

Guidance and Review Worksheet

Phase II Component # 1: Infrastructure Development

Component #1 Elements

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

As informed by the analysis in Phase I, how will the changes in State infrastructure support EIS programs and providers in implementing the coherent improvement strategies and activities in a sustainable manner?

Questions to consider:

- What are the specific improvement activities that the State will use to improve the State infrastructure and how will those activities improve the State’s ability to support EIS programs and providers?

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

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

Current Infrastructure

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

Governance

The New York State Department of Health (Department) was designated by the Governor as lead agency for the NYSEIP in 1987, and was statutorily designated with the enactment of State Public Health Law (PHL), establishing a statewide early intervention system consistent with Federal Part C IDEA requirements. As lead agency for the NYSEIP, the Department is responsible under Section 2550 of PHL for overall administration and supervision of the state’s

early intervention system. The Department has a strong organizational structure to support this role which is being enhanced to provide focused organizational oversight to the SSIP process.

The 57 counties and New York City in New York State (referred to as “municipalities”) are responsible for local administration of the NYSEIP. Municipalities have significant authority and responsibility in PHL for the NYSEIP, including child find and public awareness, development and oversight of individualized family service plans (IFSPs) for eligible children and their families; monitoring and auditing of NYSEIP providers; due process procedures for families; and funding of NYSEIP services delivered to eligible children and families residing within their localities. The municipalities have been active participants in the APR/SSIP process and will be key participants in local learning collaboratives associated with the SSIP Phase II process which are further described in 2.a. below.

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

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

Fiscal

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

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

Quality Standards

The Department develops and provides periodic written policy and procedural guidance (Guidance Documents) on state and federal requirements for the NYSEIP on a regular basis. The Department has also developed clinical practice guidelines related to identification, evaluation and service delivery in the areas of Communication Disorders, Autism/Pervasive Developmental Disorders (PDD), Motor Disabilities, Down syndrome, Hearing Loss, and Visual Impairment.

The clinical practice guidelines are intended to help families, service providers, and public officials make informed choices about early intervention services by offering recommendations based on scientific evidence and expert clinical opinion on effective practices. To develop the guidelines, NYSEIP used an evidence-based, multidisciplinary consensus panel approach established by the Agency for Health Care Policy and Research (AHCPR), as an effective, scientific, and well-tested approach to guideline development. The Department is currently convening a consensus panel to update the autism/PDD clinical practice guidelines. The guideline will help inform discussions related to evidence-based practice for children with autism and their families. A need for additional policy, procedural, or clinical guidelines may emerge as a result of the SSIP process.

Professional Development

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

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

Technical Assistance

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

Family Initiatives

NYSEIP has a number of initiatives targeted towards families, including

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

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

Accountability/Monitoring

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

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

Data

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

Specific State Infrastructure Improvements to Support the SSIP Activities

SSIP Oversight

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

- Appointment of Kirsten Siegenthaler, PhD, as NYSEIP State Systemic Improvement Planning Coordinator - Dr. Siegenthaler has a PhD in Epidemiology from the State University of NY at Albany. Her dissertation was focused on evaluating the Early Intervention Program. She has worked for the Bureau of Early Intervention for five years providing leadership and support for program evaluation and data analysis. Dr. Siegenthaler is the Part C Data Manager, serves on the IDEA Data Center (IDC) Data Steering Committee, and was recently appointed the co-chair of the Infant and Toddler

Coordinators Association (ITCA) Data Committee. She is also participating in the Family Outcomes Cross State Learning Collaborative coordinated by the National Center for Systemic Improvement (NCSI).

- Establishment of the internal BEI team to support Phase II of the SSIP - Dr. Donna Noyes and Brenda Knudson Chouffi, Co- Directors for the Bureau of Early Intervention and co-coordinators for Part C for New York State, will provide management oversight and leadership for the SSIP. Additional support will be provided by the bureau managers and staff from the functional units within the Bureau, including, Mary-Lou Clifford, Director of the Information Systems and Quality Improvement (ISQI) section, Jessica Simmons, also from that unit; Margaret Adeigbo, Manager of Provider Approval and Due Process (PADP) unit and Kelly Callahan from that unit; Ken Moehringer, Fiscal Planning and Policy section; Yan Wu, Manager of the Program Evaluation and Evidenced-Based Practice (PEEP) Unit and Katherine Reks, also of that unit.
- Establishing the New York State Early Intervention Quality Improvement Team (NYSEIQIT) as the statewide leadership team to guide state implementation of the SSIP Family-Centered Practices Learning Collaboratives. The NYSEIQIT will include Department staff, representatives of the EICC and the Governor-appointed Early Childhood Advisory Council (ECAC), which includes parent representatives and state agency partners, and NYSEIP local program and service provider representatives. The NYSEIQIT will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. Members of the NYSEiQIT have been identified, and internal review and approval of the members has been completed. Several of the members have already participated in discussions about the SSIP. It is anticipated that the group will be formally convened in spring 2016.

Child and Family Outcomes Data Management and Analysis

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

- Providing training and technical assistance support to personnel from counties administering local Early Intervention Programs, providers of Early Intervention services, and families of children receiving NYEIP services related to child and family outcome federal performance requirements, and the Department's process for responding to those requirements

- Providing a website that will include easily accessible information regarding federal performance requirements and aggregated reports related to family and child outcomes; technical assistance related to collection of child and family outcome data; and, accessing child and family outcomes reports, as well as responses to frequently asked questions related to the outcomes data process.
- Collecting child and family outcomes data and maintaining statewide capacity to work with 57 counties and the municipality of NYC in the submission of data related to measurement of early childhood child and family outcomes, including assessing and ensuring overall data currency, validity, and quality.

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

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

Conduct Learning Collaboratives

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

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

- The Centers of Excellence will research the literature for evidence-based or promising practices/ interventions that will effectively contribute to the evidence or theory base for activities that improve family-centered practices in delivering early intervention services. This literature review will support the Department and local programs and service providers in adjusting their strategies based on the results of this research. The Centers of Excellence will have a central role in the development and dissemination of information on evidence-based or best practice strategies.

Development of a Website

- To facilitate the dissemination of resources, trainings, and webinars, the Centers of Excellence will develop and maintain once centralized Web site related to the SSIP and the work of the learning collaboratives.

Expert Consultation

- The Centers of Excellence will provide expert consultation regarding emerging research, policy, and program needs related to early intervention child/family outcomes and other priority areas as they relate to children and families in the EIP. This support will be provided to the Department and the learning collaborative participants through written reports, oral presentations, face-to-face meetings, conference calls, technical assistance, and custom research.

Training and technical assistance for the EIP.

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

Evaluation of initiatives

- The Centers of Excellence, in conjunction with the Department, will implement an evaluation of the SSIP initiative, including assessment of the implementation

and effectiveness/ impact of specific required strategies on performance standards/outcomes.

Expanding and Improving the NYS Family Survey

The NYS Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the FFY 2015-2016 data collection period, all families residing in small and medium population counties and the boroughs of New York (Manhattan) and Kings (Brooklyn) will be invited to participate in NYS Family Survey, so all parents in 41 of 58 local programs will be invited to provide feedback on their experience in NYSEIP. These data will provide data for family outcomes and the quality of the early intervention services prior to the implementation of the learning collaboratives by using family-reported measures (the NYIFS and FCSS) for the first cohort of the Family-Centered Learning Collaborative. In FFY 2016-2017, all families residing in the remaining 17 local programs will be sent the NYS Family Survey and will be invited to provide feedback.

Depending on availability of resources, the sample in the first cohort (41 local programs) will be expanded as well. As part of Phase I of the SSIP, the Department recognized that the number of families responding needed to be increased. In addition to expanding the number of families invited, the Department is improving the timeliness of sending of the NYS Family Survey, by surveying families closer to their exit from the EIP. In 2015-2016, the Department is sending surveys to families exiting or turning three between July 1 and December 31 in April, and sending surveys to families exiting or turning three between January 1 and June 30 in August with a reminder letter sent three weeks after the survey was mailed.

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

Questions to consider:

- What are the current improvement plans and initiatives in the State, including Race to the Top-Early Learning Challenge, home visiting programs, Early Head Start, and others, that impact infants and toddlers with disabilities and their families?
- What are the specific steps the State has taken to further align current statewide initiatives and improvement plans that impact infants and toddlers with disabilities and their families?
- How is the State aligning and leveraging the current improvement plans across the Lead Agency, and how will this work specifically impact infants and toddlers with disabilities and their families?

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

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

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

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

Division staff, including BEI staff, have been actively engaged with the Department's Office of Health Insurance Programs (OHIP) to implement Health Homes for Children in the Medicaid Program. Health Homes for Children are an important mechanism for supporting families and

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

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

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

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

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

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

1. Increasing opportunities for families to gain, knowledge, skills, confidence and social support to nurture safety, health, and positive development of children;
2. Increasing the proportion of vulnerable or at-risk families identified and provided with support; and

3. Focusing state efforts on effectively engaging and increasing parents' voices in state policies and programs.

BEI staff will be actively involved in this effort.

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

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

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

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

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

Questions to consider:

- Who makes up the team that will identify the infrastructure changes critical to implementation of the Plan?
- What resources will be needed to achieve the expected outcomes?

- What are the timelines to complete changes to the infrastructure and build capacity within the State to better support EIS programs and providers?

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

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

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

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

NYSEIP is seeking to establish three regionally-based Centers of Excellence. The Centers of Excellence will support the quality improvement initiative and will have the staffing expertise and infrastructure to support SSIP by assisting the Department in the identification of evidence-

based/best practice strategies relevant to improving early intervention performance and outcomes, in conducting learning collaboratives related to improving child and family outcomes, in developing a website and providing training and technical assistance, and providing evaluation support.

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

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

Questions to consider:

- In an effort to better support EIS programs and providers, how does the SSIP promote collaboration within the Lead Agency and among other State agencies to improve the State's infrastructure?
- What mechanisms will the State use to involve multiple offices and/or other State agencies in the improvement of the States infrastructure?
- How will stakeholders be involved in the infrastructure development?

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

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

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

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

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

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

Phase II Component #2: Support for EIS Program and Provider Implementation of Evidence-Based Practices (EBPs):

Component #2 Elements

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

Questions to consider:

- Did the State describe the evidence used to select EBPs that will be implemented?
- How did the State consider the EIS program and provider needs and the best fit for the coherent improvement strategies and EBPs?
- How did the State assess the readiness and capacity for implementation within the Lead Agency, EIS programs, and with EIS providers?
- What implementation drivers are needed to effect change in EIS provider practices?
- What is the professional development (PD) or TA support for high-fidelity adoption, implementation, and sustainability of selected coherent improvement strategies and EBPs?

- How will the State support the EIS programs and providers in scaling up EBPs?

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

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

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

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

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

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

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

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

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

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

role in ensuring fidelity in the implementation of best practices and in scaling up the evidence-based practices on a Statewide basis.

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

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

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

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

The Centers of Excellence will share the evidence-based strategies for how to make the NYSEIP more family-centered. These evidence-based strategies will be implemented by local teams in a learning collaborative and the resulting changes will be measured each month in rapid Plan-Do-Study-Act (PDSA) cycles. The Centers of Excellence will facilitate the Family-Centered Practices Learning Collaboratives using the IHI Breakthrough series model in three regions of the state with 14 teams per region for a total of 42 teams per cohort. The Centers of Excellence, in conjunction with the Department, will recruit participants with the goal of three to six participants per team. Each cohort will work together for 12 months. The learning collaborative

will begin with an in-person or virtual Learning Session. Team members will be active participants in the first learning session, at which they will be expected to present Storyboards about their local process and an aim statement about what they plan to do to improve. The teams will leave the learning session and will immediately implement small changes and will complete PDSA worksheets each month to track changes.

The NYSEIP is a large and complicated system. There is a diversity of geography, demographics, providers and families in New York State. As such, strategies will have to be tailored to the particular circumstances within a county or region of the State to provide the best fit in applying improvement strategies based upon local circumstances. The IHI model also takes into account the readiness and capacity for implementation within service programs and providers. As described in greater detail below, improvement teams from NYSEIP local programs, including service providers and families, who are extremely familiar with their regions, local infrastructure and resources, and families referred to their local early intervention programs, will develop improvement plans that are specific to their areas. The team members are the local experts on the early intervention system and process in their area. NYS has local early intervention coordinating councils (LEICC) comprised of parents, providers and representatives from local early childhood services agencies. The LEICCs will be actively involved in recruiting and establishing local collaborative teams.

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

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

IHI Breakthrough Series Methodology

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

Pre-Work

Collaborative teams will be involved in pre-work from the time they join the Collaborative until the first Learning Session. The purpose of the pre-work is to assist teams in understanding current practices related to family-centered services, begin to consider potential areas of change and prepare for the first face-to-face learning session. During this time, the Collaborative team has several important tasks to accomplish, including: creating an AIM statement¹¹, collecting baseline data, developing a Storyboard, and participating in one of the pre-work calls.

Learning Session

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

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

The Learning Collaborative will include two learning sessions facilitated by the Collaborative's project team and expert faculty. One of these will occur at the start of the Collaborative, and the other near the end. A minimum of two key members from each local team are expected to attend the learning sessions. Typically, the learning session is conducted in-person. However, given the size of NYS, virtual learning sessions for upstate teams may also be offered, potentially via videoconferencing.

Action Periods

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

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

The Model for Improvement² is a simple yet powerful strategy for making improvements in the services you provide. Developed by Associates in Process Improvement, the application of the

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

² *The Model for Improvement was developed by Associates in Process Improvement.

www.apiweb.org/API_home_page.htm

model has two components. First, the Collaborative team will address three fundamental questions. These questions will guide the team in creating an AIM Statement, measures and specific change ideas. Secondly, the team will use Plan-Do-Study-Act (PDSA) cycles to easily test these changes in your work environment. Successful tests of change pave the way for full scale implementation within a system.

PDSA Cycles

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

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

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

The Centers of Excellence will work with the Department to identify gaps in training and will coordinate site-specific, as well as system-wide, shared and contractor specific training, technical assistance, and research-to-practice information and resources. In this capacity, the Centers of

Excellence will serve a key coordinating function between local early intervention programs, and infant and child development agencies and other organizations. This will include face to face, web-based and distance training on topics related to improving performance/outcomes in the EIP. Additional in-person trainings for enhanced topics and skills building will be provided regionally. The Centers of Excellence will provide coaching, mentoring, and technical assistance to local programs and state program administrators. NYSEIP will modify its ongoing training program and technical assistance programs to incorporate information about evidence-based practices.

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

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

Questions to consider:

- What are the communication strategies the State will use to implement the Plan?
- How will stakeholders be involved in implementation and what are their decision-making roles during the planning stage?
- Given the barriers identified in Phase I, how are they being addressed within the Plan?
- How will the implementation teams at the EIS program and provider levels ensure that personnel/providers are trained to implement the coherent improvement strategies and EBPs with fidelity?
- What are the short-term and long-term activities for each coherent improvement strategy and timelines for completion of those activities?

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

Stakeholder meetings, conference calls, and webinars:

- The EICC has been actively engaged in deliberations associated with the SSIP and SIMR with Department staff since inception of this new requirement.

EICC members have substantial interest in SSIP Phase II and will continue to participate as key stakeholders. EICC members will be informed regarding progress of the SSIP during quarterly meetings. EICC members will also participate in Phase II of the SSIP.

- The Department will establish the New York State Early Intervention Quality Improvement Team (NYSEIQIT) as the statewide leadership team to guide state implementation of the SSIP. The NYSEIQIT will be responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives, including strategies for communication with local collaborative teams as well as findings.
- BEI holds bimonthly conference calls with early intervention officials, managers, and other staff from the 57 municipalities and NYC. Information about Phase I and II of the SSIP have been shared with the local programs.
- The Department has a contract with the New York State Association of County Health Officials (NYSACHO). BEI funds support webinars and conference calls. In 2016, NYSACHO will host a webinar on the SSIP and family outcomes. BEI staff will present information about the NYS Family Survey, family outcomes data, and the SSIP.
- The Centers of Excellence will facilitate the monthly coaching webinars with the learning collaborative teams. On these monthly webinars, teams will report on their Plan-Do-Study-Act (PDSA) activities and review data collected.
- BEI staff will hold quarterly calls with the Centers of Excellence for updates on progress and to discuss any barriers or challenges.

Public Websites:

- The Department maintains a public website with a dedicated web page for NYSEIP. Information about the SSIP will be posted on this public website, including links to other appropriate websites. Promising practices and progress on the SSIP will be shared on the public website.
- The Centers of Excellence will maintain a public website to disseminate resources, trainings, and webinars related to the SSIP process and evidence-based practices. The Centers of Excellence will also share promising strategies and practices to the field.
- The Department will engage a Child and Family Outcomes Data Management and Analysis contractor to support the collection of child and family outcome information for the NYSEIP. The successful bidder will maintain a dedicated website that will include: easily accessible information regarding federal performance requirements and aggregated reports related to family and child outcomes; technical assistance related to collection of child and family outcome data; and, accessing child and family outcomes reports, as well as other information deemed pertinent by the Department, including responses to frequently asked questions related to the outcomes data process. The contractor will link the website to other websites that provide training and technical assistance related to early intervention.

Challenges:

One challenge to affecting change in New York State, is the size of the state in terms of population and geography. There are approximately 240,000 births each year and 700,000 children age three and under. The NYSEIP provides early intervention services to over 65,000 eligible children and their families each year. There were almost eight million claims for early intervention services, including evaluations, service coordination, and habilitative services, submitted in the previous federal fiscal year. These services were provided by a network of 14,673 NYSEIP providers. Children and families on average receive around 14 months of services from the NYSEIP. These services are delivered to children and families in the 57 counties and five boroughs of NYC.

Another challenge to implementation of the SSIP is the lack of sufficient funding and staff resources to research and identify evidence-based practices, to perform the extensive work associated with supporting the learning collaboratives, and to assist with dissemination of the evidence-based service models in a manner that will ensure fidelity and statewide scale-up. NYSEIP is allocating funding to support Centers of Excellence, who will have experts in the field and be able to facilitate the local learning collaborative teams, collect and disseminate process and outcome data, and implement the evaluation plan. BEI has begun the work to establish one or more contract(s), but is a lengthy process. This support from the Centers of Excellence is needed to implement the intensive, but evidence-based approach to affect sustained systemic change.

Originally, the plan included four cohorts with the first cohort beginning in July 2015. This implementation timeline was not feasible. The plan has been modified so that the first cohort will begin in the Fall/Winter of 2016 with the goal of having 42 teams of three to six team members from 35 counties and a second cohort beginning in Fall of 2017 with the goal of 42 teams from the remaining 27 counties, so there will be fewer cohorts but more counties and teams in the cohorts. There will be an opportunity for every county to participate and the scope and reach of the SSIP will be the same as originally proposed in Phase I.

Short-term and Long-term Activities:

Two critical short-term activities are coordinating the meeting of the NYSEIQIT, which will serve as a statewide advisory group to the Department on the SSIP, and the establishment of region Centers of Excellence. The NYSEIQIT members have been identified and the goal is to have the first meeting in Spring of 2016. Funds have been allocated to support the Centers of Excellence and a scope of work is under development, with the goal of establishing the Centers of Excellence in June, 2016. The first priorities for the Centers of Excellence will be the development of a website, researching evidence-based practices to improve the quality and family-centeredness of early intervention services, and developing a plan to operationalize the data collection and reporting required to support the learning collaborative. In addition, the Centers of Excellence, with the help of the Department, will begin recruiting local teams to

participate and will establish a schedule for the learning collaborative. The goal is to begin the first cohort in October, 2016. The first cohort will participate in the learning collaborative for 12 months, with learning sessions at the start and near the end along with monthly coaching webinars/calls.

Long term, the second cohort will begin in Fall/Winter of 2017 and will last through the Fall of 2018. The Department and the Centers of Excellence will communicate successful strategies to spread the information to the field in 2018-2019 and will complete the evaluation of the SSIP to report final outcomes in February, 2020.

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

Questions to consider:

- How will the multiple offices within the Lead Agency and other State agencies (including the SEA) support the EIS programs and providers during the scaling up period and in sustaining the implementation of EBPs?
- How will the multiple offices within the Lead Agency and other State agencies (e.g., the SEA) ensure that the steps and specific activities occur within the timelines?

The Bureau of Early Intervention (BEI), which administers the NYSEIP for the Department, is situated organizationally within the Center for Community Health within the Division of Family Health (DFH). DFH also leads the Department’s administration of New York State’s Title V Maternal Child Health Services Block Grant (MCHSBG). Division leadership is also committed to the SSIP Phase II process since the Division Director, Dr. Rachel de Long, believes the NYIFS and the SSIP focus on positive family outcomes and family-centered services will directly inform the Division’s work with all children with special health care needs and their families. Both levels of the Department organization have been supportive in ensuring that infrastructure and other resources are available to support EIS programs and providers during the scaling up period, as well as maintaining progress made through the SSIP process. In addition to providing support, both levels are also exercising oversight over the project to ensure that SSIP Phase II implementation is occurring as planned, and that stakeholder concerns regarding the process are being addressed throughout the improvement process.

Phase II Component #3: Evaluation

Component #3 Elements

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

Questions to consider:

- Will the evaluation be handled internally or externally, and are sufficient resources identified to conduct it?

- What are the identified measureable inputs (resources), outputs (strategies and activities), and short- and long-term outcomes?
- What are the links between the evaluation and the theory of action and other components of the SSIP? For example, has the State formulated evaluation questions that test its theory of action such as a question for each activity that asks, “To what extent did [an activity] produce a change in [an outcome]?” as well as questions to gauge progress in implementation of coherent improvement strategies? For example, “To what extent were milestones in implementation (number of sites, number of implementers trained to criterion proficiency on fidelity measures, number of coaches employed) reached on schedule?”

The data collection of process (short-term) measures and the evaluation of the SSIP will be completed by the Centers of Excellence in conjunction with Bureau of Early Intervention (BEI) staff. The statewide collection of family outcomes data, which will be used to calculate the SIMR, will be performed by an external vendor, in conjunction with BEI staff. Funds to complete data collection and evaluation activities with these external partners have been allocated. In BEI, the data analysis and evaluation activities will be overseen by Dr. Kirsten Siegenthaler, who is the Part C Data Manager, as well as Yan Wu, who is a senior biostatistician with BEI for two years and is completing her dissertation for a PhD in Biostatistics at the State University of New York at Albany. Additional analytic support will be provided by Dr. Ying Huang, who is a junior biostatistician with BEI since January, 2016. Dr. Huang has a PhD in Pharmacy and a Master’s of Science in Biostatistics from Rutgers University.

BEI staff will oversee the evaluation of the implementation to determine if the SSIP, including the IHI Breakthrough Series methodology, was implemented with fidelity. Questions that will be answered include:

1. Did the statewide quality improvement team convene, and were they actively engaged in the process of preparing for the learning collaborative?
2. Were three regionally based Centers of Excellence established, and were they able to develop a website, identify evidence-based strategies, and operationalize the evaluation plan for the SSIP?
3. How many learning collaborative teams were successfully recruited?
4. How many members were successfully recruited to participate in the teams?
5. Were the team member representative (i.e., early intervention officials/designees/managers, parents, service coordinators, therapists, quality assurance personnel at agencies, etc.)?
6. Were the initial in-person or virtual Learning Sessions held?

The identified measurable evidence-based strategies and activities will be organized within the framework of the IHI Breakthrough Series methodology. The Division of Family Health, which includes BEI, has had great success with reducing negative outcomes for infants, improving maternal outcomes, and increasing hearing screening reporting. The Breakthrough Series is data-driven with constant feedback and evaluation as central to the model. The

evidence-based strategies to improve family-centeredness of early intervention services will be selected by the local learning collaborative team members. The team members will choose from a defined list of three to five evidence-based strategies, so that teams will be working on similar or the same activities as peer groups in other counties. This will also make the collection of uniform data feasible.

The Centers of Excellence will oversee the collection of this information as well as the compilation of the results into a uniform database that can be analyzed across learning collaborative teams and across regions. The fidelity to which the local teams implemented small changes to integrate evidence-based strategies will be evaluated each month on coaching webinars. The Centers of Excellence will facilitate these webinars and will serve as experts, or they will engage experts from national technical assistance centers or from stakeholders, and peers will present their previous months activities and review data which will be presented in the form of run charts.

At a statewide level, BEI staff with the Centers of Excellence will review the progress of the learning collaborative teams' efforts quarterly. The Centers of Excellence will report on the number of monthly coaching webinars and technical assistance contacts and trainings held and the number of participants who participated. The statewide quality improvement team will be provided with data regularly, and will convene by webinar at least once per year.

As described in detail in Phase I of the SSIP, data for the State-identified Measurable Result (SIMR) will be collected through annual administration of the New York Impact on Family Scale (NYIFS) as part of the NYS Family Survey. The NYIFS is a modified version of the Impact (of Early Intervention Services) on the Family Scale (IFS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the U.S. Department of Education to measure the three Indicator for family outcomes reported annually to the Office of Special Education Programs. Built on the robust measurement framework of the NCSEAM IFS, the NYIFS includes items generated by stakeholders, including families, providers, local and state officials, and national experts. The NYIFS was found to have excellent measurement properties for its intended use.

In federal fiscal year (FFY) 2015-2016, BEI staff assumed responsibility for the collection of family outcomes data. BEI staff have made some procedural changes to try to increase the number of responses received. First, the NYS Family Survey will be sent in two groups. The first mailing will be sent in April, 2016 to families whose child has exited or turned three between July 1, 2015 and December 31, 2015. The second mailing will be sent in August, 2016 to families whose child has exited or turned three between January 1, 2016 and June 30, 2016. Second, the number of families receiving the NYS Family Survey has been increased. In the counties that will be implementing the learning collaborative in the first cohort (small and medium counties and the two boroughs in New York City - New York and Kings) every family with a valid address and who participate in the early intervention program at least six months will be sent a survey. In the remaining counties, the sample size was doubled from previous years. Finally, BEI staff is currently working with a translation service to make the survey available in Russian, Yiddish, Chinese, Bengali, and Arabic, which are the next most

commonly spoken languages after English and Spanish. In addition, BEI will work with stakeholders to develop a family-friendly pamphlet to explain what family-centered services in the early intervention program look like. This pamphlet will be closely aligned with the FCSS items and the evidence-based practices identified by the Centers of Excellence. The goal is to increase the number of responses and to improve the representativeness of the respondents compared to the overall NYSEIP population.

The Theory of Action, which was submitted as part of Phase I, hypothesized that if the quality and family-centeredness of the early intervention services improved, then the family outcomes would improve. The evidence-based strategies will draw from the items in the FCSS, which was developed by national stakeholders. The FCSS items represent critical ways in which the early intervention system should effectively engage families. The FCSS has strong psychometric properties. The difficulty of the items represent a range from those items that most families readily agree that early intervention did (I felt part of the team when meeting to discuss my child.) to the items that families are less likely to agree that early intervention did (Someone from the Early Intervention Program went into the community with me and my child to help get us involved in community activities and services.)

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

The evaluation will measure to what extent did changes in the way services were delivered correlate with an improvement in the family-centeredness of the early intervention services (i.e., higher person score on the FCSS) in the short-term, and to what extent did the higher FCSS person score correlate with positive family outcomes (i.e., higher person score on the IFS). The results of the IFS and FCSS collected prior to the implementation of the learning collaborative will be compared to the scores after to determine if the scores aggregated to the local program level increased. The aggregated scores of the IFS and FCSS in regions in which the learning collaborative was not yet implemented will be compared to the regions in which the learning collaborative was implemented.

As reported in Phase I, the state standard for the IFS is a score of 579 or higher. Stakeholders, including parents, local early intervention officials, providers, state agency representatives, and researchers, set this standard, which corresponds with the item for “use services to address my child’s health needs”. The SIMR is measuring the percent of families that agree to the fact that early intervention services helped them or their families with this as well as the items listed below, which includes the three family outcomes reported in indicator 4A, B, and C of the APR. The percent of families with person scores at or above 579 will have reported that the early intervention services met or exceeded this minimum standard that the stakeholders set. The measurable goal in the long-term (i.e., the SIMR) is to increase the number of

respondent families participating in Part C who meet the State's standard (person mean \geq 576) on the New York Impact on Family Scale (NYIFS).

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

Questions to consider:

- If different stakeholders were recruited for Phase II's evaluation, how were they recruited and what organizations or groups do they represent?
- How might the stakeholders participate in creating the evaluation questions and in judging the acceptability of the strategies used and outcomes achieved?
- How will stakeholders continue to be informed and provided opportunities to provide input on the evaluation process and/or results?

The Department has collaborated closely with stakeholders in the development and implementation of a child and family outcomes measurement system for more than a decade. During Phase I of this project, Department staff collaborated with families, NYSEIP providers, state and local government, and NYSEIP staff to identify child and family outcomes important to New York State. Members of the EICC were actively engaged in Phase I and unanimously recommended the use of the NYIFS and stakeholder-recommended State standard for measurement of the SIMR.

The EICC members have been actively engaged in Phase II and will remain engaged in Phase III. At an EICC meeting on March 3, 2016, the Phase II Evaluation plan was presented to EICC members, who asked questions and provided feedback. The presentation is attached (Attachment 1). The response from members was overwhelmingly positive about using the IHI Breakthrough Series methodology for sustainable systemic change. Members continue to support the state's selection of a family outcome for the SIMR. Members did not request any changes to Phase II plan.

The NYS Early Intervention Quality Improvement Team (NYSEIQIT) will be comprised of some EICC members as well as parents, early intervention officials, early intervention service providers, and service coordinators. This statewide team will be actively engaged in reviewing and finalizing the evaluation questions as well as in implementing the SSIP. The Centers of Excellence will also play a critical role in finalizing and operationalizing the evaluation plan and implementing the SSIP (Phase III).

BEI along with the Centers of Excellence will provide updates and data to the EICC and the statewide quality improvement team as well as to local teams and local programs to include in presentations to the Local Early Intervention Coordinating Councils (LEICC). Information will be made available on the website developed and maintained by the Centers of Excellence. Information about the SSIP will be integrated into the Early Intervention Partners Training which is held twice each year. The training is offered on a rotating basis in different regions throughout the state. The training also helps parents develop advocacy and leadership skills related to early intervention services. Information about the SSIP and the goal of improving

family outcomes is being incorporated into future training sessions, and participating families will be provided opportunities to work locally and at the state level on the SSIP.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

Questions to consider:

- How does the evaluation measure State infrastructure changes needed to better align current initiatives identified in the infrastructure analysis conducted in Phase I?
- What are the established criteria for successful implementation and will it be measured (e.g., level of proficiency on a fidelity measure)?
- What is the State’s system for collecting implementation data and data applicable to the SIMR that yields valid and reliable data collected at regular intervals?
- If the State’s evaluation process is based upon a sample of the target infants and toddlers with disabilities and their families, how will the State ensure that the sample is representative of all of the infants and toddlers and their families receiving the EBPs or coherent improvement strategies?
- What comparison(s) will be made to demonstrate the effectiveness of the coherent improvement strategies? For example, did infants and toddlers with disabilities and their families results change over time (e.g., pre-post) or did results change when compared to other groups of infants and toddlers with disabilities and their families?

The NYS Part C Early Intervention Program collects family outcomes using a sampling plan approved by the Office of Special Education Programs (OSEP). Each year over 30,000 families have received early intervention services for at least six months and have children who are exiting or turning three years old. Sampling is a statistically valid method for collecting population information. The sample of families who are sent the NYS Family Survey are representative of the statewide population participating in the early intervention program. Families are sampled by geographic region, and are representative of the gender, race/ethnicity, language, and age at referral of the NYS Early Intervention Program. The response rate has declined from 23% in FFY 2010-2011 to 11% in FFY 2014-2015. As described in detail in 3(a) above, BEI is implementing a number of changes to increase the number of responses. In FFY 2014-2015, BEI also began oversampling among African-American families because of a historically lower response rate.

To collect data on family outcomes, BEI is using the NYS-modified “Impact of Early Intervention Services on Your Family” (NYIFS) subscale of the family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM IFS was developed with funding from the US Department of Education to measure the three family outcomes that must be reported annually to OSEP. As described in detail in Phase I, NYSEIP used concept mapping with stakeholders to identify and incorporate NYS-specific items into the NCSEAM scale. The items included in the scale have established and

rigorous psychometric properties, and the impact scale is known to be a valid and reliable way to measure the three OSEP-identified family outcomes. The items in the NCSEAM Family Survey are written in a manner that makes them easily understandable to parents.

The NYS Family Survey sample conducted for APR data collection purposes will be expanded this year and each subsequent year of the SSIP to include all families residing in the county cohort in participating in Family-Centered learning collaboratives. For the FFY 2015-2016 data collection period, all families residing in small and medium population counties and the boroughs of New York (Manhattan) and Kings (Brooklyn) will be invited to participate in NYS Family Survey, so all parents who reside in the counties that will participate in the first learning collaborative cohort will be invited to provide feedback on their experience in NYSEIP. These data will provide data for family outcomes and the quality of the early intervention services prior to the implementation of the learning collaboratives by using family-reported measures (the NYIFS and FCSS) for the first cohort of the Family-Centered Learning Collaborative. In FFY 2016-2017, all families residing in the remaining counties will be sent the NYS Family Survey and will be invited to provide feedback. Depending on availability of resources, the sample in the first cohort may be expanded as well to increase the number of responses.

The results of the NYIFS and FCSS collected prior to the implementation of the learning collaborative will be compared to the scores after to determine if the scores aggregated to the local program level increased. The aggregated scores of the IFS and FCSS in regions in which the learning collaborative was not yet implemented will be compared to the regions in which the learning collaborative was implemented.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

Questions to consider:

- How often is the data reviewed? Who is participating in the review? How are changes made to the implementation and improvement strategies as a result of the data reviews?
- How does the State evaluate the effectiveness of the TA and/or PD? If the TA and/or PD are determined to be ineffective, what is the process for making adjustments?
- What is the process the State will use to make modifications to the SSIP as necessary?

The IHI Breakthrough Series methodology is inherently data-driven. Process data are collected, reported, and reviewed monthly. The Centers of Excellence will work with the local learning collaborative team members, who will be collecting the process measures, and will facilitate the collection and dissemination of data using standardized data collection tools and PDSA work sheets. The experts from the Centers of Excellence, local team members, and BEI staff will participate in monthly coaching webinars to evaluate the fidelity with which the local teams are implementing the evidence-based strategies and to review data to assess the impact of those strategies.

In addition, experts from the Centers of Excellence, BEI staff and other stakeholders from NYSEIQIT and EICC will routinely receive data summarized at the regional and state level and will meet to review at least one time per year. The Centers of Excellence will also report on the number of in-person or virtual learning sessions, coaching webinars, and technical assistance calls that they held with local team members and the number of people who participated. The Centers of Excellence will evaluate whether the IHI Breakthrough Series model and the evidence-based practices have been implemented with fidelity.

Results from the NYS Family Survey which has items to measure the New York State modified Impact of Family Scale (NYIFS) and Family-Centered Services Scales (FCSS) will be disseminated and reviewed two times per year. The contractor collecting the family outcome data will provide the data to BEI who will work with the Centers of Excellence to disseminate to the local learning collaborative teams for review and to discuss whether changes in the way services are delivered have resulted in positive outcomes for families. BEI will work with the Centers of Excellence to finalize and implement the evaluation of the SSIP.

The BEI SSIP team has begun to meet bi-weekly and will continue to meet bi-weekly to evaluate the implementation of the SSIP, to discuss barriers or challenges and solutions, and to identify if changes are needed. The BEI team will continue to actively engage stakeholders in the SSIP implementation, ongoing evaluation, and to determine if modifications are needed.

Phase II Component #4: Technical Assistance and Support

4. Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include:

Infrastructure development; Support for EIS programs and providers implementation of EBPs; Evaluation; and stakeholder involvement in Phase II.

Questions to consider:

- How can OSEP and/or TA providers assist the State with addressing barriers to improving results for infants and toddlers with disabilities and their families?
- What assistance does the State need to apply research and utilize EBPs related to effective implementation (including TA and PD), systems change, and EIS reform?
- Other TA and support needed

Bureau of Early Intervention (BEI) staff regularly participate in webinars and conference calls sponsored by the Office of Special Education (OSEP) and national technical assistance (TA) centers about the SSIP. Resources, including references, trainings, and templates, which have been made available during webinars and calls and on the TA center websites have been reviewed by BEI staff. In May 2015, Dr. Donna Noyes and Brenda Knudson Chouffi, Co-Directors of the NYS Early Intervention Program, Dr. Kirsten Siegenthaler, Part C Data

Manager and the SSIP Coordinator, and Yan Wu, BEI senior biostatistician, and Dr. Batya Elbaum attended the SSIP Interactive Institute in Chicago, IL. Dr. Siegenthaler participates in the Family Outcomes Cross State Learning Collaborative coordinated by the National Center for Systemic Improvement (NCSI).

These technical assistance activities have provided guidance, resources, and tools to help guide the state's efforts in Phase I and Phase II of the SSIP. BEI staff and stakeholders will continue to take advantage of these opportunities, and appreciate the ability to draw upon national expertise and to work with other state Part C Programs, especially those programs that are focusing their SSIP efforts on improving family outcomes.

BEI along with the Centers of Excellence will be reaching out to NCSI and other TA centers, such as the Early Childhood Technical Assistance (ECTA) Center, to review evidence-based strategies that can improve the quality and family-centeredness of early intervention services and which can be used by local learning collaborative teams. We will also share any evidence-based strategies or practices identified by the Centers of Excellence as well as the results of implementing the evidence-based strategies on the SIMR with TA Centers so the information can be spread to other states.