

New York State Part C Early Intervention Program State Systemic Improvement Plan Executive Summary

Background

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

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

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

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

1. Baseline and Target

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

Improvement targets were required to be established for FFY 2014-2018. In discussions with the EICC, EICC members urged the Department to be conservative in establishment of improvement targets, recognizing the size, scope, and diversity of New

York's Early Intervention Programs. Given that improvement activities will only be initiated in FFY 2014, improvement targets for FFY 2014 and 2015 are maintained at baseline (65.09%). OSEP requires the improvement target for FFY 2018 to be higher than baseline. The FFY 2018 improvement target is 66.6% (an increase of 1.5%).

2. Data Analysis Section

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

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

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

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

service provided). Both severity of delay and total hours of service were *inversely* related to children's progress.

- Progress was greater for females than for males.
- Children enrolled in the Medicaid Program made less program when compared to all other children in the program with outcomes data.
- No statistically significant differences were found in children's progress when examining the mean change in COS scores for the seven categories of race/ethnicity.

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

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

The following conclusions were drawn from these analyses:

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

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

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

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

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

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

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

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

3. Analysis of State Infrastructure to Support Improvement and Build Capacity

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

- From July 1, 2013 to June 30, 2014, there were 7,389,063 early intervention services provided. Of these services, 20% were service coordination, 1.5% were evaluations, and 78.5% were general services. Special instruction, speech language pathology, physical therapy and occupational therapy comprise almost 97% of the general services that were provided.
- There were 1,063 entities that oversaw the delivery of services and claimed for reimbursement of those services. There were 380 agencies, 628 individual practitioners, and 55 municipal providers of services.
- The billing agencies employ a mean of 55.0 individual rendering providers, but the median is 20.0 individual rendering providers. There are agencies in New York City with over 1,000 employees. The agencies provided services to 437.1 infants and toddlers on average, but the median was 155.5 infants and toddlers.
- The largest agency in New York City served over 9,000 infants and toddlers and provided over 400,000 services during the year. The agencies served almost 3 counties each, but the range is between 1 and 15 counties in their service areas.

- The individual practitioners, who are more commonly in the more rural areas of the state, on average served 14 infants and toddlers and provided 391 services during the year. Individual practitioners served just over one county on average but the range was from 1 to 5 counties served. There were 55 municipal providers which most commonly provide initial service coordination; some municipal providers able to complete evaluations as well.
- To assess capacity, a ratio of infants and toddlers to rendering providers was calculated. Statewide, the overall ratio is 5.5 to 1; however, the ratio differs by type of service. For service coordination, the ratio was 51.0 to 1 and for evaluation 16.5 to 1. For general services the ratio was 4.2 to 1. Among general service providers, there was a range with speech language pathologists having a ratio of 10.0 to 1, occupational therapists were 9.7 to 1, special instructors were 5.2 to 1, and physical therapists were 13.4 to 1.
- Based on an assumption that providers would be available to provide services 200 days out of the year, the rendering provider was categorized as high volume (four or more services per day), medium volume (two to less than four services per day), or occasional (less than two services per day). The majority of rendering providers deliver less than two services per day (66.9%). Occupational therapists are the highest at 74.7% delivering less than two services per day while physical therapists are the lowest at 61% delivering two or less service per day. Overall, only 15.4% of rendering providers are delivering four or more services per day.

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

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

- The Bureau of Early Intervention (BEI), which administers the NYSEIP for the Department, is situated organizationally within the Division of Family Health (DFH). DFH is also leads the Department's administration of New York State's Title V Maternal Child Health Services Block Grant (MCHBG) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding under the auspices of U.S. Department of Health and Human Services (DHHS).
- As required by DHHS, the Division is currently developing New York's full Title V MCHSBG application, including a comprehensive Needs Assessment that will assist NY to select maternal child health priorities and develop a five-year State Action Plan by six population health domains, one of which is children with special health care needs. Division leadership believes the NYIFS and the SSIP focus on positive family outcomes and family-centered services will directly inform the Division's work with all children with special health care needs and their families. Strategies to incorporate the focus on the SSIP into New York's

focus on children with special health care needs are being explored. BEI staff have been actively engaged in the MCHBG application development process, including participating in community needs assessments with professionals and families.

- The Division's MIECHV funding supports evidence-based home visiting programs with demonstrated positive outcomes in maternal, child health, and child maltreatment, including 5 Nurse-Family Partnership and 5 Healthy Families NY home visiting programs home visiting program encompasses 16 home visiting programs located in 8 counties in New York State. New York was recently awarded an expansion grant of \$7.7 million which will fund an additional seven home visiting projects. Division staff collaborate to ensure that home visiting programs are informed about the importance of developmental screening and how to refer infants and toddlers with suspected delays in development to the NYSEIP.
- Division staff, including BEI staff, have been actively engaged with the Department's Office of Health Insurance Programs (OHIP) to implement Health Homes for children in the Medicaid Program, including coordination of NYSEIP service coordination services with Health Home Care Management, recognizing that a subset of Medicaid children in the NYSEIP will be eligible for health home care management. The Children's Health Home initiative provides an important opportunity to ensure that infants and toddlers with disabilities in the Medicaid Program and their families have access to comprehensive care management to coordinate their complex health and developmental needs.
- New York State's Early Childhood Advisory Council, under the auspices of the New York State Council on Children and Families, <http://ccf.ny.gov/council-initiatives/ecac/>, was formed in 2009 to provide advice on issues related to young children and their families. The Department has two representatives (the Director of the Division of Family Health and the co-Director of BEI) on New York State's Early Childhood Advisory Council (ECAC). In addition, two members of the EICC are also members of the ECAC. Recently, a joint task force with representatives from the EICC and ECAC has been established on social emotional development.
- The ECAC has six work groups, one of which is the Strong Families Work Group. The co-chairs of the ECAC, one of whom is a member of the EICC, have expressed their commitment to collaborating with the Department in implementation of the SSIP. In addition, the ECAC Strong Families Work Group is interested in exploring ways to use the NYSIFS and FCSS scales in other early childhood settings.
- The Department's DFH has a strong collaborative relationship with the New York State Council On Children and Families (CCF), the Executive Branch agency responsible for coordinating the State's efforts to promote a comprehensive early childhood services system. DFH staff work closely with CCF staff on a variety of early childhood initiatives, including the Head Start Collaboration Project, the

Early Childhood Comprehensive Services Grant, QualityStarsNY, and Project Launch.

- The Department collaborates closely with the New York State Education Department to coordinate the NYSEIP and Part B 619 preschool special education programs and services, particularly in the areas of transition and data exchange.
- New York State is not the recipient of an Early Learning Challenge Grant. Two applications for this grant opportunity were submitted and unfortunately were not funded. State agency partners involved in development of these applications, including the Department, State Education Department, and CCF continue to collaborate to improve the quality and coordination of early childhood services for all young children and their families, including infants and toddlers with disabilities and their families.

4. State-Identified Measurable Result

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

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

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

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

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

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

5. Selection of Coherent Improvement Strategies

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

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

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

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

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

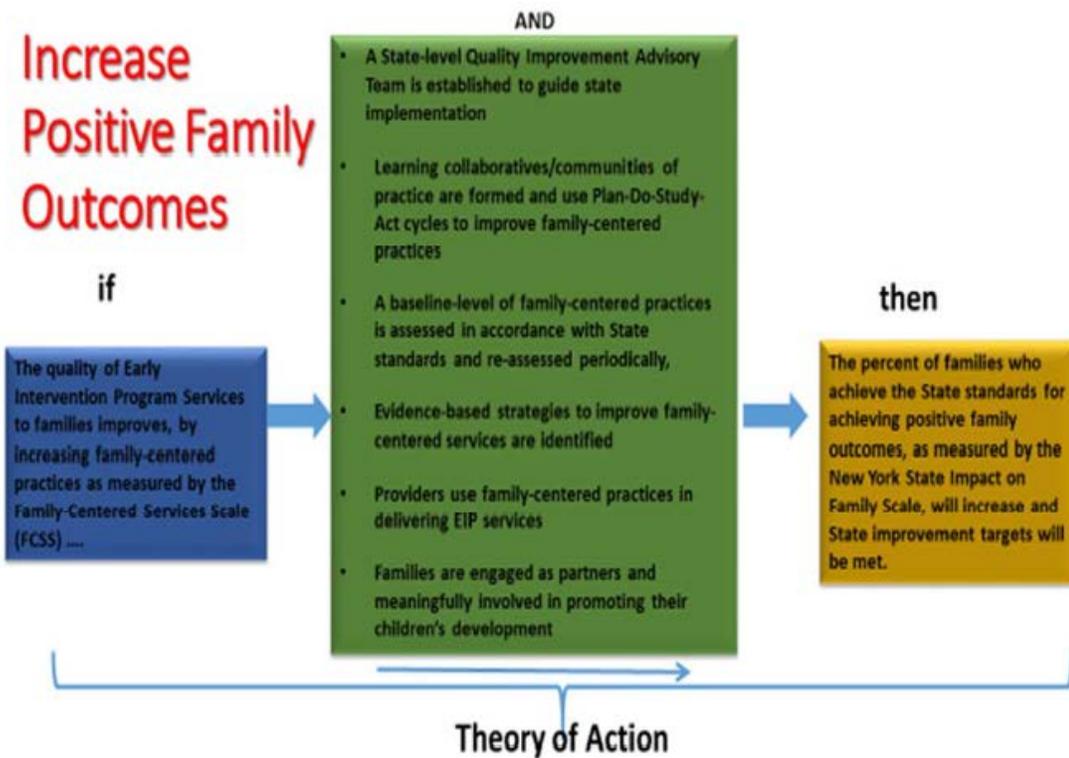
The NY Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives.

For the upcoming FFY 2014 data collection period, all families residing in small population counties and the county of New York (Manhattan) will be invited to participate in NY Family Survey. These data will provide a baseline on the suite of family-reported measures (the NYIFS, NYICS, and FCSS) for the first cohort of the Family-Centered Learning Collaborative.

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

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

6. Theory of action: Required Graphic Depiction of the SSIP



<http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/inclusion-policy-statement-draft-5-15-2015.pdf>