



**Department  
of Health**

# **NYS Early Intervention Program**

**June 10, 2015**

# Federal IDEA

- Part C Early Intervention Program created by Congress in 1986 as part of the Individuals with Disabilities Education Act (IDEA)
  - IDEA authorizes the *discretionary* EIP for infants and toddlers with disabilities and requires states to provide a free appropriate education for all students with disabilities, ages 3-21
  - States must designate a lead agency responsible for Part C

# Federal Components – Part C

## Sixteen components

- Definition of Developmental Delay (Eligibility Criteria)
- Central Directory of Services
- Timetables for Eligible Children
- Public Awareness Program
- Comprehensive Child Find Program
- Evaluation, Assessment, non-discriminatory procedures
- Individualized Family Service Plan
- Comprehensive System of Personnel Development
- Personnel Standards
- Procedural Safeguards
- Supervision and Monitoring
- Procedures for Resolving Conflicts
- Financial Policies/Procedures (System of Payments)
- Policy for Contracting for Services
- Interagency agreements (especially with State Education Agency)
- Data Collection

# Services in Natural Environments

IDEA- emphasis on providing services in a child's natural environment:

“Natural Environments”- to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. [34 CFR 303.12(b)]

# NYS EIP

- NY joined the federal program in 1987
- DOH appointed lead Agency
- After several years of planning, state law was enacted in 1992 establishing an entitlement to EIP services for eligible children effective July 1, 1993
  - DOH Lead Agency
  - Early Intervention Coordinating Council includes 7 other state agencies
  - All services provided to eligible children and their families at no cost to families
  - Partnership with local governments
- Large program, delivering services to over 65,000 children annually, expenditures of about \$550 million across all payers

# DOH Responsibilities

- General administration and supervision of early intervention programs and activities
- Establishing standards for evaluators, service coordinators and providers of early intervention services
- Approving providers and entering into agreements with providers
- Monitoring and oversight of local government administration and provider service delivery and ensuring correction of deficiencies
- Due Process
- Data management and reporting
- State Performance Plan and Annual Performance Report
- Claims management through State Fiscal Agent
- Fiscal auditing of municipalities, service coordinators, evaluators and providers of early intervention services

# Local Government Role

- Strong partnership with local governments
  - NYSACHO, NYSAC actively involved
- Fifty-seven counties and NYC charged with local administration of the program
  - Early Intervention Officials must be appointed, largely Local Health Departments
- Significant financial obligation

# Local Government Responsibilities

- Child Find (identifying, locating, evaluating eligible children)
  - Tracking at-risk children
- Designation of initial service coordinator
- Convening IFSP meetings for eligible children
- Ensuring EIP services in children's IFSPs are delivered
- Due process procedures
- Provider oversight authority
  - Monitoring of providers
  - Fiscal auditing
- Local EICCs



# Early Intervention Services

- Developmental services designed to enhance the child's development and the family's capacity to help their child
- Family-centered services – involve parents/caregivers in all aspects of planning and service delivery for individual children AND at the policy level
- Services include service coordination, special instruction, speech language therapy, occupational therapy, physical therapy, psychological services, nursing, family training, home visits, parent support, nutrition, vision, social work, AT devices and services

# Payment

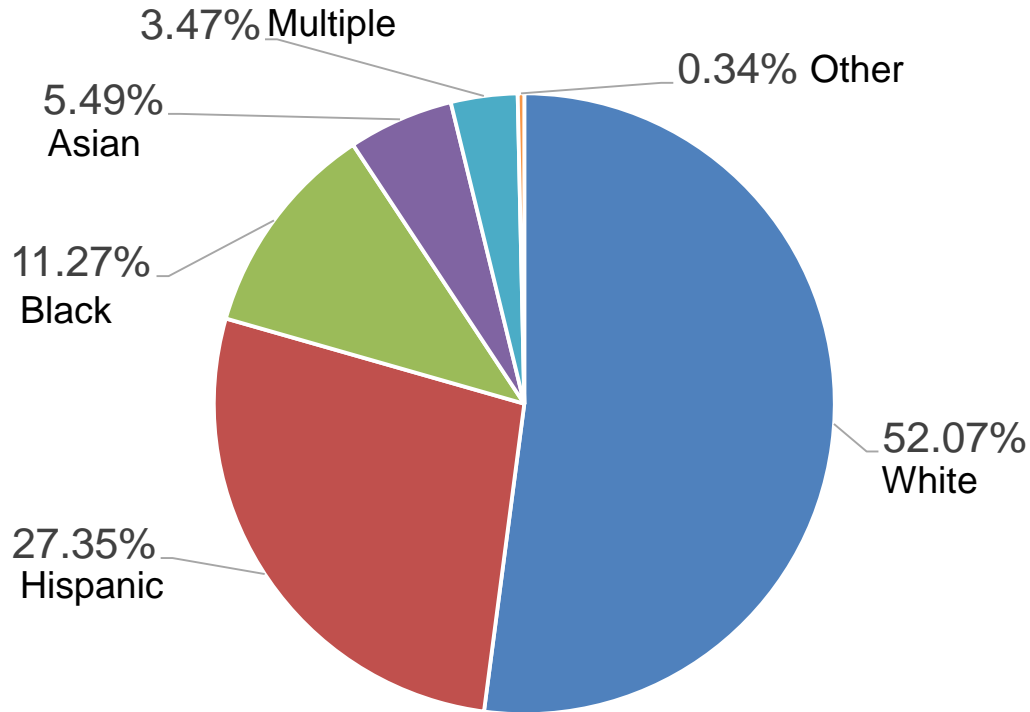
- No cost to parents
- Medicaid
- Private insurance (if subject to state law or with parent consent)
- Remaining costs a charge upon the county/NYC in first instance, with state reimbursement at 49%

# Ages in Months

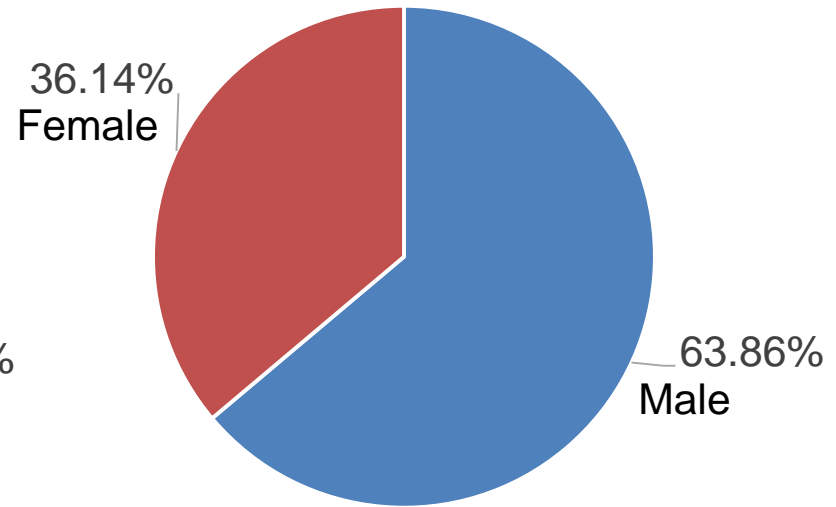
|                     | Mean  | Median | Range      | N      |
|---------------------|-------|--------|------------|--------|
| Referral            | 18.30 | 19.87  | 0-46.43    | 92,923 |
| Eligibility         | 18.33 | 19.97  | 0-38.50    | 87,957 |
| Initial IFSP        | 18.64 | 20.37  | 0.43-43.2  | 68,038 |
| 1st General Service | 19.56 | 21.10  | 0.43-43.43 | 67,036 |

# Children's Demographics

Race/Ethnicity

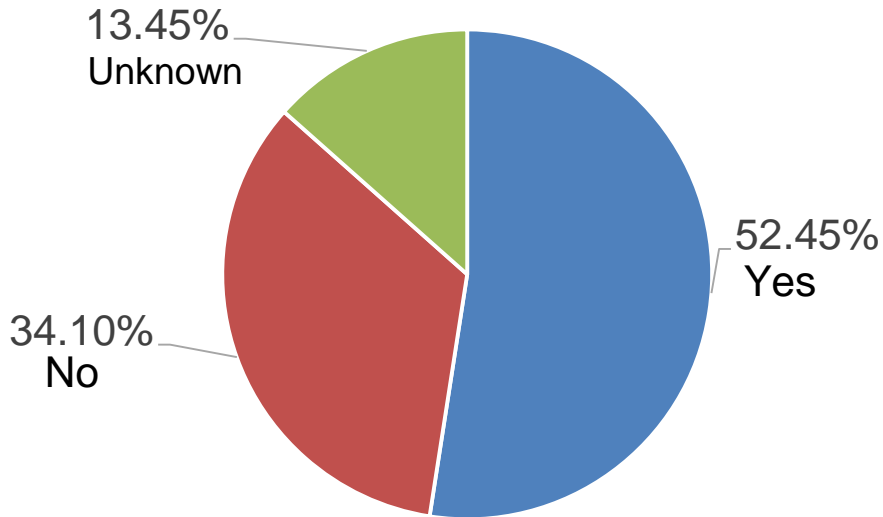


Gender

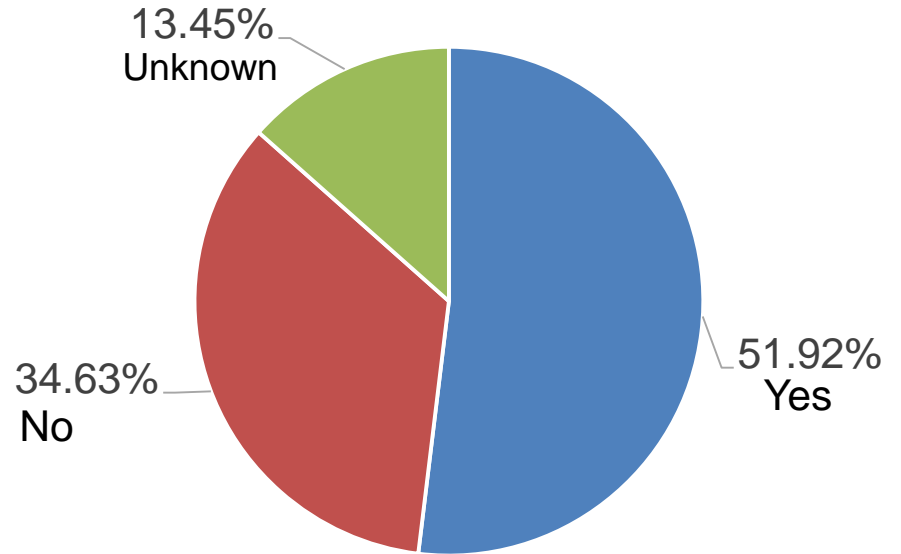


# Children's Insurance

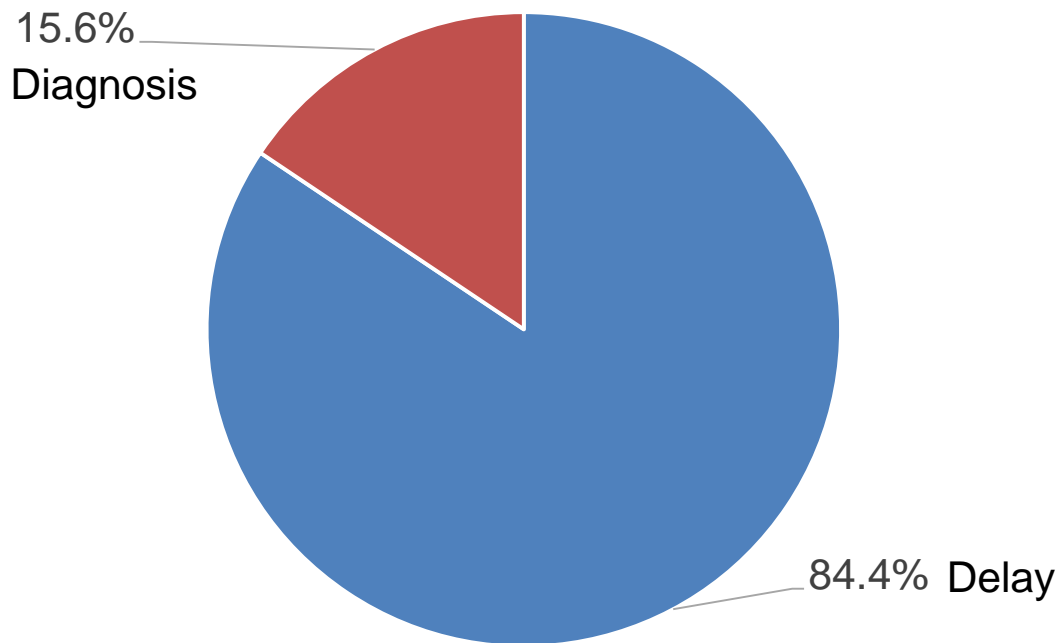
## Medicaid



## Private Insurance



# EI Eligible Children



# EI Eligible Diagnoses

| Diagnosis                              | ICD9       | N     | Percent |
|--|------------|-------|---------|
| Apraxia                                | 315.4      | 4,893 | 45.4    |
| Autism                                 | 299        | 3,696 | 34.3    |
| Extreme Prematurity                    | 765        | 2,275 | 21.1    |
| Chromosomal Anomaly<br>(Down syndrome) | 758        | 1,014 | 9.4     |
| Hearing Loss                           | 389 or 744 | 815   | 7.6     |
| Cleft Palate                           | 749        | 370   | 3.4     |
| All Other                              | many       | 1,440 | 13.4    |

# Severity of Delay

- Five domains: adaptive, cognitive, social emotional, communication, physical
- Assign 0, 0.5, or 1 in each domain
- Sum the scores up across five domains (0-5)
- Categorize as severe delay if score = 3 or more
  - Mean score = 1.59
  - Percent severe = 18.0% (range: 6.2% to 26.2%)



# Billing Providers

- Among billing providers that submitted at least one claim with dates of service between 7/1/2013 and 6/30/2014
  - 380 Billing Agencies

|                | Mean | Median | Range   |
|----------------|------|--------|---------|
| Employees      | 55.0 | 20.0   | 0-1,794 |
| Subcontractors | 55.0 | 2.0    | 0-1,088 |

- 628 Individual Practitioners
- 55 Municipal Providers

# Annual Performance Report

- Federal requirement for New York
- Submit in February each year
- Compliance Indicators
  - % of children with a timely IFSP, initial service, transition
- Performance Indicators
  - Child and Family Outcomes, Child Find, % of Infants 0-3 years old
- Results in a Determination issued to New York in June
  - Meets Requirements
  - Needs Assistance
  - Needs Intervention

# State Systemic Improvement Plan

- New federal requirement
- Indicator 11 in the Annual Performance Plan
- Comprehensive, Ambitious, Achievable
- Improve results for infants and toddlers and their families
- July 1, 2014 to June 30, 2020
  - Phase 1 submitted April 1, 2015

# Key Elements of Phase 1

- Engage statewide partners
- Analyze statewide Part C Early Intervention Program data and other data sources
- Identify a specific outcome for children or families:
  - That is measured or measurable
  - That is aligned with the child/family outcome indicators in the SPP/APR
  - For which evidence-based interventions can be identified, implemented, and sustained
  - For which infrastructure exists to support & sustain

# Other State-level Early Childhood Initiatives

- DOH Title V agency
- MIECHV
- Children's Health Homes
- ECAC

## SPP/APR Indicator 3: Child Outcomes

Percent of infants and toddlers with IFSPs who demonstrate improved:

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

# NY State Procedure

- Sampling plan
- Child Outcome Summary (COS) process completed twice by IFSP team: at the first IFSP and the IFSP closest to exit
- Score of 1-7 in each outcome area
  - **1**=Child does not yet show functioning expected of a child his or her age in any situation
  - **7**=Child shows functioning expected for his or her age in almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area.
- Each child categorized into one of 5 progress categories based on change in score between entry and exit



## Please Write Legibly

**The ENTRY CHILD OUTCOMES SUMMARY FORM IS COMPLETED FOR CHILDREN IN OUTCOME COHORTS WHO ARE ELIGIBLE FOR THE EIP. The form should be completed at the IFSP team meeting to develop the INITIAL IFSP. Thank you for helping us to meet this Federal reporting requirement!**

1. Date Completed:      /      /       
Mo Day Year

2. Child's Name: \_\_\_\_\_  
First Last

3. Child's Date of Birth:      /      /       
Mo Day Year

4. Child's Sex:  M  F

5. County/Borough/Residence:     
(FIPS No.)

6. **IFSP Team Members:** Check all members who participated and completed this form. If individual forms are being completed by each participant, please check only the box for the participant completing this form:

Parent(s)  Evaluator(s)  EIO/D  Service Coordinator  Service Provider(s)  Other: \_\_\_\_\_

7. Please rate the child's STATUS in each of the three functional areas, by circling the number which **BEST DESCRIBES THE CHILD'S CURRENT BEHAVIORS AND SKILLS**:

7A. To what extent does this child show **POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING RELATIONSHIPS)** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

| Completely |   | Somewhat |   | Emerging |   | Not Yet |
|------------|---|----------|---|----------|---|---------|
| 7          | 6 | 5        | 4 | 3        | 2 | 1       |

7B. To what extent does this child **ACQUIRE AND USE KNOWLEDGE AND SKILLS** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

| Completely |   | Somewhat |   | Emerging |   | Not Yet |
|------------|---|----------|---|----------|---|---------|
| 7          | 6 | 5        | 4 | 3        | 2 | 1       |



# Summary Statements for Child Outcomes

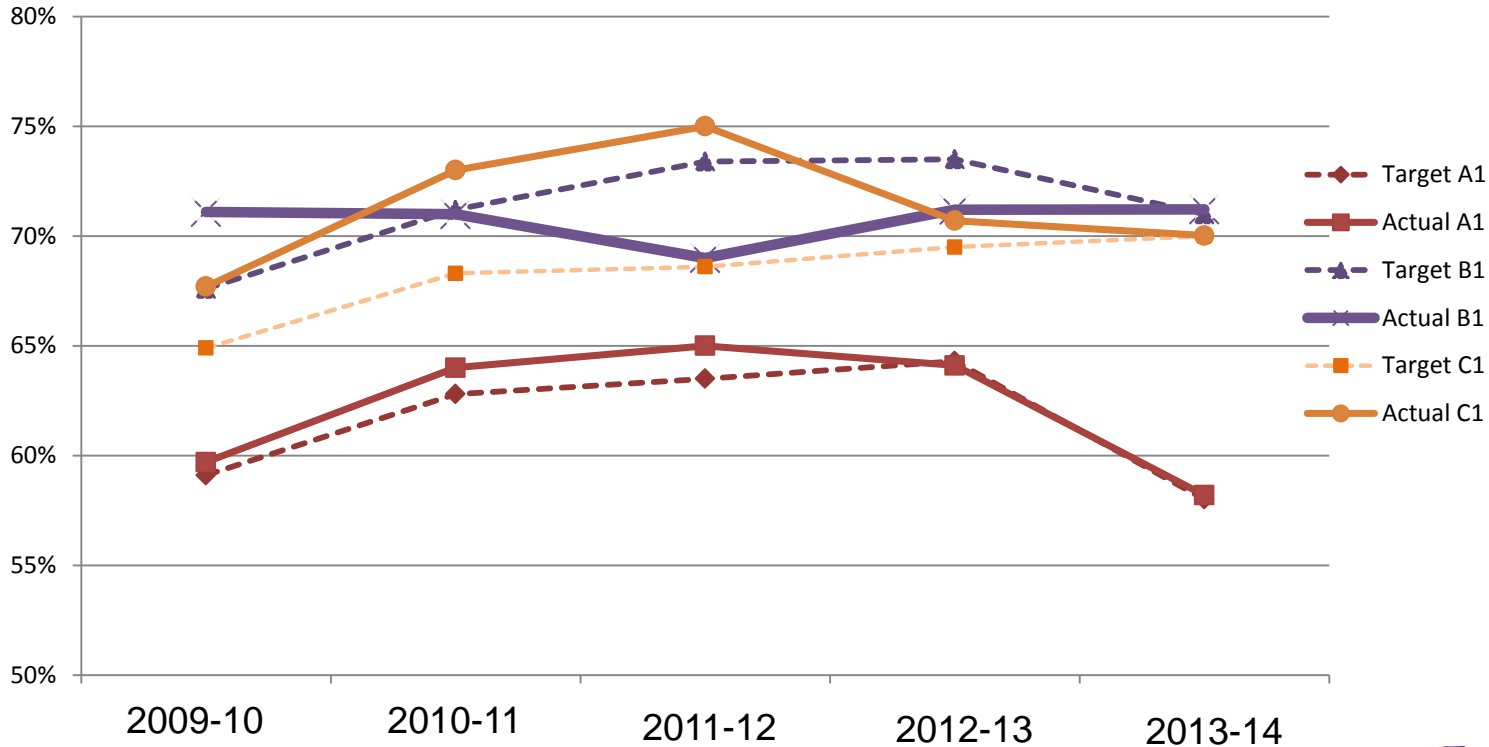
**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention **below age expectations**, the percent who substantially **increased their rate of growth** by the time they turned 3 years of age or exited the program.

$$\text{Measurement: Percent} = [(C + D) \div (A + B + C + D)] * 100$$

**Summary Statement 2:** The percent of infants and toddlers who were **functioning within age expectations** by the time they turned 3 years of age or exited the program.

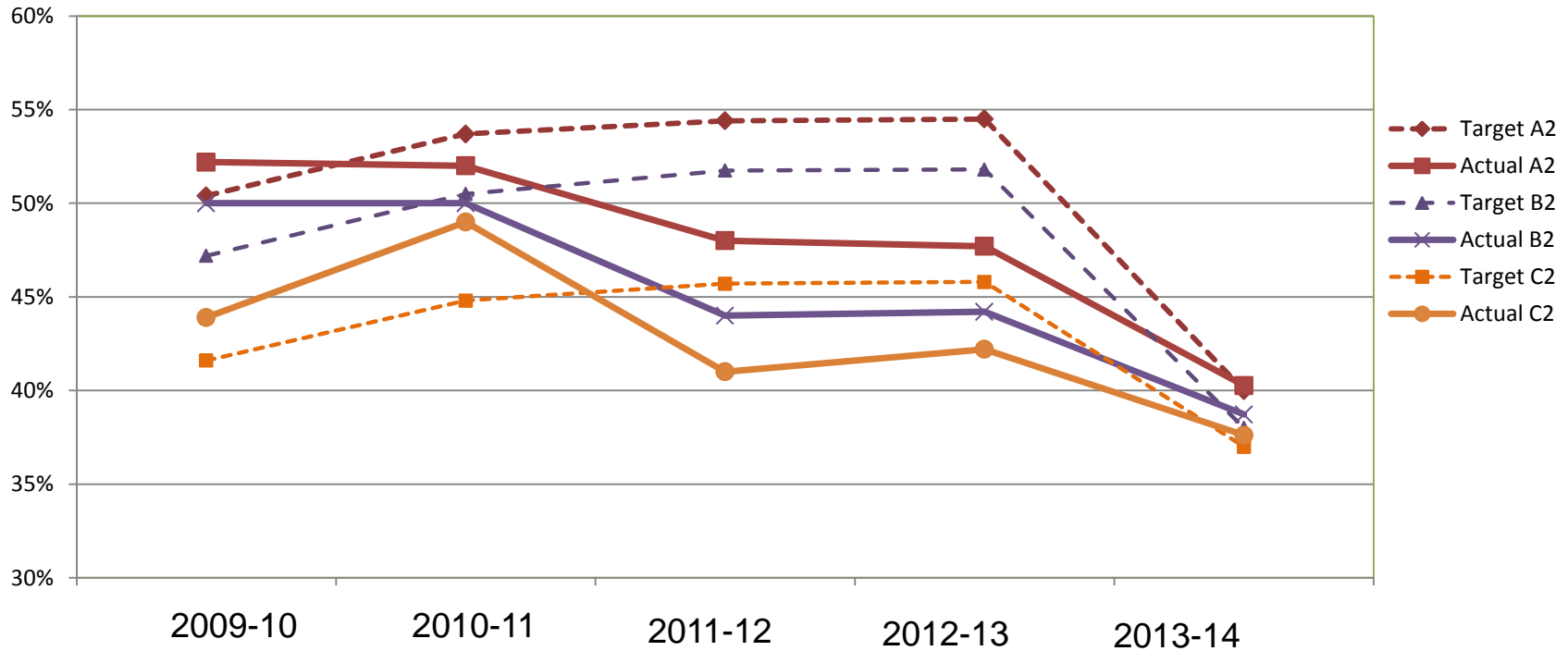
$$\text{Measurement: Percent} = [(D + E) \div (A + B + C + D + E)] * 100$$

# Child Outcomes: % Increased Rate of Growth 2009-2013



Note: A = Social Emotional, B = Knowledge and Skills and C = Behavior

# Child Outcomes: % Exited Comparable to Peers 2009-2013



Note: A = Social Emotional, B = Knowledge and Skills and C = Behavior

## SPP/APR Indicator 4: Family Outcomes

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

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

# NY State Procedure

- Sample of families whose children:
  - received services in the EI program
  - exited or turned 3 between July 1 and June 30
- Families in the sample receive an invitation by mail
- Families may complete the NYS Family Survey online or in hard copy



New York State Department of Health

# New York State Department of Health Bureau of Early Intervention Family Survey

This is a survey for families whose children are leaving the Early Intervention Program. Your responses will help improve services and measure results for children and families. For each statement, please select one of the following responses: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your family's experience with early intervention services. You may skip any item you feel does not apply to your child or family.

## DIRECTIONS:

- Please use a pencil only.
- Fill in the oval completely.
- Correct mark:
- **PLEASE DO NOT FOLD FORM.**



Institute for  
Child Development



Be Smart • Be Active • Be Understood!

Please return this form in  
the envelope provided to  
the Institute for  
Child Development.

### Early Intervention Services for

These statements are about the results of early Intervention services for your family.

Early intervention services have helped me and/or my family:

1. understand my child's special needs.
2. make changes in family routines, like mealtime or bedtime, that will be good for my child with special needs.
3. learn how to work on my child's special needs during daily activities like getting dressed.

Very Strongly Disagree   Strongly Disagree   Disagree   Agree   Strongly Agree   Very Strongly Agree

|  | Very Strongly Disagree | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        | Very Strongly Agree   |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. understand my child's special needs.  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. make changes in family routines, like mealtime or bedtime, that will be good for my child with special needs. | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. learn how to work on my child's special needs during daily activities like getting dressed.                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# What factors should we consider in choosing a State Identified Measurable Result?

- Broad impact
- Known improvement strategies
- Good metric for measuring improvement
- Improvement strategy or strategies can be implemented within available resources
- Stakeholder support

# Considerations for Choosing a Child Outcome

- Strong correlations across the three outcomes and similar trends over time
- Known improvement strategies may differ by outcome area and subpopulation
  - Evidence-based strategies may be condition-specific
  - Outcome status declines when child enter at age-typical level
- COS would be the metric
  - Entry and Exit data collection – more expensive
  - Some known limitations
- Potential measure of implementation would need to be identified
  - ICS a potential implementation measure



# Considerations for Choosing a Family Outcome

- Known improvement strategies
- Reliable outcome metric (measured using NYS Family Survey)
- Standards on the outcome metric set by NY stakeholders
- Relatively low cost of data collection via the NY Family Survey
- Availability of a potential measure of implementation (items in the NYS Family Survey)
- Empirical evidence supports the relationship between increased family outcomes (knowledge, skills, self-efficacy, access to supports, etc.) and improved child outcomes

# Selection of SIMR

- NYSDOH supported Family Outcome
- EICC unanimously supported Family Outcome
  - The Early Intervention Program has a responsibility to children and their families and it is important to recognize the family's role in nurturing, supporting, and improving children's development.
  - Selection of a family outcome offers an important opportunity to state clearly that families need to be involved in all aspects of early intervention services delivered to their child and family.
  - Family outcomes is strongly supported. The NYSEIP has more control and more capacity to have an impact with families – this is a lifetime path for families and the NYSEIP has a powerful opportunity to be a positive influence on families and their young children with disabilities.
  - Selection of global/positive family outcomes is strongly supported. There is a strong need for the NYSEIP to address the broad spectrum of family outcomes expected and achievable for families participating in the early intervention program.
  - Families informed the outcomes to be achieved for families and the process for family-centered services at the national and state levels.

Early Intervention services helped me and/or my family....

- connect with parents of children with similar needs.
- take part in typical activities for children and families in my community.
- cope with stressful situations.
- support the needs of other children in the family.
- feel welcome in the community.
- involve my child's doctor in early intervention services.
- cope with the emotional impact of having a child with a disability.
- find resources in the community to meet my child's needs.
- find information I need.
- make changes in family routines, like mealtime or bedtime, that will be good for my child with special needs.
- know where to go for support to meet my family's needs.
- use services to address my child's health needs.
- feel less isolated.
- know how to keep my child healthy.

Standard Set by Stakeholders

Indicator 4B

- be better at managing my child's behavior.
- improve my family's quality of life.
- learn how to work on my child's special needs during daily activities like getting dressed.
- feel more confident in my skills as a parent.
- communicate better with the people who work with my child and family.
- have confidence in my ability to care for my child with a disability.
- feel that I can get the services and supports that my child and family need.
- understand what services my child will get when he/she goes into the preschool special education program.

Indicator 4A

- understand how to change what I'm doing to help my child as he/she grows.
- understand the roles of the people who work with my child and family.
- help my child to be more independent.
- know about my child's and family's rights concerning early intervention services.
- be an equal partner in planning my child's services.
- feel that my efforts are helping my child.
- advocate for my child.

Indicator 4C

- be able to tell how much progress my child is making.
- get the services that my child and family need.
- understand my child's special needs.
- learn how to communicate with my child.
- understand how the early intervention program works.
- do things with and for my child that are good for my child's development.
- help my child learn

Hardest for Families to Agree to

Easiest for Families to Agree to





**Standard  
Set by  
Stakeholders**

**Less than 38%  
of families  
achieved this  
standard last  
year**

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.

# Establish Baseline

- Use the standard set by stakeholders
- 65% of families agreed to all the items at or below the standard

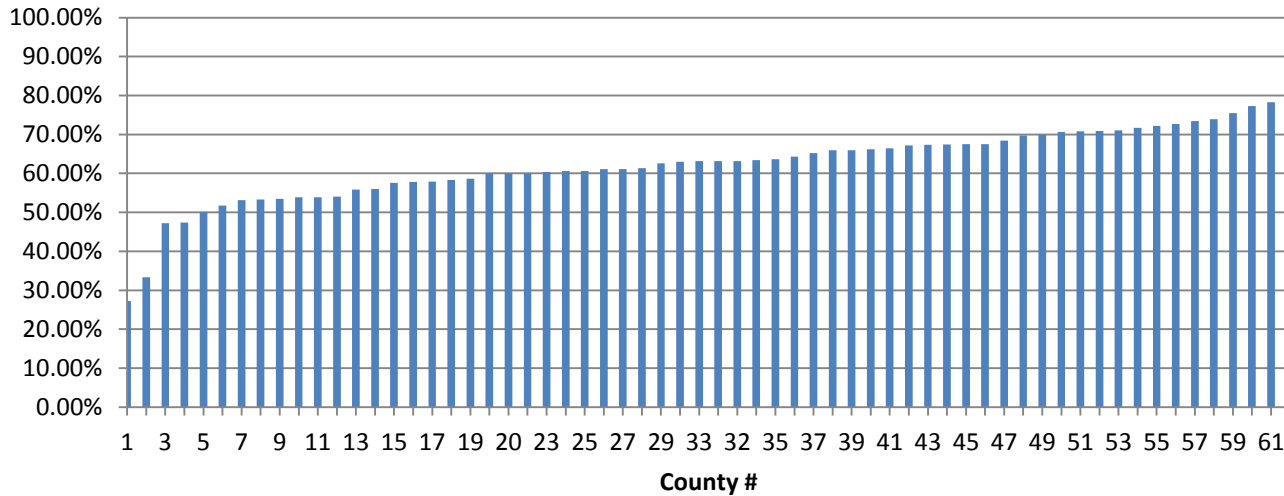
# Set Targets

- EICC members wanted targets to be achievable
- Baseline = 65%
- Goal to achieve 66.5% by the end



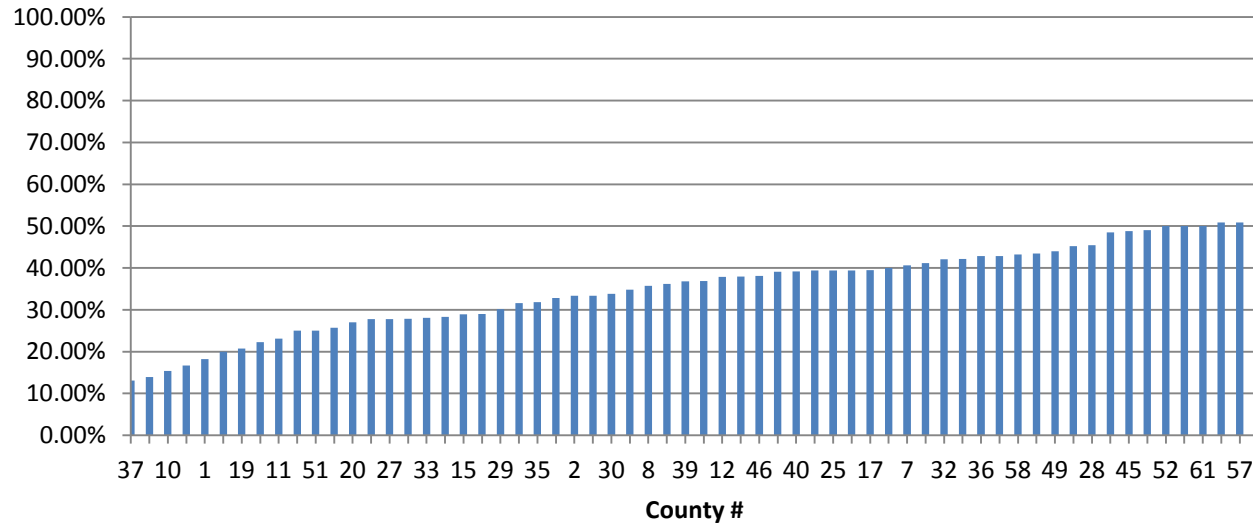
# Local Performance on IFS

**Percent of Families Meeting NYIFS State Standard  
>=576**



# Local Performance on FCSS

Percent of Families Meeting FCSS 599+



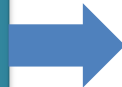
# How will we improve?

- Family-centered services lead to improved family outcomes
- NYS Family Survey has items about how the families perceived their experience

## Increase Positive Family Outcomes

if

The quality of Early Intervention Program Services to families improves, by increasing family-centered practices as measured by the Family-Centered Services Scale (FCSS) ....



- A State-level Quality Improvement Advisory Team is established to guide state implementation
- Learning collaboratives/communities of practice are formed and use Plan-Do-Study-Act cycles to improve family-centered practices
- A baseline-level of family-centered practices is assessed in accordance with State standards and re-assessed periodically,
- Evidence-based strategies to improve family-centered services are identified
- Providers use family-centered practices in delivering EIP services
- Families are engaged as partners and meaningfully involved in promoting their children's development



then

The percent of families who achieve the State standards for achieving positive family outcomes, as measured by the New York State Impact on Family Scale, will increase and State improvement targets will be met.

Theory of Action



Department of Health

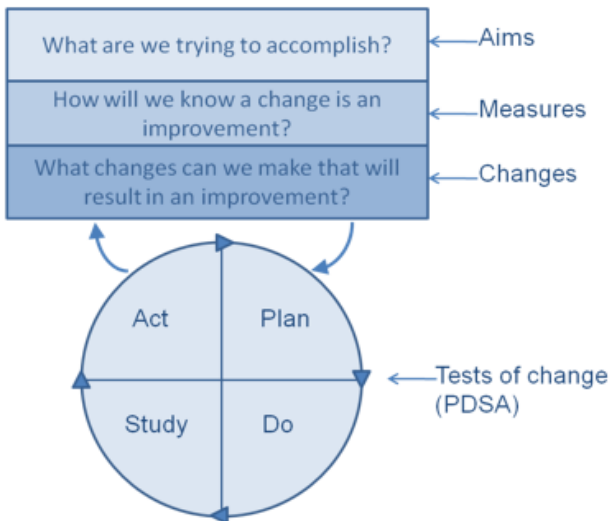
# Who is going to do this?

- Collaborative effort
  - Providers, service coordinators
  - Families
  - EI Officials, Managers, Designees
  - Other Early Childhood Leaders
  - Department of Health and other State Agency Early Childhood Leaders

# Learning Collaborative

- Team of people
  - Service providers, coordinators, families, EIO/M/D, other early childhood providers in the community
- Collaborate with other teams
- Understand the local issues
- Select or identify evidence-based strategies
- Implement small change
- Measure over time

## Model for Improvement



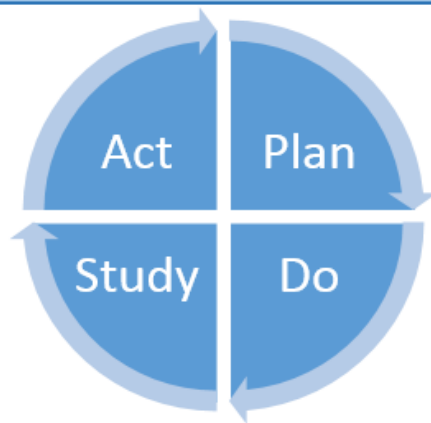
## New York's Model for Improvement

The goal is to improve positive outcomes for families and their infants and toddlers as a result of participating in the New York State Early Intervention Program.

An increased percentage of respondent families participating in Part C will achieve the State's standard (person mean  $\geq 576$ ) on the New York Impact on Family Scale (NYIFS)

The state will improve outcomes for families by:

- Convening a State-level Quality Improvement Advisory Team is established to guide state implementation
- Forming Learning collaboratives/communities of practice
- Using Plan-Do-Study-Act cycles to improve family-centered practices
- Assessing baseline-level of family-centered practices in accordance with State standards and re-assessed periodically,
- Identify evidence-based strategies to improve family-centered services are identified
- Implement family-centered practices by providers in delivering services
- Engaging families as partners and meaningfully involved in promoting their children's development



# Approach

- Learning Sessions
  - In-person or virtual meeting(s) of teams
  - Share storyboard about the local “system”
  - Everyone learns, everyone teaches
  - Steal shamelessly
- Monthly calls

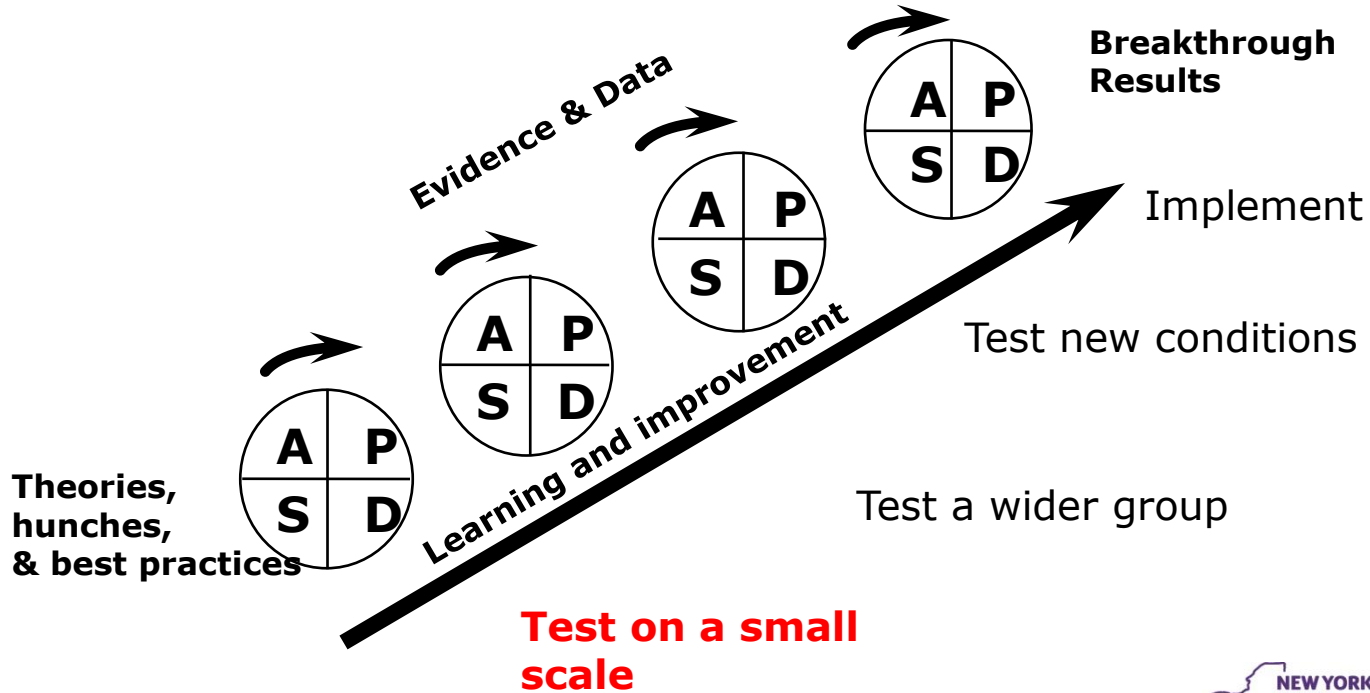


# Action Periods

- Between in-person and virtual meetings
- Initiate changes
- Collect data
- Review impact of changes
- Change the plan if needed
- Increase the scope if working

# Sequential Building of Knowledge

Includes a Wide Range of Conditions in the Sequence of Tests



# Implementation Plan

## Cohorts #1:

- Allegany
- Chenango
- Delaware
- Essex
- Franklin
- Fulton
- Hamilton
- Herkimer
- Lewis
- Madison
- Montgomery
- Orleans
- Otsego
- Schoharie
- Schuyler
- Seneca
- Tioga
- Washington
- Wyoming
- Yates
- New York

## Cohorts #2:

- Cattaraugus
- Cayuga
- Chautauqua
- Chemung
- Clinton
- Columbia
- Cortland
- Genesee
- Greene
- Jefferson
- Livingston
- Ontario
- Oswego
- Putnam
- St. Lawrence
- Steuben
- Sullivan
- Tompkins
- Warren
- Wayne
- Kings

## Cohorts #3:

- Albany
- Broome
- Dutchess
- Erie
- Monroe
- Niagara
- Oneida
- Onondaga
- Orange
- Rensselaer
- Rockland
- Saratoga
- Schenectady
- Ulster
- Westchester
- Queens

## Cohorts #4:

- Nassau
- Suffolk
- Bronx
- Richmond