, 2015 to March 31, 2015

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

As allowed by OSEP, New York is reporting data for one quarter of the Federal Fiscal Year (FFY) 2014. There were 7,272 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between January 1, 2015 and March 31, 2015.

The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of program year 2014-2015, so one quarter of FFY 2014 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

Each local program (municipality) was provided a report for infants and toddlers who were evaluated and assessed and for whom an initial IFSP meeting was required between January 1, 2015 and March 31, 2015, but not held within 45 days. Municipalities were instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: discountable delay (family problem scheduling appointment, family missed or canceled an appointment, family delayed response or consent for an appointment, or weather or other emergency declared) or non-discountable delay (difficulty identifying or assigning an evaluator or other local program administrative reasons).

There were 2,577 infants and toddlers with documented exceptional family circumstances which caused a delay in the initiation of services authorized on the IFSP. These infants and toddlers have been included in the numerator and denominator, as allowed by OSEP.

Actions required in FFY 2012 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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

Explanation of Alternate Data

As allowed by OSEP, New York is reporting data for one quarter of the Federal Fiscal Year (FFY) 2014. There were 7,272 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between January 1, 2015 and March 31, 2015.

The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of program year 2014-2015, so one quarter of FFY 2014 (January 1 to March 31) was selected for the calculation of the indicator.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2011 Findings of Noncompliance Verified as Corrected

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

There were two local programs with data findings of noncompliance from FFY 2011 that were not verified as corrected in FFY 2013-14 APR. These data findings have been verified as subsequently corrected in FFY 2014-15.

In compliance with the OSEP Memo 09-02, the Department examined data from its data systems at least one time per year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program (municipality) to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from a subsequent quarter (January to March). System findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then data were reviewed for subsequent quarters until the local program achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual case.

For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2014-June 30, 2015). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		83.30%	87.10%	81.10%	93.90%	90.20%	89.60%	90.80%	96.30%	99.16%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

The toddlers are sampled from the population of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015. While the Department has statewide data systems, local programs must complete a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). The new online data system, called NYEIS, does capture transition information, but it does not collect delay reasons. The local programs must complete a self-assessment developed by Department staff to provide delay reasons, when applicable. Given these deficiencies, the Department uses an OSEP-approved sampling methodology for calculating the transition indicators.

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

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,170	1,192	99.16%	100%	99.66%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	18
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

Data were collected for a sample of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015.

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

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

Local programs completed a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). For those exiting toddlers whose records were resident in the new web-based centralized New York Early Intervention System (NYEIS), the transition data has been incorporated in NYEIS and was collected as children exited the program. In addition, each local program received data reports for exiting children whose records were in NYEIS to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

Provide additional information about this indicator (optional)

There were 1,192 toddlers selected from 58 municipalities for the sample. Of the 1,192 toddlers, 996 were determined to be potentially eligible for the Part B Preschool Special Education Program.

All toddlers exiting NYSEIP are expected to have timely transition planning regardless of whether they are determined to be potentially eligible for the Part B Preschool Special Education Program. Of the 1,192 toddlers in the sample, 1,170 toddlers had timely transition planning, and 18 infants and toddlers had documented exceptional family circumstances which caused a delay in the transition steps and services in the IFSP.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	null	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

Five local programs (municipalities) were notified of a finding of noncompliance for this indicator in FFY 2013. All five of these local programs achieved 100% compliance based on a review of their data within one year.

In compliance with the OSEP Memo 09-02, for FFY 2013, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition steps and services. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a verification of data in the Early Intervention Program data systems. The Department ensured correction of a finding by reviewing data from a subsequent quarter (January to March). Findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then additional data were reviewed for subsequent quarters until the local program was verified as having achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition steps and services for each individual cases.

For each child with the original finding of noncompliance identified, a review of the data system verified that either timely transition steps for the child were developed, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		95.30%	97.80%	90.10%	82.60%	87.70%	95.00%	90.00%	92.80%	97.22%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

The toddlers are sampled from the population of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015. While the Department has statewide data systems, local programs must complete a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). The new online data system, called NYEIS, does capture transition information, but it does not collect delay reasons. The local programs must complete a self-assessment developed by Department staff to provide delay reasons, when applicable. Given these deficiencies, the Department uses an OSEP-approved sampling methodology for calculating the transition indicators.

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
839	996	97.22%	100%	99.06%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	149
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Describe the method used to collect these data

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

Local programs completed a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). For those exiting toddlers whose records were resident in the new web-based centralized New York Early Intervention System (NYEIS), the transition data has been incorporated in NYEIS and was collected as children exited the program. In addition, each local program received data reports for exiting children whose records were in NYEIS to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

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

- State monitoring
- State database

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

OSEP-approved geographically representative, random sample of toddlers exiting the Part C program between July 1, 2014 and June 30, 2015

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

The sample was geographically representative and representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	8	7	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

Fifteen local programs (municipalities) were notified of a finding of noncompliance for this indicator in FFY 2013. Eight of these local programs achieved 100% compliance based on a review of their data within one year. Seven local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2013, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely notification. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a review of data in the Early Intervention Program data systems. The Department reviewed data from a subsequent quarter (January to March). Findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then additional data were reviewed for subsequent quarters until the local program was verified as having achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual cases.

For each child with the original finding of noncompliance identified, a review of the data system verified that either notification was completed, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

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Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		37.10%	53.70%	78.90%	63.60%	75.10%	77.50%	80.00%	91.80%	88.53%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

The toddlers are sampled from the population of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015. While the Department has statewide data systems, local programs must complete a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). The new online data system, called NYEIS, does capture transition information, but it does not collect delay reasons. The local programs must complete a self-assessment developed by Department staff to provide delay reasons, when applicable. Given these deficiencies, the Department uses an OSEP-approved sampling methodology for calculating the transition indicators.

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



Yes



No

Please explain

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
280	996	88.53%	100%	96.46%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	685
Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	20

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

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

Data were collected for a sample of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015.

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

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information. The sample was representative of the population exiting NYSEIP based on race, ethnicity, sex, and age at referral.

Local programs completed a self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). For those exiting toddlers whose records were resident in the new web-based centralized New York Early Intervention System (NYEIS), the required transition data has been incorporated in NYEIS and was collected as children exited the program. In addition, each local program received data reports for exiting children whose records were in NYEIS to facilitate a review to ensure accuracy of data and document any necessary corrections to the data with respect to required transition steps and services.

Provide additional information about this indicator (optional)

Of the 1,192 toddlers in the sample, 996 were potentially eligible for the Part B Preschool Special Education Program. Of the 996 potentially eligible toddlers, 685 families declined the transition conference. Of the remaining 311 toddlers, 280 had timely transition conferences, and 20 infants and toddlers had documented exceptional family circumstances which caused a delay in the transition conference.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	1	1	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

Two local programs (municipalities) were notified of a finding of noncompliance for this indicator in FFY 2013. One of these local programs achieved 100% compliance based on a review of their data within one year. One local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2013, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from a subsequent quarter (January to March). System findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then additional data were reviewed for subsequent quarters until the local program was verified as having achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual cases.

For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Explanation of Alternate Data

The toddlers are sampled from the population of toddlers exiting the New York State Early Intervention Program between July 1, 2014 and June 30, 2015. While the Department has statewide data systems, local programs must complete a

self-assessment tool developed by Department staff for use when exiting toddlers' records were resident in the legacy data system, called the Kids Integrated Data System (KIDS). The new online data system, called NYEIS, does capture transition information, but it does not collect delay reasons. The local programs must complete a self-assessment developed by Department staff to provide delay reasons, when applicable. Given these deficiencies, the Department uses an OSEP-approved sampling methodology for calculating the transition indicators.

FFY 2011 Findings of Noncompliance Verified as Corrected

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

There were three local programs with data findings of noncompliance from FFY 2011 that were not verified as corrected in FFY 2013-14 APR. These data findings have been verified as subsequently corrected in FFY 2014-15.

In compliance with the OSEP Memo 09-02, for FFY 2013, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition conference. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that: the local programs correctly implemented the specify regulatory requirements 34 CFR 303.430(c), 303.342(e) and 303.344(f), and 100% correction was verified based on a review of data in the Early Intervention Program data systems. The Department reviewed data from a subsequent quarter (January to March). Findings were verified as corrected when the program achieved 100% compliance during that quarter. If 100% compliance was not achieved during that quarter, then additional data were reviewed for subsequent quarters until the local program was verified as having achieved 100% compliance.

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

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual cases.

For each child with the original finding of noncompliance identified, a review of the data system verified that either a transition conference was held, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1(a) Number resolution sessions resolved through settlement agreements	null	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1 Number of resolution sessions	null	null

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
null	null			

Actions required in FFY 2013 response

None

OSEP Response

This indicator is not applicable for the State.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			82.00%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%	90.00%
Data		80.00%	96.00%	97.00%	87.00%	81.13%	94.89%	92.08%	95.51%	95.59%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	90.00%	90.00%	90.00%	90.00%	90.00%

Key:

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 3, 2015.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.b.i Mediations agreements not related to due process complaints	62	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1 Mediations held	66	null

FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	62	66	95.59%	90.00%	93.94%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		65.09%
Data	65.09%	57.04%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	65.09%	66.50%	66.00%	66.50%

Key:

Description of Measure

Percent = # of respondent families participating in Part C who meet the State's standard (person mean \geq 576) on the New York Impact on Family Scale (NYIFS) divided by the number of respondent Part C families times 100. The State standard, described in further detail below, represents the minimum positive impact of Early Intervention Program services on family outcomes considered acceptable for accountability purposes.

State Standard: The State standard is defined as a measure \geq 576 on the NYIFS. The location of the standard is illustrated in Table 17 in the State-identified Measurable Result (SIMR) for Infants and Toddlers with Disabilities and their Families section of the State Systemic Improvement Plan (SSIP).

Families with measures that meet the standard have a very high likelihood of agreement with all the NYIFS items having a location on the scale that is lower than, or equal to, the location of the item, "Early intervention services have helped my family use services to address my child's health needs."

Calculation of Baseline Data: Baseline data for the State-identified Measurable Result (SIMR) were calculated using data from all years of administration of the NYIFS to provide a baseline with the highest degree of accuracy and stability for the mean statewide measure. Use of all available years of data also ensures adequate representation of all fifty-eight local programs, which are over-sampled periodically in accordance with an OSEP-approved sampling methodology for collection of family outcome data.

Data Collection Methods: Data for the State-identified Measurable Result (SIMR) will be collected through annual administration of the NYIFS as part of the New York State Family Survey (see Appendix 1). The NYIFS is a modified version of the Impact (of Early Intervention Services) on the Family Scale (IFS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the U.S. Department of Education to measure the three Indicator 4 family outcomes reported annually to the Office of Special Education Programs. The NCSEAM IFS has established and rigorous psychometric properties that yield valid and reliable measures of the three OSEP-identified family outcomes (Fisher, Elbaum, & Coulter, 2012). The items in the NCSEAM Family Survey are written in a manner that makes them easily understandable to parents.

Built on the robust measurement framework of the NCSEAM IFS, the NYIFS includes items generated by stakeholders, including families, providers, local and state officials, and national experts, through two separate concept-mapping projects. The first of these projects was completed as part of the OSEP-funded General Supervision Enhancement Grant (GSEG) awarded to the Department in 2004. The second concept mapping project was completed as part of a recently-completed research grant awarded to the Department by the U.S. Department of Health and Human Services, Health Services and Resources Administration, Bureau of Maternal and Child Health, to evaluate the impact of Early Intervention Program participation on children with autism spectrum disorders and other disabilities and their families.

In accordance with the recommendation made by NCSEAM, data collected from families on the NYIFS were analyzed using the Rasch measurement framework (Bond & Fox, 2001; Wright & Masters, 1982; Wright & Mok, 2000). In the Rasch framework, a series of parametric models is used to estimate the properties of each survey or test item and each respondent in such a way as to locate individuals and items on a common metric (Bond & Fox, 2001; Fischer & Molenaar, 1995; Rasch, 1960; Wright & Masters, 1982). When the data meet the requirements for good measurement – adequate item fit, high reliability, and unidimensionality – then all the information available from an individual’s responses to the items is meaningfully captured in a single numerical value representing the person’s measure on the scale. The NYIFS was found to have excellent measurement properties for its intended use.

Targets: Description of Stakeholder Input

The Department has collaborated closely with stakeholders in the development and implementation of a child and family outcomes measurement system for more than a decade. Under the auspices of the aforementioned GSEG, a core advisory group, comprised of families, providers, and public officials, was established to assist the Department in project implementation (see Appendix 2). This collaborative process yielded an outcomes framework and strong foundation on which to construct an outcomes measurement system for the NYSEIP, including development of the New York State Family Survey.

During Phase I of this project, Department staff collaborated with families, NYSEIP providers, local and state government NYSEIP staff to identify child and family outcomes important to New York State stakeholders using concept mapping methodology. Concept mapping is a participatory, mixed-methods approach which integrates qualitative group processes with multivariate statistical analyses to help a group describe its ideas on any topic of interest and represent those ideas visually through a series of related maps (Kane & Trochim, 2007). Concept mapping was used to collaborate with stakeholders to: *brainstorm* child and family outcomes that result from early intervention services; *rate* identified outcomes on the dimensions of importance and potential impact of early intervention services; and *categorize* outcomes into like ideas.

Two focus prompts were developed to which stakeholders were asked to respond: “*As a result of early intervention services, children will...*” and “*As a result of early intervention services, families will...*”

The CSGlobal project website was used with 245 stakeholders from across the state (municipalities, NYSEIP providers, and families/parents of children in the NYSEIP), who were recruited with the assistance of the core advisory group, to brainstorm child and family outcomes and later rate these outcomes on the dimensions of importance (i.e., how important the outcome is to achieve through the delivery of early intervention services) and impact (i.e., the likelihood that participating in early intervention services would help the child and family to achieve desired outcomes). Stakeholder participants generated 2091 child and family outcome statements in response to the focus prompts posted on the project website during the course of the brainstorming period. These statements were reduced to a final and manageable set of 119 specific and unique child (56 statements) and family outcome ideas (63 statements).

These 119 child and family outcome ideas were pilot-tested in two large New York State counties (Nassau and Suffolk counties on Long Island) to test the validity of new family outcomes items; to develop and test a new scale to measure the helpfulness of early intervention services in achieving child outcomes, based on family report; and to test the feasibility of incorporating the NCSEAM Family-Centered Services Scale (FCSS) into ongoing family outcome data collection efforts.

The pilot NYS Family Survey comprised three scales: the NYIFS, the New York State Impact on Child Scale (NYICS), and the FCSS. The survey included a total of 158 items. Response categories were the same for each item. Respondents were instructed to select one of the following responses: “very strongly disagree; strongly disagree; disagree; agree; strongly agree; very strongly agree”. Respondents were told to “skip any item you feel does not apply to your child or family.” Each survey was blind-coded to enable matching of responses to demographic variables contained in the NYS KIDS database.

- The NYICS items were drawn from the child outcomes generated in Phase I. The child outcomes from Phase I were reviewed and revised to ensure each statement contained just one idea, was clear, unambiguous, readable, simple and written with a syntax consistent with a family survey (in the first person). Each item began with the stem, “Over the past year, early intervention services have helped my child....”
- To construct the NYIFS, family outcomes generated through the Phase I concept mapping activities were matched to statements drawn from the NCSEAM IFS. Statements were reworded, as described above. Preference was given to NY-generated items, but a number of NCSEAM items were included to lay a

measurement framework for validating new items.

- The FCSS items measure the extent to which quality family-centered services are provided to children and families. These items were taken from the NCSEAM FCSS. The focus of this project was on outcomes, not service provision. However, the Planning Group chose to include a family-centered services scale in the pilot because of the potential value it could add in connecting outcomes to services provided. Of the 515 families invited to complete the survey, 230 families (45%) completed the survey in time to be included in the analysis. Measurement analyses revealed that each of the three scales met all of the requirements for robust measurement. Consequently, individuals' measures on these scales could be interpreted to represent, for the NYIFS, the extent to which the early intervention program helped the family achieve positive family outcomes; for the ICS, the extent to which the early intervention program helped the child achieve positive developmental outcomes; and, for the FCSS, the extent to which families perceived early intervention providers and processes to be family-centered.

Shorter versions of the NYIFS and NYICS were developed for future use by the Department. The 25-item version of the NYIFS demonstrated reliabilities of .91 and .95 for persons and items, respectively. The 25-item version of the NYICS demonstrated reliabilities of .92 and .94 for persons and items, respectively. These results indicate that shorter versions of the NYIFS and NYICS still yield highly reliable measures of the respective constructs and can provide useful information for both program evaluation and improvement planning.

Subsequent to the completion of the field study, a short form of the survey was developed for use at the State level. This abbreviated version of the NYS Family Survey included the NYIFS used to measure OSEP-required family outcomes, the NYICS, and the NCSEAM FCSS (see Appendix 1).

The NYS Family Survey in its current form has been in use since 2008 to collect and report family outcome data for Annual Performance Report Indicator 4A, B, and C. The combined data set gives New York State a powerful tool to examine the relationship between child and family outcomes; family-centered services and child and family outcomes; and, the impact of service delivery parameters (e.g., type of service, intensity of services, service provider) on family and child outcomes.

In 2010, the Department received a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal Child Health Bureau, to evaluate the impact of early intervention services on children with autism spectrum disorders and their families, and a comparison group of children and families with other disabilities. As part of this research project, concept-mapping was again used with New York State and national stakeholders to identify child and family outcomes expected to result from early intervention services for children with ASD and their families. Child and family outcome items generated through this project were integrated into a family survey used to collect data from families participating in this research project. Results of survey responses provided by 262 families (n=167 families of a child with ASD and 95 families of a child with a developmental delay or disability other than ASD) demonstrated that ASD and non-ASD families responded similarly to the new items, providing further evidence for the validity of the scale for families participating in the NYSEIP, regardless of their child's developmental problem or diagnosed condition.

Under the auspices of this grant, the Department convened two webinars and an in-person meeting with key stakeholders (see Appendix 3 for a list of standard setting meeting participants) in July 2014, including families, early intervention program professionals in New York and other states, and members of New York's Early Intervention Coordinating Council (EICC) and Early Childhood Advisory Council (ECAC), to establish standards for the minimum level of positive family outcomes achieved by families as measured by the Impact on the Family scale.

Participants were presented with an expanded list of family outcome items (original items and items identified through the research project) listed in order according to the degree to which parents/families in the research study reported that EI services helped their family to achieve the content of each item. Participants were asked to identify the point on the measurement line, defined in terms of families' agreement with the items up to that point on the line that represents the minimum impact of early intervention services on family outcomes that were considered to be acceptable for accountability and program evaluation purposes.

For the standard setting task, items were grouped into strata, or bands, representing items with approximately equivalent difficulty parameters. Participants were invited to consider the items within each band as being of similar "agreeability." Participants were asked to reach consensus on the following question: "Starting at the lowest band and moving upward, at what point in the progression of bands do you think the content provides a satisfactory level of helpfulness to families in achieving outcomes expected to be achieved by participating in the Early Intervention Program?"

Through a consensus process, participants selected the point on the measurement line corresponding to a measure of 576. A similar process was used to establish standards for the Impact on Child and Family-Centered Services Scale.

On March 12, 2015, Department staff and Dr. Batya Elbaum, from the University of Miami, collaborated with members of the EICC to reach agreement on the State Identified Measurable Result (SIMR), and to discuss target setting for the SIMR. Members of the EICC unanimously recommended the use of the NYIFS and stakeholder-recommended State standard for measurement of the SIMR. In setting targets, EICC members urged the Department to set reasonable and achievable targets for the SIMR, recognizing the size, scope, and diversity of New York State's Early Intervention system.

Based on this advice, and consistent with the coherent improvement strategy and theory of action, which will phase in cohorts of local municipal programs (including one or more boroughs of New York City (NYC) each year), the following methodology was used to finalize targets for the SIMR:

Utilizing all available data (from all years of data collection), the baseline percent of families with measures of 576 or above on the NYIFS is 65.09%. Statewide Targets are:

2015-16	65.09 (no change – implementation has just started)
2016-17	65.50 (change of +.41%)
2017-18	66.00 (change of +.50%)
2018-19	66.50 (change of +.50%)

The first phase of implementation will begin immediately after approval of the SSIP. However, given that approval will be obtained at the end of FFY 2014-15, the first year of

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

implementation will effectively be 2015-16. Beginning in that year, and every year thereafter for 3 years, counties will be phased in following the plan in Table 1 below:

Table 1. Plan to Phase-in of Local Programs for Implementation of SSIP

FFY	2014-15	2015-16	2016-17	2017-18	2018-19
Counties	Small Counties (n = 20)		Medium (n = 20)	Large (n = 15)	Long Island (n = 2)
	New York (n = 1)		Kings (n = 1)	Queens (n = 1)	Bronx, Richmond (n = 2)
N of Counties	21		21	16	4

Considerations

The phase-in of counties

Overall, Nassau and Suffolk had the highest percentage of families meeting the NYIFS standard, followed by the large counties. Small counties, in the aggregate, had the lowest percentage of families meeting the standard. Thus, improvement activities will begin with the small counties.

Table 2. Performance of Local Programs on NYIFS, Aggregated by Size

	N	Minimum	Maximum	Mean	SD
1 – Small Counties					
NYIFS % that met the 576 standard	20	.27	1.00	.59	.15
2 – Medium Counties					
NYIFS % that met the 576 standard	20	.47	.77	.62	.08
3 – Large Counties					
NYIFS % that met the 576 standard	15	.56	.75	.67	.05
4 – Long Island Counties					
NYIFS % that met the 576 standard	2	.66	.71	.69	.04
5 – New York City Counties					
NYIFS % that met the 576 standard	5	.58	.66	.61	.03

The phase-in of NYC boroughs

For counties in NYC, the percent of families who met the NYIFS standard ranged from .58 (Kings and New York) to .66 (Richmond). Thus, the NYC counties were included in the Phase-in in an order reflecting their need for improvement, i.e., beginning with NY and Kings (Brooklyn), then Queens, then the Bronx and Richmond (Staten Island).

Table 3. Performance of NYC Boroughs on NYIFS

	County	FIPS	NYIFS n that met the 576 standard	NYIFS % that met the 576 standard
1	Bronx	5.00	189.00	.63
2	Kings	47.00	291.00	.58
3	New York	61.00	122.00	.58
4	Queens	81.00	253.00	.60
5	Richmond	85.00	60.00	.66
Total	N	5	5	5

How much improvement is feasible, and how local improvements will affect the statewide percent of families meeting the standard

Table 4 below displays the percentage of families within each Phase-in cohort who met the SSIP NYIFS standard (see Appendix 4 for a list of counties included in each SSIP cohort).

Table 4. Percentage of Families who met the State Standard of 576 or greater, Aggregated by Local Program cohort group

Phase-in Cohort	Number of Counties	Total Number of Respondents	% of families who met the standard of 576 on NYIFS
1	21	619	.59
2	21	1252	.62
3	16	3333	.67
4	4	1297	.67

We estimate that Phase-in Cohort #1, as a whole, can increase their percentage of families meeting the standard by two percentage points - from 59% to 61% - over the course of the SPP. They have the lowest overall percentage at baseline, but the longest period of time in which to make improvements.

For Cohort #2, we project an improvement of one percentage point, from 62% to 63%, by 2018-19.

For Cohort #3 and Cohort #4, we project an improvement of one percentage point, from 67% to 68%.

In the baseline period, family survey respondents from Phase-in Cohort #1 represented 9.5% of the aggregated responding NYSEIP population; Phase-in Cohort #2, 19.3%; Phase-in Cohort #3, 51.3%; and Phase-in Cohort #4, 20%. If each Phase-in Cohort meets its target, and continues to represent approximately the same percent of the NYSEIP population, then in the final year of the SSIP, the improvement of each Phase-in Cohort would contribute to the overall statewide percent on Indicator 11 as follows:

Phase-in Cohort #1: $9.5\% \times .61 = .059$

Phase-in Cohort #2: $19.3\% \times .63 = .122$

Phase-in Cohort #3: $51.3\% \times .68 = .349$

Phase-in Cohort #4: $20.0\% \times .68 = .136$

Projected % at end of SPP: $.666 = 66.6\%$ of families \geq the State standard

Overview

Phase I Overview

Background

The U.S. Department of Education, Office of Special Education Programs (OSEP) has established a new requirement on state lead agencies for the Part C Early Intervention Program to develop a State Systemic Improvement Plan (SSIP), which is a new "Indicator 11" to be incorporated in the State Performance Plan/Annual Performance (SPP/APR) report and intended to address OSEP's new Results Driven Accountability (RDA) focus. The focus of the SSIP must be on either a child outcome, family outcome, or constellation of outcomes related to the child and family outcome indicators currently reported in SPP/APR.

Extensive data analyses and synthesis were required to prepare the SSIP. Bureau of Early Intervention (BEI) staff completed analyses of infrastructure using all available data sets for the Early Intervention Program. BEI staff were assisted in completing data analyses on child and family outcome data by staff of the University of Buffalo, School of Public Health Professions (UB) and Dr. Batya Elbaum, University of Miami. UB staff and Dr. Elbaum have collaborated with BEI for a decade in collection of child and family outcomes data for the Early Intervention Program.

On March 12, 2015, the EICC was convened for a special afternoon session of their quarterly meeting to review data analyses completed by Department staff and collaborators documented in the SSIP Data Analysis Plan and provide a recommendation to the Department on selection of the New York State Identified Measurable Result. Dr Elbaum facilitated the meeting. Child and family outcome data, as well as infrastructure data, were reviewed and discussed with EICC members. At the conclusion of this discussion, EICC members **unanimously** endorsed *positive family outcomes*, as measured by the State standard on the NYIFS, as New York State's SIMR.

The following summarizes each of the required sections of the SSIP.

Baseline and Target

This section presents the baseline and target data for the State Identified Measurable Result (SIMR - positive family outcomes). Data were aggregated across years for which family data on the New York State Impact on Family Scale were available (2008-2013) to establish the baseline for the SIMR. Currently, 65.09% of families meet the standard established with stakeholders for this scale (>=576 on the scale).

Improvement targets were required to be established for FFY 2014-2018. In discussions with the EICC, EICC members urged the Department to be conservative in establishment of improvement targets, recognizing the size, scope, and diversity of New York's Early Intervention Programs. Given that improvement activities will only be initiated in FFY 2014, improvement targets for FFY 2014 and 2015 are maintained at baseline (65.09%). OSEP requires the improvement target for FFY 2018 to be higher than baseline. The FFY 2018 improvement target is 66.6% (an increase of 1.5%).

Data Analysis Section

This section describes the extensive analyses completed by BEI staff and Dr. Elbaum on child and family outcomes data, including how multiple variables influence child and family progress in attaining expected outcomes. Data were analyzed at the State and county levels (for purposes of these analyses, New York City boroughs were analyzed separately). The following summarizes major findings presented in this section:

Indicator 3 Child Outcomes Data (the percent of children who make progress or attain age-typical development the following areas: social emotional, including positive social relationships; acquisition of knowledge and skills, including early language and communication; and, use of appropriate behaviors to meet needs).

When examining child-level data, the following results were found:

- No definitive upward or downward trend in child progress across all three outcome areas, when examining the five most recent years of child outcome data. There was a downward trend in the percent of children exiting the program at expected developmental levels across all three outcome areas. This may be explained by changes to the NYSEIP eligibility criteria in 2010, which implemented more stringent eligibility criteria for children with communication (speech language) delays.
- Analyses comparing children's developmental status in each of the three outcome areas on entry to the program with status on exit demonstrated that children who enter below age level make progress, while approximately 25% of children who enter at age level in an outcome area regress compared to typically developing peers. These results are difficult to interpret. The apparent regression in an outcome area may be related to emerging developmental concerns or and may be attributable to a "ceiling affect" of the Child Outcomes Summary measurement (ratings are from a low of 1 to a high of 7, and may not be reflective of children whose developmental progress exceeds those ratings).
- For all three child outcome areas, the pattern related to progress and attainment of age-typical development was the same across years and across children who entered below or at age level.
- When examining level of progress achieved by children with specific diagnoses (e.g. autism), some differences were found but these differences were not highly significant or compelling.
- Severity of delay on entry to the NYSEIP was positively correlated with total number of hours (the more severe the child's delay on entry, the more hours of service provided). Both severity of delay and total hours of service were *inversely* related to children's progress.
- Progress was greater for females than for males.
- Children enrolled in the Medicaid Program made less program when compared to all other children in the program with outcomes data.
- No statistically significant differences were found in children's progress when examining the mean change in COS scores for the seven categories of race/ethnicity.

When examining county-level data (child and family outcomes data aggregated up to the county level and compared with demographic data for the county), the following results were found:

- For children entering the program below age level in outcome areas B (acquisition of knowledge and skills/language) and C (use of appropriate behaviors to meet needs), child progress was *inversely* related to the percentage of teen births in the county.
- For children entering the program below age level in outcome C (use of appropriate behaviors to meet needs), child progress was *inversely* related to the percentage of children residing in the municipality ages 0-4 and living in poverty.
- For children entering the program at age expectations in an outcome area, child progress in all three outcome areas was *inversely* related to the percent of low weight births, percent of Hispanic children

ages 0-4, and percent of non-white children ages 0-4 in the county.

- For children entering the program at age expectations in an outcome area, child progress in all three outcome areas was *inversely* related to the percent of low weight births in the county.

The following conclusions were drawn from these analyses:

- The analyses of child outcomes data did not yield a clear direction, or provide a compelling basis for the theory of action.
- The pattern of progress across all three child outcome areas was similar and progress across the three outcome areas are highly correlated.
- Data analyses did not yield a specific sub-population on which to focus to improve child outcomes.
- Data analyses did not yield evidence to support any specific strategies for improving child outcomes.
- It is important to note that children in the Medicaid Program make less progress when compared to all other children participating in the NYSEIP. This may be because family needs and circumstances for this population are more complex and are not sufficiently addressed by access to early intervention services alone.

Indicator 4 Family Outcome Data: The percent of families who report early intervention services helped them know their rights; communicate effectively about their child with others; helped their child develop and learn.

When examining family outcomes data at the individual level, the following results were found:

- The trends in all three Indicator 4 family outcomes have been relatively stable over time.
- Neither the developmental status of children (level of severity of delay) on entry to the program nor the presence of a reported diagnosed condition with a high probably of developmental delay appeared to have an impact on attainment of family outcomes.
- The mean score on the NYSIFS varied widely across counties, as did the percent of families who met the State standard for minimum positive impact of Early Intervention Program services on family outcomes considered acceptable for accountability purposes.
- The percent of families who reported receiving the minimum level of quality family-centered services varied widely across counties.
- Quality of early intervention services, as measured by the national FCSS is very highly and positively correlated with improved family outcomes as measured by the NYIFS.
- The FCSS and NYIFS are highly correlated with improvements for children who enter age expectations in an outcome area across all three outcome areas. As mentioned earlier, these results must be interpreted with caution, owing to the possible ceiling effects of the COS. It is possible, however that the data indicate that early intervention services are helping parents maintain children's development on a positive trajectory or preventing children's development from regressing.
- Family Outcomes as measured by the family-reported NYIFS, and child outcomes as measured on by the NYICS scale were positively correlated with severity of developmental delay on entry to the program (the more severe a child's delays, the greater the positive impact on family outcomes and the higher the perceived level of helpfulness in attaining child outcomes).
- Families in the Medicaid program reported a higher level of helpfulness of early intervention services in attaining family outcomes.
- There were some differences in family outcomes by racial and ethnic groups. Hispanic families reported greater positive impact on family outcomes. Asian families had the lowest scores on the NYIFS, followed by African-American families.

When examining family outcomes data at the county level, the following results were found:

- There is high variability in the level of positive family outcomes and family centered services reported by families across counties.
- Analyses to determine whether there were interactions between family outcomes and family-centered services, race, and Medicaid status were not significant (i.e., Medicaid status and race to not affect these measures differently across counties).

The following summarizes the conclusions from analyses of family outcome data.

- The extent to which families are achieving Indicator 4 family outcomes has remained static over the five most recent years of available data.
- There is evidence to support the relationship between family outcomes, family-reported helpfulness of early intervention services in the attainment of child outcomes, and progress in some child outcome areas as measured by the COS.
- There is significant variability across counties in attainment of family outcomes.
- There is significant variability across counties in the extent to which families report they received a minimum level of quality family-centered services.
- Interaction analyses examining Medicaid status and race at the county level indicate that these demographic variables do not impact family outcomes differently in different counties – the direction of the effect is constant.

Analysis of State Infrastructure to Support Improvement and Build Capacity

This section provides an extensive analysis of data for the FFY 2013 Program Year (July 1, 2013-June 30, 2014) on the number of children receiving NYSEIP services, race/ethnicity of children and families participating in the program, reasons for eligibility, units of EIP services delivered, types of services delivered, and an extensive capacity analysis of providers available to deliver EIP services. These data are presented on pages 24 through 26 of the SSIP. Highlights include the following:

- From July 1, 2013 to June 30, 2014, there were 7,389,063 early intervention services provided. Of these services, 20% were service coordination, 1.5% were evaluations, and 78.5% were general services. Special instruction, speech language pathology, physical therapy and occupational therapy comprise almost 97% of the general services that were provided.
- There were 1,063 entities that oversaw the delivery of services and claimed for reimbursement of those services. There were 380 agencies, 628 individual practitioners, and 55 municipal providers of services.
- The billing agencies employ a mean of 55.0 individual rendering providers, but the median is 20.0 individual rendering providers. There are agencies in New York City with over 1,000 employees. The agencies provided services to 437.1 infants and toddlers on average, but the median was 155.5 infants and toddlers.
- The largest agency in New York City served over 9,000 infants and toddlers and provided over 400,000 services during the year. The agencies served almost 3 counties each, but the range is between 1 and 15 counties in their service areas.
- The individual practitioners, who are more commonly in the more rural areas of the state, on average served 14 infants and toddlers and provided 391 services during the year. Individual practitioners served just over one county on average but the range was from 1 to 5 counties served. There were 55 municipal providers which most commonly provide initial service coordination; some municipal providers able to complete evaluations as well.
- To assess capacity, a ratio of infants and toddlers to rendering providers was calculated. Statewide, the overall ratio is 5.5 to 1; however, the ratio differs by type of service. For service coordination, the ratio was 51.0 to 1 and for evaluation 16.5 to 1. For general services the ratio was 4.2 to 1. Among general service providers, there was a range with speech language pathologists having a ratio of 10.0 to 1, occupational therapists were 9.7 to 1, special instructors were 5.2 to 1, and physical therapists were 13.4 to 1.
- Based on an assumption that providers would be available to provide services 200 days out of the year, the rendering provider was categorized as high volume (four or more services per day), medium volume (two to less than four services per day), or occasional (less than two services per day). The majority of rendering providers deliver less than two services per day (66.9%). Occupational therapists are the highest at 74.7% delivering less than two services per day while physical therapists are the lowest at 61% delivering two or less service per day. Overall, only 15.4% of rendering providers are delivering four or more services per day.

This section also describes, as required, the Department's infrastructure for managing the Early Intervention Program (e.g., monitoring, professional development, etc.). These activities reflect sections of the SPP/APR previously submitted to OSEP.

In addition, this section describes Other State-level Improvement Plans and Early Learning Initiatives, including:

- The Bureau of Early Intervention (BEI), which administers the NYSEIP for the Department, is situated organizationally within the Division of Family Health (DFH). DFH is also leads the Department's administration of New York State's Title V Maternal Child Health Services Block Grant (MCHBG) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding under the auspices of U.S. Department of Health and Human Services (DHHS).
- As required by DHHS, the Division is currently developing New York's full Title V MCHSBG application, including a comprehensive Needs Assessment that will assist NY to select maternal child health priorities and develop a five-year State Action Plan by six population health domains, one of which is children with special health care needs. Division leadership believes the NYIFS and the SSIP focus on positive family outcomes and family-centered services will directly inform the Division's work with all children with special health care needs and their families. Strategies to incorporate the focus on the SSIP into New York's focus on children with special health care needs are being explored. BEI staff have been actively engaged in the MCHBG application development process, including participating in community needs assessments with professionals and families.
- The Division's MIECHV funding supports evidence-based home visiting programs with demonstrated positive outcomes in maternal, child health, and child maltreatment, including 5 Nurse-Family Partnership and 5 Healthy Families NY home visiting programs home visiting program encompasses 16 home visiting programs located in 8 counties in New York State. New York was recently awarded an expansion grant of \$7.7 million which will fund an additional seven home visiting projects. Division staff collaborate to ensure that home visiting programs are informed about the importance of developmental screening and how to refer infants and toddlers with suspected delays in development to the NYSEIP.
- Division staff, including BEI staff, have been actively engaged with the Department's Office of Health Insurance Programs (OHIP) to implement Health Homes for children in the Medicaid Program, including coordination of NYSEIP service coordination services with Health Home Care Management, recognizing that a subset of Medicaid children in the NYSEIP will be eligible for health home care management. The Children's Health Home initiative provides an important opportunity to ensure that infants and toddlers with disabilities in the Medicaid Program and their families have access to comprehensive care management to coordinate their complex health and developmental needs.
- New York State's Early Childhood Advisory Council, under the auspices of the New York State Council on Children and Families, <http://ccf.ny.gov/council-initiatives/ecac/>, was formed in 2009 to provide advice on issues related to young children and their families. The Department has two representatives (the Director of the Division of Family Health and the co-Director of BEI) on New York State's Early Childhood Advisory Council (ECAC). In addition, two members of the EICC are also members of the ECAC. Recently, a joint task force with representatives from the EICC and ECAC has been established on social emotional development.
- The ECAC has six work groups, one of which is the Strong Families Work Group. The co-chairs of the ECAC, one of whom is a member of the EICC, have expressed their commitment to collaborating with the Department in implementation of the SSIP. In addition, the ECAC Strong Families Work Group is interested in exploring ways to use the NYSIFS and FCSS scales in other early childhood settings.
- The Department's DFH has a strong collaborative relationship with the New York State Council On Children and Families (CCF), the Executive Branch agency responsible for coordinating the State's efforts to promote a comprehensive early childhood services system. DFH staff work closely with CCF staff on a variety of early childhood initiatives, including the Head Start Collaboration Project, the Early Childhood Comprehensive Services Grant, QualityStarsNY, and Project Launch.
- The Department collaborates closely with the New York State Education Department to coordinate the NYSEIP and Part B 619 preschool special education programs and services, particularly in the areas of transition and data exchange.
- New York State is not the recipient of an Early Learning Challenge Grant. Two applications for this grant opportunity were submitted and unfortunately were not funded. State agency partners involved in development of these applications, including the Department, State Education Department, and CCF continue to collaborate to improve the quality and coordination of early childhood services for all young

children and their families, including infants and toddlers with disabilities and their families.

State-Identified Measurable Result

This section includes the required statement on the State Identified Measurable Result and stakeholder (EICC) input on the selection of the measurable result. The statement is as follows:

Statement: Increase the percentage of families exiting the New York State Early Intervention Program (NYSEIP) who report that NYSEIP helped them achieve the level of positive family outcomes defined in conjunction with stakeholders as representing the State standard.

The EICC unanimously and enthusiastically recommended this SIMR to the Department in a motion at the conclusion of the March 12, 2015 EICC meeting, during which the child and family outcomes data and infrastructure data presented above were analyzed and presented to members. The following are some of the comments offered by EICC members in support of the SIMR:

- The Early Intervention Program has a responsibility to children and their families and it is important to recognize the family’s role in nurturing, supporting, and improving children’s development.
- Selection of a family outcome(s) offers an important opportunity to state clearly that families need to be involved in all aspects of early intervention services delivered to their child and family.
- Family outcomes is strongly supported. The NYSEIP has more control and more capacity to have an impact with families – this is a lifetime path for families and the NYSEIP has a powerful opportunity to be a positive influence on families and their young children with disabilities.
- In addition to family outcomes, support for social emotional development is voiced, and efforts to improve and enhance children’s social emotional development – including through families.
- Selection of global/positive family outcomes is strongly supported. In addition to Indicator 4A, B, and C, two other family outcomes were identified in early national conversations – “families have support systems” and “families have access to support systems”. There is a strong need for the NYSEIP to address the broad spectrum of family outcomes expected and achievable for families participating in the early intervention program.
- Families informed the outcomes to be achieved for families and the process for family-centered services at the national and state levels.

Selection of Coherent Improvement Strategies

This section describes the Department’s planned use of IHI Breakthrough Series/Learning Collaborative approach to work with counties, families, and EIP providers to increase positive family outcomes by increasing family-centered services.

The Breakthrough Series is a proven, data-driven, evidence-based approach to improving service delivery quality with four successive cohorts of local programs to improve positive family outcomes by improving the quality of family-centered early intervention services delivered to infants and toddlers and their families participating in the NYSEIP. These four successive cohorts will allow for statewide implementation of coherent improvement strategies, engaging NYSEIP local programs and service providers in evidence-based family-centered practices in early intervention service delivery and families as partners meaningfully involved in promoting and enhancing their children’s development.

The Family-Centered Practices Learning Collaborative cohorts will be phased-in over the course of the SSIP as follows:

FFY	2014	2015	2016	2017	2018
Local Program Cohorts	Small Counties		Medium	Large	Long Island
	New York/Manhattan		Brooklyn	Queens	Bronx, Richmond

The Department will establish the New York State Quality Improvement Team (NYSQIT) to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives. The NYSQIT will include Department staff, representatives of the EICC and ECAC (including parent representatives and state agency partners), and NYSEIP local program and service provider representatives. The NYSQIT will be formed by July 1, 2015, and will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives.

The NY Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the upcoming FFY 2014 data collection period, all families residing in small population counties and the county of New York (Manhattan) will be invited to participate in NY Family Survey. These data will provide a baseline on the suite of family-reported measures (the NYIFS, NYICS, and FCSS) for the first cohort of the Family-Centered Learning Collaborative.

Family-Centered Practices Learning Collaboratives will use these and other data to identify and understand the root causes in their communities for low performance in delivering quality family-centered services and achieving positive family outcomes. The NYSEIP is a large and complicated system. There is a diversity of geography, demographics, and families in New York State. As such, strategies will have to be tailored to the particular circumstances within a county or region of the State. Improvement teams from NYSEIP local

programs, including service providers and families, who are extremely familiar with their regions, local infrastructure and resources, and families referred to their local EI programs, will develop improvement plans that are specific to their areas. Plans will also be shared across local programs to enable all improvement teams to capitalize on the strategies developed by teams working in similar contexts.

Each team participating in the Family-Centered Practices Learning Collaborative cohorts will learn quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions. At the same time, each team will collect monthly data on measures to track improvements. Learning is accelerated as the Collaborative teams work together and share their experiences through monthly reports, Learning Sessions, conference calls and e-mail.

Data Analysis

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

The Department completed a thorough analysis of available state data related to child and family outcomes collected and reported in the Annual Performance Report (APR). The data sets used for analysis were as follows:

1. Children (n=7,624) served in the NYSEIP whose Child Outcomes Summary (COS) data were utilized for state APR reporting on Indicator 3 between 2009 and 2013.
2. Families (n=6522) who responded to the NYS Family Survey used for state APR reporting on Indicator 4 between 2008 and 2013
3. The subset of data sets (1) and (2) that included cases with both COS ratings and family survey measures, n = 258.

Additional data from the US Census, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the Kids' Well-being Indicators Clearinghouse, and the National Survey of Children with Special Healthcare Needs was compiled and reviewed. Data that were determined to be relevant to the data analysis, infrastructure analysis and selection of the SIMR are reported in the appropriate SSIP sections.

Brief Review: Child Outcomes Data Collection and Analysis

Data reviewed were for APR Child Outcome Indicators 3A, B, and C, which are defined as follows:

The percent of Infants and toddlers with IFSPs who demonstrate improved:

1. Positive social emotional skills (including social relationships)
2. Acquisition and use of knowledge and skills (including early language and communication)
3. Use of appropriate behaviors to meet their needs

The Child Outcomes Summary process, developed by the National Early Childhood Outcomes (ECO) Center, used for collecting child outcome data is completed twice by the Individualized Family Service Plan (IFSP) team: at the first IFSP and the IFSP closest to the child's exit from the NYSEIP. IFSP teams at a minimum include the child's parent(s), evaluator and/or providers who participated in the child's evaluation and/or assessment; the local early intervention official; and, the service coordinator. Each child receives a score of one to seven in each child outcome area. A score of one indicates that the child does not yet show functioning expected of same-aged peers in any situation; a score of seven indicates the child shows functioning expected of same-aged peers in everyday situations that are a part of the child's life. (See Appendices 5 and 6 for the COS entry and exit forms used for collection of child outcome data).

Child outcomes data were analyzed in accordance with summary statements used for APR purposes, as follows:

Summary Statement 1: Of those children who entered or exited the program below expectations in the outcome area, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (progress categories c+d)/(progress categories a+b+c+d)

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in the outcome area by the time they turned 3 years of age or exited the program (progress categories d+e)/(progress categories a+b+c+d+e).

Progress categories, as defined in the APR, are as follows:

1. Infants and toddlers who did not improve functioning.
2. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.
3. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

4. Infants and toddlers who improved functioning comparable to same-aged peers.
5. Infants and toddlers who maintained functioning at a level comparable to same-aged peers.

Descriptive analyses were conducted to provide a better understanding of patterns of progress across time, across the three outcome areas, and across subgroups of children. Correlations and analyses of variance were used to investigate associations between children’s progress and key child, family, service-delivery, and contextual (county-level) variables.

Data Analysis and Results: Child Outcomes

Trends in Child Outcome

Summary Statement #1 – Percent of Children who Showed Increased Rate of Growth

Indicator 3 Summary Statement percentages across years were examined for trends. For Summary Statement #1, children’s progress in outcome area A (social emotional development) was consistently below their progress in the other outcome areas. The longitudinal picture is one of variability over time without a definitive trend in either the upward or downward direction.

Figure 1. Trend over time in Child Outcomes Summary Statement 1

Summary Statement #2 – Percent of Children Who Exited Comparable to Peers

For Summary Statement #2, the data showed a downward trend for all three outcome areas, with results for outcome area A being the most positive, followed by outcome area B and outcome area C. It was hypothesized that a significant contributor to the downward trend in the percent of children exiting comparable to same-age peers is the state’s adoption of more stringent eligibility criteria for children with delays in communication development beginning in July 2010. Children who entered under the new eligibility criteria, who on average had more significant delays than previous cohorts, would have accounted for an increasing percentage of exiting cohorts beginning in 2011-12.

Figure 2. Trend over time in Child Outcomes Summary Statement 2

Children’s progress by COS entry status

The primary outcome variables used to capture children’s progress were:

- DiffA, defined as the exit COS score (1 to 7) for Outcome A minus the entry COS score (1 to 7) for Outcome A.
- DiffB, defined as the exit COS score (1 to 7) for Outcome B minus the entry COS score (1 to 7) for Outcome B.
- DiffC, defined as the exit COS score (1 to 7) for Outcome A minus the entry COS score (1 to 7) for Outcome C.

Table 5 below shows the mean change score (exit minus entry) for children who entered below age expectations, or at age expectations, in each outcome area. These data show that mean values for children entering below age expectations in an outcome area are all positive, while the mean values for children entering at age expectations are all negative. This finding may be explained, in part or wholly, by the fact that the range of possible change scores is severely truncated, on one side, for children who enter at either the low or high end of the discrete COS scale. Consequently, aggregated progress measures based on the scale should be interpreted with caution.

Table 5. Children’s Progress by Child Outcome Summary Entry Status

A-Social-emotional		B- Acquisition of knowledge/skills		C-Uses Appropriate Behaviors	
Entered below age	Entered at age	Entered below age (n=6093)	Entered at Age (n=1531)	Entered below age (n=6411)	Entered at age (n= 1213)
(n=5071)	(n=2553)				
1.28	-0.46	1.48	-0.42	1.56	-0.41

Pattern of children’s progress by entry group and outcome area

Children’s progress in each of the outcome areas was analyzed by children’s COS rating on entry, wherein the COS ratings were defined as Well Below Age (COS ratings of 1-2), Below Age (Cos ratings of 3-5) and At Age (COS ratings of 6-7). A seen in the charts below, the pattern of children’s progress by entry rating was very similar across outcome areas.

Figure 3. Children’s progress in social emotional development by the child outcome summary rating at entry

Figure 4. Children’s progress in acquisition and use of knowledge and skills by the child outcome summary rating at entry

Figure 5. Children’s progress in use of appropriate behaviors by the child outcome summary rating at entry

Differences in children’ progress by diagnosis

The progress of children who entered NYSEIP below age expectations with specific diagnoses was compared to the progress of all other children who entered NYSEIP below age expectations. Table 6 shows the results for each outcome area. For example, within the group of all children who entered below age expectations in the social emotional outcome (outcome A), there was no statistically significant difference in the amount of progress made by children with a diagnosis of ASD compared to children without ASD. The signs “>” and “<” are used to denote the direction of statistically significant effects.

Table 6. Progress of children who entered below age expectations with specific diagnoses compared to all other children who entered below age expectations

Diagnosis	Outcome A – Social Emotional	Outcome B – Acquisition/knowledge	Outcome C – Uses appropriate behaviors
ASD	=	<	<
Apraxia	=	=	>
Hearing	=	=	=
Cleft	=	=	=
Down	=	<	<
Prematurity	>	>	=

Associations between the severity of the child’s delay, total hours of direct services received in NYSEIP, and progress in the three outcome areas

Severity of delay was calculated across developmental domains, based on children’s initial multidisciplinary evaluation on entry to the NYSEIP, with a score of zero assigned if there is no delay, a score of 0.5 is assigned if there is a delay between one and two standard deviations below the mean, and a score of one is assigned if there is a delay of two or more standard deviations below the mean for each domain. Thus, the severity score could range from zero to five.

DiffA_Below_Age, DiffB_Below_Age, and DiffC_Below_Age refer to mean COS difference scores (exit minus entry) for children entering below age expectations in a given outcome area (DiffA=Social emotional development, DiffB=Acquisition of knowledge and skills, DiffC=Uses appropriate behaviors to meet needs). The variables DiffA_At_Age, etc. refer to mean COS difference scores for children entering at age expectations.

Using Pearson Correlation, the severity of delay was positively correlated with total number of hours of direct services received (0.418, p<0.0005).

Severity was inversely related to children’ progress in outcome areas for social emotional development (outcome A), acquisition of knowledge and skills (outcome B), and use of appropriate behaviors (outcome C) (-0.042, -0.076, -0.134, respectively, with p<0.0005). Total hours of direct service was also inversely related to children’ progress, but total hours of service was correlated with the severity of delay.

Table 7. Correlations among child progress areas and level of delay and total number of service visits

		Level of Delay	Total Service Visits	DiffA_Below_Age	DiffB_Below_Age	DiffC_Below_Age	DiffA_At_Age	DiffB_At_Age	DiffC_At_Age
Level of Delay	Pearson Correlation	1	.418**	-.042**	-.076**	-.134**	-.292**	-.235**	-.210**
	Sig. (2-tailed)		.000	.003	.000	.000	.000	.000	.000
	N	7602	7602	5057	6078	6399	2545	1524	1203
Total Service Visits	Pearson Correlation	.418**	1	-.020	-.048**	-.072**	-.281**	-.315**	-.274**
	Sig. (2-tailed)	.000		.160	.000	.000	.000	.000	.000
	N	7602	7624	5071	6093	6411	2553	1531	1213
DiffA_Below_Age	Pearson Correlation	-.042**	-.020	1	.626**	.569**	. ^b	.497**	.503**
	Sig. (2-tailed)	.003	.160		.000	.000	.	.000	.000
	N	5057	5071	5071	4563	4577	0	508	494
DiffB_Below_Age	Pearson Correlation	-.076**	-.048**	.626**	1	.609**	.514**	. ^b	.497**
	Sig. (2-tailed)	.003	.160	.000		.000	.000	.000	.000

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

		Level of Delay	Total Service Visits	DiffA_Below_Age	DiffB_Below_Age	DiffC_Below_Age	DiffA_At_Age	DiffB_At_Age	DiffC_At_Age
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.	.000
	N	6078	6093	4563	6093	5406	1530	0	687
	Pearson Correlation	-.134 **	-.072 **	.569 **	.609 **	1	.466 **	.455 **	.b
DiffC_Below_Age	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.	
	N	6399	6411	4577	5406	6411	1834	1005	0
	Pearson Correlation	-.292 **	-.281 **	.b	.514 **	.466 **	1	.709 **	.691 **
DiffA_At_Age	Sig. (2-tailed)	.000	.000	.	.000	.000	.000	.000	.000
	N	2545	2553	0	1530	1834	2553	1023	719
	Pearson Correlation	-.235 **	-.315 **	.497 **	.b	.455 **	.709 **	1	.770 **
DiffB_At_Age	Sig. (2-tailed)	.000	.000	.000	.	.000	.000	.000	.000
	N	1524	1531	508	0	1005	1023	1531	526
	Pearson Correlation	-.210 **	-.274 **	.503 **	.497 **	.b	.691 **	.770 **	1
DiffC_At_Age	Sig. (2-tailed)	.000	.000	.000	.000	.	.000	.000	
	N	1203	1213	494	687	0	719	526	1213

** . Correlation is significant at the 0.01 level (2-tailed).

b. Cannot be computed because at least one of the variables is constant.

Children’s progress by gender, Medicaid eligibility, and race/ethnicity

Progress was greater for females than males in five out of six comparisons (which is comprised by the three child outcome areas (social emotional, knowledge and skills, and appropriate behaviors) by two groups for those infants and toddlers entering below age expectations and those entering at age expectations). There was no difference in progress for the social emotional child outcome for females who entered at age expectation compared to males who entered at age expectation. In the other outcomes areas females who entered at or below age expectation made more progress.

Table 8. Child outcomes for females compared to males

Progress was greater for infants and toddlers who did not have Medicaid than for those who did have Medicaid in five out of six comparisons. There was no difference in progress for the social emotional child outcome for infants and toddlers with Medicaid who entered below age expectation compared to those without Medicaid who entered below age expectation. In the other outcomes areas infants and toddlers with Medicaid who entered at or below age expectation made less progress.

Table 9. Child outcomes for infants and toddlers with Medicaid compared to infants and toddlers who do not have Medicaid

Progress for infants and toddlers entering NYSEIP below or at age expectations was not statistically significantly different across racial/ethnic groups.

Child Outcomes Analyzed at the County Level

Appendix 7 displays child outcomes data by county. County-level summary statement percentages, aggregated over all the years of COS data collection, ranged as follows for the three child outcome indicators:

- Indicator 3A (social emotional development): 30% to 100% for Summary Statement #1 and 13% to 79% for Summary Statement #2
- Indicator 3B (Acquisition of knowledge and skills): 30% to 100% for Summary Statement#1 and 10% to 70% for Summary Statement#2
- Indicator 3C (Use of appropriate behaviors to meet needs): 30% to 100% for Summary Statement#1 and 13% to 82% for Summary Statement#2.

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Potential influences of demographic variables on child outcomes at the county level were also examined. The tables below display correlations between key county-level variables and mean progress (exit minus entry scores) for children who entered below age expectations in each outcome area. Only statistically significant correlations are displayed. The variables used are as follows:

- Percentage of children with a severe delay – this is the percent of children served by NYSEIP with a score of three or more on the severity scale defined earlier (NYSEIP data)
- Percentage of low birth weight births, percentage of teen births (publicly available county health data)
- Percentage Hispanic ages birth to four, Percentage Non-White ages birth to four, Percentage Poverty ages birth to four (2010 US Census data)
- Average number of general services per child – the mean number of service visits of general services that children received (NYSEIP data)

As seen in Table 10, for children entering below age expectations in a given outcome area, children’s progress was significantly associated negatively with the percentage of teen births and percentage of children ages birth to four living in poverty.

Table 10. Correlations among child outcome areas and variables for children entering below age expectation

	Average Progress in Outcome A – Social Emotional	Average Progress in Outcome B – Knowledge and Skills	Average Progress in Outcome C – Use of Appropriate Behaviors
% Children w/ Severe Delay			
% Low Birth Weight Births			
% Teen Births		-0.374**	-0.402**
% Hispanic Age 0-4			
% Non-White Age 0-4			
% Poverty Age 0-4			-0.295*
Avg General Serv Per Child			

As seen in Table 11, for children entering at age expectations in a given outcome area, children’s progress was significantly associated negatively with three of the six health/demographic variables as well as with the amount of services received.

Table 11. Correlations among variables for children entering at age expectations

	Average Progress in Outcome A – Social Emotional	Average Progress in Outcome B - Knowledge and Skills	Average Progress in Outcom Appropriate Behaviors
% Children w/Severe Delay			
% Low Birth Weight Births	-0.293*	-0.258*	-0.260*
% Teen Births			
% Hispanic Age 0-4	-0.453**	-0.383**	-0.577**
% Non-White Age 0-4	-0.427**	-0.366**	-0.533**
% Poverty Age 0-4			
Avg General Serv Per Child	-0.335**	-0.21	-0.422**

Summary and conclusions: Child Outcomes Data

When examining child-level data, the following results were found:

- No definitive upward or downward trend in child progress across all three outcome areas, when examining the five most recent years of child outcome data. There was a downward trend in the percent of children exiting the program at expected developmental levels across all three outcome areas. This

may be explained by changes to the NYSEIP eligibility criteria in 2010, which implemented more stringent eligibility criteria for children with communication (speech language) delays.

- Analyses comparing children’s developmental status in each of the three outcome areas on entry to the program with status on exit demonstrated that children who enter below age level make progress, while approximately 25% of children who enter at age level in an outcome area regress compared to typically developing peers. These results are difficult to interpret. The apparent regression in an outcome area may be related to emerging developmental concerns or and may be attributable to a “ceiling affect” of the Child Outcomes Summary measurement (ratings are from a low of one to a high of seven, and may not be reflective of children whose developmental progress exceeds those ratings).
- For all three child outcome areas, the pattern related to progress and attainment of age-typical development was the same across years and across children who entered below or at age level.
- When examining level of progress achieved by children with specific diagnoses (e.g. autism), some differences were found but these differences were not highly significant or compelling.
- Severity of delay on entry to the NYSEIP was positively correlated with total number of hours (the more severe the child’s delay on entry, the more hours of service provided). Both severity of delay and total hours of service were *inversely* related to children’s progress.
- Progress was greater for females than for males.
- Children enrolled in the Medicaid Program made less program when compared to all other children in the program with outcomes data.
- No statistically significant differences were found in children’s progress when examining the mean change in COS scores for the seven categories of race/ethnicity.

When examining county-level data (child and family outcomes data aggregated up to the county level and compared with demographic data for the county), the following results were found:

- For children entering the program below age level in outcome areas B (acquisition of knowledge and skills/language) and C (use of appropriate behaviors to meet needs), child progress was *inversely* related to the percentage of teen births in the county.
- For children entering the program below age level in outcome C (use of appropriate behaviors to meet needs), child progress was *inversely* related to the percentage of children residing in the municipality ages 0-4 and living in poverty.
- For children entering the program at age expectations in an outcome area, child progress in all three outcome areas was *inversely* related to the percent of low weight births, percent of Hispanic children ages 0-4, and percent of non-white children ages 0-4 in the county.
- For children entering the program at age expectations in an outcome area, child progress in all three outcome areas was *inversely* related to the percent of low weight births in the county.

The following conclusions were drawn from these analyses:

- The analyses of child outcomes data did not yield a clear direction, or provide a compelling basis for the theory of action.
- The pattern of progress across all three child outcome areas was similar and progress across the three outcome areas are highly correlated.
- Data analyses did not yield a specific sub-population on which to focus to improve child outcomes.
- Data analyses did not yield evidence to support any specific strategies for improving child outcomes.
- It is important to note that children in the Medicaid Program make less progress when compared to all other children participating in the NYSEIP. This may be because family needs and circumstances for this population are more complex and are not sufficiently addressed by access to early intervention services alone.

Data reviewed were for APR Family Outcome Indicators 4A, B, and C, which are defined as follows:

Family Outcomes APR Indicator 4: Percent of families participating in Part C who report early intervention services have helped the family:

1. Know their rights
2. Effectively communicate their children’s needs
3. Help their children develop and learn

As described in the baseline and target section above, the NYS Family Survey, which includes the NYIFS, is used to collect and report family outcome data for APR Indicator 4A, B, and C. In accordance with the recommendation made by NCSEAM, data collected from families on the NYIFS are analyzed using the Rasch measurement framework (Bond & Fox, 2001; Wright & Masters, 1982; Wright & Mok, 2000). The percent of families reported in the APR as achieving these three family outcome indicators is the percent of families with measures at or above the national standard established by NCSEAM, working with a broad representation of families, state and local agencies, advocates, and other key stakeholders of the Part C Early Intervention Program. The NCSEAM-recommended standards for the three family outcomes sub-indicators are as follows:

- Know their rights: the percent of families with a person measure of at or above 539 (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item “*Know about my child’s and family’s rights concerning Early Intervention Services*”)
- Effectively communicate their children’s need: the percent of families with a person measure of 556 (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item “*Communicate more effectively with the people who work with my child and family*”)
- Help their children develop and learn: the percent of families with a person measure of 516 (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item “*Understand my child’s special needs*”)

In addition to the NYIFS, the New York State Family Survey includes two other scales: the national Family-Centered Services Scale (FCSS) developed by NCSEAM, which measures the family’s experience and quality of early intervention services provided; and, the New York Impact on Child Scale (NYICS), which measures the helpfulness of early intervention services in the child’s attainment of positive child outcomes.

Family Outcomes over Time

As indicated in Figure 6, the Indicator 4 percentages varied somewhat over time but did not show a clear trend, either upwards or downwards.

Figure 6. Trends in family outcome indicators over time

Association of children’s progress and family measures (Impact on Family Scale (NYIFS) Family-Centered Services Scale (FCSS), and Impact on Child Scale (NYICS))

Table 12 displays the correlations among the NYICS, NYIFS, FCSS and the child progress variables (all children, children entering below age expectations only, children entering at age expectations only). As seen in the table, the NYICS, NYIFS and FCSS were highly correlated (.805, 0.841, and 0.750, respectively, with p<0.0005).

For children entering NYSEIP below age expectations, family measures were not statistically significantly correlated with children’s progress.

For children entering at age expectations, correlations with family measures were highly significant across all outcome areas for the NYICS, indicating congruence between families’ perceived helpfulness of NYSEIP to the child and children’s progress (0.339, 0.308, and 0.427, with p<0.005).

Also for children entering at age expectations, the perceived helpfulness of NYSEIP to the family (as measured by the NYIFS) and the extent to which families perceived NYSEIP services to be family-centered (as measured by the FCSS) were significantly associated with children’s progress in outcome area C (0.373 and 0.401, respectively, with p <0.05).

Table 12. Correlations among the NYICS, NYIFS, FCSS and the child progress variables

		NYICS measure	NYIFS measure	FCSS measure
DiffA	Pearson Correlation	.074	-.002	.016
	Sig. (2-tailed)	.236	.979	.802
	N	258	259	258
DiffB	Pearson Correlation	.106	.081	.051
	Sig. (2-tailed)	.091	.196	.418
	N	258	259	258
DiffC	Pearson Correlation	.134*	.081	.093

		NYICS measure	NYIFS measure	FCSS measure
	Sig. (2-tailed)	.032	.193	.136
	N	258	259	258
	Pearson Correlation	.090	.028	.019
DiffA_Below_Age	Sig. (2-tailed)	.236	.713	.800
	N	177	178	177
	Pearson Correlation	.129	.073	.075
DiffB_Below_Age	Sig. (2-tailed)	.058	.283	.275
	N	216	217	216
	Pearson Correlation	.087	.009	.064
jDiffC_Below_Age	Sig. (2-tailed)	.207	.892	.352
	N	213	214	213
	Pearson Correlation	.339**	.141	.205
DiffA_At_Age	Sig. (2-tailed)	.002	.208	.067
	N	81	81	81
	Pearson Correlation	.308*	.155	.108
DiffB_At_Age	Sig. (2-tailed)	.047	.327	.497
	N	42	42	42
	Pearson Correlation	.427**	.373*	.401**
DiffC_At_Age	Sig. (2-tailed)	.003	.012	.006
	N	45	45	45

Analysis of family outcomes data by key demographic variables

A series of analyses were conducted using NYIFS measures for families who responded to the NY Family Survey between 2008 and 2013 (n=6501). The purpose of these analyses was to better understand factors associated with families' perceptions of the helpfulness of NYSEIP to the family.

Results of these analyses indicated no statistically significant differences in mean NYIFS measures for children with vs. children without a specific diagnosis. Similarly, the correlation between the child's severity of delay (on a scale from 0-5) and the family's NYIFS measure was not statistically significant, $r = -.006, p = .634$.

Conversely, statistically significant associations were found for the following variables: Medicaid eligibility, race, home language, and county. The results for these variables are presented below.

Medicaid

The mean NYIFS measure for families with Medicaid was higher than that for families who did not have Medicaid, $M = 649.26$ vs. $M = 637.02$.

Table 13. Mean NYIFS Measure by Medicaid Status

Mean NYIFS Measure by Medicaid Status

Medicaid Status	n	Mean NYIFS Measure	Std Error	95 % Confidence Interval	
				Lower Bound	Upper Bound
No	3862	637.02	2.42	632.27	641.76

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Yes 2639 649.26 3.12 643.15 655.38

Race

Mean NYIFS measures by racial group ranged from 599.62 (Asian) to 668.13 (Hispanic). The mean NYIFS measure for families identified as Asian was *lower* than the mean NYIFS measure for families identified as Hispanic, White, or other. The mean NYIFS measure for families identified as Hispanic was *higher* than the mean NYIFS measure for families identified as African American, White, or other.

Table 14. Mean NYIFS Measure by Race

Mean NYIFS Measure by Race

Race	n	Mean NYIFS Measure	Std Error	95 % Confidence Interval	
				Lower Bound	Upper Bound
Asian	191	599.62	8.39	583.06	616.17
Two or more races	69	618.40	21.08	576.33	660.46
Black	336	622.81	8.73	605.64	639.97
Other	1934	638.01	3.49	631.17	644.85
White	3277	643.73	2.70	638.44	649.01
Hispanic	694	668.13	6.05	656.25	680.01

Figure 7. Mean NYIFS Measure by Race/Ethnicity

Language

The mean NYIFS measure for families identified as Spanish speaking, M = 678.48, was higher than the mean NYIFS measure for families identified as English speaking, M = 639.85, or for speakers of other languages, M = 638.95.

Table 15. Mean NYIFS Measure by Language Spoken

Mean NYIFS Measure by Language

Language	n	Mean NYIFS Measure	Std Error	95 % Confidence Interval	
				Lower Bound	Upper Bound
English	3509	639.85	2.65	634.65	645.05
Spanish	419	678.48	7.25	664.24	692.72
Other	2573	638.95	2.98	633.10	644.80

Analysis of Family Outcome Data at the County Level

Appendix 8 displays family outcomes data by county. Mean NYIFS measures varied substantially and ranged from a low of 551.18 to a high of 711.63. (Data for one county are not included due to very small cell size). The overall test for the presence of statistically significant variation was positive, indicating differences between at least some counties and others. The statistical significance of any given comparison depends not only on the magnitude of the mean difference but also on the n's being compared. However, the broad picture of variability can be captured by the chart below, in which the counties are arrayed in ascending order of their mean NYIFS.

Figure 8. Mean NYIFS Measure by County

Figure 9 displays the family outcomes data by the percent of families in each county who meet the State standard for the minimum positive impact of Early Intervention Program services on family outcomes considered acceptable for accountability purposes. The percent of families meeting the State standard also ranged considerably, from a low of 27% to a high of 78% of family respondents to the NYIFS.

Figure 9. Percentage of Families Meeting the NYIFS State Standard

Figure 10 displays the percent of families in each county who meet the State standard for receiving the minimum level of quality family-centered services, as measured by the national FCSS, for families who responded to the NYS Family Survey. The percent of families who reported receiving the minimum level of quality family centered services varied substantially, ranging from a low of 13% to a high of 51%.

Figure 10. Percentage of Families Meeting the FCSS State Standard

Correlations between mean county-level family measures and county-level health, demographic, and service variables

As seen in Table 16, measures on the three family scales showed a number of highly significant associations with county-level variables. The higher the percentage of children with severe delays, the greater the perceived family-centered quality of services provided and the greater the positive impact of NYSEIP that families reported both for their family and their child. The greater the percentage of low birth weight births, the lower were county's average measures on the family scales.

Table 16. Correlations among NYS Family Survey Scales (NYIFS, NYICS, and FCSS) and County Demographic and Early Intervention Variables

Analysis of Variance to Test for Interactions

A two-way analysis of variance was conducted to test for interaction effects between county and race, and county and Medicaid status. No significant interactions were found.

Summary and conclusions: Family Outcomes Data

The following summarizes results found when analyzing family outcomes data at the individual level:

- The trends in all three Indicator 4 family outcomes have been relatively stable over time.
- Neither the developmental status of children (level of severity of delay) on entry to the program nor the presence of a reported diagnosed condition with a high probability of developmental delay appeared to have an impact on attainment of family outcomes.
- The mean score on the NYIFS varied widely across counties, as did the percent of families who met the State standard for minimum positive impact of Early Intervention Program services on family outcomes considered acceptable for accountability purposes.
- The percentage of families who reported receiving the minimum level of quality family-centered services varied widely across counties.
- Quality of early intervention services, as measured by the national FCSS is very highly and positively correlated with improved family outcomes as measured by the NYIFS.
- The FCSS and NYIFS are highly correlated with improvements for children who enter age expectations in an outcome area across all three outcome areas. As mentioned earlier, these results must be interpreted with caution, owing to the possible ceiling effects of the COS. It is possible, however that the data indicate that early intervention services are helping parents maintain children's development on a positive trajectory or preventing children's development from regressing.
- Family Outcomes as measured by the family-reported NYIFS, and child outcomes as measured by the NYICS scale were positively correlated with severity of developmental delay on entry to the program (the more severe a child's delays, the greater the positive impact on family outcomes and the higher the perceived level of helpfulness in attaining child outcomes).
- Families in the Medicaid program reported a higher level of helpfulness of early intervention services in attaining family outcomes.
- There were some differences in family outcomes by racial and ethnic groups. Hispanic families reported greater positive impact on family outcomes. Asian families had the lowest scores on the NYIFS, followed by African-American families.

The following summarizes results for county-level analyses of family outcomes data:

- There is high variability in the level of positive family outcomes and family centered services reported by families across counties.
- Analyses to determine whether there were interactions between family outcomes and family-centered services, race, and Medicaid status were not significant (i.e., Medicaid status and race do not affect these measures differently across counties).

The following summarizes the conclusions from analyses of family outcome data.

- The extent to which families are achieving Indicator 4 family outcomes has remained static over the five most recent years of available data.
- There is evidence to support the relationship between family outcomes, family-reported helpfulness of

early intervention services in the attainment of child outcomes, and progress in some child outcome areas as measured by the COS.

- There is significant variability across counties in attainment of family outcomes.
- There is significant variability across counties in the extent to which families report they received a minimum level of quality family-centered services.
- Interaction analyses examining Medicaid status and race at the county level indicate that these demographic variables do not impact family outcomes differently in different counties – the direction of the effect is constant.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

Goal:

The goal of the analysis of the current infrastructure of the New York State Early Intervention Program (NYSEIP) is to support the implementation of the coherent improvement strategies for the State Systemic Improvement Plan (SSIP). Using the information obtained from the analysis, the NYSEIP will leverage and build upon the existing capacity of the local early intervention programs (municipalities) and providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families, as measured by the State-identified Measureable Result (SIMR).

Data Sources for the Infrastructure Analysis:

The following data sources were reviewed for the infrastructure analysis:

1. Early Intervention program and administrative data from the current information system called the New York State Early Intervention System (NYSEIS) and the legacy information system called the Kids Integrated Data system (KIDS)
 - Comprehensive administrative and program data about the population of infants and toddlers served
 - Beginning in September 2010 through December 2013, local programs began entering newly referred infants and toddlers into the online information system (NYSEIS)
 - Infants and toddlers with records already entered in the legacy information system (KIDS) remained in that data system until they exited the program
2. State Fiscal Agent (SFA) claims data
 - Comprehensive provider claiming information for services rendered from July 1, 2013 to June 30, 2014
3. Billing and Rendering Provider data
 - Information about providers with agreements to bill for services and to render services, including the providers qualifications and the unique National Provider Identification (NPI) number that was linked to SFA claims data
4. Child and Family Outcomes data
 - Data on child and family outcomes required to be reported as part of the State Performance Plan (SPP) Annual Performance Report (APR) are collected through a Memorandum of Understanding with the University at Buffalo and are described in the APR in indicators 3 and 4.
 - Analyses to identify the SIMR relied upon these data. These data were included in the identification of local programs to implement the coherent strategies so the existing infrastructure for the collection of the outcome data could be leveraged for the SSIP.
5. Monitoring data

- Extensive data about monitoring and findings are maintained in an Access database linked to the administrative, claim and provider data through a unique provider identifier
 - These data were reviewed but were not reported in the infrastructure analysis
6. Provider Professional Development Survey data
- Survey data assessing statewide training needs

Early Intervention Administrative, Claim, and Provider Data:

The Department analyzed NYEIS, KIDS, SFA, and billing and rendering provider data to describe and evaluate the NYSEIP system in New York State. The time period for the analysis was July 1, 2013 to June 30, 2014.

The NYSEIP is a vast and comprehensive service delivery system that serves a large, diverse population of eligible infants and toddlers and their families.

Based on provider claiming data for NYSEIP services, there 92,923 infants and toddlers who received at least one service during that time. Among these infants and toddlers, 68,038 were found eligible and had an initial IFSP. The mean age at the time of the referral, eligibility determination, initial Individualized Family Service Plan (IFSP) and first general service was 18.3, 18.3, 18.6, and 19.5 months.

Among the children served, 63.9% were male and 36.1% were female. The diversity of New York was reflected in the NYSEIP population. Slightly more than half of the infants and toddlers were White (52.1%), while 27.4% were Hispanic, 11.3% were Black or African American, 5.5% were Asian, 3.5% were More than one Race, and 0.3% were another Race, such as Native American. Over half of the children had Medicaid (52.5%).

The vast majority of infants and toddlers were found eligible due to a developmental delay (84.4%) as compared to an established condition (15.6%). The most common established conditions among those children with diagnosed conditions were Apraxia (45.4%); Autism (34.3%); Extreme Prematurity (21.1%); Chromosomal Anomaly, such as Down syndrome (9.4%), Hearing Loss (7.6%); Cleft Palate (3.4%); and the rest of the established conditions (13.4%). A child could have more than one established condition (e.g., Down syndrome and extreme prematurity); each condition was counted so the total is greater than 100%. For the infants and toddlers found eligible in the five domains (adaptive, cognitive, social emotional, communication, and physical), a severity score was used to assign a numeric value for the severity of delay in each domain. If one domain had a severe enough delay to alone establish eligibility, a score of one was assigned. If there was a delay in a domain but the delay was not severe enough to establish eligibility without a delay in another domain, a score of 0.5 was assigned. If there was no delay in the domain, then a score of zero was assigned. The five domains were summed for each infant and toddler. The mean severity score was 1.6, so on average infants and toddlers were delayed in multiple domains.

From July 1, 2013 to June 30, 2014, there were 7,389,063 early intervention services provided. Of these services, 20% were service coordination, 1.5% were evaluations, and 78.5% were general services. Special instruction, speech language pathology, physical therapy and occupational therapy comprised almost 97% of the general services that were provided. The other services provided include family support groups, family training, nutrition, assistive technology support, and social work.

In order to serve eligible infants and toddlers, the NYSEIP has an extensive work force. There were 1,063 entities that oversaw the delivery of services and claimed for reimbursement of those services. There were 380 agencies, 628 individual practitioners, and 55 municipal providers of services.

The agencies employ a mean of 55 individual rendering providers, but the median is 20 individual rendering providers. Agencies subcontract on average with 55 individual rendering providers, with a median of two subcontractors. There are agencies in New York City with over 1,000 employees and/or subcontractors. The agencies provided services to 437.1 infants and toddlers on average, but the median was 155.5 infants and toddlers. The largest agency in New York City served over 9,000 infants and toddlers and provided over 400,000 services during the year. The agencies served almost three counties each, but the range is between one and 15 counties in their service areas.

The individual practitioners, who are more commonly in the more rural areas of the state, on average served 14 infants and toddlers and provided 391 services during the year. Individual practitioners served just over one county on average but the range was from one to five counties served. There were 55 municipal providers which most commonly provide initial service coordination; some municipal providers able to complete evaluations as well.

The SFA claim data captures the National Provider Identifier (NPI). In the federal program year 2013-2014, 16,804 rendering providers delivered services to infants and toddlers. The majority of providers delivered general services, with the most delivering special instruction (5,822) and speech language pathology (4,596), followed by occupational therapy (2,114) and physical therapy (1,829). A small subset of rendering therapists are qualified to provide more than one type of service, so the total does equal 100%.

To assess capacity, a ratio of infants and toddlers to rendering providers was calculated. Statewide, the overall ratio is 5.5 to 1; however, the ratio differs by type of service. For service coordination, the ratio was 51.0 to 1 and for evaluation 16.5 to 1. For general services the ratio was 4.2 to 1. Among general service providers, there was a range with speech language pathologists having a ratio of 10.0 to 1, occupational therapists were 9.7 to 1, special instructors were 5.2 to 1, and physical therapists were 13.4 to 1.

Since many rendering providers serve young children through the Part B 619/New York State Education Department's preschool special education programs and services, as well as in private practice settings, the productivity of the rendering providers was assessed. Based on an assumption that providers would be available to provide services 200 days out of the year, the rendering provider was categorized as high volume (four or more services per day), medium volume (two to less than four services per day), or occasional (less than two services per day). The majority of rendering providers deliver less than two services per day (66.9%). Occupational therapists are the highest at 74.7% delivering less than two services per day while physical therapists are the lowest at 61% delivering two or less service per day. Overall, only 15.4% of rendering providers are delivering four or more services per day.

There is a wide range in the intensity levels of services delivered to infants and toddlers and their families participating in the program. On average over the year, eligible infants and toddlers received 96.5 services, which equates to 2.4 services per week. The upper range (top 1%) was 860 services which equates to 21.5 services per week. The median number of services received was 46.0 services or 1.15 services per week. Using the assumption that infants and toddlers would be available to receive services 200 days out of the year, they were categorized into very high intensity (10 or more services per week), high intensity (three to less than 10 services per week), medium intensity (one to less than three services per week), or low intensity (less than one service per week). Based on these categories, 4.4% of eligible infants and toddlers were categorized as very high intensity, while 17.2% were high intensity, 33.3% were medium intensity, and 45.2% were low intensity.

The productivity of the rendering provider and the intensity of the infants' and toddlers' needs were taken into account to calculate a weighted ratio infants and toddlers to rendering providers. The weighting changed the ratios in different directions depending on the service type. The overall ratio for general services changed from 4.2 to 1 to 6.3 to 1. For

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special instruction, the ratio changed from 5.2 to 1 to 6.5 to 1. For speech language pathologists, the ratio changed from 10.0 to 1 to 8.5 to 1. For occupational therapists, the ratio changed from 9.7 to 1 to 8.8 to 1, and for physical therapists, the ratio changed from 13.4 to 1 to 9.6 to 1.

The APR indicator for timely service (indicator 1) was disaggregated by service type. Overall, 95.0% of the special instruction services were delivered within 30 days of authorization, followed by speech language pathology services (93.5%), while occupational therapy (82.4%) and physical therapy (89.5%) were often delivered within 30 days of authorization. Special instruction and speech language pathology services are the more commonly delivered services. There was not a clear correlation with the capacity though.

All of these analyses were disaggregated by municipality (local programs). Since there are 57 counties and the five counties of New York City, the data are too extensive to include in the narrative.

Individual county-level data from the infrastructure analysis are attached (see Appendix 9). Also included in the table, is a summary score for each municipality's local determination for the past five years. Each year, the Department assesses the local program's performance and issues a formal determination of Meets Requirements, Needs Assistance, or Needs Intervention. The Department makes this determination based on the performance of the local program (municipality) on the federal Annual Performance Report indicators. These determinations were used as a way of aggregating the APR indicators and creating a summary of overall performance over time. For each determination of Needs Intervention, a score of two was assigned. For each determination of Needs Assistance, a score of one was assigned. For Meets Requirements, a score of zero was assigned. A higher score for a county means that county had more determinations of Needs Intervention or Needs Assistance. The municipality scores ranged from zero to seven.

For the analysis disaggregated by county, there was no clear association between capacity and timeliness of services or local determination scores. The analysis can inform the SSIP as counties and providers within counties are identified to implement the coherent strategies and to measure the impact of those strategies.

Child and Family Outcome Data:

In accordance with the sampling procedures approved by the US Department of Education Office of Special Education Programs (OSEP), the Department is using a sampling methodology to measure and report on OSEP-required child outcome data for Indicator 3 and family outcome data for Indicator 4 in its Annual Performance Reports (APR).

As described earlier, the Department uses the NYIFS, administered as part of the NYS Family Survey, to collect data on the three federally-required family outcomes. The survey sampling methodology is stratified by municipality to ensure that the families invited to participate in the NYS Family Survey are geographically representative of the families participating in the NYSEIP. The sample of invited families, who are sent the NYS family survey, is selected so that the infants and toddlers of those invited families are representative of the gender, race/ethnicity, language, and age at referral of the NYSEIP population.

To implement the SSIP, the approved sampling plan will be leveraged to select the counties already planned to be oversampled in the federal program years 2014-2015 and 2015-2016, which are the small counties and the New York City borough of New York (Manhattan) in the first two years. All families in these counties will be invited to complete the NYS Family Survey. In subsequent years, the rest of the counties will be included following the approved plan to collect and report family outcome data as part of the APR.

Monitoring Data:

The Department, through a contract with the Island Peer Review Organization (IPRO), Inc., conducts monitoring of early intervention providers and municipalities to determine compliance with federal and state law and regulations. The contractor maintains all data related to monitoring determinations through an electronic data collection system. All data collected during statewide, onsite monitoring encounters are entered into the data system to compile and produce electronic monitoring reports for each provider or municipality monitored, and to provide ad hoc and routine data reports to the Department on a monthly or more frequent basis.

Monitoring data reports are provided that consist of monthly monitoring activities, findings related to each provider or municipality monitored, focus on specific areas of determinations, and other aggregated reports, as needed. Monitoring tools utilized to measure compliance with federal and state law and regulation include the areas of service coordination services, evaluation services, general early intervention services, confidentiality procedures, health and safety, and provider qualifications. Monitoring of NYSEIP providers is routinely accomplished by on-site observation of facilities, review of child records, review of NYSEIP data system information, review of personnel records, review of written policies and procedures, and interviews with providers who render early intervention services and parents of children who receive early intervention services. The monitoring tool utilizes multiple methods to establish compliance or non-compliance with federal and state law and regulations.

The monitoring data can be incorporated into the SSIP to identify and track the performance of provider agencies.

Provider Professional Development Data:

The Department recently conducted a survey to assess provider training needs. The survey was emailed to 3,354 NYSEIP stakeholders (consisting of providers, local programs, parents and other interested parties) on May 21, 2014, inviting them to participate in a Survey Monkey.

The goal of this survey was to obtain input for new training and suggestions for adapting established training to meet the current needs of EI stakeholders. The survey consisted of 14 questions, two of which requested demographic information from respondents; the remaining twelve asked about attendance at training sponsored by the Department, helpfulness, ideas for new training topics, methods and logistics for future training and other information that a respondent may believe is important for the Department's consideration to include in a future training procurements.

The survey was available to stakeholders until June 19, 2014. The responses were as follows: 493 responses were received; most responders were providers from early intervention agencies (44%), individual providers (28%), and local municipal staff (19%). There were only a few responses from parents (2%) and "other" stakeholders (7%). Respondents were regionally representative of New York State. Three of the key trainings identified as needed and of interest were those related to group developmental intervention standards, health and safety standards, and foster care or surrogacy protocols. The providers are interested in increasing the quality of care and the identification and integration of best practices into their services.

The survey results will be used to inform coherent improvement strategies to be implemented as part of the SSIP and support the professional training needs identified by providers and local program officials.

Key Infrastructure Components:

The following are the key infrastructure components of the New York State Early Intervention Program, with detailed descriptions of each component:

1. Governance
2. Fiscal
3. Quality Standards and Professional Development
4. Technical Assistance
5. Monitoring

Governance:

The New York State Early Intervention Program (NYSEIP) is the statewide system of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA). This comprehensive service system supports the delivery of NYSEIP services to approximately 65,000 eligible children and their families annually, and as such, is one of the largest early intervention systems in the United States.

The New York State Department of Health (Department) was designated by the Governor as lead agency for the NYSEIP in 1987, and was statutorily designated with the enactment of State Public Health Law (PHL), establishing a statewide early intervention system consistent with Federal Part C IDEA requirements. As lead agency for the NYSEIP, the Department is responsible under Section 2550 of PHL for overall administration and supervision of the state's early intervention system, including monitoring of agencies, institutions, and organizations providing early intervention services; enforcing any obligations under PHL and Part C of IDEA; providing training and technical assistance to municipalities, providers, and parents; correcting deficiencies that are identified through monitoring; and maintaining a comprehensive system of personnel development to promote the availability of qualified personnel to deliver early intervention services to eligible children and their families.

The Department is responsible for ensuring parents and children receive the rights and entitlements afforded to them under state and federal law; establishing reimbursement rates for early intervention services, with the approval of the Division of Budget; fiscal management and payment of early intervention claims through a State Fiscal Agent under contract with the Department; auditing and oversight of fiscal operations related to the NYSEIP, including claiming of commercial insurance and Medicaid; and reimbursement of state aid to municipalities for the state share of early intervention services delivered to eligible children and their families.

The 57 counties and New York City in New York State (referred to as "municipalities") are responsible for local administration of the NYSEIP. Municipalities have significant authority and responsibility in PHL for the NYSEIP, including child find and public awareness, development and oversight of individualized family service plans (IFSPs) for eligible children and their families; monitoring and auditing of NYSEIP providers; due process procedures for families; and funding of NYSEIP services delivered to eligible children and families residing within their localities.

The Bureau of Early Intervention (BEI) manages state NYSEIP operations, under the auspices of the Division of Family Health within the Center for Community Health, Office of Public Health. BEI works collaboratively with many partners across the Department on NYSEIP operations, including the Office of Public Health, Informatics, and Project Management (NYEIS development and operations), Office of Health Insurance Programs (Medicaid, Child Health Plus, and commercial insurance reimbursement); Fiscal Management Audit Unit (auditing of municipalities and providers) and Division of Legal Affairs (legal advice and support on issues related to the NYSEIP).

The Early Intervention Coordinating Council (EICC) is a 27-member Governor-appointed Council is comprised of parents, NYSEIP provider representatives, Early Intervention Officials (EIO) representing municipalities, and the state agency partners described above. The EICC meets quarterly, and convenes task forces on an as-needed basis to assist the Department in addressing specific and pressing policy issues. The EICC is actively involved in providing advice and assistance to the Department on ongoing and emerging issues related to the NYSEIP. The task forces of the EICC have assisted the Department in issuance of policy and procedural guidance on transition, evaluation, eligibility, health and safety requirements, marketing guidelines, and group developmental intervention services.

Fiscal:

The Department oversees the administration, including fiscal policy, planning, provider reimbursement, and claiming to third party payers, such as Medicaid and private insurance. The Department has a contract with the Public Consulting Group (PCG) to serve as the State Fiscal Agent (SFA). The SFA maintains an information system with extensive data and reporting functionality.

The infrastructure analysis included data from the SFA. These data are routinely monitored by the Department to assess billing and claiming timeliness, capacity, and insurance reimbursement. These data will continue to be monitored to evaluate whether any changes implemented have an impact on the service delivery system operations.

Quality Standards and Professional Development

New York State maintains a comprehensive system of professional development (CSPD) for NYSEIP providers, who are qualified and credentialed through the New York State Education System, for municipal staff who administer local early intervention programs, and for other key early intervention stakeholders.

New York State's CSPD includes implementation of training contracts which provide in-person statewide training opportunities for current early intervention personnel to gain knowledge and develop skills to deliver early intervention services that are of high quality and conform with federal and state requirements, including the delivery of services in natural environments, as appropriate.

Training contracts also provide training opportunities for other stakeholders including parents, municipal staff, primary referral sources, primary health care providers, day care providers, local social services district staff, early childhood direction center staff, local school district staff and other public health facility staff.

Current training is evaluated based on development of an objective process to measure the degree to which current early intervention curricula contain information and strategies describing and promoting best practices to deliver early intervention services. Each training curriculum has an evaluation process completed at the end of the training session.

The training evaluations are compiled and analyzed to determine if the curriculum meets the needs of the providers and other stakeholders in the field. Additionally, when a new training curriculum is developed, Department staff attend the first session to evaluate the content and the reception of the new training. Based on the in-person evaluation and written evaluation feedback, revisions are made to the content and delivery method, as appropriate.

Training curricula are updated or new curricula are developed, based on formal needs assessments surveys, which are carried out periodically to gain input from the field and early intervention stakeholders. Based on the results of the needs assessment, new curricula topics are researched and developed or current curriculum content is revised.

Additionally, training curricula are developed or revised, based on specific needs, where current gaps of knowledge are identified through the statewide monitoring system determinations and through analysis of technical assistance responses on specific topics.

Technical Assistance:

New York State maintains a comprehensive approach to technical assistance for municipalities, providers, families and other stakeholders engaged in the NYSEIP.

Department staff is responsible for fielding telephone calls on a daily basis and responding to emails, letters and other forms of communication from municipalities, providers, parents, the public and all other stakeholders. Communication may be on a variety of issues, complaints, concerns and questions related to all aspects of the NYSEIP.

The Department develops and provides periodic written policy and procedural guidance (Guidance Documents) on state and federal requirements for the NYSEIP on a regular basis. For this reporting period, a formal Guidance Document on Group Developmental Intervention Services for the NYSEIP was issued. Additionally, the Department revised guidance on Billing for Service Coordination Activities and produced several documents for Service Coordinators that were compiled into a Service Coordinator Tool Kit.

The Department also provides technical assistance regarding best practices in identification, evaluation and service delivery in the form of evidence-based clinical practice guidelines in the areas of Communication Disorders, Autism/Pervasive Developmental Disorders (PDD), Motor Disabilities, Down syndrome, Hearing Loss, and Visual Impairment. Department staff provide technical assistance and responds to inquiries regarding the use and content of the policy Guidance Documents and the Clinical Practice Guidelines.

Monitoring:

The Department contracts with a review organization, called IPRO, to conduct on-site monitoring activities of municipalities who locally administer the New York State Early Intervention Program and approved providers who directly render early intervention services. On-site comprehensive monitoring is conducted by the Department's contractor, whose staff uses tools that include multiple methods of evaluation of an early intervention program to ensure compliance with Federal requirements of IDEA. Monitoring protocols include the following:

- Review of a sample of child records at a provider's or municipality's onsite location where early intervention services are provided, or at a location determined by the contractor, if only home-based and community-based services are provided;
- Review of written policies and procedures regarding all early intervention processes, including confidentiality of child records, program administration, personnel records, billing records, and evaluation reports;
- Immediate processes for correction of noncompliance should a health and safety violation be determined;
- For each finding of noncompliance that is a violation of IDEA requirements or New York State (NYS) requirements, a written report is issued and the provider/municipality must submit a Corrective Action Plan (CAP) within 45 days of receipt of their report;
- The CAP must include identification of the root cause of the noncompliance, strategies for implementation to correct the noncompliance; revision of pertinent policies and procedures, organizational changes that will be implemented to achieve correction, plan to provide training, supervision and oversight to assure staff carry out new policies and procedures, and quality assurance measures that will be implemented to ensure corrections are being implemented;
- CAPs are reviewed by Department staff no later than 60 days of receipt from the provider. Letters of approval or needs correction are sent to providers/municipalities. If the CAP needs correction, written technical assistance is included to assist the provider/municipality to revise their CAP. If revision is required, the CAP must be submitted within 10 days for Department staff review;
- Verification of correction of noncompliance reviews are conducted subsequent to CAP approval to ensure that correction is achieved at the individual child level and the systemic level. This may be conducted by multiple methods, including on-site review of child records, interviews with providers/municipal staff, review of revised policies and procedures and submission of a subset of child records to the Department for review;
- A provider/municipal staff may be required, as a part of their CAP, to attend Department-sponsored

statewide training, if numerous or repeat findings of noncompliance are determined;

- A provider/municipal staff may also be required as part of their CAP, to participate in targeted technical assistance calls with the Department staff to brainstorm about root cause of noncompliance and to discuss strategies to correct noncompliance.

If continued noncompliance occurs with providers or municipalities, additional enforcement actions are taken, which include withdrawal of Department approval, fiscal audits and reporting to Office of Professions, Office of Teaching and/or Office of the Medicaid Inspector General.

These monitoring activities will continue and be integrated into the SSIP.

For the infrastructure components detailed above, the SSIP will be successful if it builds upon their strengths, if these components are coordinated, and if they are strengthened through the SSIP process.

The most important overall strengths include that the Department collects extensive, comprehensive data across all of the key components in a systematic manner to facilitate review, analysis, and evaluation. These existing data sources can be leveraged for the quality improvement efforts for the SSIP, which will rely upon the frequent and ongoing measurement of the impact of implementing coherent improvement strategies.

A second strength is that these key components are coordinated within the existing infrastructure. The SSIP can leverage this coordinated effort and goal to provide high quality services to improve outcomes for families which can in turn facilitate improved outcomes for infants and toddlers with developmental disabilities and delays.

While there are many strengths, there is always room for improvement. The Department will work to better integrate data collected for administration, monitoring, provider approval, due process. These data are collected for their purpose but are not always consistently integrated to create a complete profile of the local programs and providers. In addition, the Department will work to better visualize the data to be reviewed by internal leadership as well as stakeholders. The Department will work to share data extensively to increase awareness and promote positive changes to improve outcomes for infants and toddlers and their families.

Other State-level Improvement Plans and Early Learning Initiatives

The Bureau of Early Intervention (BEI), which administers the NYSEIP for the Department, is situated organizationally within the Division of Family Health (DFH). DFH is also leads the Department's administration of New York State's Title V Maternal Child Health Services Block Grant (MCHSBG) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding under the auspices of U.S. Department of Health and Human Services (DHHS).

As required by DHHS, the Division is currently developing New York's full Title V MCHSBG application, including a comprehensive Needs Assessment that will assist NY to select maternal child health priorities and develop a five-year State Action Plan by six population health domains, one of which is children with special health care needs. Division leadership believes the NYIFS and the SSIP focus on positive family outcomes and family-centered services will directly inform the Division's work with all children with special health care needs and their families. Strategies to incorporate the focus on the SSIP into New York's focus on children with special health care needs are being explored. BEI staff have been actively engaged in the MCHSBG application development process, including participating in community needs assessments with professionals and families.

The Division's MIECHV funding supports evidence-based home visiting programs with demonstrated positive outcomes in maternal, child health, and child maltreatment, including five Nurse-Family Partnership and five Healthy Families NY home visiting programs home visiting program encompasses 16 home visiting programs located in eight counties in New York State (see Appendix 10 for a list of home visiting programs). The Department was recently awarded an expansion grant of \$7.7 million which will fund an additional seven home visiting projects. Home visiting projects are community resources for supporting families with infants and young children in promoting healthy development. Division staff collaborate to ensure that home visiting programs are informed about the importance of developmental screening and how to refer infants and toddlers with suspected delays in development to the NYSEIP.

Division staff, including BEI staff, have been actively engaged with the Department's Office of Health Insurance Programs (OHIP) to implement Health Homes for children in the Medicaid Program. Health homes are an important mechanism for supporting families and their children with special health care needs, including infants and toddlers with developmental delays and disabilities. Division and OHIP staff have been collaborating to develop policies and procedures related to how to coordinate the provision of health home care management and NYSEIP service coordination services, recognizing that a subset of Medicaid children in the NYSEIP will be eligible for health home. The Children's Health Home initiative provides an important opportunity to ensure that infants and toddlers with disabilities in the Medicaid Program and their families have access to comprehensive care management to coordinate their complex health and developmental needs.

New York State's Early Childhood Advisory Council (ECAC), under the auspices of the New York State Council on Children and Families (CCF), <http://ccf.ny.gov/council-initiatives/ecac/>, was formed in 2009 to provide advice on issues related to young children and their families. The vision of the ECAC is to ensure all young children are healthy, learning, and thriving in families that are supported by a full complement of services and resources essential for successful development.

The ECAC is comprised of experts in education, health care, child welfare and mental health. Members represent state agencies, advocacy groups, foundations, higher education, unions and other key organizations concerned with the well-being of young children and their families, as appointed by the Governor.

The ECAC is working to create a comprehensive early childhood system in New York State that provides every child with the support and services necessary to succeed in school and in life. In turn, this success will ensure stronger families, a more competitive workforce and a brighter future for New York's economy.

The Department has two representatives (the Director of the Division of Family Health and the co-Director of BEI) on the ECAC. In addition, two members of the EICC are also members of the ECAC. Recently, a joint task force with representatives from the EICC and ECAC has been established on social emotional development. The charge for this joint task force is to develop guidance for early childhood professionals, including NYSEIP providers and early care and education providers to assist them, in partnership with families, in promoting and supporting positive social emotional development in young children (ages birth to three years).

The ECAC has six work groups, one of which is the Strong Families Work Group. The purpose of this work group is to support a more coordinated and responsive early childhood delivery system to support families. Work group activities include providing guidance to the New York Parenting Education Program (NYSPEP), a statewide network of parenting education professionals; embedding family engagement standards in New York State's quality rating and improvement system, QualityStarsNY, promoting a sustainable infrastructure for family engagement; and supporting staff at all levels to develop and enhance skills that maximize family engagement and partnership across a range of provider

organizations and settings targeting young children.

The co-chairs of the ECAC, one of whom is a member of the EICC, have expressed their commitment to collaborating with the Department in implementation of the SSIP. In addition, the ECAC Strong Families Work Group is interested in exploring ways to use the NYIFS and FCSS scales in other early childhood settings.

Beyond the ECAC, Department staff work closely with CCF staff on a variety of early childhood initiatives, including the Head Start Collaboration Project, the Early Childhood Comprehensive Services Grant, QualityStarsNY, and Project Launch.

The Department collaborates closely with the New York State Education Department to coordinate the NYSEIP and Part B 619 preschool special education programs and services, particularly in the areas of transition and data exchange.

New York State was not the recipient of an Early Learning Challenge Grant. Two applications for this grant opportunity were submitted but were not funded. State agency partners involved in development of these applications, including the Department, State Education Department, and CCF continue to collaborate to improve the quality and coordination of early childhood services for all young children and their families, including infants and toddlers with disabilities and their families.

Stakeholder Involvement

Department staff from the BEI led the effort on phase I of the SSIP. Representatives from BEI included Dr. Donna Noyes and Brenda Knudson-Chouffi, who are co-Part C coordinators co-directors of the Bureau of Early Intervention and the Part C Co-Coordinators for New York State. Additional support was provided by the managers for the functional units within the Bureau and include, Mary-Lou Clifford, Margaret Adeigbo, Ken Moehringer, and Kirsten Siegenthaler, who is also the Part C Data Manager for New York State. Analysis support was provided by Yan Wu, Daniel Kellis, and David Wikoff. All of these BEI representatives as well as additional staff from each of the Bureaus' units will participate in future phases of the SSIP.

The Department established and has maintained a memorandum of understanding with the University at Buffalo to provide a research team and infrastructure for data collection necessary to measure child outcomes, including technical assistance and training for providers and municipalities. The University at Buffalo, Population Public Health Observatory, School of Public Health and Health Professions (UB-SPH), has partnered with the University at Binghamton, Institute for Child Development (UBN-ICD), to provide the range of resources needed to implement both the child and family outcomes data collection effort. Staff of UB-SPH are responsible for data entry, cleaning, and quality control; data management and security; and data analyses necessary to fulfill OSEP reporting requirements. Staff of UBN-ICD have been responsible for development of training and technical assistance materials and provision of ongoing support for municipalities, NYSEIP providers, and families related to the local collection of child outcomes data for children enrolled in sample cohorts.

Dr. Batya Elbaum, University of Miami, has also been an important collaborator in the Department's child and family outcomes data collection system and has worked closely with the Department and UBN-ICD staff on these efforts since 2005. Dr. Elbaum holds a Ph.D. in Developmental Psychology from the University of Utah and is a Professor at the University of Miami, School of Education and Human Development. Her primary goal as an education researcher is to understand and improve outcomes for children with disabilities and their families through rigorous, empirical research, advocacy, and involvement in state and federal accountability programs related to early intervention and special education services.

The Department, in collaboration with UB-SPH, ICD-UBN, and Dr. Batya Elbaum successfully competed for an R-40 Research Grant, funded by the HRSA Maternal Child Health Bureau, to evaluate the impact of early intervention services on children with autism spectrum disorders and their families. The overarching goal of the research project is to model an approach to evaluating the impact of participation in early intervention programs that can be used for program evaluation and quality improvement. The project was initiated in September, 2010 and work on this project was recently completed. Data analyses and preliminary results of this research effort have informed the Department's work on Phase I SSIP, particularly with respect to analyses and interpretation of child and family outcomes.

Department staff worked closely with UB-SPH staff and Dr. Elbaum on the analysis of child and family outcomes as well as the collection of additional county level data available through the US Census, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the Kids' Well-being Indicators Clearinghouse, and the National Survey of Children with Special Healthcare Needs. Both of these partners will continue to be involved in Phase II of the SSIP.

The New York State Early Intervention Coordinating Council (EICC) is the Governor-appointed advisory council responsible for advising and assisting the Department of Health, as lead agency for the State's Early Intervention Program, in all aspects of the Early Intervention Program (NYSEIP). The EICC membership includes representation from parents of children with disabilities, providers of early intervention services, public officials responsible for administration of local administration of the NYSEIP, the State legislature, and State agencies involved in administration of early childhood service delivery systems. Two members of the EICC are also members of New York's Early Childhood Advisory Council (ECAC). (See Appendix 11 for a list of EICC members and their affiliations).

On March 12, 2015, the EICC was convened for a special afternoon session of their quarterly meeting to review data analyses completed by Department staff and collaborators documented in the SSIP Data Analysis Plan and provide a recommendation to the Department on selection of the New York SIMR. (See Appendices 12, 13 and 14 for the presentation used to facilitate the EICC discussion). Dr. Batya Elbaum, consultant to the Department on child and family outcomes and the SSIP, facilitated the meeting. Child and family outcome data, as well as infrastructure data, were reviewed and discussed with EICC members. A full discussion of EICC stakeholder involvement is presented in the next section, on the State Identified Measurable Results.

EICC members will continue to participate as key stakeholders in phase II of the SSIP.

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

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

Statement

Increase the percentage of families exiting the New York State Early Intervention Program (NYSEIP) who report that NYSEIP helped them achieve the level of positive family outcomes defined in conjunction with stakeholders as representing the State standard.

Description

The State standard is the percent of families who have a measure ≥ 576 on the New York Impact on Family Scale. Families with a measures at or above the standard have a very high likelihood of agreement with all the NYIFS items having a location on the scale that is lower than, or equal to, the location of the item, “*Early intervention services have helped my family use services to address my child’s health needs*”.

The State standard encompasses all three Indicator 4 family outcomes (percent of families participating in Part C who report that early intervention services have helped the family know their rights; percent of families participating in Part C who report early intervention services have helped the family effectively communicate their children’s needs; and, percent of families participating in Part C who report that early intervention services have helped their child develop and learn). Therefore, families who meet the State standard will have achieved all three Indicator 4 family outcomes.

Table 17 provides items on the New York Impact on Family Scale, ordered from most difficult to endorse to least difficult to endorse, and depicts the State standard for minimum positive family outcomes.

Table 17. NYIFS Items ordered from most difficult to least difficult to endorse

Item Parameter	Impact on Family Scale Family Outcome Item
	<i>Early Intervention services helped me and/or my family...</i>
	connect with parents of children with similar needs.
	take part in typical activities for children and families in my community.
	cope with stressful situations.
	support the needs of other children in the family.
	feel welcome in the community.
	involve my child’s doctor in early intervention services.
	cope with the emotional impact of having a child with a disability.
	find resources in the community to meet my child’s needs.

State Standard
 ≥ 576
 (baseline=65%)

Item Parameter	Impact on Family Scale Family Outcome Item
<p>National standard for Indicator 4B: effectively communicate my child's needs</p>	find information I need.
	make changes in family routines, like mealtime or bedtime, that will be good for my child with special needs.
	know where to go for support to meet my family's needs.
	use services to address my child's health needs.
	feel less isolated.
	know how to keep my child healthy.
	be better at managing my child's behavior.
	improve my family's quality of life.
	learn how to work on my child's special needs during daily activities like getting dressed.
	feel more confident in my skills as a parent.
<p>National standard for Indicator 4A: know my family's rights</p>	<p>556 communicate better with the people who work with my child and family.</p>
	have confidence in my ability to care for my child with a disability.
	feel that I can get the services and supports that my child and family need.
	understand what services my child will get when he/she goes into the preschool special education program.
	understand how to change what I'm doing to help my child as he/she grows.
	understand the roles of the people who work with my child and family.
	help my child to be more independent.
	<p>539 know about my child's and family's rights concerning early intervention services.</p>
	be an equal partner in planning my child's services.
	feel that my efforts are helping my child.
advocate for my child.	

Item Parameter	Impact on Family Scale Family Outcome Item
National standard for Indicator 4C: Help my child develop and learn	be able to tell how much progress my child is making.
	get the services that my child and family need.
	<p>516 understand my child's special needs.</p> <p>learn how to communicate with my child.</p> <p>understand how the early intervention program works.</p> <p>do things with and for my child that are good for my child's development.</p> <p>help my child learn.</p> <p>Overall, I am satisfied with the impact early intervention services have had on my family.</p>

Stakeholder Involvement in Selection of SIMR

The EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement. Department staff have briefed members of the EICC on SSIP and SIMR requirements and have shared child and family outcome data as part of Annual Performance Report discussions. In addition, representatives of the EICC have been involved in all stakeholder discussions related to child and family outcomes, including the Department’s 2004-2007 General Supervision Enhancement Grant (GSEG) activities, both concept mapping projects, and the standard setting process for the Impact on the Family and Family-Centered Services Scales.

As mentioned previously, on March 12, 2015, the EICC was convened for a special afternoon session of their quarterly meeting to review data analyses completed by Department staff and collaborators documented in the SSIP Data Analysis Plan and provide a recommendation to the Department on selection of the New York SIMR. (See Appendix 13 for the presentation used to facilitate the EICC discussion). Dr. Batya Elbaum, consultant to the Department on child and family outcomes and the SSIP, facilitated the meeting.

All data on child and family outcomes described in the Data Analysis Plan were reviewed with the EICC and ample opportunity was provided for discussion and interpretation of the data. At the conclusion of the data presentation, factors for consideration in choosing a SIMR were discussed (adapted from the Early Childhood Technical Assistance Center webinar on March 6, 2014), including:

- The SIMR should have the potential for broad impact in improving outcomes for children and their families participating in New York’s Early Intervention Program.

- A known improvement strategy or strategies should be available and scalable in a state as large and diverse as New York.
- The improvement strategy or strategies must be able to be implemented within available resources.
- A psychometrically sound metric should be available for measuring improvement.

In addition, considerations for choosing a family outcome or a child outcome were reviewed and discussed with the EICC. Factors for consideration in selecting a family outcome included:

- The availability of known improvement strategies, including preliminary data from the Department's HRSA-funded research project which indicate that improving the quality of family-centered service delivery results in improved family outcomes.
- The availability of a reliable outcome metric (NYIFS), developed with involvement of stakeholders.
- Relatively low cost of data collection for measurement of the SIMR (NYS Family Survey).
- Availability of a potential measure of implementation (Family-Centered Services Scale).
- Empirical evidence that supports the relationship between increased family outcomes (knowledge, skills, self-efficacy, access to supports, etc.) and improved child outcomes, including preliminary data from the Department's HRSA-funded research project which indicate that the probability of improvement in child outcomes increased as family outcomes improve.

Factors for consideration in selecting a child outcome included:

- Data show that the three child outcome indicators are strongly correlated and trends in outcome data are similar across these three indicators.
- Known improvement strategies may need to differ by outcome area and sub-population. For example, evidence-based strategies may be condition specific (i.e., the strategies effective for children with autism spectrum disorder may differ from those effective for children with hearing loss, etc.); data show that outcome status declines when children enter at age-typical level.
- The child outcomes summary (COS) is the available measurement; data collection are more expensive, some known limitations exist in use of the COS and although work is underway to establish the validity and reliability of the COS, data are not yet available.
- A potential measure of implementation would need to be identified – the NY Impact on Child Scale, which measures family-reported helpfulness of early intervention services in achieving child outcomes could be considered.

After thoughtful consideration of the evidence, EICC members contributed the following observations regarding the selection of a SIMR:

- Consideration should be given to Indicator 4c – the extent to which families report that the NYSEIP helped them help their child develop and learn – recognizing the central role families play in their children's development.
- The Early Intervention Program has a responsibility to children and their families and it is important to recognize the family's role in nurturing, supporting, and improving children's development.
- Selection of a family outcome(s) offers an important opportunity to state clearly that families need to be involved in all aspects of early intervention services delivered to their child and family.
- Family outcomes is strongly supported. The NYSEIP has more control and more capacity to have an impact with families – this is a lifetime path for families and the NYSEIP has a powerful opportunity to be a positive influence on families and their young children with disabilities.
- In addition to family outcomes, support for social emotional development is voiced, and efforts to improve and enhance children's social emotional development – including through families.
- Selection of global/positive family outcomes is strongly supported. In addition to Indicator 4A, B, and C, two other

family outcomes were identified in early national conversations – “families have support systems” and “families have access to support systems”. There is a strong need for the NYSEIP to address the broad spectrum of family outcomes expected and achievable for families participating in the early intervention program.

- Families informed the outcomes to be achieved for families and the process for family-centered services at the national and state levels.

At the conclusion of this discussion, EICC members unanimously endorsed **positive family outcomes**, as measured by the State standard on the NYIFS, as New York State’s SIMR.

Selection of Coherent Improvement Strategies

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

The Department and NYSEIP stakeholders have selected *positive family outcomes* as the State Identified Measurable Result (SIMR). The State standard that will be used to measure the SIMR encompasses all three OSEP Indicator 4 family outcomes. Analyses of family outcome data demonstrated that trends in family outcome indicators have been relatively stable over time and the mean score on the NYIFS which measures positive family outcomes varies widely across counties, as did the percent of families who met the State standard for minimum positive impact of early intervention services on family outcomes considered acceptable for accountability purposes.

Furthermore, the percent of families who reported receiving the minimum level of quality family-centered services, as measured by the national Family Centered Services Scale (FCSS), also varies widely across counties. In all counties, less than 40% of families participating in the NYS Family Survey reported receiving the minimum level of quality family-centered services. While there were some differences in achievement of positive family outcomes by race and ethnicity at the individual child and family level, interaction analyses examining Medicaid status and race at the county level indicate that these demographic variables do not impact family outcomes differently across counties – the direction of the effect is constant.

Based on these data and discussions with stakeholders, the Department’s “theory of action”, in the form of an “if-then” statement, is as follows:

If the quality of Early Intervention Program services to families improves, by making sure they are more family-centered as measured by the national Family-Centered Services Scale (FCSS), then the percentage of families who achieve the State standard for positive family outcomes, as measured by the New York Impact on Family Scale (NYIFS) will increase, and SIMR targets will be met.

As mentioned in the Data Analysis section, the Department has been collecting data on the NCSEAM Family-Centered Services Scale (FCSS) as part of its New York State Family Survey since 2008. As previously described (see discussion of baseline and target data), the Department collaborated with stakeholders to set State standards for the NYIFS, NYICS, and FCSS.

The standard established for the FCSS is 599. Table 18 shows the FCSS with items orders from least to most agreeable to families, and illustrates the state standard:

Table 18. FCSS Items ordered from least agreeable to most agreeable to families

Parameter	Family-centered Services Scale Items
Standard	Someone from the Early Intervention Program went out into the community with me and my child to help get us involved in community activities and services.
	My family was given information about ways of connecting with other families for information and mutual support.
	Someone from the Early Intervention Program asked whether other children in the family needed help in understanding the needs of the brother or sister with a disability.
	My family was given information about community programs that are open to all children.
	My family was given information about where to go for help or support if I feel worried or stressed.
	559.0

n Parameter Family-centered Services Scale Items

My child transitioned from early intervention (birth to 3 program) to preschool special education without a break in services.

My family was given information about the rights of parents regarding early intervention services.

I was given information to help me prepare for my child's transition.

My child received all the supports for transition listed in our IFSP.

I was offered the chance to meet with people from the Early Intervention Program and the committee on preschool special education to plan for my child's transition to preschool special education.

I knew who to call if I had problems with the services and supports my child and family are receiving.

Written information I received was written in an understandable way.

My family's daily routines were considered when planning for my child's services.

I felt part of the team when meeting to discuss my child.

My service coordinator was available to speak with me on a regular basis.

Overall, I am satisfied with the services my family received.

The Early Intervention Service Providers that worked with my child showed a willingness to learn about the strengths and needs of my child and family.

The Early Intervention Service Providers that worked with my child did what they said they were going to do.

My service coordinator was knowledgeable and professional.

Overall, I am satisfied with the services my child received.

The Early Intervention Service Providers that worked with my child were easy for me to talk to about my child and family.

As shown in Figure 11, state-level trend data on the percent of families meeting the FCSS standard, while illustrating a trend toward improvement, also indicates that a relatively low percentage of families report receiving the minimum level of quality family-centered services expected by stakeholders to be experienced by families.

Figure 11. Trends in FCSS measures over time

As discussed in the analysis of the State Infrastructure to support improvement and build capacity, the NYSEIP is a vast and comprehensive service delivery system that serves a large and diverse population of infants and toddlers with developmental delays and disabilities and their families. In addition, the NYSEIP has an extensive work force, including 435 agencies and 628 independent practitioners that accept service authorizations and bill the program for services. Agencies approved to deliver NYSEIP services employ a mean of 55 individual rendering practitioners, with a median of 20 and ranging to over 1,000 practitioners associated with these agencies. Most of these agencies also contract with independent practitioners to deliver early intervention services. Agencies subcontract on average with 55 individual rendering providers, with a median of two subcontractors and ranging to over 1,000 subcontractors. When examining rendering provider data, there are over 16,800 professionals delivering early intervention services to infants and toddlers and their families in New York State.

The NYSEIP is administered locally by fifty-eight local programs (57 county government agencies and the City of New York). With few exceptions, local programs are administered by local health departments. As is evident from the data presented in the SSIP, there is wide variation across New York’s 62 counties (including the five boroughs of New York City) in many aspects of the program’s infrastructure and outcomes data.

To ensure a broad reach and scope of the SSIP while ensuring a manageable implementation process, the Department will phase in improvement strategies with a cohort of local programs for 2015 through 2018, including boroughs of New York City in each cohort, as illustrated in Table 19. New York City boroughs were targeted for phase-in from low-performing to higher-performing boroughs on the NYIFS, selected for the SIMR.

Table 19. Summary of Plan to Phase-in Local Programs

FFY	2014	2015	2016	2017	2018
Local Program Cohorts	Small population counties New York/Manhattan		Medium population counties Brooklyn	Large population counties Queens	Long Island Bronx, Richmond

The Department has selected a well-tested and proven improvement strategy to work with

NYSEIP local programs and service providers to increase the percent of families receiving family-centered services: the breakthrough series approach developed by the Institute for Healthcare Improvement (IHI) (www.ihl.org). IHI uses the science of improvement to assist health care organizations in making “breakthrough improvements” in the quality and value of health care services. Improvement science is an applied, multidisciplinary approach that emphasized innovation, rapid-cycle testing in the field, and the concept of “spread” to generate learning about what changes, in what settings and contexts, yield improvement in the quality of service delivery (<http://www.ihl.org/about/Pages/ScienceofImprovement.aspx>). The science of improvement draws on clinical science, systems theory, statistics, and other fields in its approach to working with health care organizations to improve the quality of care.

The “breakthrough series” was chosen as a strategy to work with NYSEIP local programs and service providers to improve positive family outcomes by improving the quality of family-centered services for several reasons.

First, the “breakthrough series” is an evidence-based approach to working with organizations and professionals to achieve improvements in the quality of service delivery through “Learning Collaboratives.” A Learning Collaborative is a systematic, time-limited approach to quality improvement in which multiple organizations come together with faculty to learn about and create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other; thus, “everyone learns, everyone teaches.” Teams engaged in healthcare “Learning Collaboratives” have achieved dramatic results, including reducing waiting times by 50% percent, reducing worker absenteeism by 25% reducing intensive care unit costs by 25%, and reducing hospitalizations for patients with congestive heart failure by 50%. In addition, IHI has trained over 650 people in the Breakthrough Series methodology, thus spawning hundreds of Collaborative initiatives throughout the health care world, sponsored by organizations other than IHI. (see *The Breakthrough Series: IHI’s Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003; available on www.IHI.org).

Second, the Breakthrough Series offers a collaborative *team* approach in which interested organizations and individuals learn from each other and recognized experts in topic areas where they want to make improvements. This approach will foster team-building among NYSEIP local programs and service providers, other early childhood partners (e.g., Early Head Start, home visiting programs), and families in communities of learning to improve the quality of family-centered services and meet SIMR targets.

Third, the Breakthrough Series is designed to assist organizations and individuals in applying the science and evidence-base in their daily work and reduce the gap between what is *known* and what is *done*. This data-driven and evidence-driven approach will enable the Department to work strategically with NYSEIP local programs and service providers, early childhood partners, and families to assess their baseline on the suite of measures available from the NY Family Survey (NYIFS and NYICS and FCSS), identify improvement strategies based on evidence, implement those strategies, and periodically assess progress.

Fourth, the approach is a short-term (six to 15 months) learning system that assists organizations and professionals in achieving and maintaining rapid change and improvement in delivery practices. Thus, this approach corresponds with the framework for the SSIP, enabling the Department to engage successive cohorts and achieve targeted improvements in the SIMR.

Finally, the Department has successfully used the Breakthrough Series approach in a variety of healthcare and public health improvement initiatives, including in the Division of Family Health (DFH), which is the organizational unit in which BEI is housed. DFH has developed substantial expertise in leading successful quality improvement both in improving the use of developmental screening practices among pediatricians (through grant-funded projects sponsored by the U.S. Department of Health and Human Services, Health Services and Resources Administration) and more recently, with NYS birthing hospitals employ evidence-based strategies to reduce infant mortality through the New York State Perinatal Quality Collaborative (nyspqc.org). The Division and BEI Early Hearing Detection and Intervention Program are currently working with 16 hospitals to improve newborn hearing screening and follow-up in these facilities. Thus, through the Department’s expertise and knowledge, a strong State-level infrastructure exists to use the

Breakthrough Series methodology for implementation of the SSIP.

Specific Improvement Strategies

The Department will establish the New York State Quality Improvement Team (NYSQIT) to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives. The NYSQIT will include Department staff, representatives of the EICC and ECAC (including parent representatives and state agency partners), and NYSEIP local program and service provider representatives. The NYSQIT will be formed by July 1, 2015, and will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives.

The NY Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the upcoming FFY 2014 data collection period, all families residing in small population counties and the county of New York (Manhattan) will be invited to participate in NY Family Survey. These data will provide a baseline on the suite of family-reported measures (the NYIFS, NYICS, and FCSS) for the first cohort of the Family-Centered Learning Collaborative.

The Department anticipates procuring one or more contractor(s) with expertise in implementation and improvement science and scale up of evidence-based practices to provide technical assistance, training, mentorship and coaching support to Family-Centered Learning Collaborative cohort participants.

Family-Centered Practices Learning Collaboratives will use these and other data to identify and understand the root causes in their communities for low performance in delivering quality family-centered services and achieving positive family outcomes. The NYSEIP is a large and complicated system. There is a diversity of geography, demographics, and families in New York State. As such, strategies will have to be tailored to the particular circumstances within a county or region of the State. As described in greater detail below, improvement teams from NYSEIP local programs, including service providers and families, who are extremely familiar with their regions, local infrastructure and resources, and families referred to their local early intervention programs, will develop improvement plans that are specific to their areas. Plans will also be shared across local programs to enable all improvement teams to capitalize on the strategies developed by teams working in similar contexts.

Each team participating in the Family-Centered Practices Learning Collaborative cohorts will learn quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions. At the same time, each team will collect monthly data on measures to track improvements. Learning is accelerated as the Collaborative teams work together and share their experiences through monthly reports, Learning Sessions, conference calls, and e-mail.

The three phases of for each of the Family-Centered Learning Collaboratives will be include Pre-Work activities, Learning Sessions and Action Periods.

1. Pre-Work

Collaborative teams will be involved in Pre-Work from the time they join the Collaborative until the first Learning Session. The purpose of the Pre-Work is to prepare the participating teams to launch the improvement initiative at their site and prepare for this first face-to-face meeting. During this time, the Collaborative team has several important tasks to accomplish, including: creating an AIM statement^[1], collecting baseline data, developing a Storyboard, and participating in one of the Pre-Work calls. A Pre-Work packet, with more detailed information about this phase, follows in Part Two of this package.

1. Learning Session

Learning Sessions bring teams together to become skilled in quality improvement fundamentals through theoretical application with real-time coaching. Through plenary addresses, small group discussions and team meetings, attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive coaching from faculty members;
- Gather new information on the subject matter and process improvement; and
- Share information and create detailed improvement plans.

The Learning Collaborative will include two Learning Sessions facilitated by the Collaborative's project team and expert faculty. One of these will occur at the start of the Collaborative, and the other at the end. A minimum of two key members from each facility team are expected to attend the Learning Sessions.

1. Action Periods

The time between Learning Sessions (both in-person and virtual) is called an Action Period. During Action Periods, Collaborative teams work within their organizations toward major, breakthrough improvements by initiating small tests of change. Although each participant focuses on his/her own organization, continuous contact with other Collaborative participants and faculty is provided.

Monthly conference calls, regular e-mails and webinars maintain this continuous contact during the Action Period. Each organization collects data to learn if the tests of change are resulting in improvement. Monthly data is reviewed by each team and then submitted to the Department. Teams are encouraged to include additional staff in Action Period activities.

The Model for Improvement^[2] is a simple yet powerful strategy for making improvements in the care you provide. Developed by Associates in Process Improvement, the application of the model has two components. First, the Collaborative team will address three fundamental questions. These questions will guide the team in creating an AIM Statement, measures and specific change ideas. Secondly, the team will use Plan-Do-Study-Act (PDSA) cycles to easily test these changes in your work environment. Successful tests of change pave the way for full scale implementation within a system.

Figure 12. New York State Model for Improvement of Family Outcomes

Three Key Questions for Improvement

1. *What are we trying to accomplish? (For example: Increase the percentage of families exiting early intervention services who report these services helped them achieve the level of positive family outcomes)*

A strong Aim Statement is specific, intentional and unambiguous. It should be aligned with organizational goals and all team members involved in the improvement process should support it. Teams will identify aim statements related to improving positive family outcomes as part of their work together.

2. *How will we know that a change is an improvement? (NYIFS, NYICS, and FCSS)*

The team will use a set of defined measures, including the NYIFS and NYICS and FCSS and other process measures which may be added by the Department and/or the teams, to determine if the rapid cycle changes in care are working. These measures can also be used to monitor performance over time. These measures are designed to help the team know if the changes that are being tested resulted in improvement.

3. *What changes can we make that will result in an improvement? (Evidence-based Best Practices and ideas)*

As with the measures, the collection of evidence-based changes are based on those selected as part of the SSIP. This collection of changes is called the Change Package and includes multiple opportunities for improving care.

PDSA Cycles

The PDSA (Plan-Do-Study-Act) cycle will be used to rapidly test changes in practice - by planning it, trying it, observing the results, and acting on what is learned. This is a scientific method used for action-oriented learning. After changes are thoroughly tested, PDSA cycles will be used to implement or spread change throughout the local program. The key principle behind the PDSA cycle is to test on a small scale and test quickly. Traditional quality improvement has been anchored in laborious planning that attempts to account for all contingencies at the time of implementation; usually resulting in failed or partial implementation after months or even years of preparation. The PDSA philosophy is to design a small test with a limited impact that can be conducted quickly (in days) to work out unanticipated "bugs". Repeated rapid small tests and the learning gleaned build a process ready for implementation that is far more likely to succeed.

Summary and conclusions

The Department will use the Breakthrough Series approach, a proven, data-driven, evidence-based approach to improving service delivery quality with four successive cohorts of local programs to improve positive family outcomes by improving the quality of family-centered early intervention services delivered to infants and toddlers and their families participating in the NYSEIP. These four successive cohorts will allow for statewide implementation of coherent improvement strategies, engaging NYSEIP local programs and service providers in evidence-based, family-centered practices in early intervention service delivery and families as partners meaningfully involved in promoting and enhancing their children's development.

¹ An AIM statement is "a specific statement summarizing what your organization hopes to achieve. It should be time specific and measurable." (Insti

^[2] *The Model for Improvement was developed by Associates in Process Improvement.
www.apiweb.org/API_home_page.htm

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change

in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[Theory of Action](#) Theory of Action

Illustration

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

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

The New York State Early Intervention Program (NYSEIP) is the statewide system of early intervention services for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA). NYSEIP is one of the largest early intervention systems in the United States. From July 1, 2014 to June 30, 2015, NYSEIP supported the delivery of over 7.4 million early intervention services to over 65,000 eligible children and their families

The current NYSEIP infrastructure is extensive and will continue to support the implementation of the coherent improvement strategies for the State Systemic Improvement Plan (SSIP). The NYSEIP will leverage and build upon existing and new infrastructure capacity to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families, as measured by the State-identified Measureable Result (SIMR). The SSIP effort will be supported through the current infrastructure components detailed below, as well as through new infrastructure components specifically designed for this purpose which are also described.

Current Infrastructure

The following are the current key infrastructure components of the NYSEIP:

Governance

The New York State Department of Health (Department) was designated by the Governor as lead agency for the NYSEIP in 1987, and was statutorily designated with the enactment of State Public Health Law (PHL), establishing a statewide early intervention system consistent with Federal Part C IDEA requirements. As lead agency for the NYSEIP, the Department is responsible under Section 2550 of PHL for overall administration and supervision of the state's early intervention system. The Department has a strong organizational structure to support this role which is being enhanced to provide focused organizational oversight to the SSIP process.

The 57 counties and New York City in New York State (referred to as "municipalities") are responsible for local administration of the NYSEIP. Municipalities have significant authority and responsibility in PHL for the NYSEIP, including child find and public awareness, development and oversight of individualized family service plans (IFSPs) for eligible children and their families; monitoring and auditing of NYSEIP providers;

due process procedures for families; and funding of NYSEIP services delivered to eligible children and families residing within their localities. The municipalities have been active participants in the APR/SSIP process and will be key participants in local learning collaboratives associated with the SSIP Phase II process which are further described in 2.a. below.

The New York State Early Intervention Coordinating Council (EICC) is a 27-member Governor-appointed advisory council responsible for advising and assisting the Department of Health, as lead agency for the State's Early Intervention Program, in all aspects of the Early Intervention Program (NYSEIP). The EICC membership includes representation from parents of children with disabilities, providers of early intervention services, public officials responsible for administration of local administration of the NYSEIP, the State legislature, and State agencies involved in administration of early childhood service delivery systems. Two members of the EICC are also members of New York's Early Childhood Advisory Council (ECAC). Task forces of the EICC have assisted the Department in issuance of policy and procedural guidance on transition, evaluation, eligibility, health and safety requirements, marketing guidelines, foster care, service coordination and group developmental intervention services.

The EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement. Department staff have briefed members of the EICC on SSIP and SIMR requirements and have shared child and family outcome data as part of Annual Performance Report discussions. In addition, representatives of the EICC have been involved in all stakeholder discussions related to child and family outcomes, including the Department's 2004-2007 General Supervision Enhancement Grant (GSEG) activities, both concept mapping projects, and the standard setting process for the NY Impact on the Family Scale (NYIFS) and Family-Centered Services Scale (FCSS). At the conclusion of these discussions, EICC members unanimously endorsed positive family outcomes, as measured by the State standard on the NYIFS, as New York State's SIMR. EICC members continue to participate as key stakeholders in Phase II of the SSIP.

Fiscal

The Department oversees the administration, including fiscal policy, planning, provider reimbursement, and claiming to third party payers, such as Medicaid and private insurance. The Department has a contract with the Public Consulting Group (PCG) to serve as the State Fiscal Agent (SFA). The SFA maintains an information system with extensive fiscal data and reporting functionality.

The infrastructure analysis included data from the SFA. These data are routinely monitored by the Department to assess billing and claiming timeliness, capacity, and insurance reimbursement. These data will continue to be monitored to evaluate whether any changes implemented during SSIP Phase II have an impact on the service delivery system operations.

Quality Standards

The Department develops and provides periodic written policy and procedural guidance (Guidance Documents) on state and federal requirements for the NYSEIP on a regular basis.

The Department has also developed clinical practice guidelines related to identification, evaluation and service delivery in the areas of Communication Disorders, Autism/Pervasive Developmental Disorders (PDD), Motor Disabilities, Down syndrome, Hearing Loss, and Visual Impairment.

The clinical practice guidelines are intended to help families, service providers, and public officials make informed choices about early intervention services by offering recommendations based on scientific evidence and expert clinical opinion on effective practices. To develop the guidelines, NYSEIP used an evidence-based, multidisciplinary consensus panel approach established by the Agency for Health Care Policy and Research (AHCPR), as an effective, scientific, and well-tested approach to guideline development. The Department is currently convening a consensus panel to update the autism/PDD clinical

practice guidelines. The guideline will help inform discussions related to evidence-based practice for children with autism and their families. A need for additional policy, procedural, or clinical guidelines may emerge as a result of the SSIP process.

Professional Development

In order to serve eligible infants and toddlers, the NYSEIP has an extensive work force. In federal fiscal year 2014-2014, there were 1,258 billing providers under agreement with the Department to accept service authorizations and submit claims for early intervention services, and 14,673 qualified personnel who rendered services to children and their families. New York State maintains a comprehensive system of professional development (CSPD) including training for NYSEIP providers, municipalities and for other key early intervention stakeholders. Families are invited to attend training sessions. A \$25 stipend is available to support parent participation.

The Bureau of Early Intervention funds training contractors to offer training across New York State using approved early intervention curricula/courses. The Early Intervention Learning Network (EILN) at the Just Kids Early Childhood Learning Center is the training contractor funded to provide this training throughout New York State. Training curricula are updated or new curricula are developed based upon training evaluations, in-person evaluation of training by NYSEIP staff, formal needs assessments surveys, results of statewide monitoring and technical assistance and the emergency of new issues. The CSPD will be modified, as necessary, to incorporate findings related to the most effective evidence-based approaches resulting from the SSIP Phase II effort.

Technical Assistance

New York State maintains a comprehensive approach to technical assistance for municipalities, providers, families and other stakeholders engaged in the NYSEIP. Department staff is responsible for fielding telephone calls on a daily basis and responding to emails, letters and other forms of communication from municipalities, providers, parents, the public and all other stakeholders. Communication may be on a variety of issues, complaints, concerns and questions related to all aspects of the NYSEIP. Department staff also provide technical assistance and respond to inquiries regarding the use and content of the policy Guidance Documents and the Clinical Practice Guidelines. Technical assistance will be modified, as necessary, to incorporate findings from the SSIP Phase II effort.

Family Initiatives

NYSEIP has a number of initiatives targeted towards families, including

- Family Initiative Coordination Services Project – the purpose of the project is to facilitate, support, and develop parent involvement at all levels of the NYSEIP. The Family Initiative Coordination Services Project at the Just Kids Early Childhood Learning Center is funded by the Department to collaborate with and provide advice to the Department related to family concerns; assist with activities related to the Early Intervention Coordinating Council (EICC), including supporting family members who participate in the Council; develop family-friendly materials that complement Department-issued NYSEIP policy and program guidance; plan and deliver the Early Intervention Partners Training Project for parents; and provide information for parents at the NYSEIP web page.
- Early Intervention Partners Training - the Family Initiative Coordination Services Project sponsors Early Intervention Partners Training Projects twice each year in the fall and spring. The training is offered on a rotating basis in different regions throughout the state. Parents receive substantial information regarding the NYSEIP legal and regulatory framework and process. The training also helps parents develop advocacy and leadership skills related to early intervention services. Information about the SSIP and the goal of improving family outcomes is being incorporated into future training sessions, and participating families will be provided opportunities to work locally and at the state level on the SSIP.
- The eFamilies Website is funded by NYSEIP and is an activity of the Family Initiative Coordination

Services Project. The website provides important information to parents related to early intervention, including an interactive overview course related to early intervention, as well as resources for parents and an opportunity for parents to interact.

All of these resources will be modified, as necessary, to incorporate findings related to the most effective evidence-based approaches resulting from the SSIP effort.

Accountability/Monitoring

The Department, through a contract with the Island Peer Review Organization (IPRO), Inc., conducts ongoing monitoring of early intervention providers and municipalities. NYSEIP monitoring activities are informed by NYSEIP data information. The monitoring tool utilizes multiple methods to establish compliance or non-compliance with federal and state law and regulations, including observation of facilities for health and safety concerns; review of child and personnel records; and interviews with providers who render early intervention services and parents of children who receive early intervention services. All data collected during statewide, onsite monitoring encounters are entered into the data system to compile and produce electronic monitoring reports for each provider or municipality monitored, and to provide ad hoc and routine data reports to the Department on a monthly or more frequent basis.

For each finding of noncompliance, a written report is issued and the provider/municipality must submit a Corrective Action Plan (CAP) which identifies the root cause of the noncompliance, strategies to correct the noncompliance and quality assurance measures that will be implemented to ensure corrections are being implemented. Verification of correction of noncompliance reviews are conducted subsequent to CAP approval and may be conducted by multiple methods, including: review of child records; interviews with providers/municipal staff; and, review of revised policies and procedures. These monitoring activities will continue and be modified to incorporate findings from SSIP Phase II, as appropriate.

Data

The Department collects extensive, comprehensive data across all of the key components in a systematic manner to facilitate review, analysis, and evaluation. These existing data sources can be leveraged for the quality improvement efforts for the SSIP, which will rely upon the frequent and ongoing measurement of the impact of implementing coherent improvement strategies. The Department will work to share data extensively to increase awareness and promote positive changes to improve outcomes for infants, toddlers and their families.

Specific State Infrastructure Improvements to Support the SSIP Activities

SSIP Oversight

The NYSEIP has established an organizational structure that will provide oversight of implementation of SSIP activities, including:

- Appointment of Kirsten Siegenthaler, PhD, as NYSEIP State Systemic Improvement Planning Coordinator - Dr. Siegenthaler has a PhD in Epidemiology from the State University of NY at Albany. Her dissertation was focused on evaluating the Early Intervention Program. She has worked for the Bureau of Early Intervention for five years providing leadership and support for program evaluation and data analysis. Dr. Siegenthaler is the Part C Data Manager, serves on the IDEA Data Center (IDC) Data Steering Committee, and was recently appointed the co-chair of the Infant and Toddler Coordinators Association (ITCA) Data Committee. She is also participating in the Family Outcomes Cross State Learning Collaborative coordinated by the National Center for Systemic Improvement (NCSI).
- Establishment of the internal BEI team to support Phase II of the SSIP - Dr. Donna Noyes and Brenda Knudson Chouffi, Co- Directors for the Bureau of Early Intervention and co-coordinators for Part C for New York State, will provide management oversight and leadership for the SSIP. Additional support will

be provided by the bureau managers and staff from the functional units within the Bureau, including, Mary-Lou Clifford, Director of the Information Systems and Quality Improvement (ISQI) section, Jessica Simmons, also from that unit; Margaret Adeigbo, Manager of Provider Approval and Due Process (PADP) unit and Kelly Callahan from that unit; Ken Moehringer, Fiscal Planning and Policy section; Yan Wu, Manager of the Program Evaluation and Evidenced-Based Practice (PEEP) Unit and Katherine Reks, also of that unit.

- Establishing the New York State Early Intervention Quality Improvement Team (NYSEIQIT) as the statewide leadership team to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives. The NYSEIQIT will include Department staff, representatives of the EICC and the Governor-appointed Early Childhood Advisory Council (ECAC), which includes parent representatives and state agency partners, and NYSEIP local program and service provider representatives. The NYSEIQIT will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. Members of the NYSEIQIT have been identified, and internal review and approval of the members has been completed. Several of the members have already participated in discussions about the SSIP. It is anticipated that the group will be formally convened in spring 2016.

Child and Family Outcomes Data Management and Analysis

From 2006 to 2015, the Department had maintained a memorandum of understanding with the University at Buffalo to provide a research team and infrastructure for data collection necessary to measure child outcomes, including technical assistance and training for providers and municipalities. To better align with SSIP, NYSEIP will be seeking competitive proposals for a qualified contractor with large scale, data collection, management and analysis experience to support activities related to the collection of child and family outcomes data for program performance analysis, in support of the NYSEIP Annual Performance Report (APR) and the SSIP efforts. The competitively procured contract will be supported by the federal Part C grant. Activities will include:

- Providing training and technical assistance support to personnel from counties administering local Early Intervention Programs, providers of Early Intervention services, and families of children receiving NYEIP services related to child and family outcome federal performance requirements, and the Department's process for responding to those requirements
- Providing a website that will include easily accessible information regarding federal performance requirements and aggregated reports related to family and child outcomes; technical assistance related to collection of child and family outcome data; and, accessing child and family outcomes reports, as well as responses to frequently asked questions related to the outcomes data process.
- Collecting child and family outcomes data and maintaining statewide capacity to work with 57 counties and the municipality of NYC in the submission of data related to measurement of early childhood child and family outcomes, including assessing and ensuring overall data currency, validity, and quality.

Centers of Excellence to Promote and Sustain Family-Centered Early Intervention Program Services

The Department will be allocating federal Part C funds to establish three regionally-based Centers of Excellence, which will be comprised of a team of experts to promote collaboration and utilization of best practices in topics specific to child and family outcomes in the NYSEIP, as well as other quality improvement efforts related to the SSIP. The Centers of Excellence will have clinical expertise in Early Intervention Services; data and research expertise related to developmental disabilities; expertise in improvement science and scale up of evidence-based practices; and, the provision of technical assistance, training, mentorship and coaching support to improve performance and collaboration with families within the community. It is expected that this partnership will enhance training opportunities in the EIP and improve the quality of early intervention service provision to children and families enrolled in the NYSEIP. The Centers of Excellence will

provide following support to the SSIP process:

Conduct Learning Collaboratives

- The Department has selected a well-tested and proven improvement strategy to work with NYSEIP local programs and service providers to increase the percent of families receiving family-centered services as a means of improving family outcomes. The improvement strategy, known as the breakthrough series approach, developed by the Institute for Healthcare Improvement (IHI) (www.ihl.org), is described further in 2.a. below. To ensure a broad reach and scope of the SSIP while ensuring a manageable implementation process, the Department will phase in improvement strategies with cohorts of local programs starting in 2016 through 2018, including boroughs of New York City in each cohort. There will be two cohorts with 42 learning collaborative teams (14 teams in each of three regions) participating in each cohort. Each of the 58 municipalities (local programs) will participate at least once in a learning collaborative. The (IHI) Breakthrough series, which is described below, will be implemented to improve the family-centeredness of early intervention services and, as a result, improve family outcomes, which is the SIMR.

Identification of evidence-based/best practice strategies relevant to improving early intervention performance and outcomes.

- The Centers of Excellence will research the literature for evidence-based or promising practices/ interventions that will effectively contribute to the evidence or theory base for activities that improve family-centered practices in delivering early intervention services. This literature review will support the Department and local programs and service providers in adjusting their strategies based on the results of this research. The Centers of Excellence will have a central role in the development and dissemination of information on evidence-based or best practice strategies. Development of a Website
- To facilitate the dissemination of resources, trainings, and webinars, the Centers of Excellence will develop and maintain once centralized Web site related to the SSIP and the work of the learning collaboratives. Expert Consultation
- The Centers of Excellence will provide expert consultation regarding emerging research, policy, and program needs related to early intervention child/family outcomes and other priority areas as they relate to children and families in the EIP. This support will be provided to the Department and the learning collaborative participants through written reports, oral presentations, face-to-face meetings, conference calls, technical assistance, and custom research. Training and technical assistance for the EIP.
- The Centers of Excellence will work with the Department to identify gaps in training and will coordinate site-specific, as well as system-wide, shared and contractor specific training, technical assistance, and research-to-practice information and resources. The Centers of Excellence will serve a key coordinating function between local early intervention programs and infant and child development agencies and other organizations. This will include face to face, Web-based and distance training on topics related to improving performance/outcomes in the NYSEIP. Additional in-person trainings for enhanced topics and skills building will be provided regionally. The Centers of Excellence will provide coaching, mentoring, and technical assistance to local programs and state program administrators. Evaluation of initiatives
- The Centers of Excellence, in conjunction with the Department, will implement an evaluation of the SSIP initiative, including assessment of the implementation and effectiveness/ impact of specific required strategies on performance standards/outcomes.

Expanding and Improving the NYS Family Survey

The NYS Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the FFY 2015-2016 data collection period, all families residing in small and medium population counties and the boroughs of New York (Manhattan) and Kings (Brooklyn) will be invited to participate in NYS Family Survey, so all parents in 41 of 58 local programs will be invited to

provide feedback on their experience in NYSEIP. These data will provide data for family outcomes and the quality of the early intervention services prior to the implementation of the learning collaboratives by using family-reported measures (the NYIFS and FCSS) for the first cohort of the Family-Centered Learning Collaborative. In FFY 2016-2017, all families residing in the remaining 17 local programs will be sent the NYS Family Survey and will be invited to provide feedback. Depending on availability of resources, the sample in the first cohort (41 local programs) will be expanded as well. As part of Phase I of the SSIP, the Department recognized that the number of families responding needed to be increased. In addition to expanding the number of families invited, the Department is improving the timeliness of sending of the NYS Family Survey, by surveying families closer to their exit from the EIP. In 2015-2016, the Department is sending surveys to families exiting or turning three between July 1 and December 31 in April, and sending surveys to families exiting or turning three between January 1 and June 30 in August with a reminder letter sent three weeks after the survey was mailed.

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

The Bureau of Early Intervention (BEI) manages state NYSEIP operations, under the auspices of the Division of Family Health within the Center for Community Health, Office of Public Health. BEI works collaboratively with many partners across the Department on NYSEIP operations, including the Office of Public Health, Informatics, and Project Management (the NYSEIP data system development and operations), Office of Health Insurance Programs (Medicaid, Child Health Plus, and commercial insurance reimbursement); Fiscal Management Audit Unit (auditing of municipalities and providers) and Division of Legal Affairs (legal advice and support on issues related to the NYSEIP).

BEI is situated organizationally within the Division of Family Health (DFH). DFH also leads the Department's administration of New York State's Title V Maternal Child Health Services Block Grant (MCHSBG) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding under the auspices of U.S. Department of Health and Human Services (DHHS). DFH also leads the Children with Special Health Care Needs (CSHCN) which provides grant funding to Local Health Departments (LHDs) to provide information, referral and other assistance to CSHCN birth to 21 and their families; gap-filling financial assistance through Physically Handicapped Children's Program (PHCP), voluntary direct service program operating in 31 counties to pay for medical equipment, co-pays, pharmaceuticals, medically necessary orthodontia; and, other health related services for CSHCN meeting local financial and medical eligibility criteria.

As required by DHHS, the Division has submitted New York's full Title V MCHSBG application, which included a comprehensive Needs Assessment to guide the selection of maternal child health priorities and develop a five-year State Action Plan by six population health domains, one of which is CSHCN. Division leadership incorporated as a strategy the improvement of family supports to CSHCN in the MCHSBG. The SSIP is aligned with the MCHSBG priority. The NYS Family Survey and the SSIP focuses on positive family outcomes and family-centered services for children with special health care needs and their families. BEI staff have been actively engaged in the MCHSBG priority work, including participating in community needs assessments with professionals and families to prepare the application and on work groups to develop strategies and measures for this MCHSBG priority area.

The Division's MIECHV funding supports evidence-based home visiting programs with demonstrated positive outcomes in births, children's health and development, and family functioning. Funding is provided to seven Nurse-Family Partnership and 10 Healthy Families NY programs, serving nine counties in New York State. Home visiting projects are community resources for supporting families with infants and young children in promoting healthy development. As required by HRSA, MIECHV state grantees partner with the local Early Intervention Program. Division staff collaborate to ensure that home visiting programs are informed about the importance of developmental screening and how to refer infants and toddlers with

suspected delays in development to the NYSEIP.

Division staff, including BEI staff, have been actively engaged with the Department's Office of Health Insurance Programs (OHIP) to implement Health Homes for Children in the Medicaid Program. Health Homes for Children are an important mechanism for supporting families and their children with special health care needs, including infants and toddlers with developmental delays and disabilities. Division and OHIP staff have been collaborating to develop policies and procedures related to how to coordinate the provision of Health Home Care Management and NYSEIP service coordination services, recognizing that a subset of Medicaid children in the NYSEIP will be eligible for health home. The Children's Health Home initiative provides an important opportunity to ensure that infants and toddlers with disabilities in the Medicaid Program and their families have access to comprehensive care management to coordinate their complex health and developmental needs.

The Council on Children and Families (CCF) coordinates New York's health, education and human services systems as a means to provide more effective systems of care for children and families. New York State's Early Childhood Advisory Council (ECAC), under the auspices of the Council was formed in 2009 to provide advice on issues related to young children and their families. The vision of the ECAC is to ensure all young children are healthy, learning, and thriving in families that are supported by a full complement of services and resources essential for successful development. The ECAC is working to create a comprehensive early childhood system in New York State that provides every child with the support and services necessary to succeed in school and in life.

The ECAC is comprised of experts in education, health care, child welfare and mental health. Members represent state agencies across the spectrum of early childhood services, advocacy groups, foundations, higher education, unions and other key organizations concerned with the well-being of young children and their families, as appointed by the Governor. The Department has two representatives (the Director of the Division of Family Health and Donna Noyes, the Co-Director of BEI) on the ECAC. In addition, two members of the EICC are also members of the ECAC. The ECAC is informed of and will work to support the SSIP.

A joint task force with representatives from the EICC and ECAC has been collaborating to develop guidance for early childhood professionals, including NYSEIP providers and early care and education providers to assist them, in partnership with families, in promoting and supporting positive social emotional development in young children (ages birth to three years). The guidance document will be finalized in 2016 and widely disseminated.

The BEI Co-Director, Dr. Donna M. Noyes, is a member of the ECAC Steering Committee and co-chair of the focus area "Coordinated and Responsive Systems". One objective of this focus area is to advocate for the development of a coordinated comprehensive cross program data system to track early childhood outcomes and improve capacity to manage early childhood systems.

The ECAC has recently established a multiyear strategic plan, which includes "Strong Families" as a focus area. Objectives of this plan include:

1. Increasing opportunities for families to gain, knowledge, skills, confidence and social support to nurture safety, health, and positive development of children;
2. Increasing the proportion of vulnerable or at-risk families identified and provided with support; and
3. Focusing state efforts on effectively engaging and increasing parents' voices in state policies and programs.

BEI staff will be actively involved in this effort.

Beyond the ECAC, Department staff work closely with CCF staff on a variety of early childhood initiatives, including:

- the Head Start Collaboration Project funded by the federal Office of Head Start, to provide a vehicle for including Head Start in policy discussions regarding young children and their families.
- the Early Childhood Comprehensive Services Grant (ECCS) - In 2013, the Council on Children and Families was awarded a three-year ECCS Project federal HRSA grant. This ECCS Project funding targets strategies that increase health policies and practices in early childhood education programs that serve infants and toddlers, including: developing a system of training, coordination, and technical assistance for child care consultants; increasing communication between early childhood education programs and medical homes; and, increasing early childhood education programs' capacity to support the social and emotional development of infants and toddlers. Department staff, including the Co-Director for BEI, are collaborating with CCF to respond to the 2016 ECCS grant competition.

The BEI works closely with the Office of Mental Health (OMH), which released a Request for Proposals for \$6.8 million in funding to implement the Healthy Steps for Young children program in 19 sites throughout NYS. This program will fund the integration of a child and family development profession into pediatric and family medicine offices to help identify, monitor, and treat emerging behavioral and developmental health concerns in young children with the goal of promoting screening of social-emotional development, childhood traumas, developmental delays, and maternal depression.

The BEI collaborates closely with the New York State Education Department to coordinate the NYSEIP and Part B 619 preschool special education programs and services, particularly in the areas of transition, data exchange, and licensing.

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

The Center for Community Health, Division of Family Health and Bureau of Early Intervention have played an active role in identifying and supporting the implementation of infrastructure changes that are critical to SSIP Phase II. In BEI, Dr. Donna Noyes and Brenda Knudson Chouffi, Co-Directors for the Bureau of Early Intervention and Co-Coordinator for Part C for New York State, and Dr. Kirsten Siegenthaler, newly appointed as the NYSEIP State Systemic Improvement Planning Coordinator, have played a primary role in determining the design of infrastructure requirements of the SSIP Phase II and the allocation of resources to those requirements. Mary-Lou Clifford, Director of the Information Systems and Quality Improvement (ISQI) section and Margaret Adeigbo, Manager of Provider Approval and Due Process (PADP) have also been involved in infrastructure design discussions on an ongoing basis since they and their staff have been included in the newly developed SSIP Phase II BEI team, and will have a role in supporting SSIP Phase II implementation, including modifying existing infrastructure such as training, technical assistance and monitoring to incorporate evidence-based practices developed in SSIP Phase II.

In addition to Department staff, the EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement. EICC members have and will continue to participate as key stakeholders in Phase II of the SSIP, including in the discussion of new infrastructure components, as well as the modification of existing components.

Finally, the Department is also establishing the New York State Early Intervention Quality Improvement Team (NYSEIQIT) as the statewide leadership team to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives as discussed in 1.a. above. The NYSEIQIT will be convened in the Spring of 2016 and will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives, including infrastructure requirements related to the project.

The Department is allocating over \$1 million in funding to support the SSIP Phase II effort. Funding will be partially supported by an increase in the federal Part C award for NYS, as well as reallocation of other Part C

funds. To better align data collection efforts with SSIP Phase II, NYSEIP is seeking competitive proposals for a qualified contractor with large scale, data collection, management and analysis experience to support activities related to the collection of child and family outcomes data. Funding in the amount of \$300,000 in the first year and \$200,000 for four additional years will be allocated to support the alignment of data collection for child and family outcomes to the overall SSIP initiative. A Request for Proposals (RFP) has been developed for this initiative and is in the Department approval process. It is anticipated that the RFP will be issued in Fall 2016 with an anticipated contract start date of January 1, 2017.

NYSEIP is seeking to establish three regionally-based Centers of Excellence. The Centers of Excellence will support the quality improvement initiative and will have the staffing expertise and infrastructure to support SSIP by assisting the Department in the identification of evidence-based/best practice strategies relevant to improving early intervention performance and outcomes, in conducting learning collaboratives related to improving child and family outcomes, in developing a website and providing training and technical assistance, and providing evaluation support.

For the period June 1, 2016 to May 31, 2016, \$900,000 will be allocated to the Centers of Excellence; in the remaining two years of the contracts, funding in the amount of \$600,000 will be allocated. Efforts are underway to establish these Centers of Excellence.

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

As stated previously, the Bureau of Early Intervention (BEI) is in the Division of Family Health (DFH), which is responsible for the Title V Maternal and Child Health Services Block Grant (MCHSBG) and a myriad of child family health initiatives, including the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, the Children with Special Health Care Needs (CSHCN) Program, and the Physically Handicapped Children's Program (PHCP). BEI staff meet with Division Directors and other Bureau Directors within DFH regularly. There is an ongoing series of meetings on the MCHSBG, which include BEI staff and EIP is regularly discussed including the SSIP and family outcomes.

Division leadership also works closely with the Medicaid Program, Women, Infants and Children (WIC) Program, and other areas of the Department related to child health issues and children with special healthcare needs.

Stakeholders will be informed regarding infrastructure development through a variety of venues. The EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement. EICC members unanimously endorsed positive family outcomes, as measured by the State standard on the New York Impact on Family Scale (NYIFS), as New York State's SIMR. EICC members have substantial interest in SSIP Phase II and will continue to participate as key stakeholders. EICC members will be informed regarding progress of the SSIP during regular meetings, as well as through other communications. EICC members will also participate in phase II of the SSIP through participation in the New York State Early Intervention Quality Improvement Team (NYSEIQIT).

The Department will establish the NYSEIQIT as the statewide leadership team to guide state implementation of the SSIP. Family-Centered Practices Learning Collaboratives as discussed in 1.a. above. The NYSEIQIT will include Department staff, representatives of the EICC and ECAC (including parent representatives and state agency partners), and NYSEIP local program and service provider representatives. The NYSEIQIT will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. NYSEIQIT members will be informed of Department proposed plans for SSIP implementation through regular meetings and other communications.

The Centers of Excellence will have a central role in the development and dissemination of information on evidence-based or best practice strategies. The Centers of Excellence will develop a website to disseminate resources, trainings, and webinars related to the SSIP process and evidence-based practices. The Centers of Excellence will also provide expert consultation regarding evidence base practices related to early intervention child/family outcomes. This support will be provided to the Department through written reports, oral presentations, face-to-face meetings, conference calls, and research.

Department staff will continue to inform the Council on Children and Families and the Early Childhood Advisory Council related to infrastructure development and emerging evidence-based practices from the SSIP to inform other State agencies and stakeholders so that those practices can be incorporated into other programs, as appropriate. Finally, the Department will continue to coordinate closely with the State Education Department regarding infrastructure development, process and findings of the SSIP Phase II.

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

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

2(a) Specify how the State will support EIS programs and providers in implementing the EBPs that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

The Department has selected a well-tested and proven improvement strategy to work with NYSEIP local programs and service providers to increase the percent of families receiving family-centered services: the breakthrough series approach developed by the Institute for Healthcare Improvement (IHI) (www.ihl.org). IHI uses the science of improvement to assist health care organizations in making “breakthrough improvements” in the quality and value of health care services. Improvement science is an applied, multidisciplinary approach that emphasized innovation, rapid-cycle testing in the field, and the concept of “spread” to generate learning about what changes, in what settings and contexts, yield improvement in the quality of service delivery (<http://www.ihl.org/about/Pages/ScienceofImprovement.aspx>). The science of improvement draws on clinical science, systems theory, statistics, and other fields in its approach to working with health care organizations to improve the quality of care.

The “breakthrough series” was chosen as a strategy to work with NYSEIP local programs and service providers to improve positive family outcomes by improving the quality of family-centered services for several reasons.

First, the “breakthrough series” is an evidence-based approach to working with organizations and professionals to achieve improvements in the quality of service delivery through learning collaboratives. A learning collaborative is a systematic, time-limited approach to quality improvement in which multiple organizations come together with faculty to learn about and create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other; thus, “everyone learns, everyone teaches.” Teams engaged in healthcare learning collaboratives have achieved dramatic results in a variety of health care arenas.

Second, the “breakthrough series” offers a collaborative *team* approach in which interested organizations and individuals learn from each other and recognized experts in topic areas where they want to make improvements. This approach will foster team-building among NYSEIP local programs and service providers, other early childhood partners (e.g., Early Head Start, home visiting programs), and families in

communities of learning to improve the quality of family-centered services and meet SIMR targets.

Third, the “breakthrough series” is designed to assist organizations and individuals in applying the science and evidence-base in their daily work and reduce the gap between what is *known* and what is *done*. This data-driven and evidence-driven approach will enable the Department to work strategically with NYSEIP local programs and service providers, early childhood partners, and families to assess their baseline on the suite of measures available from the NYS Family Survey, which includes the Impact on Family Scale (IFS) and the Family-Centered Services Scale (FCSS); identify improvement strategies based on evidence; implement those strategies; and periodically assess progress. The evidence-based strategies to improve the quality and family-centeredness of early intervention services will be embedded in an evidence-based framework (IHI Breakthrough Series methodology).

Fourth, the approach is a short-term (six to 15 months) learning system that assists organizations and professionals in achieving and maintaining rapid change and improvement in delivery practices. Thus, this approach corresponds with the framework for the SSIP, enabling the Department to engage successive cohorts and achieve targeted improvements in the SIMR.

Finally, the Department has successfully used the “breakthrough series” approach in a variety of healthcare and public health improvement initiatives, including in the Division of Family Health (DFH), which is the organizational unit in which BEI is housed. DFH has developed substantial expertise in leading successful quality improvement both in improving the use of developmental screening practices among pediatricians (through grant-funded projects sponsored by the U.S. Department of Health and Human Services, Health Services and Resources Administration) and more recently, with NYS birthing hospitals employ evidence-based strategies to reduce infant mortality through the New York State Perinatal Quality Collaborative (nyspqc.org). The Division and BEI Early Hearing Detection and Intervention Program are currently working with 16 hospitals to improve newborn hearing screening and follow-up in these facilities. In under one year, the rate of newborn hearing screening reporting for the approximately 240,000 babies born in a birthing hospital improved from 84% to 97%. Thus, through the Department’s expertise and knowledge, a strong State-level infrastructure exists to use the Breakthrough Series methodology for implementation of the SSIP.

To provide overall guidance to this effort, the Department will establish the New York State Early Intervention Quality Improvement Team (NYSEIQIT) to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives. The NYSEIQIT will include Department staff, representatives of the EICC and ECAC (including parent representatives and state agency partners), and NYSEIP local program and service provider representatives. The NYSEIQIT will be formed by Spring, 2016, and will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives.

In addition, the Department has formed an internal BEI SSIP team. This team will establish short-term and long-term measures for the SSIP; create and refine the change package of concepts and ideas for improvement; assist with the recruitment of participants for the learning collaborative team; assist with coaching and mentoring as needed; coordinate SSIP initiatives and ensure that the work is integrated across all units within BEI; provide communication strategies; and share tools, forms, and other aides to facilitate implementation of and spread of effective changes.

The Department, as the Part C agency leading the evidenced-based improvement effort, assessed the readiness and capacity of the current BEI infrastructure for implementation. The BEI determined that additional expertise was required to support the improvement project in a variety of arenas. As indicated in 1.a. above, the Department is seeking to establish three regionally based Centers of Excellence to provide a team of experts to promote collaboration and utilization of best practices in topics specific to child and family outcomes in the NYSEIP, as well as other quality improvement efforts related to the Program. The Centers of Excellence will play a key role in ensuring fidelity in the implementation of best practices and in scaling up

the evidence-based practices on a Statewide basis.

The Centers of Excellence will assist the Department in identification of evidence-based/best practice strategies relevant to improving family outcomes. Once the Centers of Excellence have been established, one of the first activities will be to research the literature for evidence-based or promising practices/interventions that will effectively contribute to the evidence or theory base for activities that improve the quality and family centeredness of early intervention services and, as a result, improve family outcomes. The Theory of Action, which was submitted as part of Phase I, hypothesized that if the quality and family-centeredness of early intervention services improved, then the family outcomes would improve.

The evidence-based strategies will draw from the items in the Family Centered Service Scale (FCSS), which was developed by the National Center for Special Education Accountability Monitoring (NCSEAM) with national stakeholders. The FCSS items represent agreed-upon ways in which the early intervention system should effectively engage families. The FCSS has strong psychometric properties. The difficulty of the items represent a range from those items that most families readily agree that early intervention did (I felt part of the team when meeting to discuss my child.) to the items that families are less likely to agree that early intervention did (Someone from the Early Intervention Program went into the community with me and my child to help get us involved in community activities and services.)

In following the Theory of Action, if the local teams implement evidence-based strategies to improve families involvement in their community, then there is a strong likelihood that families will report that early intervention services helped the parent and/or their family “connect with parents of children with similar needs” or “take part in typical activities for children and families in their community”. These are two items on the NYS Impact on Family Scale, and these two items are two of the most difficult for families to agree that early intervention services helped them and/or their families.

As reported in Phase I, the state standard for the IFS is a score of 579 or higher. Stakeholders, including parents, local early intervention officials, providers, state agency representatives, and researchers, set this standard, which corresponds with the item for “use services to address my child’s health needs”. The SIMR is measuring the percent of families that agree to the fact that early intervention services helped them or their families with this as well as the items listed below, which includes the three family outcomes reported in indicator 4A, B, and C of the APR.

The Centers of Excellence will share the evidence-based strategies for how to make the NYSEIP more family-centered. These evidence-based strategies will be implemented by local teams in a learning collaborative and the resulting changes will be measured each month in rapid Plan-Do-Study-Act (PDSA) cycles. The Centers of Excellence will facilitate the Family-Centered Practices Learning Collaboratives using the IHI Breakthrough series model in three regions of the state with 14 teams per region for a total of 42 teams per cohort. The Centers of Excellence, in conjunction with the Department, will recruit participants with the goal of three to six participants per team. Each cohort will work together for 12 months. The learning collaborative will begin with an in-person or virtual Learning Session. Team members will be active participants in the first learning session, at which they will be expected to present Storyboards about their local process and an aim statement about what they plan to do to improve. The teams will leave the learning session and will immediately implement small changes and will complete PDSA worksheets each month to track changes.

The NYSEIP is a large and complicated system. There is a diversity of geography, demographics, providers and families in New York State. As such, strategies will have to be tailored to the particular circumstances within a county or region of the State to provide the best fit in applying improvement strategies based upon local circumstances. The IHI model also takes into account the readiness and capacity for implementation within service programs and providers. As described in greater detail below, improvement teams from NYSEIP local programs, including service providers and families, who are extremely familiar with their regions, local infrastructure and resources, and families referred to their local early intervention programs,

will develop improvement plans that are specific to their areas. The team members are the local experts on the early intervention system and process in their area. NYS has local early intervention coordinating councils (LEICC) comprised of parents, providers and representatives from local early childhood services agencies. The LEICCs will be actively involved in recruiting and establishing local collaborative teams.

However, for many local programs, local early intervention officials, and early intervention providers, the IHI Breakthrough Series methodology will be new. Each team participating in the Family-Centered Practices Learning Collaborative cohorts will learn quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions. There will be time spent during the pre-work phase and during the Learning Session to train local team members, but the core concepts for the IHI methodology are straightforward and logical. There will be flexibility but also structure. The evidence-based strategies will be prioritized and limited so that local teams are working in a few key areas, such as increasing involvement with families' community and other families so they feel more connected, better assessing families' needs for services and helping assess options, or better addressing parent stress or worry, as three examples. The priority areas will be finalized using data about local program performance on the FCSS and IFS and after working more with the NYSEIQIT, stakeholders, and the Centers of Excellence.

In addition, each team will be trained on how to collect monthly data on measures to track improvements. Data collection and measures will be standardized across teams and regions. The tools to collect the necessary data will be disseminated to participants, and there will be ongoing support and coaching on how to collect and analyze the data. Learning is accelerated as the Collaborative teams work together and share their experiences through monthly reports, Learning Sessions, conference calls, and e-mail. Plans will also be shared across local programs to enable all improvement teams to capitalize on the strategies developed by teams working in similar contexts.

IHI Breakthrough Series Methodology

The three phases for each of the Family-Centered Learning Collaboratives include pre-work activities, Learning Sessions and Action Periods.

Pre-Work

Collaborative teams will be involved in pre-work from the time they join the Collaborative until the first Learning Session. The purpose of the pre-work is to assist teams in understanding current practices related to family-centered services, begin to consider potential areas of change and prepare for the first face-to-face learning session. During this time, the Collaborative team has several important tasks to accomplish, including: creating an AIM statement^[1], collecting baseline data, developing a Storyboard, and participating in one of the pre-work calls.

Learning Session

Learning sessions bring teams together to become skilled in quality improvement fundamentals through theoretical application with real-time coaching. Through plenary addresses, small group discussions and team meetings, attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive coaching from faculty members;
- Gather new information on the subject matter and process improvement; and
- Share information and create detailed improvement plans.

The Learning Collaborative will include two learning sessions facilitated by the Collaborative's project team and expert faculty. One of these will occur at the start of the Collaborative, and the other near the end. A

minimum of two key members from each local team are expected to attend the learning sessions. Typically, the learning session is conducted in-person. However, given the size of NYS, virtual learning sessions for upstate teams may also be offered, potentially via videoconferencing.

Action Periods

The time between learning sessions (both in-person and virtual) is called an Action Period. During Action Periods, Collaborative teams work toward major, breakthrough improvements by initiating small tests of change. Although each participant focuses on his/her own organization, continuous contact with other Collaborative participants and faculty is provided.

Monthly conference calls, regular e-mails and webinars maintain this continuous contact during the Action Period. Each organization collects data to learn if the tests of change are resulting in improvement. Monthly data is reviewed by each team and then submitted to the Centers of Excellence. Teams are encouraged to include additional staff in Action Period activities.

The Model for Improvement^[2] is a simple yet powerful strategy for making improvements in the services you provide. Developed by Associates in Process Improvement, the application of the model has two components. First, the Collaborative team will address three fundamental questions. These questions will guide the team in creating an AIM Statement, measures and specific change ideas. Secondly, the team will use Plan-Do-Study-Act (PDSA) cycles to easily test these changes in your work environment. Successful tests of change pave the way for full scale implementation within a system.

PDSA Cycles

The PDSA (Plan-Do-Study-Act) cycle will be used to rapidly test changes in practice - by planning it, trying it, observing the results, and acting on what is learned. This is a scientific method used for action-oriented learning. After changes are thoroughly tested, PDSA cycles will be used to implement or spread change throughout the local program. The key principle behind the PDSA cycle is to test on a small scale and test quickly. Traditional quality improvement has been anchored in laborious planning that attempts to account for all contingencies at the time of implementation; usually resulting in failed or partial implementation after months or even years of preparation. The PDSA philosophy is to design a small test with a limited impact that can be conducted quickly (in days) to work out unanticipated “bugs”. Repeated rapid small tests and the learning gleaned build a process ready for implementation that is far more likely to succeed.

The Department will use the IHI Breakthrough Series approach with the cohorts of local programs to improve the quality and family-centeredness of the early intervention services and, as a result, improve family outcomes. These successive cohorts will allow for statewide implementation of coherent improvement strategies, engaging NYSEIP local programs and service providers in evidence-based, family-centered practices in early intervention service delivery and families as partners meaningfully involved in promoting and enhancing their children’s development. Scaling up learning regarding evidence-based practice is far more likely to succeed when it is already built on such a strong foundation. In addition, participation in the cohorts will improve and extend the ability of providers and municipalities to use data to support practice improvement.

The Centers of Excellence will play a key role in ensuring fidelity in the implementation of best practices and in scaling up the evidence-based practices on a statewide basis. The Centers of Excellence will have a central role in the development and dissemination of information on evidence-based or best practice strategies on delivering family-centered services. The Centers of Excellence will develop a website to disseminate resources, trainings, and webinars related to the SSIP process and evidence-based practices. The Centers of Excellence will also provide expert consultation regarding evidence-based practices related to early intervention family-centered services. This support will be provided to the Department through written reports, oral presentations, face-to-face meetings, conference calls, and research.

The Centers of Excellence will work with the Department to identify gaps in training and will coordinate site-specific, as well as system-wide, shared and contractor specific training, technical assistance, and research-to-practice information and resources. In this capacity, the Centers of Excellence will serve a key coordinating function between local early intervention programs, and infant and child development agencies and other organizations. This will include face to face, web-based and distance training on topics related to improving performance/outcomes in the EIP. Additional in-person trainings for enhanced topics and skills building will be provided regionally. The Centers of Excellence will provide coaching, mentoring, and technical assistance to local programs and state program administrators. NYSEIP will modify its ongoing training program and technical assistance programs to incorporate information about evidence-based practices.

During the SSIP, every local program (in NYS, 57 counties and NYC) will have the opportunity to participate in a regional learning collaborative. There is a network of over 1,200 agencies and individuals in agreement with the Department to bill for early intervention services, and over 14,000 therapists and providers employed by or subcontractors to agencies. While there will be 42 teams each year with three to six team members, not every therapist will participate in the learning collaborative. The Centers of Excellence, along with the Department, will support the spread of evidence-based practices across the state, using the website developed by the Centers of Excellence, the Department's website, presentations at state and local EICC meetings, email communications, and other opportunities as feasible.

Footnotes:

1 An AIM statement is "a specific statement summarizing what your organization hopes to achieve. It should be time specific and measurable." (Institute for Healthcare Improvement, www.ihl.org)

2 The Model for Improvement was developed by Associates in Process Improvement.
www.apweb.org/API_home_page.htm

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

NYSEIP will use a variety of communication strategies to communicate the plan, provide adequate training, and ensure fidelity including the following strategies:

Stakeholder meetings, conference calls, and webinars:

- The EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement. EICC members have substantial interest in SSIP Phase II and will continue to participate as key stakeholders. EICC members will be informed regarding progress of the SSIP during quarterly meetings. EICC members will also participate in Phase II of the SSIP.
- The Department will establish the New York State Early Intervention Quality Improvement Team (NYSEIQIT) as the statewide leadership team to guide state implementation of the SSIP. The NYSEIQIT will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives, including strategies for communication with local collaborative teams as well as findings.
- BEI holds bimonthly conference calls with early intervention officials, managers, and other staff from the 57 municipalities and NYC. Information about Phase I and II of the SSIP have been shared with the local programs.
- The Department has a contract with the New York State Association of County Health Officials

(NYSACHO). BEI funds support webinars and conference calls. In 2016, NYSACHO will host a webinar on the SSIP and family outcomes. BEI staff will present information about the NYS Family Survey, family outcomes data, and the SSIP.

- The Centers of Excellence will facilitate the monthly coaching webinars with the learning collaborative teams. On these monthly webinars, teams will report on their Plan-Do-Study-Act (PDSA) activities and review data collected.
- BEI staff will hold quarterly calls with the Centers of Excellence for updates on progress and to discuss any barriers or challenges.

Public Websites:

- The Department maintains a public website with a dedicated web page for NYSEIP. Information about the SSIP will be posted on this public website, including links to other appropriate websites. Promising practices and progress on the SSIP will be shared on the public website.
- The Centers of Excellence will maintain a public website to disseminate resources, trainings, and webinars related to the SSIP process and evidence-based practices. The Centers of Excellence will also share promising strategies and practices to the field.
- The Department will engage a Child and Family Outcomes Data Management and Analysis contractor to support the collection of child and family outcome information for the NYSEIP. The successful bidder will maintain a dedicated website that will include: easily accessible information regarding federal performance requirements and aggregated reports related to family and child outcomes; technical assistance related to collection of child and family outcome data; and, accessing child and family outcomes reports, as well as other information deemed pertinent by the Department, including responses to frequently asked questions related to the outcomes data process. The contractor will link the website to other websites that provide training and technical assistance related to early intervention.

Challenges:

One challenge to affecting change in New York State, is the size of the state in terms of population and geography. There are approximately 240,000 births each year and 700,000 children age three and under. The NYSEIP provides early intervention services to over 65,000 eligible children and their families each year. There were almost eight million claims for early intervention services, including evaluations, service coordination, and habilitative services, submitted in the previous federal fiscal year. These services were provided by a network of 14,673 NYSEIP providers. Children and families on average receive around 14 months of services from the NYSEIP. These services are delivered to children and families in the 57 counties and five boroughs of NYC.

Another challenge to implementation of the SSIP is the lack of sufficient funding and staff resources to research and identify evidence-based practices, to perform the extensive work associated with supporting the learning collaboratives, and to assist with dissemination of the evidence-based service models in a manner that will ensure fidelity and statewide scale-up. NYSEIP is allocating funding to support Centers of Excellence, who will have experts in the field and be able to facilitate the local learning collaborative teams, collect and disseminate process and outcome data, and implement the evaluation plan. BEI has begun the work to establish one or more contract(s), but is a lengthy process. This support from the Centers of Excellence is needed to implement the intensive, but evidence-based approach to affect sustained systemic change.

Originally, the plan included four cohorts with the first cohort beginning in July 2015. This implementation timeline was not feasible. The plan has been modified so that the first cohort will begin in the Fall/Winter of 2016 with the goal of having 42 teams of three to six team members from 35 counties and a second cohort beginning in Fall of 2017 with the goal of 42 teams from the remaining 27 counties, so there will be fewer cohorts but more counties and teams in the cohorts. There will be an opportunity for every county to participate and the scope and reach of the SSIP will be the same as originally proposed in Phase I.

Short-term and Long-term Activities:

Two critical short-term activities are coordinating the meeting of the NYSEIQIT, which will serve as a statewide advisory group to the Department on the SSIP, and the establishment of region Centers of Excellence. The NYSEIQIT members have been identified and the goal is to have the first meeting in Spring of 2016. Funds have been allocated to support the Centers of Excellence and a scope of work is under development, with the goal of establishing the Centers of Excellence in June, 2016. The first priorities for the Centers of Excellence will be the development of a website, researching evidence-based practices to improve the quality and family-centeredness of early intervention services, and developing a plan to operationalize the data collection and reporting required to support the learning collaborative. In addition, the Centers of Excellence, with the help of the Department, will begin recruiting local teams to participate and will establish a schedule for the learning collaborative. The goal is to begin the first cohort in October, 2016. The first cohort will participate in the learning collaborative for 12 months, with learning sessions at the start and near the end along with monthly coaching webinars/calls.

Long term, the second cohort will begin in Fall/Winter of 2017 and will last through the Fall of 2018. The Department and the Centers of Excellence will communicate successful strategies to spread the information to the field in 2018-2019 and will complete the evaluation of the SSIP to report final outcomes in February, 2020.

2(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA)) to support EIS providers in scaling up and sustaining the implementation of EBPs once they have been implemented with fidelity.

The Bureau of Early Intervention (BEI), which administers the NYSEIP for the Department, is situated organizationally within the Center for Community Health within the Division of Family Health (DFH). DFH also leads the Department's administration of New York State's Title V Maternal Child Health Services Block Grant (MCHSBG). Division leadership is also committed to the SSIP Phase II process since the Division Director, Dr. Rachel de Long, believes the NYIFS and the SSIP focus on positive family outcomes and family-centered services will directly inform the Division's work with all children with special health care needs and their families. Both levels of the Department organization have been supportive in ensuring that infrastructure and other resources are available to support EIS programs and providers during the scaling up period, as well as maintaining progress made through the SSIP process. In addition to providing support, both levels are also exercising oversight over the project to ensure that SSIP Phase II implementation is occurring as planned, and that stakeholder concerns regarding the process are being addressed throughout the improvement process.

Evaluation

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

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

The data collection of process (short-term) measures and the evaluation of the SSIP will be completed by

the Centers of Excellence in conjunction with Bureau of Early Intervention (BEI) staff. The statewide collection of family outcomes data, which will be used to calculate the SIMR, will be performed by an external vendor, in conjunction with BEI staff. Funds to complete data collection and evaluation activities with these external partners have been allocated. In BEI, the data analysis and evaluation activities will be overseen by Dr. Kirsten Siegenthaler, who is the Part C Data Manager, as well as Yan Wu, who is a senior biostatistician with BEI for two years and is completing her dissertation for a PhD in Biostatistics at the State University of New York at Albany. Additional analytic support will be provided by Dr. Ying Huang, who is a junior biostatistician with BEI since January, 2016. Dr. Huang has a PhD in Pharmacy and a Master's of Science in Biostatistics from Rutgers University.

BEI staff will oversee the evaluation of the implementation to determine if the SSIP, including the IHI Breakthrough Series methodology, was implemented with fidelity. Questions that will be answered include:

1. Did the statewide quality improvement team convene, and were they actively engaged in the process of preparing for the learning collaborative?
2. Were three regionally based Centers of Excellence established, and were they able to develop a website, identify evidence-based strategies, and operationalize the evaluation plan for the SSIP?
3. How many learning collaborative teams were successfully recruited?
4. How many members were successfully recruited to participate in the teams?
5. Were the team member representative (i.e., early intervention officials/designees/managers, parents, service coordinators, therapists, quality assurance personnel at agencies, etc.)?
6. Were the initial in-person or virtual Learning Sessions held? The identified measurable evidence-based strategies and activities will be organized within the framework of the IHI Breakthrough Series methodology. The Division of Family Health, which includes BEI, has had great success with reducing negative outcomes for infants, improving maternal outcomes, and increasing hearing screening reporting. The Breakthrough Series is data-driven with constant feedback and evaluation as central to the model. The evidence-based strategies to improve family-centeredness of early intervention services will be selected by the local learning collaborative team members. The team members will choose from a defined list of three to five evidence-based strategies, so that teams will be working on similar or the same activities as peer groups in other counties. This will also make the collection of uniform data feasible. The Centers of Excellence will oversee the collection of this information as well as the compilation of the results into a uniform database that can be analyzed across learning collaborative teams and across regions. The fidelity to which the local teams implemented small changes to integrate evidence-based strategies will be evaluated each month on coaching webinars. The Centers of Excellence will facilitate these webinars and will serve as experts, or they will engage experts from national technical assistance centers or from stakeholders, and peers will present their previous months activities and review data which will be presented in the form of run charts. At a statewide level, BEI staff with the Centers of Excellence will review the progress of the learning collaborative teams' efforts quarterly. The Centers of Excellence will report on the number of monthly coaching webinars and technical assistance contacts and trainings held and the number of participants who participated. The statewide quality improvement team will be provided with data regularly, and will convene by webinar at least once per year.

As described in detail in Phase I of the SSIP, data for the State-identified Measurable Result (SIMR) will be collected through annual administration of the New York Impact on Family Scale (NYIFS) as part of the NYS Family Survey. The NYIFS is a modified version of the Impact (of Early Intervention Services) on the Family Scale (IFS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the U.S. Department of Education to measure the three Indicator for family outcomes reported annually to the Office of Special Education Programs. Built on the robust measurement framework of the NCSEAM IFS, the NYIFS includes items generated by stakeholders, including families, providers, local and state officials, and national experts. The NYIFS was found to have excellent measurement properties for its intended use.

In federal fiscal year (FFY) 2015-2016, BEI staff assumed responsibility for the collection of family outcomes data. BEI staff have made some procedural changes to try to increase the number of responses received. First, the NYS Family Survey will be sent in two groups. The first mailing will be sent in April, 2016 to families whose child has exited or turned three between July 1, 2015 and December 31, 2015. The second mailing will be sent in August, 2016 to families whose child has exited or turned three between January 1, 2016 and June 30, 2016. Second, the number of families receiving the NYS Family Survey has been increased. In the counties that will be implementing the learning collaborative in the first cohort (small and medium counties and the two boroughs in New York City - New York and Kings) every family with a valid address and who participate in the early intervention program at least six months will be sent a survey. In the remaining counties, the sample size was doubled from previous years. Finally, BEI staff is currently working with a translation service to make the survey available in Russian, Yiddish, Chinese, Bengali, and Arabic, which are the next most commonly spoken languages after English and Spanish. In addition, BEI will work with stakeholders to develop a family-friendly pamphlet to explain what family-centered services in the early intervention program look like. This pamphlet will be closely aligned with the FCSS items and the evidence-based practices identified by the Centers of Excellence. The goal is to increase the number of responses and to improve the representativeness of the respondents compared to the overall NYSEIP population.

The Theory of Action, which was submitted as part of Phase I, hypothesized that if the quality and family-centeredness of the early intervention services improved, then the family outcomes would improve. The evidence-based strategies will draw from the items in the FCSS, which was developed by national stakeholders. The FCSS items represent critical ways in which the early intervention system should effectively engage families. The FCSS has strong psychometric properties. The difficulty of the items represent a range from those items that most families readily agree that early intervention did (I felt part of the team when meeting to discuss my child.) to the items that families are less likely to agree that early intervention did (Someone from the Early Intervention Program went into the community with me and my child to help get us involved in community activities and services.)

In following the Theory of Action, if the local teams implement evidence-based strategies to improve families involvement in their community, then there is a strong likelihood that families will report that early intervention services helped the parent and/or their family “connect with parents of children with similar needs” or “take part in typical activities for children and families in their community”. These are two items on the NYS Impact on Family Scale, and these items are two of the most difficult for families to agree that early intervention services helped them and/or their families.

The evaluation will measure to what extent did changes in the way services were delivered correlate with an improvement in the family-centeredness of the early intervention services (i.e., higher person score on the FCSS) in the short-term, and to what extent did the higher FCSS person score correlate with positive family outcomes (i.e., higher person score on the IFS). The results of the IFS and FCSS collected prior to the implementation of the learning collaborative will be compared to the scores after to determine if the scores aggregated to the local program level increased. The aggregated scores of the IFS and FCSS in regions in which the learning collaborative was not yet implemented will be compared to the regions in which the learning collaborative was implemented.

As reported in Phase I, the state standard for the IFS is a score of 579 or higher. Stakeholders, including parents, local early intervention officials, providers, state agency representatives, and researchers, set this standard, which corresponds with the item for “use services to address my child’s health needs”. The SIMR is measuring the percent of families that agree to the fact that early intervention services helped them or their families with this as well as the items listed below, which includes the three family outcomes reported in indicator 4A, B, and C of the APR. The percent of families with person scores at or above 579 will have reported that the early intervention services met or exceeded this minimum standard that the stakeholders set. The measurable goal in the long-term (i.e., the SIMR) is to increase the number of respondent families participating in Part C who meet the State’s standard (person mean \geq 576) on the New York Impact on

Family Scale (NYIFS).

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

The Department has collaborated closely with stakeholders in the development and implementation of a child and family outcomes measurement system for more than a decade. During Phase I of this project, Department staff collaborated with families, NYSEIP providers, state and local government, and NYSEIP staff to identify child and family outcomes important to New York State. Members of the EICC were actively engaged in Phase I and unanimously recommended the use of the NYIFS and stakeholder-recommended State standard for measurement of the SIMR.

The EICC members have been actively engaged in Phase II and will remain engaged in Phase III. At an EICC meeting on March 3, 2016, the Phase II Evaluation plan was presented to EICC members, who asked questions and provided feedback. The presentation is attached (Attachment 1). The response from members was overwhelmingly positive about using the IHI Breakthrough Series methodology for sustainable systemic change. Members continue to support the state's selection of a family outcome for the SIMR. Members did not request any changes to Phase II plan.

The NYS Early Intervention Quality Improvement Team (NYSEIQIT) will be comprised of some EICC members as well as parents, early intervention officials, early intervention service providers, and service coordinators. This statewide team will be actively engaged in reviewing and finalizing the evaluation questions as well as in implementing the SSIP. The Centers of Excellence will also play a critical role in finalizing and operationalizing the evaluation plan and implementing the SSIP (Phase III).

BEI along with the Centers of Excellence will provide updates and data to the EICC and the statewide quality improvement team as well as to local teams and local programs to include in presentations to the Local Early Intervention Coordinating Councils (LEICC). Information will be made available on the website developed and maintained by the Centers of Excellence. Information about the SSIP will be integrated into the Early Intervention Partners Training which is held twice each year. The training is offered on a rotating basis in different regions throughout the state. The training also helps parents develop advocacy and leadership skills related to early intervention services. Information about the SSIP and the goal of improving family outcomes is being incorporated into future training sessions, and participating families will be provided opportunities to work locally and at the state level on the SSIP.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

The NYS Part C Early Intervention Program collects family outcomes using a sampling plan approved by the Office of Special Education Programs (OSEP). Each year over 30,000 families have received early intervention services for at least six months and have children who are exiting or turning three years old. Sampling is a statistically valid method for collecting population information. The sample of families who are sent the NYS Family Survey are representative of the statewide population participating in the early intervention program. Families are sampled by geographic region, and are representative of the gender, race/ethnicity, language, and age at referral of the NYS Early Intervention Program. The response rate has declined from 23% in FFY 2010-2011 to 11% in FFY 2014-2015. As described in detail in 3(a) above, BEI is implementing a number of changes to increase the number of responses. In FFY 2014-2015, BEI also began oversampling among African-American families because of a historically lower response rate.

To collect data on family outcomes, BEI is using the NYS-modified "Impact of Early Intervention Services on Your Family" (NYIFS) subscale of the family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the US Department

of Education to measure the three family outcomes that must be reported annually to OSEP. As described in detail in Phase I, NYSEIP used concept mapping with stakeholders to identify and incorporate NYS-specific items into the NCSEAM scale. The items included in the scale have established and rigorous psychometric properties, and the impact scale is known to be a valid and reliable way to measure the three OSEP-identified family outcomes. The items in the NCSEAM Family Survey are written in a manner that makes them easily understandable to parents.

The NYS Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the FFY 2015-2016 data collection period, all families residing in small and medium population counties and the boroughs of New York (Manhattan) and Kings (Brooklyn) will be invited to participate in NYS Family Survey, so all parents who reside in the counties that will participate in the first learning collaborative cohort will be invited to provide feedback on their experience in NYSEIP. These data will provide data for family outcomes and the quality of the early intervention services prior to the implementation of the learning collaboratives by using family-reported measures (the NYIFS and FCSS) for the first cohort of the Family-Centered Learning Collaborative. In FFY 2016-2017, all families residing in the remaining counties will be sent the NYS Family Survey and will be invited to provide feedback. Depending on availability of resources, the sample in the first cohort may be expanded as well to increase the number of responses.

The results of the NYIFS and FCSS collected prior to the implementation of the learning collaborative will be compared to the scores after to determine if the scores aggregated to the local program level increased. The aggregated scores of the IFS and FCSS in regions in which the learning collaborative was not yet implemented will be compared to the regions in which the learning collaborative was implemented.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

The IHI Breakthrough Series methodology is inherently data-driven. Process data are collected, reported, and reviewed monthly. The Centers of Excellence will work with the local learning collaborative team members, who will be collecting the process measures, and will facilitate the collection and dissemination of data using standardized data collection tools and PDSA work sheets. The experts from the Centers of Excellence, local team members, and BEI staff will participate in monthly coaching webinars to evaluate the fidelity with which the local teams are implementing the evidence-based strategies and to review data to assess the impact of those strategies.

In addition, experts from the Centers of Excellence, BEI staff and other stakeholders from NYSEIQIT and EICC will routinely receive data summarized at the regional and state level and will meet to review at least one time per year. The Centers of Excellence will also report on the number of in-person or virtual learning sessions, coaching webinars, and technical assistance calls that they held with local team members and the number of people who participated. The Centers of Excellence will evaluate whether the IHI Breakthrough Series model and the evidence-based practices have been implemented with fidelity.

Results from the NYS Family Survey which has items to measure the New York State modified Impact of Family Scale (NYIFS) and Family-Centered Services Scales (FCSS) will be disseminated and reviewed two times per year. The contractor collecting the family outcome data will provide the data to BEI who will work with the Centers of Excellence to disseminate to the local learning collaborative teams for review and to discuss whether changes in the way services are delivered have resulted in positive outcomes for families. BEI will work with the Centers of Excellence to finalize and implement the evaluation of the SSIP.

The BEI SSIP team has begun to meet bi-weekly and will continue to meet bi-weekly to evaluate the

implementation of the SSIP, to discuss barriers or challenges and solutions, and to identify if changes are needed. The BEI team will continue to actively engage stakeholders in the SSIP implementation, ongoing evaluation, and to determine if modifications are needed.

Technical Assistance and Support

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

Bureau of Early Intervention (BEI) staff regularly participate in webinars and conference calls sponsored by the Office of Special Education (OSEP) and national technical assistance (TA) centers about the SSIP. Resources, including references, trainings, and templates, which have been made available during webinars and calls and on the TA center websites have been reviewed by BEI staff. In May 2015, Dr. Donna Noyes and Brenda Knudson Chouffi, Co-Directors of the NYS Early Intervention Program, Dr. Kirsten Siegenthaler, Part C Data Manager and the SSIP Coordinator, and Yan Wu, BEI senior biostatistician, and Dr. Batya Elbaum attended the SSIP Interactive Institute in Chicago, IL. Dr. Siegenthaler participates in the Family Outcomes Cross State Learning Collaborative coordinated by the National Center for Systemic Improvement (NCSI).

These technical assistance activities have provided guidance, resources, and tools to help guide the state's efforts in Phase I and Phase II of the SSIP. BEI staff and stakeholders will continue to take advantage of these opportunities, and appreciate the ability to draw upon national expertise and to work with other state Part C Programs, especially those programs that are focusing their SSIP efforts on improving family outcomes.

BEI along with the Centers of Excellence will be reaching out to NCSI and other TA centers, such as the Early Childhood Technical Assistance (ECTA) Center, to review evidence-based strategies that can improve the quality and family-centeredness of early intervention services and which can be used by local learning collaborative teams. We will also share any evidence-based strategies or practices identified by the Centers of Excellence as well as the results of implementing the evidence-based strategies on the SIMR with TA Centers so the information can be spread to other states.

OSEP Response

Required Actions

Certify and Submit your SPP/APR

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

Selected: Designated by the Lead Agency Director to certify

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

Name: Donna M. Noyes, Ph.D.

Title: Co-Director, Bureau of Early Intervention

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