

New York State Department of Health

Part C

State Systemic Improvement Plan

Phase III, Year 3



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NYS Early Intervention Program SSIP Phase III: Implementation

A. Summary of the State Systemic Improvement Plan (SSIP) Phase III

1. Theory of action or logic model for the SSIP, including the SiMR

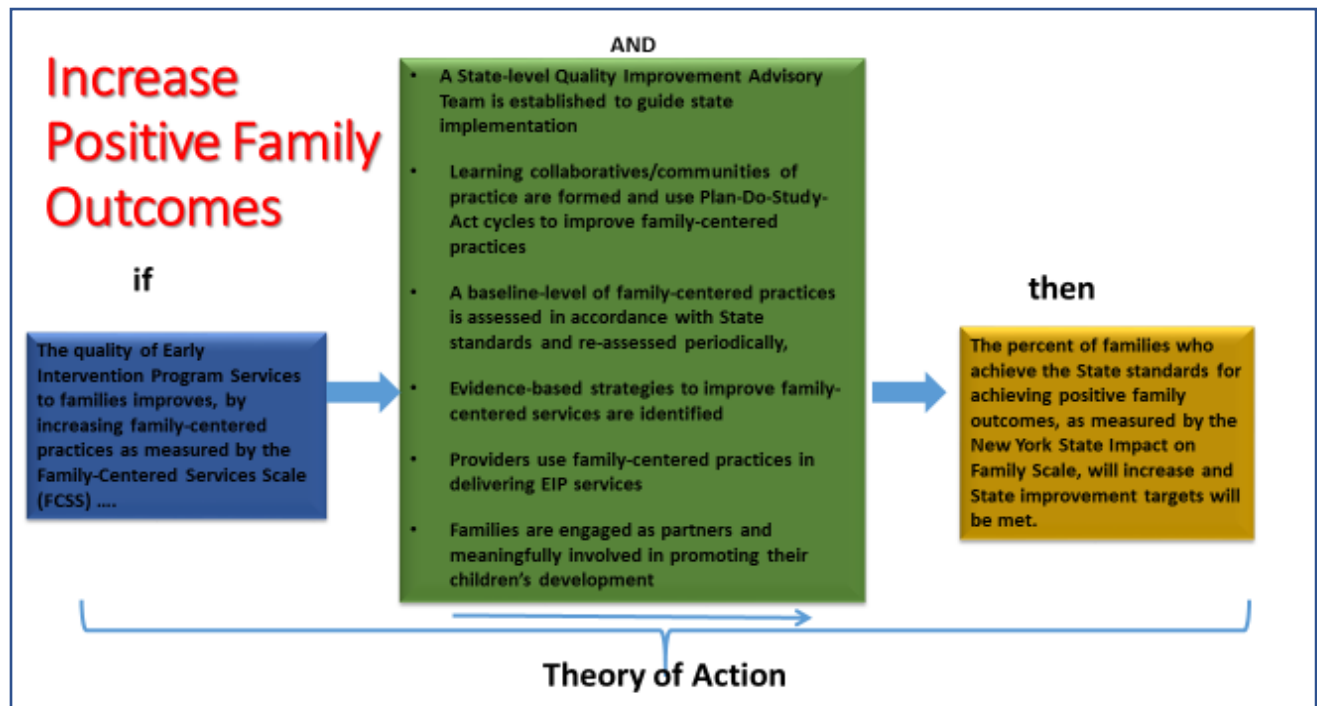
The New York State Department of Health (Department), which serves as the lead agency for the New York State Early Intervention Program (NYSEIP) has identified improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP). The State-identified Measurable Result (SiMR) is to increase the percentage of families exiting the 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 State standard is the percent of families who have a score ≥ 576 on the New York Impact on Family Scale (NYIFS). Families with a score 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. The State's Early Intervention Coordinating Council (EICC) unanimously supported the selection of family outcomes for the focus of the SSIP and the use of the State standard for the NYIFS as the SiMR.

Based on extensive data analysis, reported as part of Phase I and submitted on April 1, 2015, the Theory of Action (below) was developed. The State will improve family outcomes by improving the quality of the Early Intervention Program by ensuring the program and the services provided are family-centered. If the quality of Early Intervention Program services delivered 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 NYIFS will increase, and SiMR targets will be met. Revisions were made to the NYS Family Survey in Federal Fiscal Year (FFY) 2017 based on stakeholder feedback. The original version that was used in previous years and the revised version currently being used are attached (Appendix 1, 2). This survey has also been translated into six additional languages. The shortened survey may have helped increase the number of survey responses received from families, from an 11-14% response rate in previous years, to a 20% response rate this year. This is the Department's highest response rate to date.

The Department will continue to use the NYIFS, which is being collected annually by surveying a sample of families as they exit the NYSEIP, to evaluate progress toward the SiMR. The FCSS, which is part of the same survey that is used to collect the NYIFS, will be used to evaluate the Theory of Action and progress toward the goal of improving positive family outcomes. The Theory of Action is shown in Figure 1.

Figure 1. Theory of Action



2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies

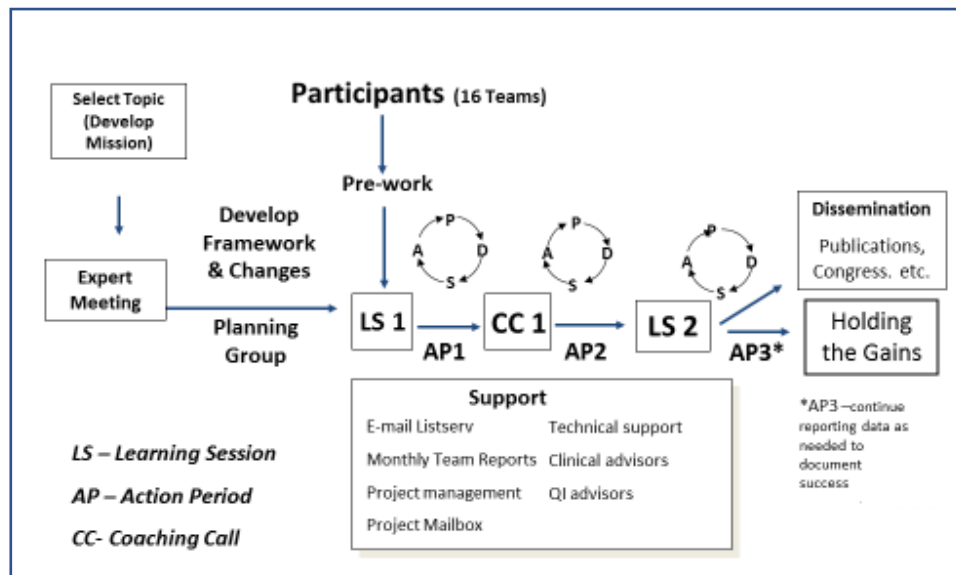
The Department has selected a well-tested and proven improvement strategy to work with NYSEIP local programs and service providers to increase the percent of families receiving family-centered services: the breakthrough series approach developed by the Institute for Healthcare Improvement (IHI) (www.ihl.org). 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 emphasizes innovation, rapid-cycle testing in the field, and the concept of “spread” to generate learning about what changes, in what settings and contexts, to 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.

3. The specific evidence-based practices that have been implemented to date

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%. (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). Figure 2 depicts the Breakthrough Series framework.

Figure 2. Breakthrough Series Framework



The Department, in collaboration with three University Centers of Excellence in Developmental Disabilities (UCEDDs), successfully implemented the breakthrough series approach with 28 teams in Cohort 1. Teams were composed of Early Intervention Program (EIP) parents, providers, service coordinators, local Early Intervention Officials and county staff. These 28 teams have completed the in-person learning session, one year of Plan Do Study Act (PDSA) cycles, and 11 monthly coaching calls. Teams also submitted monthly data on PDSA tasks completed, barriers, and successes to their improvement strategies. Currently, the Department and the UCEDDs are working with 35 teams in Cohort 2. Cohort 2 teams have completed the in-person learning session and have begun their PDSA cycles and monthly coaching calls.

4. Brief overview of the year’s evaluation activities, measures, and outcomes

As previously stated in the Theory of Action, there are three main SSIP steps that the Department will complete to achieve the goal of improving family-centered services. They are as follows:

1. Establish a State-level Quality Improvement Advisory Team to guide the state implementation
 - o The Department held seven meetings with the Advisory Team; one meeting was held in April 2018.
2. A baseline-level of family-centered practice is assessed in accordance with State standards and re-assessed periodically
 - o The baseline of 65.09% was established based on data from 2008-2009 to 2013-2014. In 2017-2018 the target of 66.00% was met with 66.99% of families responding to the NYS Family Survey who met the state standard of >=576.
3. Centers of Excellence Implement the SSIP under the Department’s direction.
 - A. Evidence-based strategies to improve family-centered services are identified
 - o Within the IHI framework, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level. Evidence-

- based strategies were integrated into the materials presented and shared at the in-person meetings with teams.
 - A resource guide for parents and providers of evidence-based strategies was developed and disseminated to cohort teams.
- B. Learning collaboratives/communities of practice were formed
 - Due to the size of the State and the complexity of this project, the State was split into two cohorts. These cohorts were formed based on regions of New York State and proximity to one of three UCEDDs. Between Cohort 1 and Cohort 2, eight Learning Sessions were convened for a total of 63 teams. Teams identified the family-centered practices that best addressed their local needs.
- C. Providers use family-centered practices in delivering NYSEIP services
 - Teams implemented their plans and tested their improvement ideas using the Plan-Do-Study-Act (PDSA) methodology to improve family-centered practices.
 - UCEDDs facilitated monthly coaching calls with cohort teams. The Department provided technical assistance and support.
 - Teams collected data from the quality improvement strategies used in their local programs.

5. Highlights of changes to implementation and improvement strategies

The third year of the implementation phase was spent executing the Learning Collaboratives for Cohort 1 and 2. New York State maintained fidelity to the original breakthrough series improvement methodology and no changes were made to the implementation strategies identified. The Department analyzed the participant data from Cohort 1, in comparison to the Early Intervention Program population, and identified under represented communities on teams in Cohort 1. In order to ensure that these populations were represented, two additional Learning Collaboratives were formed consisting of Spanish and Chinese speaking families.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

Establish Advisory Group

The Department continues to work with the SSIP advisory group which was established in the first year of the SSIP project. The SSIP Advisory Group includes Department staff, representatives of the EICC and Early Childhood Advisory Council (ECAC), parent representatives, state agency partners, NYSEIP local program staff (Early Intervention Official (EIO) or Early Intervention Manager (EIM)) and service provider representatives. The SSIP Advisory Group is responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. The members have been informed of Department proposed plans for SSIP implementation through webinars and other communications. Seven webinars with the SSIP Advisory Group team have been convened. One webinar was held in Phase III, year 3.

The list of members of the SSIP Advisory Group was included in the Phase III, Year Two, SSIP report. Please see page 4 of this report for the list of members.

The Advisory Group aided the Department in creating brochures for the recruitment of participants in the Learning Collaboratives for both cohorts. The brochures were discussed on four webinars with the Advisory group and Department staff. Based on their feedback, the brochures were individualized for the four different types of participants (i.e., a parent brochure, a provider brochure, a service coordinator brochure, and an EIO/EIM/EIOD brochure). The

Group provided the content for the materials and provided feedback on the design of the brochures. The brochures for parents were also translated into Spanish and Chinese.

Along with recruitment, it was decided that parents and providers who wished to participate in the Learning Collaborative would be asked to complete applications. The Advisory Group provided feedback on the questions that should be included and the formatting of the applications. Parents and providers completed the application prior to the in-person, kick-off meeting. For a few individuals, the application was completed at the in-person meeting. Completing the application was important for two reasons: 1) to collect information about parents and providers, including experience with the Early Intervention Program and professional and personal background information to help us engage and support them, and 2) so they understood the expectations and formally agreed to participate for the duration of the project to the best of their abilities.

The Advisory Group also decided that the State Systemic Improvement Plan was not a family friendly name and was not specific to the state's project. After multiple brainstorming sessions and discussions with other Department staff and experts, the Advisory Group agreed to the name, Improving Family Centeredness Together (IFaCT).

Establish Baseline-Level and Measures

The State-identified Measurable Result (SiMR) is to increase the percentage of families exiting the 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 State standard is the percent of families who have a score ≥ 576 on the NYIFS. The baseline was established using data from 2008-2009 to 2013-2014, which was identified as 65.09% of families who responded to the NYS Family Survey who met the state standard of ≥ 576 . Further information regarding the data and changes being made can be found in the Data Stakeholder involvement and Data Quality Issues sections.

Centers of Excellence Implement the SSIP

The Department has executed contracts that comply with federal requirements for the oversight and administration of the SSIP. Three Universities of Excellence in Developmental Disabilities (UCEDDs) were chosen based on their experience and work in the field of children with disabilities, as well as their locations in the state: The Rose F. Kennedy University Center for Excellence in Developmental Disabilities (RFK), The Westchester Institute for Human Development (WIHD), and The Strong Center for Developmental Disabilities (SCDD) at the University of Rochester Medical Center. All three UCEDDs have Leadership Education in Neurodevelopmental and related Disabilities (LEND) programs. Each UCEDD has designated staff to work with counties and stakeholders to improve family outcomes. They have coordinated the in-person meetings and monthly calls, are tracking Plan, Do, Study, Act (PDSA) data, and continually provide reports to the Department on their progress. The UCEDD staff are helping coach and train professionals to improve the quality and family-centeredness of early intervention services.

Below is a description of each of the UCEDDs. For additional information on the UCEDDs, please see page 5 of SSIP Report Phase III, year 2.

The RFK UCEDD SSIP team includes:

Ted Kastner, M.D., Director

Karen Bonuck, Ph.D., Co-Director

Joanna Siegel, LCSW UCEDD Associate Director

Lisa Shulman M.D., Director and Associate Director for the Infant Toddler Team/Related and NYS ACT. Early Ambassador

Deborah Meringolo, M.A., M.S.

Natalie Adler, Ph.D., UCEDD Project Director

Emma Brezel, M.B.E., Research Project Manager

RFK Supports: the five boroughs of New York City (Bronx, Queens, Richmond, New York, and Kings) and the two counties of Long Island (Suffolk and Nassau)

The WIHD UCEDD SSIP team includes:

Patricia Patrick, Dr. PH, Director

Jenna Lequia, Ph.D., Education and Training Researcher

Katie Borrás, M.S., Marketing and Communication Specialist

Anne Marie Cellante M.S. Ed., Assistant Project Manager

WIHD Supports: 28 counties from the Hudson Valley, the Capital Region, up to the Canadian border (Albany, Broome, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester)

The Rochester SCDD UCEDD team includes:

Susan Hetherington, Ph.D., Associate Professor of Pediatrics and Education and UCEDD Director

Kelley Yost, Ph.D., Associate Professor of Clinical Pediatrics for the Department of Pediatrics, Developmental and Behavioral Pediatrics and a follow-up Principle Investigator in the Department of Neonatology

Valerie Smith, M.S., UCEDD Coordinator

Bryan Harrison, Ph.D., Psychologist specializing in developmental disabilities

SCDD Supports: 27 counties from the Central and Western Regions (Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Cortland, Erie, Genesee, Jefferson, Lewis, Livingston, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates)

Evidenced-based Strategies are Identified

As described in the SSIP, New York State has identified and implemented the evidence-based strategy for quality improvement statewide by hosting learning collaborative sessions in January, February, October, and December of 2018. The New York State Early Intervention Program is using the IHI Breakthrough Series, which is an evidence-based framework to effect and sustain positive systems change. Within the IHI framework, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level. The

following evidence-based strategies were integrated into the materials presented and shared at the in-person meetings with teams:

Family-Centeredness

- Division of Early Childhood of the Council of Exceptional Children Recommended Practices on Family Engagement
<https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo>
- Early Childhood Technical Assistance Center (2017)
Checklist for practitioners to assess for family-centered practices.
http://ectacenter.org/~pdfs/decrp/FAM-1_Fam-Ctrd_Practices_2017.pdf
- Puckett Institute (2015)
Family-centered practices from an integrative approach that references research.
http://www.puckett.org/presentations/Incorp_Family-Centered-App_RP_youngautism_FINAL.pdf

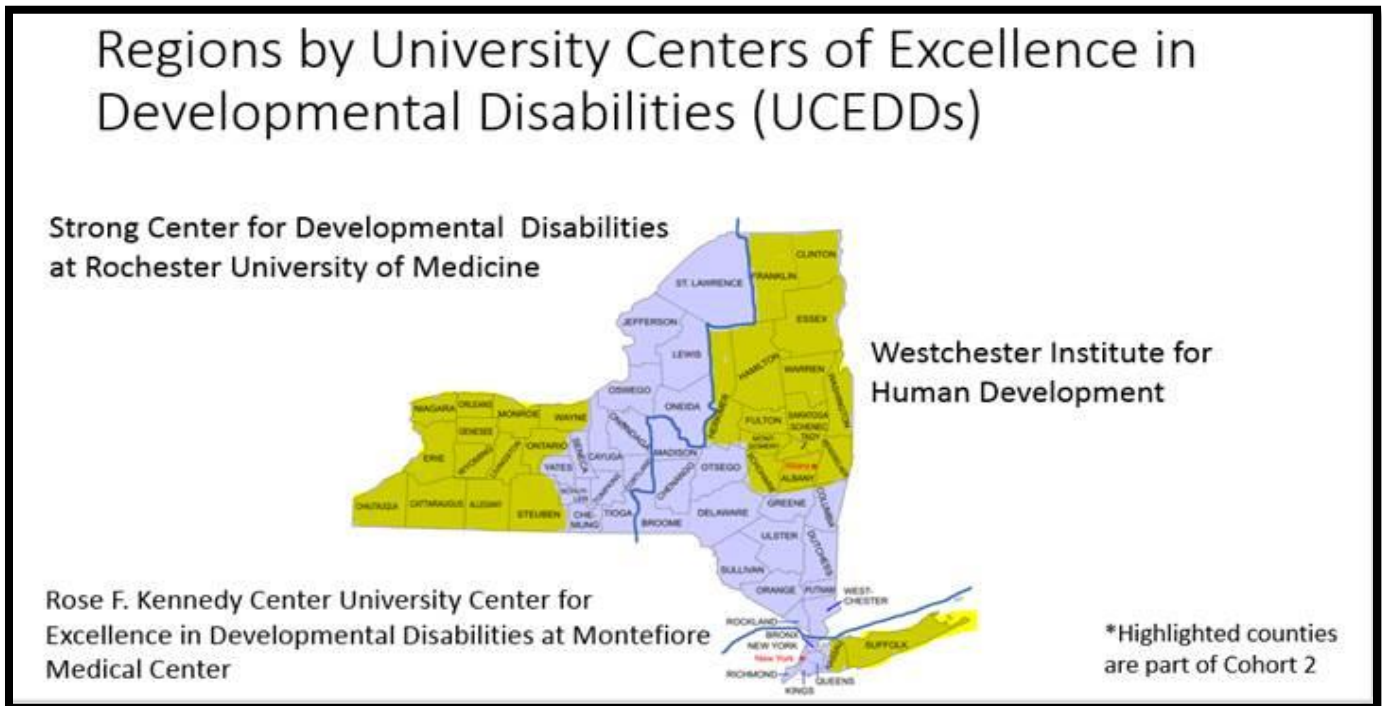
The SCDD UCEDD completed their first draft of the Resource Guide for parents and providers of evidenced-based strategies, which was shared with Cohort 1. This resource guide provides information regarding common questions and concerns families may have, organizations in the community, and links to different sites with additional information. It also contains information for providers including programs and additional resources. The Resource Guide includes evidence-based practices and best practices for family-centered services. Attached is a copy of the Resource Guide (Appendix 3). This Resource Guide was to be included on the SSIP page on the Department's EIP website, however, its use of various links did not comport with Department posting standards; SSIP staff are working to address this. In the meantime, the Resource guide has been shared with both cohorts and was well received. The resources identified were utilized by teams in both cohorts to assist with their local improvement strategies.

The SCDD UCEDD has begun work on the second phase of the Resource Guide, having completed the first phase last year, as a required deliverable in the contract. To mitigate certain constraints with posting documents to the Department of Health website, the Resource Guide is now being transformed into two standalone publications, one for parents and one for providers. Department staff are working with the Bureau of Media and Creative Marketing, as well as the Department's Public Affairs Group to ensure the publications meet Department of Health standards for posting to the Department's website. The Department is also working with the SCDD UCEDD to ensure the publications are revised for readability at a sixth-grade reading level. Until the Resource guide can be posted on the Department of Health website, the new resource guides will be disseminated via the Bureau of Early Intervention's two electronic listservs. These listservs have close to 6,000 registered EIP stakeholders. The Resource Guides will also be included on the www.eifamilies.com website. This website is dedicated to parents of young children with disabilities, through a separate Department of Health contract, which provides parent leadership and advocacy skills training for parents of children receiving EIP services. The new Resource Guides will be disseminated via the listservs and posted to the [EI Families](http://www.eifamilies.com) website in the spring of 2019. The SSIP page on the Department's website and the Resource Guide publications will serve as sustainable resources for EIP stakeholders, even after the formal SSIP project ends.

Learning Collaboratives

As described in Phase III, year 2, the Family-Centered Practices Learning Collaboratives using the IHI Breakthrough series model has been implemented in all regions of the State. The first cohort in each region started in January and February 2018, and the second cohort started in October and December 2018. Each region in New York State has been represented with local teams working on the SSIP to ensure statewide involvement.

Figure 3. Cohorts 1 and 2 by Region with Associated Centers of Excellence



For the first cohort, WIHD and SCDD both had 14 teams for each county involved, while NYC had eight teams, across the five boroughs. Cohort 1 worked together for a 12-month period, wrapping up their work in January 2019. Recruitment began in the Fall of 2017, with the three in-person Learning Sessions completed January 18, 2018 in NYC, January 22, 2018 in Kingston, NY and February 2, 2018 in Fayetteville, NY. Coaching calls and ongoing technical assistance with the UCEDDs began in February and March 2018. Teams participated in monthly calls and webinars with their team and other teams in their region. The coaching calls are facilitated by the regional UCEDD. Participant feedback about each call was collected and was used to improve the support provided to the Cohort 2 teams.

Recruitment for the second cohort began in the Spring of 2018, prior to having the second set of five learning collaboratives, which were held in October and December 2018. The recruitment materials were finalized and distributed to the counties and UCEDDs prior to recruitment of team members (Appendix 4). To assist with recruitment of team members, the brochures were updated for the second cohort based on stakeholder feedback and infrastructure changes.

Recruitment

The recruitment process was labor intensive and involved significant coordination between Department staff, UCEDD staff, and County staff. The teams were made up of at least one Early Intervention Official (EIO), Early Intervention Manager (EIM), or Early Intervention Official Designee (EIOD), one or more parents of a child who is or had received early intervention services in the last 24 months, and at least one service coordinator and/or provider of early intervention services. Please see the SSIP Phase II report (pages 8 - 9) for detailed information on the recruitment process for Cohort 1. To promote the initiative throughout the counties for Cohort 2, on February 22, 2018, the Department discussed the project on the bi-monthly All County Conference Call with all NYS municipal representatives, presented at the Bureau of Early Intervention (BEI) All County Statewide Meeting for municipal representatives on April 25, 2018, presented at the New York State Association of County Health Officials (NYSACHO) general membership meeting June 7, 2018, and at the New York State Association of Counties (NYSAC) county meeting on September 24, 2018. Department staff attended five Local Early Intervention Coordinating Council (LEICC) meetings, including: Washington County on May 18, 2018, Schenectady County on June 14, 2018, Essex County on June 15, 2018, Suffolk and Nassau County on September 26, 2018 and the NYC Department of Health and Mental Hygiene on November 30, 2018.

Department staff presented to stakeholders at the Early Intervention Coordinating Council (EICC) Meeting held on April 17, 2018, June 13, 2018, September 20, 2018, December 12, 2018 and on March 13, 2019, in Albany, New York. All EICC meetings are webcast, allowing EIP stakeholders across the State to view the meeting in real-time.

Department Staff also presented on a conference call to the Leadership Education in Neurodevelopmental and related Disabilities (LEND) program hosted by WIHD on November 1, 2018. LEND is an interdisciplinary leadership training program, funded by the federal Maternal and Child Health Bureau at 52 sites around the country. LEND trainees include graduate students and post-doctoral fellows; self-advocates; and family members of children and adults with disabilities.

The Department shared with stakeholders the many benefits of participating in the project, which include: Being part of a team, improving services with Early Intervention experts, helping to make positive changes in the EIP, connecting and meeting other parents of children who have received early intervention services, providing the family perspective and a voice for parents, and enhancing participants' leadership and advocacy skills.

Parent Recruitment

To generate additional interest from parents, Department staff also presented at two Family Initiatives Coordination Services Project meetings on June 29, 2018 and November 17, 2018. Department staff also worked with organizations such as Parent to Parent and Early Childhood Direction Centers (ECDCs) to share information about the project. The New York City Early Intervention Program used a text messaging system to reach out to parents and family members of children in the EIP to inform them of the program and gain interest. Parents that participated in the in-person learning collaborative sessions and in the monthly coaching calls with the UCEDDs and other teams receive a stipend for their participation. This small stipend was used to defray travel and childcare expenses.

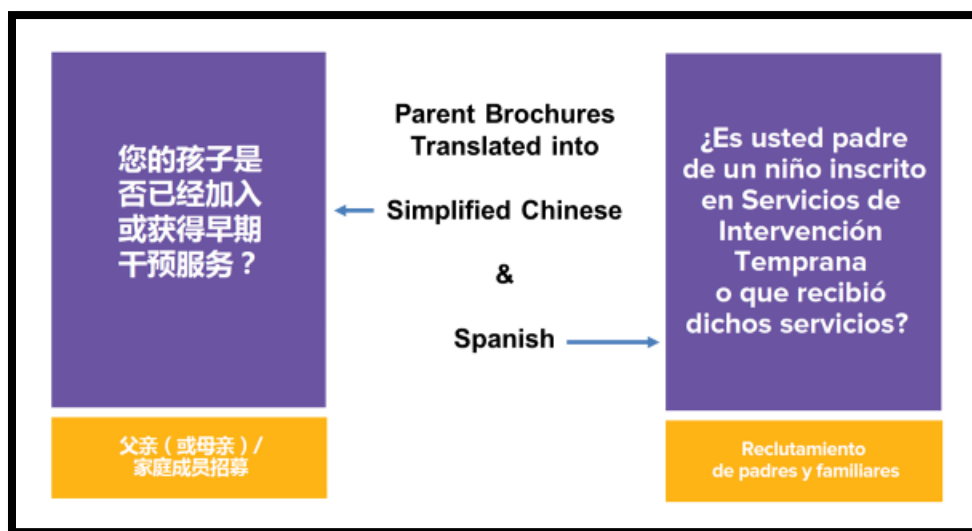
To assist with the recruitment of parents for the Spanish speaking teams, the RFK UCEDD worked with Sinergia Inc., a member of the NY Region 1 Parent Training and Information Center (PTIC) Collaborative, located in East Harlem, New York. Paolo Jordan, EICC Parent Member, also provided assistance with encouraging parent participation and recruiting Spanish speaking parent team members.

To assist with the recruitment of parents for the Chinese speaking teams, the RFK UCEDD worked with the Chinese American Planning Council in Flushing, Queens, New York.

The New York City Department of Health and Mental Hygiene also provided several bilingual staff to participate on the Spanish and Chinese teams.

Additionally, all recruitment materials were translated into Spanish and Chinese (Appendix 5).

Figure 4. Translated Parent Brochures



Recruitment of Providers

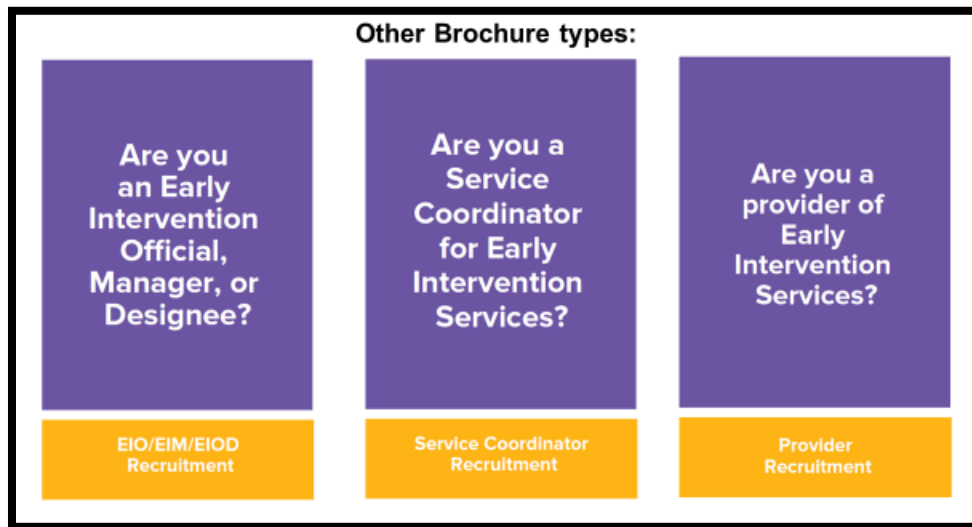
To aid in the recruitment of providers, the Bureau of Early Intervention Provider Approval Unit utilized email listservs and provider connections to disseminate information about the SSIP and encourage participation. The Bureau has also linked participation by providers at the in-person SSIP meeting and the monthly calls to the required professional development hours required in the Department’s Provider Agreement. The New York City Department of Mental Health and Hygiene also assisted with requirement of bilingual EIP providers to participate on the Spanish and Chinese teams in Cohort 2.

For more than 10 weeks, the UCEDDs followed up weekly with the county point person to check on recruitment status for all team members. For counties requiring additional support, the frequency of emails and phone calls was increased by both the UCEDD and Department staff. The UCEDDs and Department staff also provided several webinars for team members that could not participate in the in-person learning collaborative sessions. This ensured that every team member understood the project. By the beginning of October 2018, all 29 counties involved in the second cohort had successfully recruited at least one parent, provider, and county staff for each team. By December 2018, four teams composed of Spanish and Chinese

speaking parents, providers, and county staff were successfully recruited across the five boroughs of NYC. In total, 35 teams were formed and participated in the in-person learning collaborative meetings in the second cohort.

In the first cohort, 28 teams were successfully recruited. Based on lessons learned and feedback from the first cohort, BEI staff and UCEDDs improved the recruitment process for the second cohort. The recruitment brochures and applications were revised.

Figure 5. Other Brochure Types (Appendix 6)



In-Person Session

Each UCEDD held their second in-person Learning Session for the second cohort teams.

Figure 6. UCEDD In-person Learning Collaborative Sessions (Cohort 2)

Cohort 2: In-Person Meeting						
Center	Rose F Kennedy Center at Montefiore	Rose F Kennedy Center at Montefiore	Westchester Institute for Human Development	Strong Center at the University of Rochester		
Date	October 29, 2018	December 5 & 6, 2018	October 26, 2018	October 11, 2018		
Location	Four Points Sheraton(Melville) 333 S. Service Rd Plainview, NY 11803	Chinese-American Planning Council, INC 133-14 41 st Ave, 7 th Fl Flushing, NY 11355 Sinergia, INC. 2082 Lexington Ave, 4th Fl New York, NY 10035	Embassy Suites 86 Congress St Saratoga Springs, NY 12866	Genesee Community College 1 College Road Batavia, NY 14020		
Counties	Nassau Suffolk	Chinese & Spanish Speaking Teams from NYC	Albany Clinton Essex Franklin Fulton Hamilton Herkimer	Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Allegany Cattaraugus Chautauqua Erie Genesee Livingston	Monroe Niagara Ontario Orleans Steuben Wayne Wyoming

The Rose F. Kennedy University Center for Excellence in Developmental Disabilities at Albert Einstein College of Medicine’s (RFK) second in-person session was held on October 29, 2018 at the Four Points Sheraton in Plainview, New York. Their second collaborative included teams from Suffolk and Nassau Counties. Five teams were formed for this meeting and attendance included: 5 parents, 9 county officials, 19 providers/service coordinators; a total of 33

participants. There were two UCEDD staff and three BEI staff in attendance to facilitate the meeting.

On December 5 and 6, 2018, RFK held the Chinese and Spanish speaking in-person learning collaboratives. The meeting for Chinese speaking teams was held at the Chinese-American Planning Council in Flushing, Queens, New York. The meeting for Spanish speaking teams was held at Sinergia Inc., in East Harlem, New York. The Chinese speaking collaborative included two teams composed of members from across the five boroughs. The attendance for this meeting included six parents, one provider, two service coordinators, and one county staff person; a total of 10 participants. The Spanish speaking team included two teams composed of seven parents, five service providers, and one county staff person; a total of 13 participants. RFK and BEI had two staff members each, attend and facilitate the meeting. The Department had all in-person meeting materials (pre-work, PowerPoint slide decks, hand-outs, evaluations, etc.) translated into Spanish and Chinese. Consecutive translation services were also provided at both in-person learning collaborative sessions.

The Westchester Institute of Human Development’s second in-person session was held on October 26, 2018 at the Embassy Suites in Saratoga Springs, New York. Their second collaborative included teams from each of the following counties: Albany, Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. 13 teams were formed for this meeting and attendance included: 10 parents, 9 providers, 15 service coordinators and 14 county staff; a total of 48 participants. WIHD had four staff members and BEI had three staff members in attendance to facilitate the meeting.

The University of Rochester Medical Center’s (SCDD) second in-person session was held on October 11, 2018 at the Genesee Community College in Batavia, New York. Their second collaborative included teams from each of the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Steuben, and Wayne, Wyoming. 13 teams were formed and attendance included 13 parents, 12 providers, 21 service coordinators, and 15 county staff; a total of 61 participants. SCDD had four staff members and BEI had three staff members in attendance to facilitate the meeting.

Figure 7. Regional Meeting Locations



To encourage consistency throughout the state, each in-person learning session by the three UCEDDs followed the same agenda and format (see Table 1). The agenda used for the second cohort learning collaborative sessions was revised based on the feedback received from the post in-person evaluations completed by Cohort 1 participants. The learning session began at 9:45am with registration, followed by a welcome and introduction. Department staff provided an overview of the SSIP and explained the IHI Quality Improvement Model.

Table 1. Agenda for SSIP In-Person Learning Session

Time	Activity	Presenter
9:45-10:00 am	Registration	BEI, UCEDD
10:00-10:15 am	Welcome and Introductions	BEI
10:15-11:15 am	Improving Family-Centeredness Together (IFaCT): Overview Parent Perspective <i>Group Activity 1: Reflecting on Experiences and Current Practice</i>	BEI, UCEDD Parent Speaker UCEDD Facilitation
11:15-12:15am	How will we Improve? <i>Group Activity 2: Aim Statement</i> <i>Group Activity 3: PDSA Plan</i>	UCEDD
12:15-1:15 pm	Lunch	
1:15-2:00 pm	How will we measure it? <i>Group Activity 4: Evaluation Plan</i>	UCEDD
2:00-2:15 pm	Break	
2:15-2:45 pm	County Team Sharing: Report Out	UCEDD, BEI Facilitation
2:45-3:00 pm	Evaluation & Next Steps	UCEDD

At each Learning Session a parent of a child with developmental disabilities, who received Early Intervention services, presented on their family perspective of the EIP and how they felt EI services could be improved to have a greater focus on family-centeredness. There was also an opportunity for team members to ask the parent speaker questions. Each speaker was powerful, moving, and was well received.

Figure 8. Parent Stories - Examples of Parents' Experiences in the EIP

Challenges	Strengths	Recommendations
<ul style="list-style-type: none"> ▪ Hard to know how to start the process ▪ The process can be overwhelming ▪ Not sure of the key roles in the process ▪ Cultural barriers ▪ Language barriers ▪ Hard to handle services and have a family life ▪ Limited knowledge of developmental milestones ▪ Work schedules and service provision 	<ul style="list-style-type: none"> ▪ Connections with providers ▪ Our Service Coordinator helped identify places in our community where we could get services ▪ Our provider helped us to find a balance between the “best services” and our quality of life as a family ▪ Knowledge gained from service coordinators 	<ul style="list-style-type: none"> ▪ Connect parents with support organizations ▪ Connect parents to their community ▪ Use family friendly language ▪ Provide good resources to parents ▪ Listen to parents, as they know their children the best ▪ Find out what is most important to the family ▪ Ensure IFSP outcomes are what the family wants to work on

A new group activity was developed based on feedback from the teams in the Cohort 1 learning collaborative meetings. The first group activity involved teams reflecting on their experiences in the Early Intervention Program and their current practice. Participants were provided with pre-work to complete prior to the in-person learning session (Appendix 7). One worksheet was developed for parents and one was developed for providers. During the in-person session, parents shared their experiences in planning their child’s services and connecting with their community. Providers shared how they involve parents in planning services and connecting families to their community. The teams also brainstormed ideas for improving family involvement in services and connecting families to their community.

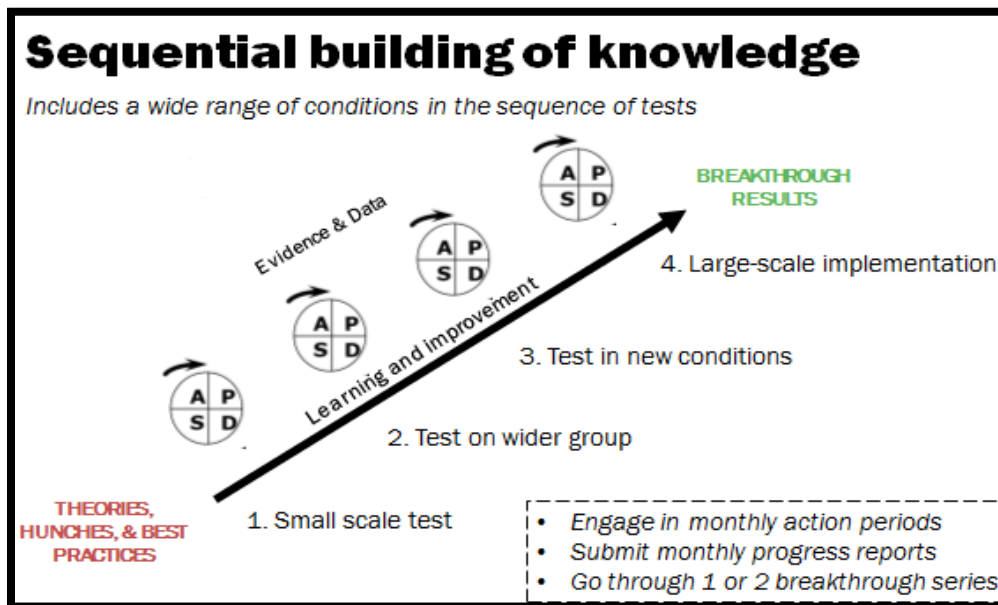
In the next group activity, the county teams worked together to formulate their team’s AIM statement. The AIM statement is a goal that is specific to what the team wants to achieve, can be measured, is attainable, relevant to family outcomes, and is timely. The teams reviewed and selected evidence-based strategies that support the expected high-quality services included in the Family-Centeredness Survey Scale (FCSS) scale (see Figure 9). The FCSS collects feedback from families about the ways in which early intervention services was delivered to ensure they were family-centered. The items are listed in Figure 9 and sorted by the likelihood families agree that early intervention services were family-centered (i.e., the items at the top are the ones families are least likely to agree to). The family-centered practices on the FCSS include connecting parents of children with similar needs and helping families take part in typical activities for children and families in their community.

Figure 9. Family-centered Services Scale Items (FCSS)

Family-centered Services Scale Items
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.
My family was given information about opportunities for my child to play with other children.
Someone from the Early Intervention Program asked if I was having any problems getting the services I needed.
My family was given information about how to advocate for my child and my family.
My family was given information about the public school system's programs and services for children age three and older.
My family was given information about what my options are if I disagree with a decision about my child's services.
Someone from the Early Intervention Program asked if the services my family received met our needs.
I was given help in preparing for the IFSP meeting.
The IFSP kept up with my family's changing needs.
My family was given information about activities that I could do with my child in our everyday lives.
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.

Once the team completed their AIM statement and established the goal of what they wanted to achieve, they then moved on to create their Plan, Do, Study, Act (PDSA) Plan. Each team used the PDSA methodology to decide what small change would be made to improve family outcomes, how it would be done, study the impact the change has made, and then act on it. If the change improved family outcomes the team would increase its use, and if the change does not help, the team would re-evaluate and adjust their plan accordingly. The teams then finalized how they would measure and track their challenges, successes, and any needed modifications to their plans.

Figure 10. Institute for Healthcare Improvement Model for Improvement



At the end of the meeting, teams shared their AIM statements and what they planned to do to improve family outcomes in their local programs.

Figure 11. Sample AIM Statement

Early Intervention Example

By March 2018, 60% of the families I work with will receive information about local family support organizations, like Parent to Parent of NYS, with whom they can connect with other families and the information will be documented in their IFSP.

SPECIFIC
MEASURABLE
ATTAINABLE/RELEVANT
TIMELY

Since the in-person Learning Sessions, the counties have been implementing the small change using the strategies that their team chose. The UCEDDs and are holding monthly coaching calls with all teams in their second cohort to discuss the details of their plan, team accomplishments, and any barriers the have encountered during implementation of their plan and the changes they made. Learning is accelerated as the Collaborative teams work together and share their

experiences. The teams follow their PDSA plan and complete a cycle which includes implementing family-centered practices with a few of the families they serve in a short period of time. After reviewing data, the teams determine whether they should abandon (i.e., it did not work at all or had negative outcomes), adapt (i.e., it worked but needs to be modified), or adopt (i.e., implement with more families or across different settings). These cycles are continuing for a twelve-month period with coaching and mentorship from the UCEDD and peer support and collaboration with other teams in their region.

Table 2. Sample of a Team’s Plan Do Study Act (PDSA) Cycles

PDSA Cycle 1	PDSA Cycle 2	PDSA Cycle 3
<p>AIM Create a resource (e.g., online library, brochure, list) detailing parent networking opportunities within/near county to be distributed to at least 80% of new EI parents each month</p>	<p>AIM Create a resource (e.g., online library, brochure, list) detailing parent networking opportunities within/near county to be distributed to at least 80% of new EI parents each month</p>	<p>AIM Create a resource (e.g., online library, brochure, list) detailing parent networking opportunities within/near county to be distributed to at least 80% of new EI parents each month</p>
<p>STEPS</p> <ol style="list-style-type: none"> 1. Collect and compile resource information 2. Pilot test the resources identified by distributing to 4 EI parents 	<p>STEPS</p> <ol style="list-style-type: none"> 1. Revise the resource based on initial feedback 2. Distribute to 10 additional parents 	<p>STEPS</p> <ol style="list-style-type: none"> 1. Distribute resource to EI parents at <u>all</u> IFSP meetings
<p>MEASUREMENT</p> <ol style="list-style-type: none"> 1. Number of relevant resources identified 2. Number of resources parents indicated as reliable and helpful and of interest 	<p>MEASUREMENT</p> <ol style="list-style-type: none"> 1. Number of additional relevant resources identified 2. Number of resources parents indicated as reliable and helpful and of interest 	<p>MEASUREMENT</p> <ol style="list-style-type: none"> 1. Percentage of EI parents to whom resource is distributed

PDSA Begins with Support on Monthly Coaching Webinars

Cohort 2 teams have begun collecting data on their progress, which includes documenting monthly progress on their team’s PDSA plan. Teams submit data on their PDSA cycle prior to the monthly coaching call. This data is collected using a data tracking tool (Appendix 8), which includes submitting a PDSA worksheet (Appendix 9). This data is being used to populate a run chart. An example of a PDSA run chart is on page 26 of this report. Once data have been collected, it is provided back to the teams. Teams use this data to make decisions every month about what parts of their quality improvement activities to adapt, adopt or abandon, if necessary. Teams have begun reporting out to other teams during their regional cohort monthly Coaching Calls/Webinars. A PDSA worksheet is completed monthly by local teams (Appendix 10).

For the monthly coaching calls, WIHD, RFK and SCDD are facilitating calls with county teams in their region. Teams present their AIM statement, their PDSA cycle, progress made, and data collected on each call. RFK is also facilitating a separate monthly call with the Spanish speaking teams and an in-person monthly meeting for the Chinese speaking teams. The calls and monthly meetings include the assistance of an interpreter. The monthly call/meeting evaluation

survey by participants after each call/meeting, was translated to ensure that feedback is received from the Spanish and Chinese speaking teams in the same format as the other teams.

In-Person Learning Session Feedback for Cohort 2

All five in-person sessions received overwhelmingly positive feedback from participants and provided a great foundation for the next 12 months of work. All participants at the end of the second Learning Sessions were requested to complete a survey on their experience. Questions measured the quality, usefulness, and relatability of each of the sections of the meeting outlined in the agenda in Table 1. Participants were also asked questions regarding the presenters' organization, knowledge, and understandability. Lastly, the participants were asked whether their understanding increased regarding the IFaCT, PDSA, family-centered practices, and their overall satisfaction with the meeting. The participants were also given a section to provide written comments regarding their favorite part of the day, what could be improved, and any additional comments they would like to share.

Some of the feedback from the people who participated in the second in-person session is summarized below by UCEDD; the NYS Early Intervention Program and the UCEDDs continue to analyze the feedback:

- RFK (Long Island Region): 14 participants completed the survey
What participants liked about the meeting:
 - Collaboration between providers and parents
 - Hearing the parent perspective from the parent team members
 - Felt the networking opportunities were helpfulWhat needed to be improved:
 - More examples of projects
 - Printout of the PowerPoint slides
 - Time management of the agenda items
- RFK (Spanish Teams): 12 participants completed the survey
What participants liked about the meeting:
 - Hearing the parents' experiences
 - The focus on caring about families' feelings and needs
 - Group discussionsWhat needed to be improved:
 - More examples of projects
 - More in-person meetings
 - Longer meeting
- RFK (Chinese Teams): 7 participants completed the survey
What participants liked about the meeting:
 - Networking
 - Shared stories and parents' information
 - The SMART guideline that was providedWhat needed to be improved:
 - More examples of projects
 - Printout of the PowerPoint slides
 - Time management of the agenda items
- SCDD: 55 participants completed the survey
What participants liked about the meeting:
 - Opportunity to meet and gather ideas from various stakeholders
 - Examples of AIM statements and projects were helpful

- Leaders were supportive
 - Time to work as a team
 - Emphasized importance of family-centered practices
 - Meeting other counties and sharing ideas with other EI professionals and parents
 - Parent: nice to see “behind the curtain” workings trying to improve the lives of families and that the family unit was the focus
- What needed to be improved:
- Allow more times for brainstorming in between sessions
 - Provide more information prior to the session
 - Provide more specific examples of PDSAs
 - Share information from counties in the first cohort
- WIHD: 45 participants completed the survey
- What participants liked about the meeting:
- Parent input and hearing their experiences
 - Hearing about the service providers perspective
 - Connecting with county staff
 - Collaborating with various group members
- What needed to be improved:
- More time to work
 - More examples of PDSAs
 - Less data minded language
 - More group activities

Providers use Family-Centered Practices in Delivering EIP-Services

The goal of the SSIP is for providers across the State to use family-centered practices in delivering EIP services. Based on the PDSAs that were created at the second in-person Learning Sessions, providers have begun to implement small changes into their everyday activities for select families. If the change has been demonstrated as successful based on data collected and reviewed on the monthly coaching calls, the team implements the change with more families and continues to collect data. Successes and challenges have been and are being shared on monthly coaching to calls. Goals of the calls include; receiving feedback from the experts at the UCEDDs, as well as from their peers (providers, families and municipal staff from other counties), to share successes, and to brainstorm solutions to challenges encountered.

2. Stakeholder involvement in SSIP implementation

The Department has included stakeholders in all phases of the SSIP. The Department has engaged the EICC on multiple occasions to present the plan and to elicit feedback. The most recent presentation was provided to the EICC on December 12, 2018 (Appendix 11). The Department has convened and is actively working with the statewide advisory group for the SSIP. The statewide advisory group includes representatives across the Early Intervention system, including families, providers, and local officials. On June 7, 2018, the Department presented at the New York State Association of County Health Officials (NYSACHO) general membership meeting and on September 24, 2018, the Department presented the plan at the NYS Association of Counties (NYSAC) conference, which represents NYS counties and local EIP programs, as well as local Early Intervention Officials (EIOs) and Managers directly responsible for program administration at the local level.

The Department engaged with the Executive Director of Parent to Parent of NYS (Family Voices of NYS). This organization offers networking and training opportunities to families of individuals with special needs and the professionals who serve them. Parent to Parent helped with recruitment for parent members to participate in the SSIP.

The Department engaged with the Family Initiative Coordination Services Project (FICSP) as well. The Department sought competitive proposals from qualified vendors to assist in the development, coordination, and delivery of a comprehensive Family Initiative Training Program that supports and develops parent involvement in all aspects of the Early Intervention Program. The purpose of this training is to help families develop leadership and advocacy skills to be able to better advocate on behalf of their children with special needs.

The FICSP facilitates, supports and develops parent involvement in all levels of the EIP. The FICSP develops and implements a training program, referred to as Partners, that provides parents with the opportunity to enhance their leadership skills, network with each other, and learn how to become better advocates for the care of their child with special needs on the local, state, and national levels. The FICSP also facilitates and supports parent attendance at national conferences on early childhood development and facilitates parent involvement on the New York State EICC. There are six parent members on the EICC.

The Department also connected with staff throughout the state from the Early Childhood Direction Centers (ECDC). The ECDCs, funded by the New York State Education Department, provide free confidential information and referral for families and professionals about services for young children with suspected or diagnosed developmental delays or disabilities. They work with families regarding the NYSEIP, Preschool Special Education Services, and all Early Childhood settings, including transition and services, and they also provide family support services and information and referral on medical, dental, and other health services. These centers are present throughout the State. ECDC staff aided in the recruitment process and are actively participating in monthly coaching calls. ECDCs staff have presented and will be engaged to present information about the ECDC and the services that they offer to support children and families.

In New York State, local programs are required to maintain Local Early Intervention Coordinating Councils (LEICCs). The membership of LEICCs must include parents, EIP providers, and representatives of local public agencies responsible for services for young children and their families. The LEICCs have been active participants in SSIP implementation. The Department presented at five Local Early Intervention Coordinating Council (LEICC) meetings: Washington County on May 18, 2018, Schenectady County on June 14, 2018, Essex County on June 15, 2018, Suffolk and Nassau County on September 26, 2018 and the NYC Department of Health and Mental Hygiene on November 30, 2018.

The Department elicits feedback from stakeholders about the plan, implementation strategies, and short-term and long-term outcomes. The Department has identified specific staff who have taken the lead on the SSIP. Stakeholders have reached out directly with feedback, ideas and suggestions. Stakeholders have had an enthusiastic response to the use of IHI quality improvement framework for the SSIP. Stakeholders have commented that the framework is feasible in that it embeds the use of family-centered practices into current interactions during Individualized Family Service Plan (IFSP) meetings and early intervention service sessions with

children and their families. Based on stakeholder feedback the Department will continue with the SSIP as described and planned.

The Department has revised the SSIP timelines to reflect the current status and planned actions. Procurement of the Centers of Excellence and alignment of the state's infrastructure, convening quality improvement leadership team, and engagement of stakeholders required more time than anticipated. The contracts with the Centers of Excellence are in place. The first cohort wrapped up their formal work in January 2019. Cohort 2 is now underway. The first three Learning Collaboratives for Cohort 1 began their work in January and February of 2018 and continued their work through January 2019. Recruitment for the second three cohorts began in the Spring of 2018. The second cohort in-person Learning Collaborative Sessions were held in October and December of 2018, and their work will continue until October 2019. From November 2019 to June 2020 the UCEDDs will be analyzing the data collected from the two cohorts and create training on the best family-centered practices (see Section F: Plans for Next Year for further information). This overlap will allow for the two cohorts to complete their work prior to the end of the SSIP and allow for submission of the report to OSEP by the due date of April 1, 2020.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outcomes to assess the effectiveness of the implementation plan

The Department has developed an SSIP that integrates data to support the evaluation. The Department is utilizing the existing NYS Family Survey with the NYIFS that measures the impact of the EIP on families. The NYS Family Survey previously included the FCSS, which assesses the quality and family-centeredness of the services. Both scales align directly with the Theory of Action. The benefit of aligning the SiMR and the SSIP with the current data collection process for Indicator 4 Family Outcomes reported in the State Performance Plan/Annual Performance Report (SPP/APR) is that the data collection mechanism is established and does not require new systems to be implemented. Additionally, the data have been collected over time to allow for the establishment of baseline and ongoing review of performance on the SSIP and SiMR. As described in the SPP/APR in Indicator 4 and in Phase I of the SSIP, the Department is using the NYIFS to measure and report on the federally-required family outcomes. The NYIFS is composed of items generated by national and NYS stakeholders, including parents, and written in a manner that makes them understandable to parents. The NYS Family Survey was previously provided in English and Spanish. As of the 2016-2017 year, it has been translated into five additional languages (Arabic, Bengali, Chinese, Russian and Yiddish).

SiMR data are reported below: These data are based on responses collected from families during the FFY 2016-2017 (July 1 – June 30) on the Family Survey. There is a slight decrease (3.13%) in the families who responded to the survey who met the State standard from 2016-2017 to 2017-2018. However, while the percentage decreased slightly, more families in the 2017-2018 year did reach the State standard (1238 families out of 1848 responses) versus the 2016-2017 year (1021 families out of 1456 responses). This data shows that the State has met the 2017-2018 target of 66.00%. Additionally, the overall survey response rate increased to reach a new high of 20%.

While the Cohort 1 teams began their work in January and February of 2018, the implementation of their evidence-based strategies was staggered and focused on a very small

number of families based on the PDSA Model, which focuses on making small changes and scaling up based on successes. Most of the responses collected on the family surveys in FFY 2017 -2018 were prior to the implementation of Cohort 1 improvements. SiMR data to evaluate the impact of the evidence-based strategies will be available and reported in the next SSIP report in April 2020. New York plans to maintain its current SiMR and target over this time period.

Table 3 below includes baseline data, data for each year, and targets established in Phase I.

Table 3. NYS SSIP Baseline and Progress Data: FFY 2014 to 2019

FFY (July 1-June 30)	Baseline (2008-09 to 2013-14)	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Of those families who responded to the NYS Family Survey from FFY 2008–FFY 2013, the percent who met the State standard of ≥ 576.	65.09% (4,245/6522)	57.04% (231/405)	61.63% (673/1092)	70.12% (1021/1456)	66.99% (1238/1848)	N/A
FFY 2014-2018 Targets	N/A	65.09%	65.09%	65.50% (+.41%)	66.00% (+.50%)	66.50% (+.50)

As described in the State Performance Plan/Annual Performance Report (SPP/APR) in Indicator 4, the Department has an approved sampling plan to collect Family Outcomes data. The NYS Family Survey is being leveraged to collect the SiMR for the SSIP, so this same sampling plan applies to data collection for the SiMR.

The Department has undertaken an in-depth analysis of the Family Outcomes data by subgroups, by geographic regions and at the county (i.e., local program) and early intervention provider level to identify any characteristics associated with the likelihood families agree that the early intervention services they received were helpful.

In accordance with the sampling procedures approved by the US Department of Education Office of Special Educations 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. A random sample of 9,066 families was invited to participate in the NYS Family Survey. The sample of families selected to participate in the NYS Family survey was geographically representative of the families participating in the NYSEIP.

The sample was drawn from a population of 19,533 families exiting the NYS Early Intervention Program from July 1, 2017 to June 30, 2018, whose children received at least six months of early intervention services, and the family had a valid address. The 1,848 respondents' representativeness by Race, Ethnicity, Gender, and Age at Referral was compared to the 19,533 children in the Early Intervention Program population.

Of the 1,832 responses received, 1,133 were from White families, 134 were from African-American families, 356 were from Hispanic families, and 209 were from families with other races.

There are differences in the response rates by race/ethnicity; however, the differences are not statistically significant. At this time, there is no known reason why non-white families would be less likely to respond to the survey. The Department has identified some strategies for improving response rates, particularly among the groups with lower response rates. In addition, the NYS EIP will oversample non-white families in the 2018-2019 family outcomes sample.

The mean age for children of respondents was 1.45 years old when referred compared to 1.41 years old in the overall EIP. There were 627 responses from families with a female child and 1,205 responses from families with a male child. Both age and gender correspond to the overall population of the Early Intervention Program.

When comparing the mean NYIFS scores, there is no significant difference between responses from white families and non-white families, or from Hispanic and non-Hispanic families. The mean NYIFS score for white families was 664.8 and the mean NYIFS score for non-white families was 659.8. The mean NYIFS score for families with a Hispanic child was 677.7 and the mean NYIFS score for families with a non-Hispanic child was 659.3.

To compare the mean NYIFS scores, the age at referral was broken into categories (0-1, 1-2, 2-3). The mean NYIFS score for 456 children referred under one year old was 674.7, compared to a mean NYIFS score of 664.7 for 914 children referred between one and two years old, and 648.2 for 478 children referred from age two to three years old. The NYIFS scores for families with children who were younger at referral were higher compared to families whose children were referred at an older age, but the difference was not statistically significant ($p=0.09$).

Cohort 1 Data

Due to the size of the State and the complexity of this project, the State was split into two cohorts. The first cohort began in January/February 2018 and ended in December 2018/January 2019. The second cohort began in October 2018 and will be completed in September 2019. The Spanish and Chinese speaking teams in the second cohort started in December 2018 and will be completed in November 2019.

At this time, the UCEDDs are still collecting the data to analyze from the first cohort and are just beginning the process of collecting data from the second cohort. Once both cohorts are complete, the UCEDDs will be better able to analyze the data to determine the best family-centered practices, as identified by local teams and will be able to provide more detailed data at the completion of the projects. This data will be used to determine which strategies are worthy of replication at the State level.

Table 4 includes the technical data regarding teams, participants, and technical assistance (TA) involved in the first cohort. Much of the technical assistance (TA) provided on the calls and via emails, was to help prepare counties prior to the monthly calls, to assist with teams' PDSA plans and data collection. Some teams had to abandon their first PDSA Plans, as they encountered barriers to implementation or the small tests of change indicated that there was a need to change course. The UCEDDs and BEI assisted teams with modifying their plans as needed.

Table 4. Cohort 1 Data

UCEDD	Number of Teams	In-person Attendance	Number of Monthly Calls with Teams	Number of TA Calls with Teams	# of Emails with Teams
Rose F. Kennedy (RFK)	7 Teams (NYC based)	7 parents 25 providers 3 service coordinators 9 county staff	11 (February 2018 to December 2018)	25 Calls	95 emails
Strong	14 Counties	10 parents 12 providers 9 service coordinators 14 county staff	11 (March 2018 to January 2019)	54 Calls	435 emails
WIHD	14 Counties	12 parents 17 providers 13 service coordinators 18 county staff	11 (February 2018 to December 2018)	54 Calls	713 Emails

The NYSEIP is a large and complex system. There is a diversity of geography, demographics and families in New York State. As such, strategies of each team were tailored to the individual and unique circumstances within a county or region of the State. Improvement teams from NYSEIP local programs, including service providers and families, who are very familiar with their regions, local infrastructure and resources, and with families referred to the local EI programs, developed improvement plans that are specific to their areas. Plans were 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 Learning Practices Learning Collaborative learned quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions.

Some of the barriers identified by these local teams in Cohort 1 included: Transportation difficulties in rural areas, families with parents/caregivers that work outside of the home have a difficult time meeting and connecting with other parents during business hours, travel difficulties due to weather (snow/ice), limited internet access, departure of team members, difficulty with obtaining permission from the local Health Department to use social media or post to the Department’s webpage, and lack of childcare available for parents wanting to meet for support without their children, or lack of childcare for siblings.

Prior to each monthly coaching call and the start of a new PDSA cycle, teams submit the following data to the UCEDDs:

- How many tasks outlined in the PDSA plan have been completed
- How many tasks outlined in the PDSA were not addressed
- Accomplishments achieved by teams that month
- Barriers that were encountered that month
- Changes and/or modifications to the PDSA plan that month
- The team’s updated PDSA plan
- The team’s record review forms
- How parents and family members were engaged in the month’s plan
- The completed PDSA worksheet for that month
- Any materials developed or other sources contributing to the month’s plan
- Any additional data or evidence of progress

Teams also document data in the IFSP and conduct and submit monthly record reviews as applicable (Appendix 8, 9,12). Teams implement their plans with assistance from the UCEDDs by analyzing data from the previous month to reach their goal.

As an example, Madison County’s preliminary project data and progress made are shared in Table 5. This table shows the project focus (AIM Statement) and progress on PDSA cycles. The county team used their AIM statement to test small changes for their PDSA cycles.

Table 5: Preliminary Project Data from Madison County

<u>Focus of PDSA</u>																									
	<p>Madison County aimed to enhance the family-centeredness of their early intervention services by explicitly including a family community engagement outcome in Individualized Family Service Plans (IFSPs). The form and process for identifying family concerns, priorities and resources was revised. Information was gathered on current community resources and EI service providers were informed and educated on the goals.</p>																								
<table border="1" style="margin: 10px auto;"> <caption>Completed Tasks in PDSA Plan</caption> <thead> <tr> <th>Month</th> <th>Cumulative Count</th> </tr> </thead> <tbody> <tr><td>February</td><td>0</td></tr> <tr><td>March</td><td>1</td></tr> <tr><td>April</td><td>5</td></tr> <tr><td>May</td><td>11</td></tr> <tr><td>June (1)</td><td>14</td></tr> <tr><td>June (2)</td><td>18</td></tr> <tr><td>July</td><td>21</td></tr> <tr><td>August</td><td>24</td></tr> <tr><td>September</td><td>27</td></tr> <tr><td>October</td><td>29</td></tr> <tr><td>November</td><td>32</td></tr> </tbody> </table>		Month	Cumulative Count	February	0	March	1	April	5	May	11	June (1)	14	June (2)	18	July	21	August	24	September	27	October	29	November	32
Month	Cumulative Count																								
February	0																								
March	1																								
April	5																								
May	11																								
June (1)	14																								
June (2)	18																								
July	21																								
August	24																								
September	27																								
October	29																								
November	32																								
<u>Progress on PDSA</u>																									
<p>In total, Madison County completed 32 PDSA tasks. The team has: (a) Revised the form and process for identifying family concerns, priorities, and resources; (b) identified and gathered available community resources; (c) updated parent satisfaction surveys; (d) sent written communication to EI providers to share and inform of the team’s plans and goals; and (e) reviewed written IFSPs monthly to determine inclusion of family engagement outcomes. They plan to use monthly record reviews to determine the inclusion of family engagement outcomes. Starting in July, they reviewed completed family satisfaction surveys quarterly to determine whether there was increased awareness of community resources and opportunities for participation in community activities. They added an option for parents to complete via Survey Monkey and reviewed results in October. The response rate of the parent survey was 76% (13 out of 17 surveys) and parents rated that they were satisfied to highly satisfied with the community resources that were provided to them.</p>																									

Table 6 shows the participating counties and each team’s project focus, as well as some of their accomplishments from participating in the IFaCT project. For example, Delaware and Green County both developed parent resource guides, which included activities in their local

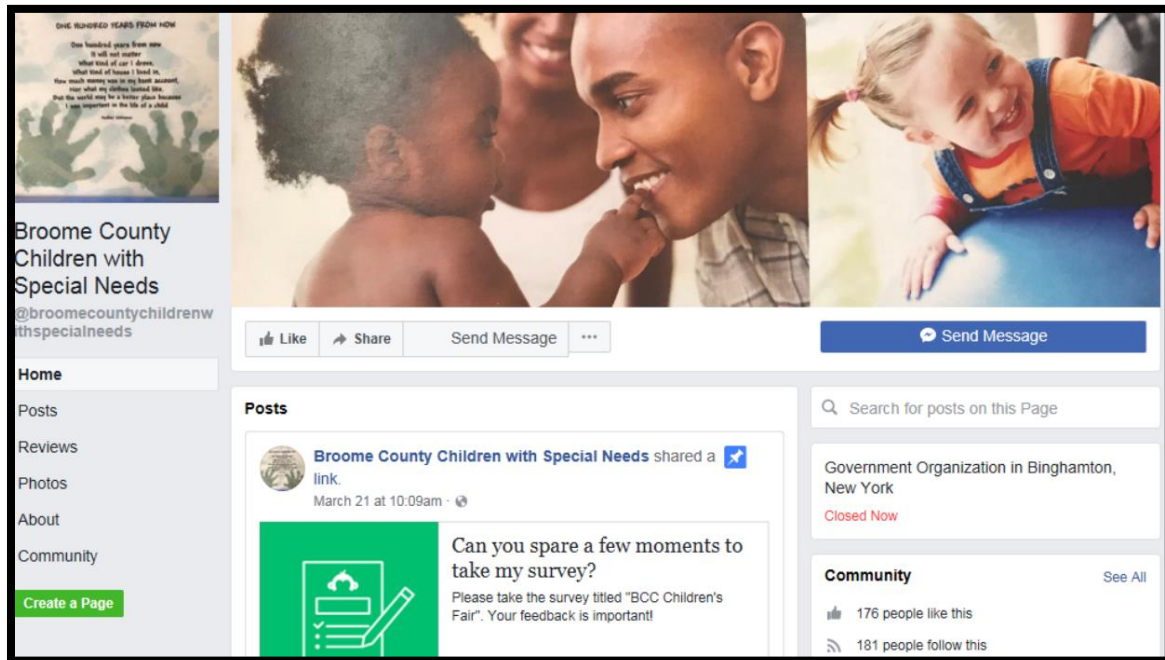
communities to support families (Appendix 13). Final analyzed data for both cohorts supported by WIHD, RFK, and SCDD, will be provided in the April 2020 report.

Table 6: Preliminary Cohort 1 SSIP Project Data (WIHD)

County	Project Focus	Accomplishments
Westchester Madison	Improve the way IFSP family outcomes are written. Increase the number of family and community engagement outcomes that are included in IFSPs	<ul style="list-style-type: none"> • Developed a one-page Family-Centered Practices Guide, drawn from the “Seven Key Principles: Looks Like/Doesn’t Look Like” (Early Childhood Technical Assistance Center, ECTA) • Provided training to SCs and providers on family-centered practices • Developed a tool for parents and providers to enhance family engagement with their community • Increased the number of family and community engagement outcomes included in IFSPs • Improved discussions with families when developing meaningful IFSP outcomes • Please see Table 5, for preliminary project data from Madison County
Rockland Orange Dutchess Greene Oswego Chenango Delaware Otsego Ulster	Develop a list of available local community resources – to connect families to their community (including; groups, events, family activities, etc.) Part of this work was to reduce parent isolation and to increase connections between families of children with similar needs. Also, to decrease the difficulty in locating community activities and resources.	<ul style="list-style-type: none"> • Discussed barriers to community involvement with families to assist with overcoming these challenges and supporting families with connecting to their community • Training on community resources was provided to service coordinators and providers • Training for SCs and providers on family outcomes and their inclusion in IFSPs • County EIP websites were updated with community resources and events for parents • Increased the number of community engagement outcomes in IFSPs • Created family newsletter of community activities • Magnet created with key community resources for families • Resource Directory/Guide developed to connect parents of children with similar needs <ul style="list-style-type: none"> ○ In Dutchess and Ulster Counties, 73 out of 77 and 15 out of 19 IFSPs reviewed respectively, included documentation of community resources provided to the family • Convened a monthly parent support group
Putnam Sullivan Columbia	Increase the involvement of parents/caregivers in EIP sessions in the home or community	<ul style="list-style-type: none"> • Increased the number of family outcomes in IFSPs • Parents were provided with strategies to help their children meet their needs <ul style="list-style-type: none"> ○ In Columbia County, 29 out of 37 records reviewed included documented strategies in the IFSP • Service coordinators and providers were engaged in increasing family-centeredness during IFSP development and service delivery, as measured through record reviews
Broome Greene (additional project)	Create a Facebook page to connect families to each other and their community	<ul style="list-style-type: none"> • Facebook page highlighted upcoming community events for families to attend • Included the new Facebook link on county EIP business cards • The county participated in the family events identified and included on the Facebook page <ul style="list-style-type: none"> ○ Broome County has 298 Facebook followers and Green County has 62; the number of followers continues to grow • Discussed family engagement at their LEICC meetings

Figure 11 shows Broome County's Facebook Page, which was developed in conjunction with the county's specific SSIP project.

Figure: 11 Broome County's SSIP Facebook Page



2. How the State has demonstrated progress and made modifications to the SSIP as necessary

The Department has made no significant changes to the SSIP, the SiMR, or the baseline data. New York State continues to adhere to the original improvement plan. The original SSIP envisioned county and municipality specific teams, however, based on observations and stakeholder feedback, slight modifications were made. This includes having four rural counties combine to form two teams, as these small counties did not have the capacity to sustain the project on their own.

The Department recognized during the first cohort that there were under represented communities. While not in the original plan, the Department understood it was necessary to add two additional in-person learning sessions to Cohort 2 in New York City, that were composed of Chinese and Spanish speaking families.

3. Stakeholder involvement in the SSIP evaluation

Stakeholders have been engaged in the evaluation of the SSIP and have reviewed SiMR data. The Department engaged the EICC, NYSACHO, the statewide SSIP Advisory Group, and Parent to Parent of NYS. Stakeholders have recommended that additional analyses be completed based on subgroup and by region of NYS. Stakeholders have continued to support the State's focus on improving family outcomes based on data that have been presented.

Based on stakeholder feedback, the Department revised the survey to address the survey length, which was the main concern. The Department shortened the survey from 95 questions (two pages front and back) to only questions one through 36, which are the NYIFS questions

(one-page front and back). The NYIFS data is used for both the SiMR and APR. The FCSS will no longer be on the survey; instead, data regarding the FCSS will be collected from the SSIP and Learning Collaboratives feedback. This shortened form went into effect in the 2017-2018 year and the Department saw a six percent increase in the response rate (from 14% to 20%).

The municipal stakeholders have requested to be more involved in the family outcomes survey process as well. Starting in the 2018-2019 year, the Department will implement a new procedure to notify counties during the family survey process so county staff are aware when the survey is sent out and which families receive it. This will enable the municipalities to follow up with families to reinforce the importance of completing the survey and to ensure they have the necessary resources to do so.

In 2018-2019 the Department will also pilot an online survey which will involve the municipal staff and service coordinators distributing the online survey information to families with a child exiting the program. The Department hopes that the personal interaction and explanation of the survey will encourage families to complete the survey to increase response rates.

LEND Survey Evaluations

The WIHD LEND program, under the direction of Dr. Jenna Lequia, is a two-semester interdisciplinary leadership training program with a strong curriculum focus on cultural competence, family partnerships, life course perspective, interdisciplinary and evidence-based practice.

The LEND group has developed an interview script to speak with Cohort 1 team members, including parents, providers, and municipal staff, to better understand their experience and participation in the project. Anecdotal data from interviews conducted thus far include the following: Team members liked the collaboration across county lines and interaction with municipal/county staff and value the parent perspective and participation on the IFaCT teams. Team members expressed that they would like to have additional in-person learning collaborative sessions over the course of the project and a more formalized team communication plan.

The information gathered from these interviews will inform and improve the experience for Cohort 2 participants. Interviews are ongoing and formal data will be analyzed by WIHD project staff and will be included in the 2020 SSIP report.

The LEND team also developed a family survey that is being disseminated by municipal staff to families that participated in the Early Intervention Program during the Cohort 1 project implementation supported by WIHD. Families are asked to submit information about the services they received in the EIP around family-centeredness. This survey is both voluntary and anonymous (Appendix 14). Data gathered from this family survey will be aggregated and analyzed by WIHD project staff and will be included in the 2020 SSIP report.

D. Data Quality Issues

1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data

The Department is strongly committed to ensuring high quality data for the SPP/APR.

The NYS Family Survey is mailed annually directly to a sample of families in a Scantron format with a letter inviting them to participate in the survey and a postage-paid return envelope.

Surveys in other languages are provided based on information about the languages spoken by the families as documented in the NYSEIP administrative database. The survey is returned directly to and scanned by Department staff. The information is converted into an electronic file for analytic purposes.

In accordance with the recommendation made by the developers of the scales, data collected from families on the NYIFS were analyzed using the Rasch measurement framework. 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. 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.

Within the Department, the data analysis and evaluation activities are overseen by Dr. Yan Wu, who is the Part C Data Manager and a senior program research specialist. Dr. Wu has a Ph.D., in Biometry and Statistics and an M.S. in Computer Science from the State University of New York at Albany. Additional analytic support was provided by Dr. Bin Zhu, who is a senior research scientist with a Ph.D., in Earth Science and an M.S. in Biometry and Statistics from the State University of New York at Albany, and Mr. Abubakar Ropri, who is a research scientist with a Masters of Public Health in Epidemiology from the State University of New York at Albany.

One challenge with the data is a low family response rate. The response rate for FFY 2015-2016 was 10%, and increased to 14.56% in FFY 2016-2017. In FFY 2018-2019, the response rate increased once again to 20%. The Department continues to work with stakeholders, including families, local programs, and early intervention providers to determine effective ways to improve the response rate from families. The Department has an approved sampling plan, and the respondents have been representative of the early intervention population being served based on analysis of gender, race/ethnicity, and age at referral.

In 2016-2017, along with the English and Spanish surveys previously used, the Department translated the survey in to five additional languages: Arabic, Bengali, Chinese, Russian, and Yiddish. These languages were chosen as they are the seven most common languages found in NYS based on demographic data.

As previously stated, to increase the response rate based on stakeholder feedback, the length of the survey used to collect the data was reduced to 36 questions that make up the NYIFS; remaining questions that focus on the FCSS were removed.

The Department attributes the increase in response rate to providing families with a survey in their native language, the shortened survey that is now used, and greater awareness of the importance of the survey for both EIP staff and families.

Many families and other municipal stakeholders, suggested an online version may be easier for families to complete and recommended providing online access to the survey. Based on this feedback, the Department has created an online survey. To continue to track county family outcomes data, the families will be given a unique identifier to enter in to the online survey, which will be connected to the child. Without the cost of printing and mailing the surveys, the

size of the sample will be increased once the online survey is in place. The Department is piloting the online survey with a sample of families for the 2018-2019 year.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

Infrastructure Changes

The Department has made significant changes to infrastructure to better align and support the SSIP, including allocation of Part C funds to support SSIP implementation. The following specific actions have been taken:

The Department has executed contracts that comply with federal requirements for the oversight and administration of the Early Intervention Program. The Department has a contract to support a Comprehensive System of Personnel Development (CSPD) with a new five-year contract cycle that went into effect in September 2017 and runs through August 2022. Measurement Incorporated, the Department's contractor, is working with the Department to convert Early Intervention training curricula into interactive, web-based training. Training is delivered in an on-line, live format and then made available as an on-line self-paced course, allowing participants to take the Courses at times that are convenient for them. Curricula are being revised to include evidence-based practices, as identified by the UCEDDs. As Cohort 1 and 2 data is analyzed by the UCEDDs, best practices identified by the local programs will be included in the training curricula as well.

In addition to the CSPD, the Department has a five-year contract with Just Kids Early Childhood Learning Center, to provide leadership and advocacy skills training to parents of children in the EIP. The curriculum for this training is also under going revisions based on the UCEDDs research and identification of best practices for providing family-centered services in the EIP.

The Department has also executed contracts with the state's three federally designated University Centers of Excellence in Developmental Disabilities (UCEDDs), which were chosen based on their experience and work in the field of children with disabilities, as well as their locations in the state.

The IHI Breakthrough Series was selected as an evidence-based framework for effecting sustained quality improvement of a system. The model requires expertise in developmental disabilities, especially working with young children and their families, as well as staff who can train other professionals, facilitate webinars and coach local learning collaborative team members and implement the evaluation plan. In the final year, the Centers of Excellence will be focused on "spread" to share best practices and lessons learned with early intervention providers who were not able to participate and on creation of sustainable resources to share as new providers join the NYSEIP.

Each UCEDD has designated staff to work with counties and stakeholders to improve family outcomes. They coordinate the in-person meetings, monthly calls, track PDSA data, and provide progress reports to the Department. Each cohort is receiving and will receive coaching and mentorship support from their regional UCEDD staff to implement their plans to improve the quality and family-centeredness of early intervention services. The execution of these three contracts was delayed beyond the date targeted in the original plan and in last year's SSIP update.

As described previously, the contracts are with the Rose F. Kennedy University Center for Excellence in Developmental Disabilities at Albert Einstein College of Medicine (RFK) located in the Bronx, New York. Staff at RFK are supporting the five boroughs of New York City and the two counties that make up Long Island (Suffolk and Nassau). Additionally, RFK has added two cohorts of Spanish and Chinese speaking teams. This UCEDD has taken the lead regarding the content for the website focused on the SSIP and family outcomes that is hosted on the Department's website.

The Westchester Institute for Human Developmental (WIHD) is supporting counties from Westchester to Franklin county. This UCEDD has been designated as the lead for data and evaluation information, including collection and analysis of the data from the three UCEDDs.

The Strong Center for Developmental Disabilities at the University of Rochester Medical Center (SCDD) is supporting the Central and Western Region of New York. This UCEDD has been designated the lead on creating a Resource Guide for parents and stakeholders that has been shared with the first cohort and will be shared with a wider EI Stakeholder audience in 2019. In addition, the Resource Guide will be turned into two publications; one for parents and one for providers. These will be disseminated to stakeholders via the BEI listserv, as well as included on our EI Families website, which is specifically for parents of children in the EIP.

Despite these delays, the SSIP is on track to achieve statewide involvement and to achieve the State-Identified Measurable Result goal by the conclusion of the formal SSIP initiative. While the contracts were being developed and executed, the Department of Health worked to align its infrastructure to support the long-term sustainability of the quality improvement efforts. The SSIP work was formally integrated into the Training and Technical Assistance Unit in 2018, which is now known as the Training, Technical Assistance and Quality Improvement/SSIP Unit. This integration provides further support and increases sustainability to quality improvement efforts within both the SSIP and the Department.

Department staff within the Bureau of Early Intervention have been deployed to support the SSIP. As reported in Phases I and II, Kirsten Siegenthaler, Ph.D., was appointed to serve as the NYSEIP State Systemic Improvement Planning Coordinator. Dr. Siegenthaler was recently promoted to an Assistant Division Director position in the Department of Health and no longer oversees the SSIP project, however, she continues to provide assistance to the new SSIP team. In addition, Marie Ostoyich, R.N., M.S., was employed by BEI from June 2017 to February 2018 to support the SSIP. Ms. Ostoyich has extensive experience as a pediatric nurse and served as the Public Health Director for a NYS county and was the President of NYSACHO and provided much of the work to develop the recruitment materials and to recruit Cohort 1 participants. Jessica Simmons, Early Intervention Specialist and the Training, Technical Assistance, and Quality Improvement/SSIP Unit Manager for the Bureau of Early Intervention, oversees the project as of September 2018. Mary Amendola, R.N., B.S.N., Public Health Program Nurse, is the new Project Coordinator and began work on the project in October 2018. Katherine Reksco, Health Program Administrator for the Bureau of Early Intervention, has been working on the SSIP since 2016 and continues to provide valuable support and management of the project.

An internal BEI team was established to support the SSIP. For the first two Phases the team included Dr. Donna Noyes and Brenda Knudson Chouffi, Co-Directors for the Bureau of Early Intervention and Mary-Lou Clifford, who was the former Director of the Information Systems Quality Improvement (ISQI) section, who have now retired. Constance Donohue, Au.D., current

BEI director and Part C Coordinator for New York State has now joined the team; she provides management oversight and leadership for the SSIP. Additional support has been provided by the bureau managers and staff from the functional units within the Bureau, including, Cindy Mack, Manager of Provider Approval, Due Process, and Monitoring Unit and Kelly Callahan from that unit; Ken Moehringer, Manager of the Fiscal Planning and Policy Unit; Dr. Yan Wu, Manager of the Data and Program Evaluation Unit.

These changes will support the implementation, scaling up and sustainability of the quality improvement initiative during the SSIP and for future years.

Evidence of Fidelity

The Department has approached the plan to implement the IHI Breakthrough Series with fidelity. The framework has served as the road map for the work to implement the quality improvement efforts, as described in Section 1.

The evaluation plan includes measures to assess fidelity. In the Phase III report submitted in April 2017, the following questions were created to be addressed as the SSIP progressed. These questions have been used to guide the evaluation of the SSIP in the third year of Phase III. The results of the evaluation of activities since April 2018 follow:

1. *Did the statewide quality improvement team convene, and were they actively engaged in the process of preparing for the learning collaborative?*
 - The statewide quality improvement team convened via webinars seven times over the past two years. The advisory group helped create the brochures for the recruitment, as well as aided in finding volunteers to participate in the learning collaboratives. The team also helped with developing a public friendly name for the SSIP (Improving Family Centeredness Together or IFaCT) and creating provider and parent/family applications that were used to gather additional information about the providers and parents interested in participating. The last webinar included introducing them to the staff at the UCEDDs where they discussed the project timeline, recruitment process, and the next steps. One of the main focuses of the next steps was discussing the agenda for the future Learning Collaboratives. On April 20, 2018, a webinar was held with the Advisory Group and the UCEDD staff to provide an update on the Phase III Year Two Report of the SSIP (Appendix 15).
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?*
 - Three regionally based Centers of Excellence were established July 2017 and the contracts are in place until June 2020.
 - NYC and Long Island are working with the Rose F. Kennedy University of Excellence in Developmental Disabilities at Albert Einstein College of Medicine (RFK). The Department has included a webpage dedicated to the SSIP on the Department's EIP website that was made available to EIP stakeholders in March 2019. RFK staff are currently working on developing the additional content that will be displayed on the SSIP website, which will include: data from both cohorts, resources, the Resource Guide publications developed by SCDD, best practices for family-centered services, and how to access training specific to the IFaCT project. Department staff are

currently working with internal Information Technology staff effectuate updates of the website.

- The Strong Center for Developmental Disabilities at the University of Rochester Medical Center (SCDD) is working with counties in Central and Western NY. SCDD created a Resource Guide and materials for providers, counties, and parents that support and encourage family outcomes. SCDD is working on developing the Resource Guide into two, stand-alone publications. These will be included on the SSIP webpage developed by RFK and will also be disseminated via the Department's listserv and included on an additional website (EIFamilies.com) dedicated to parents of children in the NYS EIP.
- The Westchester Institute of Human Development (WIHD) is working with counties in the Hudson Valley, through the Capital Region, up to the Canadian border. WIHD has developed the evaluation plan for the SSIP that all three UCEDDs are utilizing to analyze the data from the In-Person Meetings and PDSAs.
- All three UCEDDs are employing the identified evidence-based strategies to improve family outcomes.
- The UCEDDs participate in biweekly calls facilitated by the NYS Early Intervention Program to ensure consistency across the State in the implementation of the SSIP and to identify any concerns or barriers as well as best practices that can be shared across the three regions.

3. How many learning collaborative teams were successfully recruited?

- For the second cohort, a total of 35 teams were successfully recruited. Both SCDD and WIHD had 13 teams each at their learning collaboratives, while RFK had five teams from Long Island and two Spanish and Chinese teams each.

4. How many members were successfully recruited to participate in the teams?

- Between the three UCEDDs, 112 members participated in the first in-person Learning Session, while 165 members participated in the second in-person Learning Session.

5. Were the team members representative (i.e., early intervention officials/designees/managers, parents, service coordinators, therapists, quality assurance personnel at agencies, etc.)?

- Each team had members representing Early Intervention stakeholders. Of the 277 members that attended the in-person Learning Sessions, 70 were parents, 107 were providers representing multiple disciplines (physical therapy, speech language pathology, occupational therapy, and teachers of special education), 66 were service coordinators, and 87 were county staff such as Early Intervention Officials (EIOs), Early Intervention Managers (EIMs), and Early Intervention Official Designees (EIODs).

Progress Toward Short-Term and Long-Term Objectives

The Department is making progress toward achieving short-term outcomes related to infrastructure alignment and engaging stakeholders to gain support of the long-term goal to improve outcomes for families. The Breakthrough Series framework is inherently data-driven with short-term process and outcome measures.

The in-person learning sessions were successfully held in 2018 for both Cohort 1 and Cohort 2. With the completion of these learning sessions, the Department engaged all 58 municipalities, including the five boroughs of New York City, in quality improvement efforts to increase family-centeredness. The Department successfully involved all Early Intervention Program stakeholders, including: parents, providers, service coordinators, local Early Intervention Officials, and county staff, as well as early childhood organizations.

The Department is currently gathering data on the use of evidence-based practices being used by EI service coordinators and providers engaged in increasing family-centeredness during IFSP development and service delivery, as measured through record reviews.

New York State's desired long-term impact is that local programs will not only sustain SSIP improvements but also increase their capacity to continuously improve in other areas, using the strategies learned through this initiative. The Department is leveraging the current system for collecting family outcomes and quality of family-centered services by using the NYS Family Survey to measure, track and report on the SiMR each year in the SPP/APR.

The Department will continue to evaluate progress toward the SiMR in an effort to continue to achieve the state's identified target, as well as improve positive family outcomes.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline

During the next year, the focus will be on working with the three Centers of Excellence on: supporting the implementation of the PDSAs that were created at the second in-person Learning Sessions, collection of data, analysis and distribution of data collected from the teams monthly, and coaching and training of professionals to improve the quality and family-centeredness of early intervention services.

The Department continuously reviews the allocation of staff and resources for the Part C grant. The Department will continue to support the three UCEDD contracts, the collection of family outcomes through paper and online surveys, and professional development and family training ensuring the SSIP is infused in all areas. The Bureau will also continue to assess staffing resources. Bureau staff will be further integrated into the effort to support Cohort 2, and promote best practices and successes achieved to the larger stakeholder statewide audience.

The Department will continue to engage stakeholders. Webinars and in-person presentations will be scheduled again with the EICC, NYSACHO, counties and their LEICCs, and parent advocate groups. Bureau staff are planning presentations and group work which will be facilitated by the UCEDDs and Department SSIP staff at the Annual Early Intervention All County meeting for all municipal administrative staff on April 10, 2019. The agenda will include an overview of the SSIP IFaCT project, a review of the work completed by the local Cohort 1 teams and collaboration among Cohort 1 and 2 teams. Cohort 1 counties will be paired with Cohort 2 counties that have similar projects. This will allow problem solving and increase sustainability of the overall project. Stakeholders will also share ideas with the UCEDDs on training topics that are needed around family-centered practices.

In-person Learning Collaboratives for the counties in the second cohort were held and monthly coaching webinars and/or calls to discuss the previous month's PDSA cycle, review data, and determine next steps for the upcoming month will run through December 2019.

The Department sponsors an Early Intervention Partners in Policymaking training program three times each year in the spring, summer, and fall. 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. The revised curriculum incorporates additional information on family-centered practices and how to effectively write and include family outcomes in Individualized Family Service Plans (IFSPs). Bureau staff will continue to present at the upcoming Partners training in the Long Island and Western region in 2019.

Training on Best Practices

The UCEDDs 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 UCEDDs will serve a key coordinating function between local early intervention programs, and infant and child development agencies and other organizations. This will include identifying, developing and providing, Web-based training on topics related to improving performance/outcomes in the EIP. Additional training on enhanced topics and skill building may be provided regionally. All three UCEDDs will identify, develop, and deliver up to 10 web-based training sessions with early intervention providers, county officials, and parents, about the findings from the learning collaboratives and with best practices identified. Stakeholders will also be involved in helping to identify training topics to best improve their local EIP to ensure family-centered services are being provided. Additionally, the NYSEIP will also modify its training and technical assistance programs to incorporate information about evidence-based practices. The Department will also review its policies and procedures in the EIP to align with best practices for family-centeredness, as identified in collaboration with the UCEDDs and local learning collaborative teams. Some of this work will be completed with Cohort 1 data, however, since Cohort 2 just began their formal work on quality improvement efforts, much of this work will be completed after Cohort 2 concludes, in November 2019. The UCEDDs 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 in year four of the project.

2. Planned evaluation activities including data collection, measures, and expected outcomes

WIHD has developed the evaluation plan that is being used by all three UCEDDs to create uniformity in the data collected and tracking. The report discusses the evaluation methodologies, the tools to collect the data, data from family surveys, learning sessions, monthly calls, IFSP reviews, technical assistance to teams, and stakeholder interviews. The end of the report discusses conclusions drawn from the data and the next steps that will take place. This report will be updated quarterly. WIHD has also developed tools for all three UCEDDs to use to collect feedback from the learning collaboratives, data from record reviews, and forms for counties to use to submit their monthly PDSA data (Appendix 8).

The Department is evaluating the use of materials developed by the Early Childhood Technical Assistance Center (ECTA), such as the Family Centered Practices Checklist or a similar tool, to measure evidence-based family centered practices among EI service coordinators and providers.

The 2018-2019 Family Survey, as previously stated, has been reduced from 95 questions to 36 questions. The Department compared the return rate against previous years and the shortened survey increased participation by families to 20%. To continuously improve response rates and in direct response to stakeholder feedback, Department staff developed an online version of the survey for families to complete. The Department will pilot the on-line version of the survey in 2019 in conjunction with the current paper survey. The online version of the survey will be shared with families who have exited or will exit the program between February 1, 2019 and June 30, 2019. Families of children who have exited the Program between July 1, 2018 and February 1, 2019, will receive a paper version mailed to them as in previous years. However, to assist with and continue to improve the survey return rate, municipalities will now be notified of which families will be surveyed to help inform families about the survey and the importance of completing it. Municipalities had expressed interest in being a more active partner with the Department in the family survey process and requested that all families have the opportunity to participate in the survey. To ensure success and obtain additional buy-in of the municipalities, the Department issued guidance to municipalities on the new on-line family survey process, and developed and disseminated a Frequently Asked Questions document. Contingent on the success of the on-line family survey in 2017-2018, the Department intends to survey all families who exit the EIP. However, as with this year, the paper version of the survey will still be available for those families who choose to complete the survey via paper.

Statewide, short-term and long-term outcome measures will be reviewed by Department leadership as well as stakeholders, who will provide advice and input on the process and the outcomes of the initiative. More in-depth data analysis by region and subgroups will continue and will be presented to stakeholders for feedback and direction on next steps for analyses and to determine if any changes to the SSIP are needed. New York has already achieved the target set for the SiMR in both 2016-2017 and 2017-2018. The Department will continue its quality improvement efforts to increase the number of families exiting the NYSEIP who report that NYSEIP helped them achieve the level of positive family outcomes.

Feedback has been overwhelmingly positive and the quality improvement plans have been tailored to the local needs of the counties with input from parents. Ongoing data collection has been initiated and will continue to evaluate the SSIP. These data will be reported in the next SSIP report in April 2020.

3. Anticipated barriers and steps to address those barriers

The Department's goal is for Cohort 1 teams to continue to implement their quality improvement efforts, though the formal data collection has ended. An anticipated barrier is maintaining the changes identified by Cohort 1 teams, prior to scaling up to the larger workforce across the state. New York State is committed to maintaining improvements made and will continue to provide support to Cohort 1 teams through the contracts with the UCEDDs through June 2020. The UCEDDs will continue to be available as valuable resources to the teams via phone and by email. The Department will also support Cohort 1 teams by providing continued technical assistance and guidance. Once Cohort 2 teams wrap up their formal data collection on their quality improvement projects in November 2019, the UCEDDs will analyze the data of the numerous local projects collected from both cohorts, to identify and disseminate the best practices for family-centeredness across the State. Some of this work will result in training to all stakeholders, to ensure that the EIP services provided to children and families in New York State are family-centered.

New York State aims to: Increase the use of evidence-based family practices by early intervention personnel when working with families, improve family engagement in early intervention services for young children, and improve outcomes for families as a result of participating in the NYS EI program.

4. The State describes any needs for additional support and/or technical assistance

Department staff will continue to participate in the Family Outcomes Cross-State Learning Collaborative supported by the National Center for Systemic Improvement (NCSI). The Department has been actively involved in the Learning Collaborative, which has provided many opportunities for sharing of resources and ideas to improve family outcomes. Staff presented at the cross-state collaborative meeting held in Syracuse, New York on May 2 – 3, 2018.

Department staff also plan to participate in the face-to-face meeting to be held on May 29 and 30, 2019 in Atlanta, Georgia. The Department will also continue to work with other national technical assistance centers, including the Early Childhood Technical Assistance (ECTA) Center and the IDEA Data Center.