

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2021**

New York



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

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

The New York State Department of Health (Department) is designated in State Public Health Law (PHL) as lead agency for the Part C Early Intervention Program. In this capacity, the Department is responsible for the completion of the federally required State Performance Plan/Annual Performance Report (SPP/APR), which consists of nine applicable indicators, three of which are compliance with an expectation of 100% (indicators 1, 7, and 8), and six of which are performance or results-driven indicators for which targets are set with stakeholders (for New York State, by the Early Intervention Coordinating Council, or EICC) (indicators 2, 3, 4, 5, 6, and 10). The State Systemic Improvement Plan (indicator 11) is included in this APR submission. Exceptions: Performance indicator 3 has a requirement to report "the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program" which does not apply to NY based on guidance received from the US Department of Education Office of Special Education Programs (OSEP) and their Office of General Counsel (OGC). Please see the official OSEP response below regarding the guidance. NY enters 0 because N/A cannot be entered. Likewise, the performance indicator for resolution settlement (indicator 9) is not applicable to the NYS EIP. (The official OSEP response regarding indicator 3, dated 12/4/2018, is as follows: "We have consulted with OGC and given that only two states OSEP has permitted to sample for C-3 and that OSEP has given these states full credit with a score of 2 points for data completeness under section I.a. of the Results Matrix, this new reporting requirement would be not applicable (or N/A) for these two states that sample.")

Department staff work closely with local municipal early intervention officials and their staff to provide training and technical assistance on the federal and State requirements, data entry into the State's data systems, and review of data to ensure data are comprehensive, accurate, and timely. The Department has also taken advantage of technical assistance provided by the OSEP and their national technical assistance centers, such as the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), and the IDEA Data Center (IDC).

NYS EIP is one of the nation's largest early intervention service delivery systems. In federal fiscal year (FFY) 2021-2022 (July 1-June 30), NYS EIP received over 73,000 referrals and completed over 55,000 multidisciplinary evaluations. About 68,000 children had an active Individualized Family Service Plan (IFSP) in the program year. NYS EIP served 4.55% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which compares with the national average of 3.66% (indicator 6). NYS EIP served just under 0.87% of the population under one year old, which is lower than the national average of 1.25% (indicator 5). The majority (92.96%) of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2).

The 57 counties in New York State and five boroughs in New York City (referred to as "municipalities") are responsible for local administration of the NYS EIP. NYS provides Part C funds as local aid grants to these municipalities for their local administration of the EI Program. Collaboratively, with local program staff and early intervention providers, the Department's efforts to address systems issues and improve data quality have resulted in consistency in the performance reporting of the SPP/APR compliance indicators for timely service, timely IFSP and timely transition (indicators 1, 7 and 8A-C).

There was progress in Family Outcomes (4C). However, there was slippage between FFY 2020 and FFY 2021 in Timely Service Initiation (1), Child Outcomes (3B2 and 3C2), Family Outcomes (4a), Timely Initial IFSP (7), Transition Notification and Conference (8B and 8C) and Mediation (10). Reasons for slippage were provided, as required in the APR. The Department intensified efforts to work with local programs on child outcome (3) reported in the SPP/APR and continued to provide training and technical assistance to local programs to foster improvement in these areas.

NYS Part C identified improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP), which was submitted April 2015 and approved by OSEP in June 2015. The State will improve family outcomes by ensuring the Program and the services provided are family-centered. To promote family-centeredness, the State identified the family-directed assessment, as a tool to be used to improve family outcomes. The Department's Theory of Action proposes that greater family-directed assessment completion will result in greater family outcomes scores. Building off the data and infrastructure analysis and stakeholder feedback, the Department critically examined the entire process of collecting and analyzing family outcomes, as well as the State's infrastructure to align with the SSIP and the State's Theory of Action. The State-identified Measurable Result (SiMR) is to increase the percentage of positive responses from families on the "New York Impact of Early Intervention Services on Your Family" Scale (NYIFS). To collect data on the SiMR, the Department continues to annually survey families using the Family Outcome Survey (FOS), developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The survey results will be used to evaluate the Theory of Action and progress toward the SiMR and the goal of improving positive family outcomes. The goal is effective improvement over the upcoming years.

The Family Outcomes Survey (FOS) invitation letters, including both the online survey link and paper survey, were mailed out to all applicable families in four batches during the months of February, May, August and October of 2022. A reminder letter was also mailed out in November 2022 to all families who had not responded previously.

New York State maintains a comprehensive system of professional development (CSPD) for NYS EIP providers, who are qualified and credentialed through the New York State Education Department (NYSED), for municipal staff who administer local EIPs, and for other key early intervention stakeholders. The Department moved from a face-to-face training delivery method to an on-line method training in June 2018. The Department offers on-line live training, as well as on-line self-paced training on a variety of EI topics.

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

Additional information related to data collection and reporting

General Supervision System

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

The Bureau of Early Intervention (BEI) manages State Early Intervention Program (EIP) operations, under the auspices of the Division of Family Health (DFH) within the Center for Community Health, Office of Public Health. BEI has four programmatic sections established to address major program responsibilities for the NYS EIP.

1. Quality Improvement and Information Systems: Responsible for management of the Statewide quality improvement through the State Systemic Improvement Plan (SSIP), training and technical assistance, including developing and disseminating guidance to the field, and the NYS Early Intervention information management system (NYEIS).
2. Provider Approval, Due Process and Monitoring: Responsible for management of provider approval and agreements, management of the Statewide comprehensive monitoring system, and due process procedures, including system complaints, mediations, and impartial hearings.
3. Data and Program Evaluation: Oversees and manages all data required for Program operations, evaluation, and federal and State-level reporting, including child and family outcomes, and provides support for use of evidence-based practices.
4. Financial Planning and Policy: Responsible for reimbursement methodologies, policies and procedures, and management and oversight of claiming and reimbursement associated with early intervention services.

Financial Responsibility and Supervision

The Department oversees 58 local EI Programs who work with Department-approved providers who render services, evaluations, and service coordination. Almost all local Programs, administered by the 62 counties, provide service coordination. NYC is the exception, where evaluations and services are provided by individual and agency providers. A few counties also provide evaluations. NYS does not use Part C funds to pay for direct services. State appropriations reimburse municipalities for the State share of services not covered by private insurance and Medicaid. State funding is subject to the annual State Budget process.

Part C funds are used for:

Statewide and local administration of the EIP; Statewide Web-based Training, based on Department-developed curricula, to support the implementation of the EIP; Leadership and advocacy training sessions for families receiving EI services; Monitoring of municipalities as local administrators and approved agencies and individuals who deliver services; Mediation through community dispute resolution centers; Public Awareness; Child and Family Outcomes; Technical Assistance and Training; Information Technology Services; EICC; Child Find; Administration of Technology-Related Assistance for Individuals with Disabilities Centers (TRAID Centers).

Local EI programs submit annual workplans on the use of Part C administration grants, as well as quarterly reports to request grant payments. The Department reviews and approves each local program's administration grant budget and workplan. OSEP approval is obtained if required. BEI works with the Bureau of Administration within DFH to monitor the Part C spending plan that compares expenditures to the Part C budgeted amounts. The Department also monitors vendor contracts funded by Part C.

BEI works collaboratively with partners across the Department, including the Offices of Information Technology Services (ITS), Public Health Practice, Health Information Management, Health Insurance Programs (Medicaid, Child Health Plus) and the Division of Legal Affairs (legal support on issues related to the NYS EIP). BEI also collaborates with the Department of Financial Services to improve private insurance reimbursement.

Provider Capacity

The Department approves, re-approves, and enters into agreements with providers to ensure timely and continuous delivery of services to eligible children and their families. In FFY 2021-22, there were over 1,300 billing providers under agreement with the Department to accept service authorizations and submit claims for services. Based on the claims data, approximately 16,000 qualified personnel rendered services to approximately 68,000 children and their families (a ratio of approximately four children per provider). There are 7,134 additional providers who are approved by the Department with a basic agreement which allows the provider to contract with a billing provider to deliver services. Agency billing providers can also employ qualified individuals to deliver EIP services.

Monitoring System

The Department contracts with a review organization to conduct on-site (or virtual as applicable during the COVID-19 pandemic) monitoring of municipalities who locally administer the NYS EIP and approved providers who directly render early intervention services. On-site or virtual comprehensive monitoring is conducted by the Department's contractor, using State developed tools, that include multiple methods of evaluation of an early intervention program to ensure compliance with Federal requirements of IDEA. Verification of correction of any identified noncompliance with IDEA requirements is completed to ensure that corrections are implemented successfully.

Many factors drive the Department's monitoring and oversight activities for programs, individual providers, and municipalities. These include:

- Monitoring contract specifications (cycles, target number of reviews).
- Local determination data for municipalities.
- Number and type of children served and level of State and local monitoring.
- Fiscal audit history of the municipality or provider.
- Stakeholder complaints regarding specific issues that need to be monitored.

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

System Complaints, Dispute Resolutions, and Mediations

Multiple individuals share in the responsibility of ensuring that parents and stakeholders are aware of their right to resolve disputes regarding services, as well as file a complaint. Established procedures address disputes regarding services as well as complaints filed by organizations or individuals alleging that a public agency or a private provider is violating federal or State statute and regulations. Parties may choose to resolve a dispute through mediation, impartial hearing, or by filing a system complaint.

The Department contracts with the NYS Dispute Resolution Association (NYSDRA) to provide mediation. The process carries a 30-day timeline. Parties submit requests for mediation to the county where the child resides. NYSDRA provides oversight and training to the local Community Dispute Resolution Centers in each of the 57 counties and NYC.

Requests for an impartial hearing can be submitted by families to the Director of BEI. The request is then referred to the Department's Division of Legal Affairs, Bureau of Adjudication, who assigns an Administrative Law Judge. A notice of hearing is sent which will include parental rights related to the hearing process. A written decision is issued in 30 days unless the family agrees to extend the timeline. The decisions of the hearing officer are final.

System complaints are submitted to BEI by a parent/guardian, parent representative or any other interested individual or entity. An investigation is completed within 60 days unless there are exceptional circumstances. Department staff share the findings of complaint investigations with the BEI

monitoring unit for consideration when scheduling and conducting additional program monitoring. Findings require a corrective action plan, including identification of root cause and actions to correct the identified area of non-compliance, along with implementation plans (training and quality assurance activities to ensure compliance).

Technical Assistance System:

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

BEI staff are responsible for responding to phone calls, emails, letters, and other forms of communication from the municipalities who administer the EIP (Early Intervention Officials (EIOs), providers, parents, the public, and all other interested parties and stakeholders). Evidence-based technical assistance (TA) is provided on a variety of issues, including how to make a referral, clarification on policies and procedures, training, parent complaints/concerns, regulations (federal, State), Public Health Law (PBHL), data reporting, and all other Programmatic questions. Resources (e.g., guidance documents, booklets, brochures, fliers, and other materials produced by BEI or in collaboration with other State agencies/partners) are also provided. For those families who contact BEI seeking TA and speak a language other than English, BEI uses interpretation services. In addition, BEI has an EI specialist staff member who speaks Spanish and responds to phone calls and emails to the Bureau seeking TA.

All DOH approved providers and EIOs may contact BEI to ask questions and seek assistance/guidance related to providing services or managing the local Programs under Part C. All responses are written based on PBHL, federal/State regulations, best practice standards, and DOH BEI policies and procedures. Responses are also based on discussions at weekly TA meetings with colleagues, Bureau Managers, Directors, and in consultation with DOH's Program attorney as needed.

During the Declared State of Emergency (SOE) due to COVID-19, BEI received a large increase in the number of TA requests from stakeholders. The TA Unit typically responds to an average of 50 calls/emails per week, and during the pandemic, this increased to approximately 150 questions per week. Additionally, BEI responded to stakeholders by issuing targeted responses, including several guidance documents, and issuing 62 Frequently Asked Questions (FAQs) and Answers, which included resources, and links to additional information sources related to COVID-19 and service provision. Additionally, BEI maintains a public facing webpage for the EIP, which includes referral information, guidance documents, memoranda, clinical practice guidelines, tool kits for service coordinators, EIP Regulations, PBHL, professional development opportunities and required EIP training, information/resources for parents, State/national resources, and regulatory agencies, including OSEP. All new guidance/policies/procedures are announced to stakeholders via the BEI's electronic mailing listserv and posted for reference on BEI's webpage for the public to access. A new section for COVID-19 guidance was added to the webpage and was updated regularly during the pandemic.

BEI develops and provides written policy and procedural guidance on State/federal requirements for the NYS EIP on a regular basis. BEI also provides TA regarding best practices in identification, evaluation, and service delivery. During this reporting period, BEI issued several new or revised guidance/policy documents, including Guidance on Collection of Parent/Guardian Consent Using Electronic Systems, Frequently Asked Questions Regarding Annual Tuberculosis Testing for EI Providers, the Notification to the Office for People with Developmental Disabilities Tool Kit for Service Coordinators, and a new Referral Form with Instructions. BEI is currently working with the NYS Education Department on a joint transition document for families. Several new and revised guidance documents in the EIP are under development, including Telehealth guidance developed during the COVID-19 SOE, Health and Safety Standards for the EIP, the Insurance Tool Kit for Service Coordinators, and the Transition Tool Kit.

BEI regularly communicates with municipalities and providers by way of an electronic mailing listserv. BEI holds bi-monthly, two-hour, all county conference calls for EIOs, with one additional annual two-day all-day meeting. EIOs assist in the development of the agenda by contributing questions and identifying topics for discussion on the calls and annual meeting. The calls are arranged and moderated by the New York State Association of County Health Officials (NYSACHO). The purpose of these calls is to keep local EIP administrators apprised of current federal/State guidance, share Statewide data, provide updates on newly developed EIP resources, and training opportunities, to receive feedback from the EIOs, and to ensure there is an opportunity for issues to be raised and questions to be answered by BEI. BEI issues FAQs to all attendees after the call for any outstanding questions. In addition, municipalities use the information received during these calls and disseminate it to their EI providers. In addition to the bi-monthly all-county conference calls, BEI meets monthly with the New York City (NYC) EIP, as nearly half of all children and families served in the Program are in NYC.

BEI has a strong partnership with local municipalities in the administration of the EIP and provides targeted TA. BEI also engages with NYSACHO on State/local issues related to the NYS EIP. BEI also engages with providers and parents involved in the BEI-sponsored "Partners in Policymaking" training program, which encourages participation in the NYS EIP at the national, State, and local levels. This training provides an opportunity for parents, BEI staff, and EIOs to partner with each other to improve the Program. In addition, BEI also collaborates with EI providers as part of the EICC, SSIP Advisory Group, through the provision of technical assistance, and through communication channels, such as the electronic listserv, to solicit provider feedback on service provision in the EIP.

BEI collaborates closely with other State agencies and other entities that provide early childhood supports and services on a variety of issues related to the EIP, including the State Education Department (SED), Department of Financial Services (DFS), Office of Health Insurance Programs (OHIP), Office of Children and Family Services (OCFS), Office for People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), the Office For New Americans, and the NYS Council on Children and Families (CCF), and the NYS Association for Infant Mental Health. Most of these agencies are represented on EICC.

BEI is a member of:

The NYS Preschool Development Grant Birth through 5 (NYSB5) - to strengthen Statewide early childhood partnerships to improve outcomes for children and families.

The NY ACTS Team - Initiative related to determining the impact of COVID-19 on services and programs that serve children 0-5 years and their families and to determine ways to provide services and supports to programs and families impacted by COVID-19. This project promotes the Centers for Disease Control and Prevention's (CDC's), "Learn the Signs. Act Early." (LTSAE) Campaign. BEI held a live online "lunch and learn" session to educate stakeholders about the program/materials available for providers/parents, which was recorded and remains available on BEI's Learning Management System. CDC LTSAE information was added to the BEI webpage, incorporated into (10) NYS sponsored training courses, promoted on the EI Community of Families Facebook page, added to the EI Families webpage, and shared via the BEI and EI Families electronic mailing listservs.

The NYS PYRAMID Model State Leadership Team - promotes support from a variety of NYS agencies to address the areas of behavioral and social-emotional health of young children, to increase positive experiences for young children.

The Technical Assistance Alliance through CCF - to learn about services and supports offered by other early childhood TA systems, make connections with other groups/agencies, and support the mixed delivery system to improve alignment and coordination of efforts.

Professional Development System:

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

BEI maintains a CSPD for the EIP providers who are qualified and credentialed through the NYSED, for municipal staff who administer the local EIPs, and for other key EI stakeholders, including parents/caregivers.

NYS's CSPD includes implementation of a training contract which provides on-line training opportunities for current EI personnel to gain knowledge and develop skills to deliver services that are of high quality and comport with federal and State requirements, including the delivery of services in natural environments. The training contract also provides training opportunities for other stakeholders including parents, municipal staff, primary referral sources, primary health care providers, childcare providers, local social services district staff, local school district staff, and other public health facility staff.

BEI's contractor, Measurement Inc. (MI), converted eight trainings to an online format since contract initiation. This format allows stakeholders to take training at times that are convenient for them without having to travel or reschedule services. Each training has been revised to comport with current EIP regulations, policies, and procedures, and has been updated to include Division for Early Childhood (DEC) recommended family-centered practices. In addition to the conversion of two training courses (IFSP and Working With Diverse Families), MI developed two new courses for stakeholders during this reporting period – Family-Directed Assessment (FDA) in the EIP (live in April 2022, self-paced May 2022), and the Child Outcomes Summary Process (COS) (live in July 2022, self-paced August 2022). Relevant courses were also revised to include a new section on FDAs. The FDA course was developed as part of the SSIP. The first portion of the COS course is an adaptation of the training developed collaboratively between ECTA/DaSy and the second portion of the course focuses on the NYS specific COS process. When developing the new course, NYS sought advisement from ECTA. This training was developed based on the expressed needs of stakeholders and APR data showing that local EIPs were reporting exit scores that were deemed impossible based on OSEP standards (https://ectacenter.org/eco/assets/pdfs/Summary_of_Rules_COSF_to_OSEP_8-9-07.pdf).

Training is evaluated based on development of an objective process to measure the degree to which current EI curricula contain information and strategies describing and promoting best practices to deliver EI services. Each training provides the same training content and materials to each learner who takes the course during a live presentation of the course or in the online self-paced format. Participants also participate in checks for understanding embedded throughout each training course. Participants must receive a passing score prior to moving to the next section of the training. Each course has an on-line evaluation which must be completed by participants to receive a certificate of completion and earn professional development hours toward the requirements outlined in the NYS EIP Provider Agreement, as well as Continuing Education Credits (CEUs), issued by the International Accreditors for Continuing Education and Training (IACET).

MI tracks the number of individuals who complete courses and provides regular feedback to BEI from stakeholders' course evaluations. MI provides a comprehensive training course report with data from the live courses and from the first quarter's self-paced training statistics and provides quarterly reports on all self-paced courses. The training evaluations are analyzed to determine if the curriculum meets the needs of stakeholders. BEI staff participate in live courses to evaluate the content and reception of the new courses. Based on the evaluations completed by participants and participation in the live sessions, revisions are made to the course content as appropriate. BEI revised four previously converted courses based on policy and procedural changes.

A training needs assessment (TNA) is disseminated annually to stakeholders. The survey covers a variety of topic areas (e.g., Family-Centered Practice, Professional Responsibility and Ethical Behavior, and Planning and Implementing Services), and obtains information from stakeholders about their training needs based on their role. MI analyzes the data and reports the identified needs to BEI. During this reporting period, BEI issued two TNAs and both included new sections on the Family Outcomes Survey and FDA, to obtain qualitative/quantitative data for the SSIP.

Based on the results of the TNA, topics for new courses are researched/developed and current curricula is revised. Training curricula are also revised when gaps of knowledge are identified through the State's monitoring system, analysis of technical assistance (TA) questions and based on EIP regulatory changes. As a direct result of stakeholder feedback from this year's TNAs, two new trainings were developed on FDAs and the COS process.

MI and BEI also track trends received from stakeholders regarding training needs. A presentation on training is provided to parents, the EICC, the SSIP Advisory Group, and during bi-monthly calls with the local EIP administrators, to provide information on new courses, training statistics, and to identify training needs.

BEI maintains a contract with Just Kids Early Childhood Learning Center, for a Family Initiative Coordination Services Project (FICSP) that is exclusive to parents of children in the EIP or parents who are members of their Local EICC (LEICC). Just Kids provides a leadership and advocacy skills training, hosts a webpage (eifamilies.com) that offers support and resources to families of young children with disabilities, assists with the EICC, coordinates parents' attendance at national EI conferences, and develops EI materials (e.g., brochures, videos) for families. This year, BEI and Just Kids have been developing scripts to create short videos for families on EIP topics, such as the family outcomes survey and, FDAs, among others. The "Welcome to the EIP" video vignette was completed and approved by DOH management this year. This video introduces the EIP to families/caregivers and provides information on how to refer a child. The video was posted to the BEI webpage, DOH YouTube Channel, and [eifamilies](http://eifamilies.com) webpage. This video was shared at the June 2022 EICC meeting and posted to the EI Families Facebook group.
https://www.health.ny.gov/community/infants_children/early_intervention/families.htm

Parents as Partners training consists of a pre-recorded EIP overview video and two Sessions: Session I is an interactive webinar. Session II is a two-day in-person training session, which includes connecting parents with each other, leadership activities, meeting local EIP officials, learning about their LEICC, and topics to increase leadership and advocacy skills for participation in the EIP at the local, State, and national levels. As part of the EICC/LEICC presentation, the training slides were updated to include language on representativeness and the desire to have diverse families participate on the councils. The BEI Director attends part of Session II to meet with families and to share an overview of the EIP, BEI updates, State data, resources, and proposed guidance. Session II also includes time for parents to share their EIP experience, ask BEI questions, and provides an opportunity for parents to share feedback on State initiatives/data/targets. BEI shared drafts of the FOS brochure and materials developed as part of the EI Families promotional campaign to obtain parent feedback. The materials were revised to be more parent friendly based on the feedback. There was a vital need to keep parents of children in the EIP connected to BEI and to each other during the COVID emergency; therefore, Session II was converted to a virtual training. During this reporting period, four trainings were provided.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow

stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

65

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

As described above, the Department had the opportunity to receive feedback from parent members on the EICC. Parents shared their thoughts and feedback on the APR, as well as assisted the Department in target setting.

Additionally, see Indicators 4 and 11, Section C, Stakeholder Engagement for additional information regarding parent engagement efforts below:

- Collaborations with University Centers for Excellence in Developmental Delays (UCEDDs)
- Partners Training for families
- Webinars for local Early Intervention Program administrators
- Early Intervention Coordinating Council Meetings (live webcast during the reporting period)
- SSIP Advisory Group

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

In March 2020, the Department applied to participate in a cross-state learning collaborative, hosted by ECTA and DaSY, to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states (Illinois and Texas) and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of the Family Outcome Survey (FOS) data around representativeness, to identify disparities. New strategies to improve in this area were identified and were implemented during FFY 2021-2022. See Indicator 11, Data Quality Issues, for more information.

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Department sponsored Parents as Partners training, during this reporting period, all training application materials mailed to parents were translated into the top six languages spoken by families in NYS, as collected by the State data system. Interpreters were also provided to families, as requested. During the COVID State of Emergency, former face-to-face training was delivered virtually, to ensure that parents were connecting to each other and to the Department.

All EIP vital documents are translated into at least the top ten languages spoken in NYS.

The New York City EIP uses their texting system to encourage families to complete their family outcomes survey, as well as participate in the Parents as Partners training sponsored by BEI.

The Department has initiated comprehensive analysis on the race and ethnicity of children served to better understand Early Intervention service delivery across all communities in New York State, in collaboration with the EICC and members of its Provider Capacity Task Force. This work was presented to the EICC on September 15, 2021, and posted in https://www.health.ny.gov/community/infants_children/early_intervention/docs/summary_eidata_race_ethnicity.pdf to ensure public access to this information in response to EIP stakeholder requests and to inform future efforts to identify and implement evidence-based policies and practices to improve racial and ethnic equity in the EIP.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

EICC Meetings – December 14, 2021, June 16, 2022, and December 15, 2022. The Department shared and obtained feedback from EICC members (including parents) on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department also sought specific feedback on family assessments and proposed future improvement strategies, based on data collected from both cohorts and related data from the State data system.

To share information on the APR including the SSIP with the public, the APR/SSIP was posted on the BEI Website.

Webinars with local Early Intervention Programs to share data and provide updates on improvement strategies and progress –July 29, 2021, August 19, 2021, November 3, 2021, November 17, 2021, January 27, 2022, March 17, 2022, May 19, 2022.

SSIP (family outcomes)/Target Setting Webinar with three UCEDDs (including parents)– November 23, 2021.

Strong Center for Developmental Disabilities Family Specialist Team (including parents) – December 22, 2021

Posts on the Early Intervention (EI) Community of Families Facebook Group (parents) – September 9, 2021, September 15, 2021, October 13, 2021, October 25, 2021, November 3, 2021, December 14, 2021, March 2, 2022, June 2, 2022, and June 15, 2022.

Communications disseminated to parents via the EI Families electronic Listserv – May 24, 2022, September 1, 2022, September 6, 2022.

SSIP Advisory Group Meeting (including parents)- October 27, 2021, March 15, 2022, and June 21, 2022.

Parents as Partners trainings – August 7, 2021, September 17-18, 2021, October 23, 2021, November 12-13, 2021, March 5, 2022, March 18-19, 2022, May 21, 2022, and June 24-25, 2022. Parents provided stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents reviewed the family outcomes data (indicators 4 and 11), as well as advised and assisted the Department with SPP/APR target setting (September 17, 2021) and reviewed and provide feedback on Department developed materials related to the SSIP, to support the Department in efforts to improve outcomes for families.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The results of the data analysis were presented to the public in both graphs and tables for the target setting and development of the improvement strategies and evaluation. The graphs illustrated the trends of all the historical data and the projections with 95% confidence interval band predicted from the historical data. The lines of baseline, previous targets, and recommended targets were also included to demonstrate how the targets were set and to facilitate the discussion on the target setting, the evaluation, and the strategies. The tables contained the actual numbers of the baseline, historical data, projections, previous and recommended targets for the stakeholders to review and vote on.

As described above, the Department shared the State's data and the proposed targets and the results of the target setting, data analysis, development of the improvement strategies, and evaluation, with the public on the BEI website. The Department also shared this information with the public via the BEI listserv – over 3,000 stakeholders (parents, providers, local EIP administrators) are registered.

The Department re-engaged with the three UCEDDs, which includes parents. These stakeholders reviewed family outcomes data (Indicators 4 and 11), as well as advised and assisted the Department with SPP/APR target setting, to support the Department in efforts to improve outcomes for families.

The Department presented and discussed the data analysis results with the statewide EICC on December 14, 2021, and December 15, 2022, which was webcast live to the public and archived in the Department website for the public to review. The Department presented and discussed the data analysis results on several all-county conference calls with the local early intervention managers, officials, and other county staff on November 17, 2021, and July 21, 2022, and on the call with the UCEDDs on November 23, 2021.

Reporting to the Public:

How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The Department maintains a public web site for the New York State Early Intervention Program at the following address:

https://www.health.ny.gov/community/infants_children/early_intervention/

Statewide and local performance data for FFYs 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, and 2020 are available on the Department's public web site. The statewide and local performance data by year, including 2020, can be accessed by pasting the following address in your Internet browser: https://www.health.ny.gov/statistics/community/infants_children/early_intervention/

The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets. Printed and electronic copies of the APR will be available at no cost to any citizen of the State requesting the document. The FFY 2021 APR will be posted on the Department's public web site.

The Department maintains an SSIP webpage on the public web site. The SSIP page includes information on all project phases, the State's theory of action, SSIP evaluation plan, measures for improvement, evidence-based practices on family-centeredness, learning collaborative process, local SSIP projects, Statewide scale-up activities, and training for parents and providers on best practices.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 72.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 85.75% | 86.22% | 82.69% | 83.10% | 90.13% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 6,676 | 12,429 | 90.13% | 100% | 69.18% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

There was a decrease in indicator 1 from 90.13% in FFY 2020 to 69.18% in FFY 2021 (a change of -20.95%). Indicator 1 is calculated for each child, so if a child is authorized for three services with two delivered in a timely manner and one service is delayed, that child would not be counted as receiving timely services in the APR calculation.

The Department began to permit the use of a telehealth for individual services and implemented a telehealth consent form on 3/18/2020. Parental consent was needed prior to initiating any EI service via telehealth. Some families consented to receive services via telehealth, while other families did not consent to telehealth because they preferred to receive the in-person services for their child and family's IFSP. Due to Statewide provider shortages and many providers who are only willing to provide telehealth services, numerous local programs (counties) struggled to locate providers to render in-person services within 30-days for those families who did not consent to receive telehealth services. This caused slippage for Indicator 1. According to Cindy Weigel's technical assistance on 10/18/2022 from ECTA and DaSy, "When a state has the option of telehealth or in-person services and the family requests in-person, it is the program's responsibility to provide in-person services. If no provider is available, code your delay reason as an agency reason for the delay or "non-discountable" reason. When reporting in your APR for OSEP, describe the number of families that refused telehealth when it was available because they preferred in-person and staff were not available. Be specific about the discipline that was not available (e.g., OT, PT, SLP). Sharing workforce shortages is important to include in your report."

During the Declared State of Emergency due to COVID-19, EI services in NYS were being provided via telehealth to the maximum extent possible. The NY State COVID-19 Emergency ended in June 2021, at which time some individual in-person early intervention services resumed. Group intervention services were permitted to resume in September 2021 when schools reopened. However, some counties did not permit groups, or in-person services based on their county's health metrics. Prior to the pandemic, telehealth had never been a method by which EI services were rendered in NY and there has been reluctance on the part of early intervention providers to return to in-person service delivery. The current reimbursement rates for providers are the same for telehealth services and in-person services.

As reported below, there were a total of 2,865 unique children with at least one service delayed by this reason for a total of 4,084 services of the following service types. Some children listed below had more than one service type delayed by this reason.

Speech language pathology: 1,544 children and services
 Special instruction: 1,046 children and services
 Occupational Therapy: 873 children and services
 Physical Therapy: 513 children and services
 Family Training: 68 children and services
 Social Work: 21 children and services
 Assistive Technology: 11 children and services
 Vision: 3 children and services
 Nutrition: 2 children and services
 Family Counseling: 1 child and service
 Family Support: 1 child and service
 Audiology: 1 child and service

Additionally, lack of provider capacity is a significant factor affecting timeliness of Early Intervention service delivery. The Department and EICC recognize this and have convened the State EICC's Provider Capacity Workforce Taskforce and Rate Setting Taskforce to work on solutions. The Department is engaged in the activities outlined below, which are intended to improve provider capacity and ensure that children and families receive Early Intervention services to which they are entitled:

- Implementing recommendations of the State EICC's Provider Capacity Workforce Taskforce, such as decreasing the required experience hours for individual approval and promoting competency areas for the delivery of family centered Program evaluations and services.
- Implementing a promotional campaign which will focus on increasing services in underserved areas and outreach/recruitment of providers (students who may be interested in the field of early intervention as well as licensed and/or certified professionals). The campaign is alerting providers of the career opportunities in NYS EIP from November 28, 2022-January 30, 2023, using banner ads, ads on social media, ads in relevant professional journals, increased access during internet searches, ads on billboards and at transit stations (e.g., bus shelters).
- Attending State conferences for professional organizations to promote and recruit Early Intervention providers.
- Partnering with municipal officials to enhance provider outreach at the local level as municipalities know the population and service needs best.
- Revising regulations to add in four new licensed professionals (mental health practitioners).
- Implementing a new statewide data system which will enable licensed behavior analysts and certified behavior analyst assistants to deliver services in the Program.
- Participating in national groups focused on increasing the provider workforce.
- Connecting with families via the Department's Bureau of Early Intervention EI Families Facebook Group and EI Families listserv. The Facebook Group has 1,000 members.
- Collaborating with families and furthering their leadership and advocacy skills through the Department sponsored Parents as Partners training. Through this contract, the Family Initiatives Coordination Services Project Coordinator connects with families of young children with disabilities in the community and provides resources and information on the Program. There is also a dedicated website, EIFamilies.com, which provides resources and information on a variety of topics for families, including how to make a referral to the Program, what services are available, how to work with your IFSP team, and how to advocate for your child.
- Promoting the Program to families and sharing how to make a referral to the Program, through a short video vignette titled, "Welcome to the Early Intervention Program." This video is shared with the EI Families Facebook Group, via the EI Families listserv, posted to the families' page on the Department's Bureau of Early Intervention webpage, and is available on the NYSDOH NY-YouTube channel. In the future, it will be added to the EI Families website.

. The Department is working collaboratively with the EICC Rate Setting Taskforce to develop recommendations for the Department regarding the current rate methodology. The Task Force will base their recommendations on analysis of data regarding socioeconomic status, region, race/ethnicity, language, access to services, and impact on agencies and the workforce of the Early Intervention Program. The objective will be to ensure the rates are equitable, efficient, and cost effective.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

1,923

Provide reasons for delay, if applicable.

The Department reviewed the reasons for delay.

Discountable delay reasons attributable to exceptional family circumstances:

1. Family problem scheduling appointment: 1,215 children with 1,659 services delayed by this reason
2. Family delayed response or consent for an appointment: 578 children with 755 services delayed by this reason
3. Family missed or canceled an appointment: 552 children with 728 services delayed by this reason
4. COVID-19: 50 children with 66 services delayed by this reason
5. Weather or other emergency declared: 2 children with 2 services delayed by this reason
6. Natural Disaster: 0 services delayed by this reason

Non-discountable delay reasons:

1. Telehealth refused and no in-person service available within 30 days: 2,865 children with 4,084 services delayed by this reason
2. Provider capacity issue: 767 children with 950 services delayed by this reason
3. Provider scheduling problem: 181 children with 190 services delayed by this reason
4. Service Coordinator data entry error and/or delay: 129 children with 147 services delayed by this reason
5. EIO/D and/or municipal data entry error and/or delay: 58 children with 66 services delayed by this reason
6. Transportation issue: 14 children with 17 services delayed by this reason

Note: The numerator and denominator for indicator 1 include the number of unique infants and toddlers. Since most children receive more than one service, the timeliness and delay reasons for all of a child's services are reviewed. If the child has at least one service that is delayed for a non-discountable reason, the unique child is included in the denominator and not the numerator for this calculation.

There were 12,429 infants and toddlers included in the calculation. There were 6,676 infants and toddlers who received all of their services within 30 days. There were 1,923 infants and toddlers with documented delays attributable to exceptional family circumstances. These 8,599 infants were included in the numerator and denominator. There were 3,830 infants and toddlers with at least one service that was delayed for a non-discountable service and were included in the denominator but not the numerator.

All of the delayed services have a documented delay reason. The 12,429 infants and toddlers received a total of 28,642 services. There were 19,978 (69.8%) services that were initiated timely within 30 days, 3,210 (11.2%) delayed attributable to exceptional family circumstances, and 5,454 (19.0%) delayed by non-discountable reasons. Most infants and toddlers receive more than one service. The breakdown for delay reasons for each group is detailed above.

There was a total of 12,904 timely services among the 6,676 children considered timely, 2,335 timely services among the 1,923 children who had at least one service delayed due to a discountable reason, and 4,739 timely services among the 3,830 children with at least one service delayed due to a non-discountable reason. In total, among all 12,429 (6,676+1,923+3,830) children sampled there were 19,978 (12,904+2,335+4,739) timely services performed.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

NYS EIP considers timely receipt of early intervention services, a service that is received within 30 days from the point that the service is agreed upon with the family.

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

State database

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

Third Quarter of FFY 2021-2022 January 1, 2022 – March 31, 2022

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2021-2022, therefore one quarter of FFY 2021-2022 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

The benchmark for timely services in New York is 30 days from when the family provides written consent for the services in the IFSP. The program's data systems do not capture the reasons for delays in services. In order to capture the reasons, each local program (municipality) was provided a report of the infants and toddlers with new services authorized on an initial or subsequent IFSP between January 1, 2022, and March 31, 2022, and for whom those services were not initiated within the required timeframe. Municipalities were instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories:

Discountable delay reasons attributable to exceptional family circumstances:

Family problem scheduling appointment

Family delayed response or consent for an appointment

Family missed or canceled an appointment

COVID-19

Weather or other emergency declared

Natural Disaster

Non-discountable delay reasons:

Telehealth refused and no in-person service available within 30 days
 Provider capacity issue
 Provider scheduling problem
 Service Coordinator data entry error and/or delay
 EIO/D and/or municipal data entry error and/or delay
 Transportation issue

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 50 | 3 | 47 | 0 |

FFY 2020 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

The Department notified six early intervention providers that they received a monitoring finding for non-compliance with indicator 1 during their on-site or virtual monitoring review.

The Department issued formal, written reports of the findings to each provider within 90 days of the on-site or virtual review. The providers were required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The providers' CAPs included an analysis completed by the provider of the root cause of the noncompliance and all activities they will implement to correct the noncompliance (including training of staff and oversight). Department staff reviewed and approved the CAPs within 60 days of receipt and notified the providers in writing that their CAP was approved. The Department and Department monitoring contract staff provided written technical assistance prior to submission of CAP. Additional technical assistance was provided by Department staff by phone call as needed to support the provider. To ensure that the provider implemented changes that were identified in the CAP, the Department verified through a systemic level that non-compliance was corrected by requiring that the provider submit a subset of child records for Department review one year after CAP acceptance. One provider achieved 100% compliance within one year and two providers were verified as corrected after one year. Three providers were not able to be verified at a systemic level because they stopped delivering Early intervention Program services during the COVID pandemic. If these providers begin delivering services in the future, child records will be reviewed to ensure that any changes identified in their CAPs were implemented.

Data Findings of Noncompliance:

The Department notified forty-four local programs (municipalities) of a data finding for this indicator in FFY 2020. Two of these local programs achieved 100% compliance based on a review of their data within one year. Forty-two of these programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2020, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from January to March 2022. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or Virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, the monitoring contractor determined that each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the local program.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely service initiation for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either services authorized were delivered to the child and family in accordance with the agreed-upon IFSP, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The Department identified a total 50 findings of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2020 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFACTS Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 89.81% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 90.00% | 90.00% | 90.00% | 90.00% | 91.00% |
| Data | 92.75% | 92.30% | 92.46% | 91.71% | 95.57% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|--------|--------|
| Target >= | 91.00% | 91.00% | 91.00% | 91.00% | 91.00% |

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|--------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 27,470 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 29,550 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 27,470 | 29,550 | 95.57% | 91.00% | 92.96% | Met target | No Slippage |

Provide additional information about this indicator (optional).

NY Part C used 10/1/2021 to count number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings and total number of infants and toddlers with IFSPs.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

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

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

*Sampling of **infants and toddlers with IFSPs** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Historical Data

| Outcome | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2013 | Target>= | 61.00% | 62.00% | 63.00% | 64.00% | 66.00% |
| A1 | 58.19% | Data | 58.88% | 64.29% | 67.61% | 71.44% | 73.24% |
| A2 | 2013 | Target>= | 43.00% | 44.00% | 45.00% | 45.00% | 40.30% |
| A2 | 40.27% | Data | 40.91% | 44.73% | 43.68% | 39.33% | 41.74% |
| B1 | 2013 | Target>= | 72.50% | 73.00% | 73.50% | 74.00% | 74.50% |
| B1 | 71.22% | Data | 71.80% | 74.26% | 74.65% | 78.10% | 80.06% |
| B2 | 2013 | Target>= | 41.00% | 42.00% | 43.00% | 43.00% | 39.00% |
| B2 | 38.72% | Data | 41.83% | 39.34% | 40.29% | 38.08% | 39.82% |
| C1 | 2013 | Target>= | 71.50% | 72.00% | 72.50% | 73.00% | 75.50% |
| C1 | 70.02% | Data | 73.78% | 73.54% | 74.92% | 77.15% | 79.26% |
| C2 | 2013 | Target>= | 40.00% | 41.00% | 42.00% | 42.00% | 37.00% |
| C2 | 37.61% | Data | 36.22% | 36.95% | 38.29% | 36.61% | 37.43% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A1>= | 66.50% | 67.00% | 67.50% | 68.00% | 68.50% |
| Target A2>= | 40.50% | 40.70% | 40.90% | 41.10% | 41.30% |
| Target B1>= | 75.00% | 75.50% | 76.00% | 76.50% | 77.00% |
| Target B2>= | 39.20% | 39.40% | 39.60% | 39.80% | 40.00% |
| Target C1>= | 75.75% | 76.00% | 76.25% | 76.50% | 76.75% |
| Target C2>= | 37.15% | 37.30% | 37.45% | 37.60% | 37.75% |

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

4,677

Outcome A: Positive social-emotional skills (including social relationships)

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 100 | 2.14% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 988 | 21.12% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,660 | 35.49% |

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|---------------------------|----------------------------|
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,308 | 27.97% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 621 | 13.28% |

| Outcome A | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,968 | 4,056 | 73.24% | 66.50% | 73.18% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,929 | 4,677 | 41.74% | 40.50% | 41.24% | Met target | No Slippage |

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

| Outcome B Progress Category | Number of Children | Percentage of Total |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning | 95 | 2.03% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 834 | 17.83% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,983 | 42.40% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,441 | 30.81% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 324 | 6.93% |

| Outcome B | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------------|-----------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 3,424 | 4,353 | 80.06% | 75.00% | 78.66% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,765 | 4,677 | 39.82% | 39.20% | 37.74% | Did not meet target | Slippage |

Provide reasons for B2 slippage, if applicable

The Department is committed to ensuring positive outcomes for children who participate in the NYS EIP. The Department has reported a decrease in children documented as functioning within age expectations in the child outcomes area of acquisition and use of knowledge and skills (Indicator 3B2) from 39.82% in FFY 2020 to 37.74% in FFY 2021.

The Department has been closely working with the municipalities to support data collection, quality, and accuracy. The Department has increased the data transparency over the years for the municipalities to see and review the entry and exit forms and outcomes of their children as well as the summaries across the municipalities. To enhance IFSP team members' knowledge about the COS process, and to improve the accuracy of COS ratings, DOH developed a new COS training. This course outlines the COS process and details both federal as well as NYS specific procedural requirements. The first portion of the course is an adaptation of the Child Outcomes Summary (COS) Process training, which was developed collaboratively between ECTA and DaSy. The final portion of this training focuses on the fundamental requirements of the COS process as it relates to the NYS EIP. The percent of the Child Outcome B Progress Category c (Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) increased from 41.68% in FFY 2020 to 42.40% in FFY 2021. However, the Category d (Infants and toddlers who improved functioning to reach a level comparable to same-aged peers) decreased from 32.60% in FFY 2020 to 30.81% in FFY 2021. Category e decreased a

similar level from 7.22% to 6.93%. These changes resulted in Indicator 3B1 decreasing from 80.06% in FFY 2020 to 78.66% in FFY 2021, while 3B2 slipped from 39.82% in FFY 2020 to 37.74% in FFY 2021.

For the outcome to be in categories d and e for the numerator of B2, the rating in the exit form must be 6 or 7, that the child completely achieves the function appropriate for his or her age. During the COVID-19 pandemic, almost all the EI services were provided by telehealth. Also, parents and providers in the IFSP team filled out the exit forms mostly by telecommunication. They usually had more concerns about the child's functioning than they did before the pandemic and therefore tended to answer No to the question "Is the child's functioning age-appropriate across all or almost all settings and situations?" in the Decision Tree for Summary Rating Discussions. This resulted in a lot less exit forms rated in 6 or 7 and thus slippage of B2. Additionally, restrictions during the pandemic would make it difficult to judge performance in the settings other than home.

The Department will continue to analyze child outcome indicators by factors that may influence the State's reporting, including the severity of delays and diagnoses of the population, the length of time in the NYS EIP, initial scores on the Child Outcome Summary process, socio-economic factors, and geographic location, to facilitate improvement.

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 111 | 2.37% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 814 | 17.40% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,106 | 45.03% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,419 | 30.34% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 227 | 4.85% |

| Outcome C | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 3,525 | 4,450 | 79.26% | 75.75% | 79.21% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,646 | 4,677 | 37.43% | 37.15% | 35.19% | Did not meet target | Slippage |

Provide reasons for C2 slippage, if applicable

The Department is committed to ensuring positive outcomes for children who participate in the NYS EIP. The Department has reported a decrease in children documented as functioning within age expectations in the child outcomes area of use of appropriate behaviors to meet their needs (Indicator 3C2) from 37.43% in FFY 2020 to 35.19% in FFY 2021.

The Department has been closely working with the municipalities to support data collection, quality, and accuracy. The Department has increased the data transparency over the years for the municipalities to see and review the entry and exit forms and outcomes of their children as well as the summaries across the municipalities. To enhance IFSP team members' knowledge about the COS process, and to improve the accuracy of COS ratings, DOH developed a new COS training. This course outlines the COS process and details federal as well as New York State specific procedural requirements. The first portion of the course is an adaptation of the Child Outcomes Summary (COS) Process training, which was developed collaboratively between ECTA and DaSy. The final portion of this training focuses on the fundamental requirements of the COS process as it relates to the NYS EIP. The percent of the Child Outcome C Progress Category c (Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) increased from 42.79% in FFY 2020 to 45.03% in FFY 2021 while Category a (Infants and toddlers who did not improve functioning) decreased from 2.58% in FFY 2020 to 2.37% in FFY 2021. Category d decreased from 32.60% to 30.34%. Therefore, Indicator 3C1 had a slight decrease from 79.26% in FFY 2020 to 79.21% in FFY 2021, while 3C2 slipped from 37.43% in FFY 2020 to 35.19% in FFY 2021.

For the outcome to be in categories d and e for the numerator of C2, the rating in the exit form must be 6 or 7, that the child completely achieves the function appropriate for his or her age. During the COVID-19 pandemic, almost all the EI services were provided by telehealth. Also, parents and providers in the IFSP team filled out the exit forms mostly by telecommunication. They usually had more concerns about the child's functioning than they did before the pandemic and therefore tended to answer No to the question "Is the child's functioning age-appropriate across all or almost all settings and situations?" in the Decision Tree for Summary Rating Discussions. This resulted in a lot less exit forms rated in 6 or 7 and thus slippage of C2. Additionally, restrictions during the pandemic would make it difficult to judge performance in the settings other than home.

The Department will continue to analyze child outcome indicators by factors that may influence the State's reporting, including the severity of delays and diagnoses of the population, the length of time in the NYS EIP, initial scores on the Child Outcome Summary process, socio-economic factors, and geographic location, to facilitate improvement.

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

| Question | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data | 28,636 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 0 |

| Sampling Question | Yes / No |
|---|----------|
| Was sampling used? | YES |
| Has your previously approved sampling plan changed? | NO |

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

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

Child outcomes summary entry and exit forms for children in sample cohorts are completed locally by IFSP teams. Municipalities (the 57 counties and New York City), which administer the local early intervention programs, are responsible for coordinating all aspects of the data collection process, including enrolling children into child outcomes cohort samples, ensuring Child Outcomes Summary Forms (COSFs) are completed at entry to and exit from the program, and transmitting COSFs to BEI. To meet the requirement to collect and report data annually to OSEP on the state's performance with respect to Indicator 3 on child outcomes with manageable burden to municipalities, the Department has developed a sampling plan for the annual selection and enrollment of a geographically structured random state sample of children entering the NYS EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes in the Annual Performance Report. Sample size calculations for both the State and locally representative samples are based on the NYS EIP's experience with initial IFSP meetings statewide and within the 58 municipalities.

For FFY 2020-2025 SPP/APR, the Department has continued to implement the sampling plan submitted in the "State Performance Plan for the NYS Early Intervention Program FFY 2005 – 2012 Revised January 2014" and posted online at https://www.health.ny.gov/community/infants_children/early_intervention/docs/2005-2012_state_performance_plan.pdf (page 29).

The sampling plan calls for a geographically structured random state sample of children entering the NYS EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes. Sample size calculations for both the State and locally representative samples are based on the NYS EIP's experience with initial IFSP meetings statewide and within the 58 municipalities. The sampling plan is described as below.

Sampling procedures: Within each local early intervention program (municipality – 57 counties and 5 boroughs in New York City), the Department calculates the sample size based on the initial IFSP meetings conducted previously. Starting from the first day (July 1st) of the FFY, each municipality sequentially enrolls children for whom the child outcome entry data is collected on the initial IFSP meetings until the sample size is reached. The sequential enrollment for the child outcome survey is representative of disability category, race, ethnicity, age, gender, etc. within each municipality.

The "State Performance Plan for the NYS Early Intervention Program FFY 2005 – 2012 Revised January 2014" utilized sample size calculations for both the State and locally-representative samples based on the EIP's experience with child referrals statewide, and within the fifty-eight municipalities, for the July 1, 2004-June 30, 2005 Program Year. The target was set at 800 children being required to be enrolled to be statistically representative.

Given the changes in the number of infants and toddlers enrolled and missing/incomplete forms, the sample size was continuously assessed. As a result, sample sizes were adjusted in response to changes in the enrollment to ensure the target was exceeded (not just met) and results were valid and reliable. For example, the overall statewide sample size was decreased in 2020 from 2019 because of the COVID-19 pandemic.

Procedures to address problems with: (a) response rates; (b) missing data; and (c) selection bias. The Department works with each municipality to monitor the enrollment completion every FFY to avoid selection bias. For children enrolled in the child outcome survey, each municipality must collect the child outcome exit data. The Department works with each municipality to identify children with any missing data for complete child outcome data on every enrolled child.

Prior to 2014, the Department managed the child outcome summary process through a vendor at the University of Buffalo for the data collection and analysis and the University of Binghamton Institute for Child Development for the training and technical assistance. The Department of Health assumed responsibility for the child outcome summary process and has invested significant resources in enhanced data collection monitoring and review of child outcome summary forms as well as data analysis and reporting. The Department has provided annual training about the child outcome summary process to the local EIS programs (municipalities) to ensure compliance with the sample size, enrollment, and form completion. The Department provides routine reports and communication to local EIS programs throughout the year. This direct support has resulted in increases in response rates and supported valid and reliable results geographically. The completed child outcome forms exceeded the target as a result of these efforts.

Samples are geographically representative. One quality issue identified was that with gaps (i.e., years when they were not sampled) in completing the child outcome summary process, local EIS programs were not remembering the child outcome summary process and the start and stop was more burdensome than completing the process each year. Therefore, each county is required to participate in the COS process annually. Statistically, the samples were more reliable and valid geographically. The Department exceeded the target. This is the one update that was made to the approved sampling plan, and this would result in more valid and reliable data geographically.

The Department also invested in online data submission which allowed for more current access to child outcome summary process forms and greater ability to monitor and provide feedback and technical assistance to local EIS programs. The online forms are submitted through the Department's secure online platform called the Health Commerce System. Only authorized individuals can access the platform and only individuals authorized for their local program can submit and view child outcome summary forms. Local data collection did not change from the sampling plan; the method of submitting the information was modernized with technology.

The Department also underwent a LEAN quality improvement project with the local EIS programs. The quality improvement process assessed the process of enrollment, data collection, data quality, data submission, and data analysis including exchange of information about progress between the

Department and local EIS programs. The LEAN quality improvement project was described in the Annual Performance Reports for FFY 2016, FFY 2017, and FFY 2018 and available online at:

https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2016.pdf

https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2017.pdf

https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2018.pdf

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The NYS EIP uses the Early Childhood Outcomes Center Child Outcomes Summary form and an approved sampling methodology to monitor Child Outcomes in New York State. Two versions of the Child Outcomes Summary Form (one for entry and one for exit data), originally developed by the OSEP-funded Early Childhood Outcomes Center (ECO), have been adapted for use in New York State to collect data necessary to measure the three child outcomes for this indicator.

Child outcomes summary entry and exit forms for children in sample cohorts are completed locally by IFSP teams. Municipalities (the 57 counties and New York City), which administer the local early intervention programs, are responsible for coordinating all aspects of the data collection process, including enrolling children into child outcomes cohort samples, ensuring Child Outcomes Summary Forms (COSFs) are completed at entry to and exit from the program, and transmitting COSFs to BEI. To ensure the protection of confidential information collected on the COSFs, municipalities are required to enter the form information into a secured on-line Person Electronic Response Data System (PERDS) on the Department's Health Commerce System or send completed forms to BEI via the Department's Health Commerce System's secure file transfer. Once BEI receives the completed forms, the data are entered into the PERDS database for analysis. Each child has a unique identifier so that COS scores can be linked back to individual children's IFSP and service information. Only children who have received more than six months of EI services are included in the calculation of the indicators.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State submitted its sampling plan for this indicator with its FFY 2021 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|---------------------------------|----------|--------|--------|--------|--------|--------|
| A | 2013 | Target>= | 78.00% | 79.00% | 93.00% | 93.00% | 93.10% |
| A | 75.99 % | Data | 78.43% | 75.76% | 92.30% | 94.82% | 95.38% |
| B | 2013 | Target>= | 74.00% | 75.00% | 91.00% | 91.00% | 91.10% |
| B | ####C0 4BBA SEDA TA### | Data | 74.18% | 71.59% | 90.70% | 96.03% | 96.04% |
| C | 2013 | Target>= | 86.00% | 87.00% | 93.00% | 93.00% | 93.05% |

| | | | | | | | |
|---|---------|------|--------|--------|--------|--------|--------|
| C | 84.16 % | Data | 86.26% | 84.85% | 92.64% | 94.99% | 93.10% |
|---|---------|------|--------|--------|--------|--------|--------|

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|--------|--------|
| Target A>= | 93.20% | 93.30% | 93.40% | 93.50% | 93.60% |
| Target B>= | 91.20% | 91.30% | 91.40% | 91.50% | 91.60% |
| Target C>= | 93.10% | 93.15% | 93.20% | 93.25% | 93.30% |

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

FFY 2021 SPP/APR Data

| | |
|---|--------|
| The number of families to whom surveys were distributed | 18,217 |
| Number of respondent families participating in Part C | 2,333 |
| Survey Response Rate | 12.81% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 2,147 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 2,316 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 2,172 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 2,297 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 2,135 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 2,262 |

| Measure | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---------------|-----------------|---------------|---------------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 95.38% | 93.20% | 92.70% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 96.04% | 91.20% | 94.56% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 93.10% | 93.10% | 94.39% | Met target | No Slippage |

Provide reasons for part A slippage, if applicable

Indicator 4A slipped from 95.38% in FFY2020 to 92.70% in FFY2021. This decrease may be driven by certain families in the EIP. Specifically, families whose primary language is English and who have older children in the program were less likely to report that early intervention services have helped the family know their rights.

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

| Question | Yes / No |
|--|----------|
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The respondents to the survey were not representative of the overall NYS EIP by race, ethnicity, infant's sex, and region. To ensure that response rates are representative in the future, the Department will monitor the ongoing representativeness of the returned surveys and follow up with Hispanic and non-White families, as needed. Additionally, the Department is participating in monthly technical assistance calls with the Early Childhood Technical Assistance Center to discuss the response rate and representativeness, and to strategize ways to improve. Due to these discussions, a brochure for families was developed, using family-friendly language, to describe the survey and the importance of completing it to improve the Program for future children and families. The Department will work with the Just Kids Early Childhood Learning Center to create a video for families describing what the Family Outcome Survey is and its importance. Collaborations with Parent Centers across NYS will occur to identify successful strategies that can be used to encourage non-White and Hispanic families to participate in the survey.

Survey Response Rate

| FFY | 2020 | 2021 |
|----------------------|--------|--------|
| Survey Response Rate | 14.04% | 12.81% |

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The Department has implemented several strategies to improve the response rate of the FOS data:

The Department has several current processes in place to ensure that parent names and addresses are accurate for the survey mailing using the State data system (NYEIS). We first identify those families who do not have parent names and addresses listed. We also identify the children who are in foster care, to ensure that family outcomes survey is mailed to the correct caregiver. DOH then sends the list of these identified families to the local programs, who are responsible for accessing the correct contact information and providing DOH with an accurate list prior to the survey mailing. Additionally, when the survey is sent out to families and is found to be undeliverable, we work to identify the correct address for the family from the US Postal Service whenever possible, and update the address in our system accordingly, so that a new survey is mailed to the family using the updated address.

Additionally, the FOS methodology has been revised based on stakeholder feedback. We now send the FOS out in four batches per year, which means distribution is now closer to the time that children exit the Program. Previously, the survey was only sent out once per year and therefore, some families received their survey as much as eight months after their child exited the Program.

To encourage parent participation in the survey, a reminder letter is mailed to all families who have not completed their survey in one of the four batches sent to families. During this reminder period, the Department uses its communication channels (Facebook group, EI Families listserv, stakeholder conference calls with local programs, EICC meeting, etc.) to remind families to complete their survey. The Department's Bureau of Early Intervention (BEI) will continue to promote the FOS to families to encourage their participation by sharing information and reminders to complete the FOS using its communication channels such as the EI Community of Families Facebook Group (currently over 1,000 members) and EI Families Listserv and include pictures of families that are underrepresented.

BEI has implemented several strategies to improve the response rate of the FOS data for underrepresented groups:

To increase response rates for underrepresented groups, the New York City (NYC) EIP (which implement the program in the five boroughs) will continue to use their family texting system to send survey reminders in both English and Spanish which will include the Quick Response (QR) code for families to complete the survey online. We have identified that 63% of Black families, 60% of Other race families, 59% of Hispanic families and 69% of families whose primary language is not English, live in NYC. By sending text messages to families in NYC, BEI is working towards: 1. improving representativeness racially, ethnically, by language and by region; 2. assisting with the promotion of the survey; and 3. encouraging families to complete their survey. The texting system will be used for all four survey batches.

BEI will also implement new strategies to improve the response rate for those groups that are underrepresented:

To improve representativeness racially, ethnically, and by language, an FOS infographic/brochure for parents was developed in collaboration with ECTA and DaSY technical assistance staff and parents attending our Partners training sessions, which explains what the survey is, shares NYS family outcomes data, as well as promotes the important role families play in improving outcomes when they complete the survey. The brochure uses family friendly language and addresses under-represented groups by including pictures of Asian, Hispanic, and Black families, and was translated into the six most popular languages spoken in the EIP (Arabic, Bengali, Chinese, Spanish, Russian, and Yiddish). In FFY 2022-2023, the brochure will be included in the FOS packet mailed to families to encourage their participation in the survey. Families whose preferred language is not English, as identified in NYEIS, will receive the FOS in English and their preferred language. The brochure will be posted to BEI's webpage and on the Statewide training webpage, eiFamilies website, and included in the Department sponsored Statewide training courses. Additionally, it will be shared with families on the EI Families Facebook Group and listserv. The brochure will be mailed to all municipalities (57 counties and New York City) based on the population of families they serve. The brochure will also be made available for stakeholders to order for free from the DOH Distribution Center to share with the EI families they serve.

Additionally, BEI will partner with the Parent Centers, Local Early Intervention Coordinating Councils, and the State SSIP Advisory Group (parents, providers, local program administrators) to identify methods to promote the FOS to underrepresented groups in their communities. Additionally, the Department plans to create an FOS training for providers and an FOS video for parents to encourage survey participation and increase response rate. The video for families will be added to the Department's webpage, shared on the eiFamilies webpage, with the Facebook Group, and on the listserv.

In the future, the Department will hold focus groups with underrepresented families, to obtain qualitative parent feedback on the Program.

Finally, to increase accessibility of the survey for more families in FFY 2023-2024, the FOS will be translated into an additional six languages (Haitian Creole, Korean, Italian, Polish, French, and Urdu). The survey will now be available to families in the top 12 most commonly spoken non-English languages among limited English proficient (LEP) New Yorkers, according to the NY State Office of Language Access, which uses U.S. Census data (including data from the American Community Survey) to determine the top 12 languages most commonly spoken by LEP individuals in NYS.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The Department has analyzed the survey data by race, ethnicity, sex, age at referral, region, and primary language to identify and report non-response bias. In order to obtain a more representative response, the Department surveys all families, provides the survey in seven languages, allows families to complete an online or paper survey, sends text messages about the survey to families in underrepresented regions, and sends the survey in four batches during the year.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

For FFY 2021-22, the Department sent out family survey invitation letters with both an on-line survey link/QR code and paper survey with return postage to all 18,217 families exiting the NYS EIP from July 1, 2021 to June 30, 2022, requesting they fill out the survey on-line or by mail. These families did not withdraw from the early intervention program and their children received at least six months of early intervention services. One survey letter was mailed to each family, even if the family had multiple children (i.e., twins or triplets) receiving services through the NYS EIP. In this situation, one of the children is selected at random and the first name of the child is indicated on the survey in which the family completes. Surveys are not sent to any families whose child passed away. There were 891 (4.9%) families undelivered letters because families moved after exiting the early intervention program. There were 2,333 surveys returned (1,132 completed the paper form, and 1,201 completed on-line) from the rest of the 17,326 families. The representativeness by Race, Ethnicity, Sex, Age at Referral, Region and Primary Language of the 2,333 respondents was compared to all 18,217 families.

Racial Representativeness

The families who returned the NYS Family Survey were not representative based on race. Of the 2,333 surveys returned, 1,813 were from White families, 174 were from African-American families and 346 were from Other race families. When comparing to the expected number based on the population, which was 1721 White, 288 African-American, and 324 Other races, there were 114 fewer surveys returned from African-American families than expected. The Chi-Square statistic for the observed versus the expected was statistically different ($p < 0.0001$). The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, more White and Other race families responded to each outcome than African-American families ($p < 0.0001$ for all three outcomes). There was not a difference in the positive response rate for Indicator 4A among families across the races (p value for 4A was 0.09). However, significantly fewer African-American families reported that Early Intervention services helped the family effectively communicate their children's needs and Early Intervention services have helped the family help their children develop and learn than White families and Other race families (p values were 0.02 and 0.04).

Ethnic Representativeness

The families who returned the NYS Family Survey were not representative based on ethnicity. Of the 2,333 surveys returned, 454 were from Hispanic families and 1,879 were from non-Hispanic families. The expected numbers based on the population were 588 Hispanic and 1,745 non-Hispanic families. There were 134 fewer responses from Hispanic families than expected. The Chi-Square statistic for the observed versus the expected responses by ethnicity was a p -value of <0.0001 , which was significantly different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. Fewer Hispanic families responded to each outcome than non-Hispanic families ($p < 0.0001$ for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between Hispanic and non-Hispanic families (p value for 4A was 0.45, 4B was 0.75, and 4C was 0.25).

Representativeness by Sex

The families who returned the NYS Family Survey were not representative based on sex. Of the 2,333 surveys returned, 730 surveys were returned from families with a female child and 1,603 from families with a male child. The expected numbers based on the population eligible for the survey were 775 females and 1,558 males. There were 45 fewer surveys returned from families with female children than expected. The Chi-Square statistics for the observed versus the expected was a p -value of 0.03 and was statistically different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, fewer families with female children responded to each outcome than families with male children ($p < 0.05$ for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between families with male versus female children (p -value for 4A was 0.84, 4B was 0.54, and 4C was 0.92).

Representativeness by Age at Referral

The families who returned the NYS Family Survey were representative based on Age at Referral. The mean age for the respondents was 19.47 months old ($SD=7.62$) when referred compared to 19.14 months old ($SD=7.78$) for the families who did not return the survey ($p=0.05$). The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. Fewer families with younger children responded to Indicators 4B and 4C than families with older children ($p < 0.05$ for these two outcomes). However, there were no statistical differences in the positive response rates for two out of three outcomes comparing between families with younger versus older children (p value for 4B was 0.25, and 4C was 0.59). There was a significant difference for 4A such that families with younger children were more likely to agree that Early Intervention services have helped them, or their family know about their rights.

Representativeness by Region

The families who returned the NYS Family Survey were not representative based on region. Of the 2,333 surveys returned, 832 were from families in NYC and 1,501 were from families in the rest of New York State (ROS). The expected numbers based on the population were 1,039 NYC and 1,294 ROS families. There were 207 fewer responses from NYC families than expected. The Chi-Square statistic for the observed versus the expected responses by region was a p -value of < 0.0001 , which was significantly different. The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, fewer families from NYC responded to each outcome than families from ROS ($p < 0.0001$ for all three outcomes). However, there were no statistical differences in the positive response rates for two of the three outcomes comparing between families from NYC versus ROS (p value for 4A was 0.33, and 4C was 0.48). There was a significant difference for Indicator 4B, such that families from ROS were more likely to agree that Early Intervention services have helped them to communicate more effectively with the people who work with their child and family.

Representativeness by Primary Language

The families who returned the NYS Family Survey were representative based on language (p value of 0.06). The Department looked at the

representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, families were representative by language for all three indicators ($p > 0.05$). However, there were no statistical differences in the positive response rates for two of the three outcomes comparing between families based on primary language (p value for 4B was 0.48, and 4C was 0.09). There was a significant difference for 4A such that families whose primary language was not English were more likely to agree that Early Intervention services have helped them, or their family know about their rights.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

In order to determine representativeness, the chi-square test was used to determine whether there was a significant difference between the actual response rate from a given group (i.e., observed frequencies) versus the number of responses expected from the group (i.e., expected frequencies) based on the population. Specifically, the Department examined the response rates by race (i.e., White, Black, Other race), ethnicity (i.e., Hispanic, Non-Hispanic), sex (i.e., male, female), primary language (i.e., English, Spanish, Other languages), and the region where the family lived (i.e., NYC, the rest of the state). The t test was used to examine the difference on the mean age at referral between the responding and non-responding families. When there was a statistically significant difference in the response rates, the Department further analyzed and reported whether there were statistically significant differences in each of the three family outcome areas (Indicator 4A, 4B and 4C) between the underrepresented and overrepresented groups in the family outcome survey. All analyses were conducted using SAS v9.4 (SAS Institute, Cary, NC).

Provide additional information about this indicator (optional).

Collection tool

To collect data on the three federally required family outcomes, the Department has been using the family outcome survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). In FFY 2017-18, the Department decreased the number of items on the family survey from 95 items to 36 items. These 36 items on the adapted "Impact of Early Intervention Services on Your Family" Scale (IFS) are used for both APR and SSIP reporting. For FFY 2018-19, data was collected for both indicator 4 and 11 from all families using the same 36 NCSEAM survey items. Starting in FFY 2019-20, the survey was shortened again from 36 to 24 items. Twenty-two of the items were the original IFS items from the NCSEAM and the remaining two items assessed families' willingness to utilize services delivered by telehealth and their perception of telehealth. Both Professor Batya Elbaum from NCSEAM and the TA from IDEA Data Center confirmed that these 22 items could be used for both indicators 4 and 11 and still maintain the NCSEAM's reliability and validity. The 22 items were assessed at the 8th Flesch-Kincaid Grade reading level while the previous 36 at 11th.

Invitation letters with both an on-line survey link/QR code and paper survey with return postage were mailed to all applicable families in four batches depending on when their children exited the program. All letters had survey questions printed on the reverse side so families could return the survey by Business Reply if they chose to do so. There was a reminder letter sent out in November 2022 in the same format. Both the letter and survey were translated into Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish. The FOS invitation letter and survey, as well as the online survey, were provided in English and in the family's preferred language.

Methodology to report family outcomes for indicator 4

Starting in FFY 2018-19, New York Part C reported family outcomes using the percentage of positive responses from families on specific NCSEAM IFS survey item(s) which correspond to each outcome described below:

Families with a positive response to a survey item = families agree + families strongly agree + families very strongly agree

Indicator 4A (percent of families participating in Part C who report that early intervention services have helped the family know their rights) is based on positive response rate from families to survey item: "Early Intervention services have helped me and/or my family know about my child's and family's rights concerning early intervention services."

Indicator 4B (percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) is based on positive response rate from families to survey item: "Early Intervention services have helped me and/or my family communicate more effectively with the people who work with my child and family."

Indicator 4C (percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn) is based on positive response rate from families to both "Early Intervention services have helped me and/or my family understand my child's special needs." and "Early Intervention services have helped me and/or my family do things with and for my child that are good for my child's development."

In FFY 2021-22, NY had 18 NCSEAM IFS items with a positive response above 90% and 4 items were between 80% and 90%.

For the two telehealth survey items, the following responses from the families were received:

For the item "Think back on your child and family's time in the Early Intervention Program. If your child received Telehealth services, they worked well. Telehealth services mean your child received services through a computer, tablet, or smartphone." The positive response was 65%.

For the item "Think back on your child and family's time in the Early Intervention Program. Telehealth services may not have been available to your child and family. If they were available, would you have used them? Telehealth services mean your child received services through a computer, tablet, or smartphone." Families responded "Yes" 47% of the time; 36% responded "No"; and 17% responded "Maybe."

4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2020 SPP/APR

The lack of representativeness is a concern because the goal is to ascertain how all families feel about the EIP. Therefore, NYS applied to participate in a cross-state learning collaborative, hosted by the ECTA Center and DaSY, to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of the FOS data around representativeness, to identify

- disparities. New strategies to improve in this area were identified and were implemented during FFY 2021-2022, including:
- o For each batch of FOS, the NYC EIP sent out a text message to their cohort of families to encourage participation in the FOS.
 - o Sending the FOS out in four batches per year, closer to the time that children exited the Program, instead of once per year. The Department developed posts for the EI Community of Families Facebook Group (<https://www.facebook.com/groups/NYSDOHEI>) and for the EI Families electronic listserv, to remind and encourage parent participation in the FOS.
 - o A four-part video series was developed titled, Families' Perspectives: A Parent's Journey to EI (https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/training_for_families.pdf), featuring parents of children who were in the EIP and was developed to highlight how the EIP helped their family. Three of the videos in the series focused on families living in communities where language could be a barrier to connect to the Program. In these videos, English, Spanish, Bengali, and Chinese-speaking parents talk about their family's journey from concern about their child's development, to early EI enrollment. These videos were promoted to parents on the EI Community of Families Facebook group and posted on the BEI website and DOH YouTube page, eiFamilies webpage, and shown to stakeholders during EICC meetings.
 - o Translated all parent information letters and the application for the Parents as Partners training into the six (6) most spoken languages in the EIP.
 - o Reviewed the make-up of the current EICC and determined that more parents would improve family representation on the Council. The Department decided to use a recently vacated discretionary seat and fill it with a parent (developed and disseminated an EICC Parent Application to recruit new parent EICC members and promoted the availability of the two new parent member seats via the EI Families Facebook Group and Family Listserv; contacted several Parent Centers (e.g., Sinergia) and the Chinese American Planning Council (Queens, NY); collaborated with the Family Initiatives Coordinator to reach out to current and past parent graduates of Partners training; presented at EICC meetings). The Department developed a survey to better understand the current EICC members demographics, to increase representativeness on the Council in the future.
 - o Additionally, BEI SSIP staff developed a presentation of its work from the Family Outcomes cross-state learning collaborative, which was presented by ECTA staff at the August 2022 Improving Data, Improving Outcomes conference, on Using Part C Family Outcomes Data to Examine Equity and Representativeness.
 - o BEI staff have also been participating in the Family Outcomes Data Community of Practice, and the Part C Racial Equity Learning Community through ECTA.

4 - OSEP Response

4 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 1.10% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 1.22% | 1.22% | 1.22% | 1.22% | 1.11% |
| Data | 1.13% | 1.16% | 1.08% | 1.01% | 0.68% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 1.11% | 1.11% | 1.11% | 1.11% | 1.11% |

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 1,829 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 211,231 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 1,829 | 211,231 | 0.68% | 1.11% | 0.87% | Did not meet target | No Slippage |

Provide additional information about this indicator (optional)

NY used 10/1/2021 as the date to count number of infants and toddlers birth to 1 with IFSPs.

5 - Prior FFY Required Actions

None

5 - OSEP Response**5 - Required Actions**

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED**Facts** Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations . The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2013 | 3.95% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 4.00% | 4.00% | 4.00% | 4.00% | 4.25% |
| Data | 4.35% | 4.42% | 4.56% | 4.63% | 3.77% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 4.25% | 4.25% | 4.25% | 4.25% | 4.25% |

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 29,550 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 649,646 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 29,550 | 649,646 | 3.77% | 4.25% | 4.55% | Met target | No Slippage |

Provide additional information about this indicator (optional).

NY used 10/1/2021 as the date to count number of infants and toddlers birth through 2 with IFSPs.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 52.90% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.74% | 96.40% | 96.11% | 95.25% | 96.64% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 3,947 | 8,488 | 96.64% | 100% | 94.36% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

There was a decrease in indicator 7 from 96.64% in FFY 2020 to 94.36% in FFY 2021 (a change of -2.28%). The number of children being referred to the early intervention program is rebounding since COVID occurred in FFY 2019. Therefore, the denominator increased from 7,380 in FFY 2020 to 8,488 in FFY 2021 for the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted. The number of non-discountable delays due to evaluator conducting a late evaluation increased from 86 in FFY 2020 to 173 in FFY 2021. Early intervention

official/designee (EIO/D) scheduling problems also increased from 15 in FFY 2020 to 142 in FFY 2021. These delays could be attributed to local staffing issues.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

4,062

Provide reasons for delay, if applicable.

The Department reviewed all the delay reasons for the children with their initial IFSP meetings delayed.

For the children with delay reasons, the following discountable delay reasons attributable to exceptional family circumstances were documented: 1,434 children with delayed IFSP due to family - missed/canceled evaluation or IFSP meeting.

1,422 children with delayed IFSP due to family - problem scheduling evaluation

782 children with delayed IFSP due to the COVID-19 pandemic.

386 children with delayed IFSP due to family - unresponsive/moved

10 children with delayed IFSP due to weather emergency declared

25 children with delayed IFSP due to early intervention official/designee (EIO/D) encountered foster care problem

3 children with delayed IFSP due to natural disaster

Non-discountable delay reasons:

173 children with delayed IFSP for Evaluator conducted late evaluation

142 children with delayed IFSP for EIO/D scheduling problem

138 children with delayed IFSP for Evaluator sent report late

9 children with delayed IFSP for Translation difficulty

8 children with delayed IFSP for Child eligible through mediation/impartial hearing

7 children with delayed IFSP for initial service coordinator (ISC) high caseload

2 children with delayed IFSP for ISC unable to facilitate transportation to evaluation and/or IFSP for family

0 children with delayed IFSP for EIO/D referred child late to ISC

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

State database

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

Third Quarter of FFY2021-2022 January 1, 2022 – March 31, 2022

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

As allowed by OSEP, New York is reporting data for one quarter of the Federal Fiscal Year (FFY) 2021-2022. The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of FFY 2021-2022, so one quarter of 2022 (January 1 to March 31) was selected for the calculation of the indicator. There were 8,488 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between January 1, 2022 and March 31, 2022.

Provide additional information about this indicator (optional).

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 782 children with their initial IFSP meetings delayed by the COVID-19 pandemic as part of the 4,062 children with delayed initial IFSP meetings attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 19 | 3 | 16 | 0 |

FFY 2020 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

The Department notified nineteen local programs (municipalities) of a data finding of noncompliance for this indicator in FFY 2020. Three of these local programs achieved 100% compliance based on a review of their data within one year. Sixteen local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2020, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely IFSP meetings. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a verification of data in the Early Intervention Program data systems for IFSPs that were developed within one year from identification of the finding and all of them were corrected as a system.

The Department ensured correction of a system finding by reviewing data from January to March 2022. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely IFSP meetings for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either the IFSP meeting was conducted, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The Department identified a total of 19 findings of noncompliance from the local programs (municipalities) and verified that each of the local programs identified as non-compliant for FFY 2020 during the data reviews correctly implemented the specific regulatory requirement. The Department utilized data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 83.30% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.42% | 99.75% | 99.95% | 99.90% | 99.73% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 5,323 | 5,394 | 99.73% | 100% | 99.72% | Did not meet target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

56

Provide reasons for delay, if applicable.

The Department reviewed the delay reasons for all 71 children with their transition steps and services delayed.

Discountable delay reasons attributable to exceptional family circumstances:

Family delayed or weather emergency for 47 children.

COVID-19 for 9 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 15 children.

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

State database

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

Third Quarter of FFY 2021-2022 January 1, 2022 – March 31, 2022

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2021-2022, therefore one quarter of FFY 2021-2022 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 9 children with their transition steps and services delayed by the COVID-19 pandemic as part of the 56 children with documented delays attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3 | 1 | 2 | 0 |

FFY 2020 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Data Finding of Noncompliance:

The Department notified three local programs (municipality) of a finding of noncompliance for this indicator in FFY 2020. One of these local programs achieved 100% compliance based on a review of their data within one year. The other two local programs achieved 100% compliance based on a review of their data but not within one year.

In compliance with the OSEP Memo 09-02, for FFY 2020, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition steps and services. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a verification of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2022. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

Data Finding of Noncompliance:

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

For each child with the original finding of noncompliance identified, a review of the data system verified that either timely transition steps for the child were developed, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The Department identified a total of 3 findings of noncompliance from the local programs (municipalities) and verified that each of the local programs identified as non-compliant for FFY 2020 during the data reviews correctly implemented the specific regulatory requirement. The Department utilized data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 95.30% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.23% | 99.05% | 99.58% | 98.37% | 96.27% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data**Data include notification to both the SEA and LEA**

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|----------|
| 3,049 | 4,760 | 96.27% | 100% | 91.84% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Indicator 8B slipped from 96.27% in FFY2020-21 to 91.84% in FFY2021-22. Municipalities (57 counties and the City of New York) are responsible for local administration of the EIS program and for administration of the preschool special education (Part B) program. The entire FFY 2021 (7/1/2021-6/30/2022) was still in the COVID-19 pandemic. Many service coordinators and county staff were deployed on COVID-19 response activities including vaccination efforts, and therefore may not have been able to notify parents in a timely manner regarding the opportunity to opt out of referral to Part B services. The municipalities had significant staff changes and shortages for both Part B and Part C local programs.

The Department has been consistently reporting the number of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services, as required by the Measurement Table. The measurement was not changed by the COVID-19 pandemic.

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

1,440

Provide reasons for delay, if applicable.

The Department reviewed the reasons for delay.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 271 children.

Describe the method used to collect these data.

The transition data of the exiting toddlers has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State database

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

Third Quarter of FFY 2021-2022 January 1, 2022 – March 31, 2022

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2021-2022, therefore one quarter of FFY 2021-2022 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).**Correction of Findings of Noncompliance Identified in FFY 2020**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 23 | 7 | 16 | 0 |

FFY 2020 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

The Department notified two early intervention providers that they received a monitoring finding for non-compliance with this indicator during their monitoring review.

The Department issues a formal, written report of the finding to this provider within 90 days of their review. The provider was required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The provider's CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they implemented to correct the noncompliance (including training of staff and oversite). Department staff reviewed and approved the submitted CAP within 60 days of receipt and the provider was formally notified in writing that their CAP had been approved. The Department and monitoring contract staff provided written technical assistance to the provider prior to submission of CAP. Additional technical assistance was provided by Department staff by phone call as needed to support the provider. To ensure that the provider implemented changes that were identified in the CAP, the Department verified, through a systemic level, that non-compliance was corrected by requiring the provider to submit a subset of child records for Department review one year after CAP acceptance. One provider achieved 100% compliance within one year and one was verified as corrected outside of the year.

Data Finding of Noncompliance:

The Department notified twenty-one local programs (municipalities) of a finding of noncompliance for indicator 8B in FFY 2020. Six of these local programs achieved 100% compliance based on a review of their data within one year. The other fifteen local programs achieved 100% compliance based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2020, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely notification. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a review of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2022. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or Virtual Monitoring Finding of Noncompliance:

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

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely notification for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either notification was made, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The Department identified a total 23 findings of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2020 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 37.10% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.81% | 96.20% | 98.06% | 97.45% | 98.12% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

FFY 2021 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 544 | 4,760 | 98.12% | 100% | 95.44% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Indicator 8C slipped from 98.12% in FFY2020-21 to 95.44% in FFY2021-22. Municipalities (57 counties and the City of New York) are responsible for local administration of the EIS program and for administration of the preschool special education (Part B) program. The entire FFY 2021 (7/1/2021-6/30/2022) was still in the COVID-19 pandemic. Many service coordinators and county staff were deployed on COVID-19 response activities including vaccination efforts, and therefore, may not have been able to have transition conferences in a timely manner. The municipalities had significant staff changes and shortages for both Part B and Part C local programs.

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

4,014

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

168

Provide reasons for delay, if applicable.

The Department reviewed the reasons for the delay for all 202 children with a transition conference delayed.

Discountable delay reasons attributable to exceptional family circumstances:

Family delayed or weather emergency for 163 children.

COVID-19 for 5 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 34 children.

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

State database

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

Third Quarter of FFY 2021-2022 January 1, 2022 – March 31, 2022

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2021-2022, therefore one quarter of FFY 2021-2022 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional).

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 5 children with the transition conference delayed by the COVID-19 pandemic as part of the 168 children with documented delays attributable to exceptional family circumstances to be included in both numerator and denominator.

Correction of Findings of Noncompliance Identified in FFY 2020

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 6 | 3 | 3 | 0 |

FY 2020 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

The Department notified two early intervention providers of a monitoring finding for non-compliance with indicator 8C during the monitoring reviews.

The Department issued a formal, written report of the findings to this provider within 90 days of their review. The provider was required to submit a Corrective Action Plan (CAP) within 45 days of receipt of their monitoring report. The provider's CAP included an analysis completed by the provider of the root cause of the noncompliance and all activities they implemented to correct the noncompliance (including training of staff and oversight). The Department reviewed and approved the submitted CAP within 60 days of receipt and the provider was formally notified in writing that their CAP had been approved. The Department and monitoring contract staff provided the provider with written technical assistance prior to submission of CAP. Additional technical assistance was provided by Department staff by phone call as needed to support the provider. To ensure that the provider implemented changes that were identified in the CAP, the Department verified, through a systemic level, that non-compliance was corrected by requiring the provider to submit a subset of child records for Department review one year after CAP acceptance. One provider achieved 100% compliance within one year and one was subsequently corrected.

Data Finding of Noncompliance:

The Department notified four local programs (municipalities) of a finding of noncompliance for indicator 8C in FFY 2020. Two local programs achieved 100% compliance based on a review of their data within one year. The other two local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2020, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition conference. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

The Department reviewed subsequent data to verify that the local programs correctly implemented the regulatory requirements. 100% correction was verified based on a review of data in the Early Intervention Program data systems.

The Department ensured correction of a system finding by reviewing data from January to March 2022. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or virtual Monitoring Finding of Noncompliance:

While conducting the on-site or virtual review, monitoring contractor staff determined that each individual case of noncompliance had been corrected within one year.

Data Finding of Noncompliance:

In compliance with the OSEP Memo 09-02, the Department examined data from the Early Intervention Program data systems at least one time per year to determine noncompliance with the requirements for timely transition conference for each individual case. For each child with the original finding of noncompliance identified, a review of the data system verified that either the transition conference was convened, or the child was no longer under the jurisdiction of the NYS EIP.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The Department identified a total of 6 findings of noncompliance from the local programs (municipalities) and verified that each of the local programs identified as non-compliant for FFY 2020 during the data reviews correctly implemented the specific regulatory requirement. The Department utilized data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED**Facts** Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

Indicator 9, on Resolution Sessions, is not applicable to New York State Part C and is not reported in New York's SPP/APR for the Part C Early Intervention Program, because the Part C Early Intervention Program has not adopted Part B resolution procedures.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED**Facts** Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range is used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|---|------|
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 16 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 11 |

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 80.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|--------|--------|--------|--------|---------------|
| Target>= | 90.00% | 90.00% | 90.00% | 90.00% | 80.00%-85.00% |
| Data | 76.79% | 85.11% | 82.35% | 79.41% | 83.33% |

Targets

| FFY | 2021 (low) | 2021 (high) | 2022 (low) | 2022 (high) | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|--------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
| Target | 80.00% | 85.00% | 80.00% | 85.00% | 80.00% | 85.00% | 80.00% | 85.00% | 80.00% | 85.00% |

FFY 2021 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2020 Data | FFY 2021 Target (low) | FFY 2021 Target (high) | FFY 2021 Data | Status | Slippage |
|---|---|-------------------------------------|------------------|--------------------------|---------------------------|---------------------|------------------------|----------|
| 0 | 11 | 16 | 83.33% | 80.00% | 85.00% | 68.75% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

This indicator is impacted by very small numbers. Because of the small numbers of mediations, each mediation agreement has a large impact on the percentage reached for the 2021-2022 program year. Looking at the historical information shows that the number of mediation agreements have decreased. In 2020-2021, 36 mediations were held. In 2021-2022, only 16 mediations were held.

Provide additional information about this indicator (optional)

During the reporting period, the State's target of 80-85% was not reached. There was a decrease in the percent of mediations which ended in agreement from 83.33% in FFY 2020 to 68.75% in FFY 2021. This indicator is calculated based on extremely small numbers this year (16 mediations held in FFY 2021 which is a decrease from 36 mediations held in 2020). The small number of mediations in FFY 2021 reporting year was attributed to the pandemic. The State is working with the mediation contractor to increase awareness and use of mediation services in the Early Intervention Program (EIP). The State will also look at the statewide data collected for mediations that do not end in agreement to determine if there are consistent reasons mediations were not successful. As stated in the Part C and 619 Target Setting Guide developed by DaSy and ECTA, "OSEP's longstanding position in the case of mediations is that targets should not drive a specific outcome. Targets should not influence agreements made within mediation sessions." This data will be analyzed to determine training needs, but not to influence the outcome of mediations that occur.

The State's rate of mediation agreements dropped below the range of 75%-85% which is the consensus among mediation practitioners as a reasonable

rate of mediations which result in agreements and is consistent with the national mediation success rate data.

The State works closely with the State's mediation contractor (New York State Dispute Resolution Association- NYSDRA) staff to ensure quality mediation services and to increase awareness of Mediation services within the EIP. In this past year a new information brochure was finalized and is now available on NYSDRA's website, NYS website, and Statewide at each Community Dispute Resolution Centers (CDRCs). A meeting was held with NYSDRA executives to discuss deliverables and statewide training plans. NYSDRA has plans for a promotional campaign to continue to promote mediation services and NYS will be working closely with NYSDRA as this campaign is developed. NYSDRA has plans to present information about Early Intervention Program mediation services in December 2022 to promote the use of these services. State Staff are in the process of reviewing NYSDRA's mediation manual to ensure compliance with State mediation requirements. The contractor has conducted specific trainings with their mediators and CDRCs related to impartiality (example, using translators) and quality mediation.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

New York State (NYS) has identified improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP), Improving Family Centeredness Together (IFaCT). The State will improve family outcomes by ensuring the Program and the services provided, are family-centered. The SiMR is to increase the percentage of positive responses from families on the "New York Impact of Early Intervention Services on Your Family" Scale (NYIFS). To collect data on the SiMR, the NYS Department of Health (Department) will continue to annually survey families using the Family Outcome Survey (FOS), developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The survey results will be used to evaluate the Theory of Action and progress toward the SiMR and the goal of improving positive family outcomes.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://www.health.ny.gov/community/infants_children/early_intervention/ssid/

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2018-2019 | 86.87% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 87.20% | 87.30% | 87.40% | 87.50% | 87.60% |

FFY 2021 SPP/APR Data

| Total number of positive responses across all survey items | Total number of positive responses and negative responses across all survey items | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 45,352 | 48,977 | 92.86% | 87.20% | 92.60% | Met target | No Slippage |

Provide the data source for the FFY 2021 data.

The Family Outcomes Survey

Numerator: Total number of positive responses across all survey items

Denominator: Total number of positive responses and negative responses across all survey items

Please describe how data are collected and analyzed for the SiMR.

The Department has developed an SSIP that integrates data to support the evaluation. To collect data on the SiMR, the Department has been using the Family Outcome Survey (FOS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM), which has been adapted by New York State (NYS). The Department is utilizing the existing NYS Family Survey with the New York Impact on Families Services Scale (NYIFS) that measures the impact of the New York State Early Intervention Program (NYS EIP) on families. The NYIFS is composed of items generated by national and NYS stakeholders, including parents.

The NYIFS aligns directly with the Theory of Action. The benefit of aligning the SiMR and the SSIP with the current data collection process for Indicator 4, Family Outcomes, reported in the State Performance Plan/Annual Performance Report (SPP/APR), is that the data collection mechanism is established and does not require new systems to be implemented. Additionally, the data have been collected over time to allow for the establishment of baseline and ongoing review of performance on the SSIP and SiMR. As described in the SPP/APR in Indicator 4 and in Phase I of the SSIP, the Department is using the NYIFS to measure and report on the federally required family outcomes.

The survey is made up of 22 questions about the family's experience with the EIP, with two additional questions on telehealth since FFY 2019-2020. The NYS FOS is currently provided in English, Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, which are the most popular languages spoken in the EIP based on data in the State data system (New York Early Intervention System (NYEIS)). The families surveyed for this reporting period, exited the Program, or turned three years old between July 1, 2021, and June 30, 2022, and had at least six months of services. Surveys are not sent to families with children that passed away, withdrew from the Program, or lost contact with the Program. This Program Year (2021-2022), all families exiting the Program were surveyed. Additionally, the survey was mailed out four times this year. This method allows families to receive the survey closer to their exit from the Program. To assist with promotion of the survey and to encourage families to complete their survey, the New York City (NYC) EIP (five boroughs) used their family texting system to send survey reminders in both English and Spanish and were able to include the Quick Response (QR) code for families to complete the survey online. The texting system was used for all four survey batches. Additionally, NYSDOH also sends out reminder letters to all families who haven't completed their survey.

To analyze the data, NYS is using the top box score approach. This involves identifying how many people from the survey gave positive responses. In the survey, positive responses were identified as questions where families agreed, strongly agreed, or very strongly agreed. Negative responses were identified as questions where families disagreed, strongly disagreed, or very strongly disagreed. This method identifies the percentage of positive response which is calculated by dividing the number of positive responses by the total number of positive and negative responses across all survey items.

Percentage of positive response =
Total # of positive responses/
Total # of positive responses and negative responses across all survey items

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Family-directed Assessments (FDA) – A recurring topic in interactions with local EIPs is the importance of the FDA in developing a high-quality IFSPs containing both child and family outcomes. Given the stigma that can be associated with the term assessment, a “Family Assessment” may be misunderstood if not accurately described to the family. For example, parents may think that this assessment is going to evaluate their parenting skills. Renaming the assessment to “family-directed assessment” will likely alleviate these misconceptions. It is essential that professionals who administer this assessment can explain it in a way that parents understand the benefits of completing an FDA and can connect it to the overall outcomes of the EIP. In addition to more training needed in this area, local EIPs expressed frustration with a lack of a standardized template to use for documentation. Connecting this to the earlier described desire of local EIPs to obtain additional support, offering such guidance on appropriate measures or constructs to include, would provide clarity to the local EIPs as to how to frame and develop appropriate materials for this assessment. Based on this feedback, BEI targeted FDA as one of the two new trainings to develop as part of the State’s training contract and developed an FDA template (form) for documentation.

FDA survey disseminated by the NYS Association of County Health Officials (NYSACHO) – A twenty-two-question survey was issued to EIO/Ds to gain their perspectives on the FDA and to understand the perceived barriers to conducting the FDA. BEI also asked counties to submit the FDA tools being used in their counties (both county and provider developed). A qualitative review of the participants’ responses was conducted. The responses gave BEI a deeper understanding of why EIO/Ds believe families choose not to complete an FDA: families were overwhelmed; uncomfortable revealing information that could potentially negatively impact their family and are less likely to complete the FDA after the MDE because the MDE is time-consuming, and families haven’t developed trust with EI when they are asked to complete the FDA because it occurs too early in the process; and due to cultural reasons. Another common reason cited that FDAs are not completed is that providers feel it is not necessary or did not explain it properly. EIO/Ds also noted that the providers need more training on the FDA and included the following feedback on what would be helpful to include in a provider FDA training: Issue Statewide and community resources, and information to assist providers in helping families when concerns are uncovered as part of the FDA (e.g., housing, public assistance, food assistance, substance abuse, domestic violence, health insurance, Early Head Start), include information on how to positively present the FDA to families to encourage participation, revise the list of recommended FDA tools, include information on how to work with multi-cultural families, provide an overview of the FDA process and how to integrate FDA information into the IFSP, and educate providers on how to follow-up on issues identified through the FDA process.

Training Needs Assessment (TNA) - BEI's training contractor disseminated a training needs assessment. The data collected provides information to identify the specific learning needs of EI stakeholders. TNAs were disseminated to stakeholders in October 2021 and April 2022. In addition to the general survey items, several questions were added to determine the specific needs of those involved in the EI process, as it pertains to the FDA and FOS. Respondents were asked a series of survey questions based upon their role in the EIP, to gather information regarding their practices, perceptions, and attitudes regarding the FDA and FOS. Overall Key Findings found that more training is needed in conducting and documenting FDAs and providers would be more likely to conduct FDAs if a specific tool was recommended by BEI and/or template (form) was created to document the information collected. Based on the findings from the Statewide Needs Assessments, it was strongly recommended that a new course on FDAs be offered to stakeholders. The information provided by stakeholders clearly indicates a general confusion regarding the FDA as part of the evaluation process and development of the IFSP. Survey participants identified that a new course on FDAs should include, clearly defined roles and responsibilities, how to conduct and document FDAs with BEI recommended assessment tools, a template (form) for documentation and how information provided in the FDA informs the IFSP and leads to improved outcomes for children/families.

BEI used the additional data collected from stakeholders (parents, providers, State staff, and county administrators) from in-person meetings, conference calls, two surveys, and two training needs assessments, to develop a new training - FDAs in the EIP.

FDA Course Evaluation Report - MI tracks the number of individuals who complete courses and provides regular feedback to BEI from stakeholders' course evaluations. MI provides a comprehensive training course report with data from the live courses and from the first quarter's self-paced training statistics and provides quarterly reports on all self-paced courses. The training evaluations are analyzed to determine if the curriculum meets the needs of stakeholders. Based on the evaluations completed by participants and participation in the live sessions, revisions are made to the course content as appropriate. The evaluations assess the scope, quality, and impact of the course. Several items from the course evaluations use a retrospective pre-post-test technique wherein participants are asked to assess their EI knowledge or skill at two points in time: 1) prior to the beginning of the course and 2) at the conclusion of the course.

MI delivered a summary report of the findings from the evaluation of the newly developed FDA in the EIP training, presented in a self-paced and a live online format. This report presents key findings collected across the indicator areas measured during the reporting period, from March - July 2022. During this reporting period, a total of 313 participants completed the course. The FDA in the EIP course was well received by participants.

Trainees represented a range of experience levels in the field, from those with less than one year to those with up to 38 years.

- (92%) reported that they would recommend the FDA in the EIP course to others
- (96%) reported that they would use one of the strategies identified to help explain the FDA assessment to families
- (97%) reported that they believe the resources provided in this course will assist them in helping the families with whom they work
- Trainees reported gains in their level of understanding of the federal, State, and local resources available to families to meet their needs and improved readiness to carry out the professional responsibilities of service coordinators and service providers related to the FDA. The largest gains reported (+ .9 in each) were in explaining what the FDA is to families, explaining the benefits of the FDA to families, and providing information to families regarding resources at the local, State, and federal levels that may be available to them.

Family Feedback – BEI engaged with families during the reporting period, including Parents as Partners trainings, EICC meetings, SSIP Advisory Group Meetings, and collected data on families' experiences with the BEI's new FDA and FOS initiatives. BEI also receives family feedback regularly through the BEI's EI Community of Families Facebook Group on the Program and, specifically, about the FOS (currently 1,000 members).

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

The main concern regarding data quality issues that is unrelated to COVID-19, is the lack of representativeness within the NYS FOS. In FFY 2021-2022, families who identified as Black or Hispanic were less likely to complete the survey than were families who identified as White or Non-Hispanic. Additionally, families from NYC were less likely to complete the survey than were families from the rest of the state. The lack of representativeness is a concern because the goal is to ascertain how all families feel about the EIP. To address this concern, for each batch of FOSs, the NYC EIP sent out a text message to their cohort of families to encourage participation in the FOS.

In March 2020, the Department applied to participate in a cross-state learning collaborative, hosted by the ECTA Center and DaSY, to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of the FOS data around representativeness, to identify disparities. Several strategies have been identified by NYS as part of these learning collaboratives, to improve representativeness in the FOS, which include:

- Identifying additional survey methodology changes to support increasing survey return response rates and representativeness of family outcomes data
- Identifying and strengthening relationships with community partners and targeted community groups, to enhance family engagement from all families
- Developing outreach materials that promote family engagement and feedback

New strategies to improve in this area were identified and were implemented during FFY 2021-2022, including:

- o Sending the FOS out in four batches per year, closer to the time that children exited the Program, instead of once per year. The Department developed posts for the EI Community of Families Facebook Group (<https://www.facebook.com/groups/NYSDOHEI>) and for the EI Families electronic listserv, to remind and encourage parent participation in the FOS.
- o A four-part video series was developed titled, Families' Perspectives: A Parent's Journey to EI (https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/training_for_families.pdf), featuring parents of children who were in the EIP and highlighting how the EIP helped their family. Three of the videos in the series focused on families living in communities where language could be a barrier to connect to the Program. In these videos, English, Spanish, Bengali, and Chinese-speaking parents talk about their family's journey from concern about their child's development, to early EI enrollment. These videos were promoted to parents on the EI Community of Families Facebook group and posted on the BEI website and DOH YouTube page, eiFamilies webpage, and shown to stakeholders during EICC meetings.
- o Translated all parent information letters and the application for the Parents as Partners training into the six (6) most spoken languages in the EIP.
- o Reviewed the make-up of the current EICC and determined that more parents would improve family representation on the Council. The Department decided to use a recently vacated discretionary seat and fill it with a parent (developed and disseminated an EICC Parent Application to recruit new parent EICC members and promoted the availability of the two new parent member seats via the EI Families Facebook Group and Family Listserv; contacted several Parent Centers (e.g., Sinergia) and the Chinese American Planning Council (Queens, NY); collaborated with the Family Initiatives Coordinator to reach out to current and past parent graduates of Partners training; presented at EICC meetings). The Department developed a survey to better understand the current EICC members demographics, to increase representativeness on the Council in the future.
- o Additionally, BEI SSIP staff developed a presentation of its' work from the Family Outcomes cross-state learning collaborative, which was presented by ECTA staff at the August 2022 Improving Data, Improving Outcomes conference, on Using Part C Family Outcomes Data to Examine Equity and Representativeness.
- o BEI staff have also been participating in the Family Outcomes Data Community of Practice, and the Part C Racial Equity Learning Community through ECTA.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Many municipal EIPs are part of their local health department (LHD). Some municipal staff that typically coordinate the EIP work were deployed to assist with the COVID-19 response in their municipalities (e.g., COVID testing, contract tracing and vaccine response). Many local IFaCT projects had to be put on hold due to COVID-19 and a restriction on in-person activities, and therefore, in these counties/regions, additional data for the SSIP was not collected. During the Declared State of Emergency due to COVID-19, EI services in NYS were being provided via telehealth to the maximum extent possible. Telehealth had never been a method by which EI services were rendered in NY, prior to the pandemic. The State of Emergency due to COVID-19 expired in NYS on September 12, 2022.

During the reporting period, the Department hypothesizes that since many MDEs were being completed via telehealth, which was a new modality for both parents and providers, the voluntary FDA was not being completed, as it may have been perceived as an additional task for the family and provider to complete.

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/ssip_evaluation_plan.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The State's Evaluation Plan was revised since the previous submission to update the progress and implementation of the evaluation of the project.

The goal of the SSIP is for providers across the State to use family-centered practices in delivering NYS EIP services, including enhancing parents' knowledge, skills, and access to resources and ensuring providers collaborate and partner with parents. During the last five years of the SSIP, NYS EIP has collaborated with three UCEDDs to create provider resources (30 web-based trainings) and resources for families in NYS EIP (Facebook pages, event calendars, educational sessions for families in multiple languages (English, Spanish, Bengali, Chinese, etc.). The Department received the final IFaCT project reports in Fall 2020. Findings from all UCEDDS and stakeholders (parents, providers, local EIP administrators) support the Department's decision to implement quality improvement strategies focused on increasing the usage of FDA. The Department believes that completion of the FDA will give providers greater understanding of families' strengths and needs and will allow them to provide necessary supports and resources. This greater ability to understand and assist families should increase the percent of positive responses that families report on the NYS FOS and enable NYS EIP to meet their future targets.

An analysis of the data show that less than 10% of families with eligible children currently complete an FDA. To improve this rate, EIP issued a survey for providers and EIOs/EIODs which:

1. Summarized the barriers that providers experience with regards to the completion of the FDA;
2. Provided detail on what information, training, and resources providers need before they will feel comfortable completing an FDA;
3. Described/provided what FDA tool(s) they currently use.

General information for providers was created that describes the benefits of utilizing the FDA. NYS EIP has completed the following steps:

1. Summarized the findings from the provider and EIO/D survey;
2. Researched the most utilized FDA tools in the NYS EIP and determined which structured survey and unstructured interview tools should be recommended Statewide;
3. Created new guidance and a comprehensive training for providers, including service coordinators, that describes which FDA tools NYS EIP recommends using, why, and how to effectively use them, as well as additional resources that providers might need (e.g., script for talking to parents about the FDA, FDA Template (form)).

NYS EIP will also analyze the metrics below on an annual basis to determine whether the current strategy is effective.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

If the evaluation strategy is successful, it is expected that the percent of eligible children whose families completed an FDA would increase over time. It is also expected that the percent of positive responses should be higher among families who completed an FDA, as their providers have a greater understanding of their strengths and needs.

Measures:

- The percent of children with an MDE whose families completed an FDA
- The percent of eligible children whose families completed an FDA
- Response rates on the NYS Family Survey among families who did versus did not complete an FDA
- Percent of positive response of the NYS Family Survey among families who did versus did not complete an FDA

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Local quality improvement projects, Division for Early Childhood (DEC) recommended practices incorporated into State sponsored training, FOS implementation and improvements, Sharing aggregate FOS data with stakeholders, Statewide Professional Development (New FDA training course, Working with Diverse Families) promoting training on family-centeredness, Compendium of National/State/Local Resource for Families, FDA terminology changes, Revised FDA Recommended Tools list, EIP Facebook Group for Families, Family listserv, Stay Connected Postcard, FDA Template (Form), FOS brochure for parents, EIP Welcome Video Vignette, translation of parent training information/application materials.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

BEI has selected a well-tested and proven improvement strategy to work with local EIPs 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). BEI is making progress toward achieving short-term outcomes related to infrastructure alignment and engaging stakeholders to gain support of the long-term goal to improve outcomes for families. The IHI framework is inherently data-driven with short-term process and outcome measures. One of the evidence-based

practices local Improving Family Centeredness Together (IFaCT) teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products, such as local community resource guides, events for young children, parent/child support groups, county EIP Facebook groups, and county EIP websites with local, State, and national resources for parents. These Facebook groups were already connecting families to each other and to their local communities, when COVID-19 began impacting NYS. The counties were able to continue reaching EIP families and helped to communicate valuable resources via Facebook to assist families impacted by COVID including public health information, community resources, food distribution, mental health information, shelter, and supplies, and at-home appropriate developmental activities for infants and toddlers with disabilities. Local projects continue to support families and their access to resources.

The FOS was mailed out to families in four batches during this reporting period. This method allowed families to receive the survey closer to their exit from the Program. Previously, the survey was only sent out once per year. BEI also began promoting the FOS to families to encourage their participation, by sharing information and reminders to complete the FOS using the EI Community of Families Facebook Group. NYC EIP used their family texting system to send survey reminders in both English and Spanish and were able to include the QR code for families to complete the survey online. Based on information in the State data system, for those families whose preferred language is not English, the FOS invitation letter and survey, as well as the online survey, were provided in English and their preferred language.

BEI shared the FOS summary (aggregate data) with each county, the EICC, UCEDDs, Parents, and SSIP Advisory Group. BEI helped stakeholders understand their data and how counties can use the data in their local improvement efforts.

The NYS EIP in collaboration with stakeholders decided to change the term family assessment to FDA in all guidance, training, and communications to the field. One short-term outcome is for the term FDA to be more recognizable to parents and more appealing, as it implies the assessment is directed by the family, with the evaluation team, to play a supporting role. An intermediate outcome is for the terminology change to encourage more families to complete the FDA. BEI's current proposed regulatory package includes an update to the term "family assessment" to read "family-directed assessment", to match the practice change.

As part of scale-up activities, a new compendium of national, State, and local resources for parents was developed. These resources can be shared with families as applicable if needs arise from the FDA.

BEI has continued to integrate the DEC best practices into BEI's professional development courses. BEI continues to review policies and procedures to support family-centered practices across the State's CSPD.

The new FDA training was developed and delivered during a period of three months during this reporting period. This course provides participants with the knowledge/resources needed to explain and encourage family participation in the FDA, a component of the MDE. Additionally, this course provides information on federal and State resources to support early intervention service coordinators and providers in making appropriate referrals (both within and outside of the EIP). The short-term outcomes include more visibility about FDAs for providers in the EIP. The intermediate outcomes will be an increase in provider confidence and competence in discussing the FDA with families and their completion as part of MDEs. It is anticipated that this training will impact the BEI's long-term goal of increase the number of FDAs in the NYS EIP and improved family outcomes, as measured from the FOS.

The new Working with Diverse Families (WWDF) training course was developed and delivered during this reporting period. It provides participants with the knowledge and tools needed to establish a partnership with each family with whom they work, while ensuring an equitable and family-centered experience. This training focuses on empowering families to actively participate in all aspects of the EIP and includes federal and State resources to assist providers in making appropriate referrals for families to programs and supports, both within and outside of the EIP.

Information on the FDA and FOS, as well as resources, such as the compendium of national, State, and local resources for families were added to existing self-paced and new live courses (ISC, E & E, WWDF, IFSP) as applicable.

As part of scale-up, all 30 trainings on family-centeredness developed as part of the SSIP, were disseminated to stakeholders and posted to the DOH YouTube channel (July 2021). Video clips were also incorporated into the Statewide professional development courses for providers, to reinforce evidence-based family-centered practices and to highlight the diversity of families in the EIP.

The EI Community of Families Facebook group was chosen as a scale-up activity at the State level because of the successful local social media projects. The group provides a network where families can connect with each other and have access to current information and resources. This group for families has seen a large increase in the number of members and BEI continues to expand its reach and messaging. Last year, BEI reported 662 members and as of January 2023, there are 1,000 members.

As part of scale-up activities at the State level, as well as the continued use of the identified evidence-based practices identified, BEI translated the previously developed "Stay Connected" postcard to connect EI families to EI by promoting the EI Community of Families Facebook Group and Family listserv into the six most spoken languages in the EIP. The postcard was disseminated to counties to hand out to families in November 2021. The postcard was also posted to the EiFamilies website, as well as handed out to families as part of DOH's Parents as Partners Training, and it was added as a resource in all 10 Department sponsored EIP Statewide training courses.

As part of scale-up activities at the State level, as well as the continued use of the identified evidence-based practices identified, BEI received approval to begin sending out communications to families via the family listserv. Communications include information on upcoming trainings for families, resources on developmental delays and disabilities, new EIP guidance, and policies, as well as public health topics significant to families of young children (e.g., nutrition, Consumer Product Recalls, lead poisoning prevention, water safety). BEI began to scale-up the number of communications on a weekly basis in April 2022. BEI now sends out at-least two communications each week to families.

As part of the FICSP contract, BEI, in collaboration with Just Kids, is developing short video vignettes on EIP topics to enhance parents' knowledge, skills, and access to resources. The "Welcome to the EIP" Video developed during this reporting period, offers parents a brief overview of the EIP and how to make a referral to the Program.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Department sponsored Partners as Partners training, all training application materials mailed to parents were translated into the top six languages spoken by families in NYS (Spanish, Russian, Yiddish, Chinese, Bengali, and Arabic), as collected by the State data system.

To ensure that families understand what the EICC is and how they can participate in meetings and offer public comment, the Department began sharing

posts on the EI Community of Facebook Group for parents as well as the EI Families listserv. The Department anticipates more parent awareness as a short-term outcome and more parent participation in EICC meetings based on these posts, as an intermediate outcome.

The new FDA training was developed and delivered during a period of three months during this reporting period. The short-term outcomes include more visibility about FDAs for providers in the EIP. The intermediate outcomes will be an increase in provider confidence and competence in discussing the FDA with families and their completion as part of MDEs. It is anticipated that this training will impact the Department's long-term goal of increase the number of FDAs in the NYS EIP and improved family outcomes as measured from the FOS.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

BEI is using the term FDA and has revised the EIP proposed regulations to align with this change. FDA will be used in all professional development, guidance, and policies. BEI anticipates the name change will encourage more families to complete the FDA, as the name is more family-friendly and makes it clear that families drive the process, with the IFSP team playing a supportive role.

Improving the FDA through training and providing the necessary resources for providers is an opportunity for NYS to improve the professional development system.

- BEI created a new FDA template (form) for providers to document the information collected from families during the MDE. The new template is fillable and will be posted to the BEI webpage, added to FDA training, and included in other applicable courses (e.g., ISC training, E & E training). Additionally, fields in the State's new data system, the EI Hub will mirror the template, for ease of data entry for providers using the paper version in the field with families. The FDA Template will be translated into the top six (6) languages spoken in the Program.

To increase the number and quality of FDAs, BEI has completed a literature review and selected recommended tools, to improve consistency of completed FDAs across the State. The revised list was included in the new FDA training for stakeholders delivered live in March 2022 and in the self-paced course, which was available in May 2022.

- BEI has developed scripts with talking points to assist providers in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps. These were added to the FDA training. In addition, the SSIP video on FDA, along with the script for SCs and evaluators, were added to this course.

- BEI will develop an infographic for providers, and short video for families, under the FICSP contract. Both will highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process.

To increase the FOS response rates and both racial and ethnic representativeness, a FOS video for parents will be developed, to explain what the survey is, share State data, as well as to promote the important role families play in improving outcomes when they complete it. A FOS brochure was developed in collaboration with ECTA/DaSY. When parent feedback was obtained, BEI staff revised the infographic and turned it into a brochure based on the feedback. It will be disseminated to the parents in winter 2023. The brochure will be included in the FOS packet mailed to families to encourage their participation in the survey. It will be posted to BEI's webpage and on the Statewide training webpage, eiFamilies website, and will also be included in the Statewide training courses. It will be shared with families on the EI Families Facebook page and listserv.

A new FOS training will be developed, to inform and involve providers in the process. BEI anticipates better survey response rates, by including providers in the process to promote the survey to families.

BEI is continuing to update training curricula with evidence-based practices on family-centeredness using the DEC recommended practices, including the IFSP and WWDF professional development courses.

List the selected evidence-based practices implemented in the reporting period:

The main objectives of the NYS SSIP, which are supported by the evidence-based literature on Family-Centeredness are:

1. To enhance parents' knowledge, skills, and access to resources
2. To ensure providers collaborate with parents

Provide a summary of each evidence-based practice.

One of the evidence-based practices local IFaCT teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products, such as local community resource guides, community calendars of events for young children, parent/child support groups, county EIP Facebook pages/groups, and county EIP websites with local, State, and national resources for parents. These Facebook pages/groups were already connecting families to each other and to their local communities, when COVID-19 began impacting NYS. Since the pages were already being used successfully, the counties were able to continue reaching EIP families and helped to communicate valuable resources to assist families impacted by COVID including public health information, community resources, food distribution, mental health information, shelter, and supplies, and at-home appropriate developmental activities for infants and toddlers with disabilities. Local projects continue to support families and their access to resources.

During this reporting period, BEI promoted the 30 web-based trainings on family-centeredness for EI providers, municipal staff who oversee local programs, and parents developed as part of the SSIP. All training (recorded webinars, self-paced training, videos) is available on the BEI webpage and was added to the DOH YouTube channel, for stakeholders to access. Additionally, stakeholders are also able to access the training through the UCEDD's websites. NYS will improve family outcomes by ensuring the Program and the services provided, are family- centered. Using evidence-based practices on family-centeredness from DEC, the trainings seek to increase parents' knowledge, skills, and access to resources, and ensure that providers are collaborating and partnering with parents.

The Department received data from two BEI-issued surveys and two needs assessments, which included information on FDAs and the FOS. Upon analyzing the data, findings from this support the Department's decision to continue to implement quality improvement strategies focused on FDAs to increase family-centeredness, using the identified evidence-based practices.

At the State level, the BEI webpage has continued to be updated with information and resources to increase parents' knowledge, skills, and access to resources to support their child's development and feel connected with other families in the community, including COVID resources. Additionally, BEI continues to offer Statewide training that incorporates DEC evidence-based practices on family-centeredness, to ensure providers are collaborating with parents to improve family outcomes. New trainings on FDAs and Working with Diverse Families, were also developed and delivered, which included a new resource compendium to enhance parents' knowledge, skills, and access to national, State, and local resources. Both courses include DEC

recommended practices on family-centeredness and ensuring providers are collaborating with parents.

Additionally, the Parents as Partners leadership and advocacy skills training sponsored by the Department was offered to families in four regions of the State and held virtually, instead of in-person. Providing this training virtually offered much needed support and access to resources for families during the pandemic. The eiFamilies webpage was updated to include parent resources.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The importance of utilizing the FDA to ascertain family resources, priorities, concerns, strengths, and needs and is supported by the Division for Early Childhood Recommended Practices in Early Intervention*:

- Recommendation F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- Recommendation F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- Recommendation F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- Recommendation TC4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

Short-term outcomes (i.e., increase in FDA usage) will be related to Program change and provider behavior. Providers will be strongly encouraged to complete the FDA with families and will be given the guidance and resources needed to do so.

Wicks, Paynter, and Adams (2019)** found that parent and family factors were stronger predictors of family outcomes than were child factors. The authors concluded, "Thus, the assumption that positive outcomes for the child automatically translate to positive outcomes for their parents and families is challenged (Karst & Van Hecke, 2012), while the need for greater focus on parent and family factors both in EI practice and evaluation is highlighted." Given this information, NYS EIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice.

Long-term outcomes (i.e., how families rate NYS EIP on the NYS Family Survey) will be related to provider behavior because it is expected that providers will isolate family needs and provide necessary resources. It is also related to parent/family outcomes because if the family experiences positive outcomes they will likely provide higher ratings on the NYS FOS.

The Department believes that completion of the FDA will give providers greater understanding of families' strengths and needs and will allow them to provide necessary supports and resources. This greater ability to understand and assist families should increase the percent of positive responses that families report on the NYS Family Outcomes Survey and enable NYS EIP to meet their future targets.

*Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

**Wicks, R; Paynter, J; Adams, D, Exploring the Predictors of Family Outcomes of Early Intervention for Children on the Autism Spectrum: An Australian Cohort Study, Journal of Early Intervention. Downloaded from: <https://research-repository.griffith.edu.au/handle/10072/389323>

Describe the data collected to monitor fidelity of implementation and to assess practice change.

New York State maintained fidelity, as detailed in prior reports, to the original IHI breakthrough series improvement methodology and no changes were made to the implementation strategies identified. The framework has served as the road map for the work to implement the quality improvement efforts.

Since the updated Theory of Action from FFY 2018-2019 predicts that more frequent FDA completion will improve FOS scores, the Department developed six additional measures related to FDA. The analyses from FFY 2021-2022 show that 89.11% of responses on the FOS were positive from families who had an FDA; whereas 92.63% of responses on the FOS were positive from families who did not have an FDA. However, only 23 families had an FDA and completed the FOS; whereas 2,310 families did not have an FDA but did complete the FOS. This may be due to more MDEs being completed via telehealth and therefore, fewer MDEs with FDAs were completed.

An assessment will be performed on whether the FDA is completed by more families and whether there is a corresponding increase on the FOS, once the FDA training and resources/guidance are implemented. It is expected that more families will have an FDA once the State provides training, resources, and guidance/procedures to support the completion of FDAs, as part of MDEs. This additional information will also help families get the services and resources that they need, which should increase their positive responses on the FOS. Future data will allow us to examine this hypothesis. If more FDAs are completed but the percent of positive response does not increase, this suggests that providers may not be using the information in a way that helps the family.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The main objectives of the NYS SSIP, which are supported by the evidence-based literature on Family-Centeredness are:

- To enhance parents' knowledge, skills, and access to resources
- To ensure providers collaborate with parents

The feedback received from Parents as Partners training, UCEDDs, EICC, SSIP Advisory Group, local administrators of the EIP, EI Providers, EI Families Facebook Group, as well as feedback on training course evaluations and needs assessments collected from EI providers, supports the Department's decision to continue to implement these evidence-based practices on family-centeredness.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The importance of utilizing the FDA to ascertain family resources, priorities, concerns, strengths, and needs and is supported by the Division for Early Childhood Recommended Practices in Early Intervention***:

- Recommendation F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- Recommendation F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- Recommendation F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.
- Recommendation TC4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

If the strategies are successful, it is expected that the percent of eligible children whose families completed an FDA would increase over time. It is also expected that the percent of positive responses on the NYS Family Outcomes Survey should be higher among families who completed an FDA, as their providers have a greater understanding of their strengths and needs. It is expected that if providers are more comfortable explaining the FDA process to families and its potential impact of developing meaningful IFSP family outcomes, more families will complete an FDA and obtain any resources (e.g., childcare, nutrition, mental health services, housing, etc.) they identified as a result of the FDA.

***Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The State intends to continue to implement the SSIP without modifications. The training needs assessments and survey data from counties and EI providers around the FOS and FDA supports the Department's decision to implement quality improvement strategies focused on increasing the usage of FDAs to improve family outcomes. NYS EIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice. It has been identified that less than 10% of families complete the FDA. The goal is to improve this in the future by giving providers additional FDA guidance, training, and resources.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 15, 2022. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators. The EICC members were engaged in a thorough and thoughtful discussion of the data.

The Department has engaged stakeholders (parents, providers, local EIP administrators, the SSIP Advisory group, and EICC members) in all phases of the SSIP, including planning, implementation, and evaluation. Stakeholders have continued to support the State's focus on improving family outcomes as the focus of the SSIP, by ensuring the Program and the services provided, are family-centered. To promote family-centeredness, stakeholders have identified the family-directed assessment, which is completed as part of MDEs, as a tool to be used to improve family outcomes.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

SSIP Advisory Group

The SSIP advisory group was established during Year 1 of SSIP. The SSIP Advisory Group includes Department staff, parents, representatives of the EICC and Early Childhood Advisory Council (ECAC), parent representatives, State agency partners, NYS EIP local program staff, and service provider representatives. The original SSIP Advisory Group was responsible for advising and assisting the Department in all aspects of implementation of the SSIP. BEI has convened a new Advisory Group to help with the next stage of the SSIP (2021 – 2025), which is focused on the FOS and FDAs. BEI contacted original Advisory Group members, as well as recruited new members, to form the new Group, as many original members no longer work in the EIP, and BEI wanted to engage with new parents and providers. The Advisory Group will continue to provide advice and stakeholder feedback on the plan, progress, and implementation of the SSIP. The group will also review family outcomes data (Indicators 4 and 11), as well as advise and assist with SPP/APR target setting, review and provide feedback on Department developed materials related to the SSIP, support the Department in efforts to increase FDAs as part of MDEs. The SSIP Advisory Group met on October 27, 2021, March 15, 2022, and June 21, 2022.

Parents as Partners Training (leadership and advocacy skills training for parents)

The Department also engaged with families during the Parent's as Partners training, which is the Department's family leadership and advocacy skills training for parents of children in the EIP, to understand families' perspectives and to collaborate on State policy and procedural changes. Parents provide stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents review the family outcomes data (Indicators 4 and 11), as well as advise and assist the Department with SPP/APR target setting, and review and provide feedback on Department developed materials related to the SSIP, to support the Department in efforts to improve outcomes for families. The Department met with parents on September 17, 2021, November 12, 2021, March 5, 2022, May 21, 2022, and August 13, 2022.

EICC Meetings

For this reporting period, the Department engaged with the EICC (providers, municipal staff who administer the local EIPs, parents) on December 14, 2021, June 16, 2022, and December 15, 2022. The Department shared and obtained feedback on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department shared data related to FDAs and FOS collected in the State data system, and also sought specific feedback on FDA initiatives and proposed future improvement strategies to increase the number of FDAs completed in the NYS EIP and how to increase representativeness in the FOS.

During the June 16, 2022, EICC meeting, the Department presented on the FICSP – the Department's advocacy and leadership skills training for parents. Stakeholders provided feedback and gave suggestions on how to further promote the training to families. The Department also provided a presentation on its work around improving representativeness and how to ensure the voices of all families are represented in the Program. Additionally, the Department presented information on the FDA training developed as a result of the SSIP.

Presentations and Collaborations

- BEI hosted a booth at the April 2022, NYS Speech-Language-Hearing Association convention, to promote the EIP.
- NYS Home Visiting Programs - As part of an ongoing collaboration with the Home Visiting Programs, BEI presented an overview of the EIP on January 21, 2022, sharing information on the EIP process from referral to transition, as well as Program resources that could be shared with the families in the various home visiting programs, including the Parent's Basic Guide to the EIP, Facebook Group, Postcard, Listserv, and Parent-Centered Training videos. BEI and the Home Visiting Program met bi-monthly to collaborate and share resources.

All County Conference Calls

The Department engaged with local program administrators (municipal EIOs), during bi-monthly All County Conference Calls to share SSIP information (data, projects, updates, etc.) and garner feedback on SSIP implementation on November 3, 2021, January 27, 2022, March 17, 2022, and May 19, 2022.

County Collaborations

The Department collaborated with a county who had selected to work on FDAs, as part of their iFaCT project to improve family outcomes. The county provided the Department with their newly developed materials because of their project, anecdotal data gathered from parents and providers on their projects, and the recent discussions about FDAs and the name change, with their LEICC. BEI also shared newly developed materials with another county expressing interest in assisting with the SSIP and goal of increasing the number of FDAs completed. The Department intends to partner with these counties, and others in the future.

Provider/(EIO/D) Needs Assessments

The Department and Measurement Incorporated, developed and disseminated two Needs Assessment with questions on FDAs and the FOS, to obtain stakeholder feedback to assist with next steps for NYS's SSIP. The needs assessment was disseminated electronically via the BEI listserv.

UCEDDs

The Department reengaged with the three UCEDDs (including parents). These stakeholders also reviewed family outcomes data (Indicators 4 and 11), as well as advised and assisted the Department with SPP/APR target setting and reviewed and provided feedback on Department developed materials related to the SSIP, to support efforts to improve outcomes for families.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

During the Partners training parent panels, families expressed some concerns about the FOS infographic. Some families found the infographic to be cumbersome and felt that it might include too much information and could be more family friendly, and less wordy. Based on the feedback received, in order to address stakeholder concerns, BEI developed an abbreviated FOS brochure using fewer words, more pictures, and family-friendly language and graphics.

The Department also received feedback from parents on the listserv registration postcard. Parents advised BEI to reduce the literacy level and make the postcard more accessible to families. BEI made substantial edits to the postcard to make it more family-friendly and reduced the literacy level from an eleventh grade to a sixth grade reading level.

Needs Assessments

Both municipal staff and providers expressed concerns in the training needs assessment about FDAs and their completion in the EIP. Stakeholders expressed confusion in the field regarding who is responsible for completing FDAs with families, and how to complete and document an FDA. Additionally, stakeholders agreed that more training and guidance is needed around the FOS, so that they can effectively explain the importance of the FOS with families and encourage their participation, to share their experience about the Program with BEI.

FDA Surveys

Stakeholders (providers and EIO/Ds) expressed continued concerns about the FDA and the need for additional training and guidance to assist themselves and families when completing the FDAs with families.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

The Department will begin to work on an Early Intervention Promotional campaign. Part one of the campaign will be designed to advertise and create awareness of the Program for families in underserved communities. Part two of the campaign will be targeted towards high schools, colleges, and universities, to promote the Program and recruit future providers to the Program. The goal of the promotional campaign is to grow the Program, improve equity and representativeness, and help with provider capacity issues. In doing so, the Department believes this will improve the family experience and SiMR. The Department will seek stakeholder feedback from parents on the materials developed for the print and social media campaigns, to ensure the messages/images will resonate with families of young children with delays and disabilities.

The Department will collaborate with the NYS Parent Centers to promote the parent training developed through the NYS SSIP, to ensure Statewide dissemination to parents of young children with disabilities.

The Department will work to increase representativeness in the FOS, to ensure that all families' voices are heard and help improve the Program for all infants, toddlers, and their families. The newly created FOS brochure will be mailed to families with their survey to encourage family participation and improve family outcomes.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

SSIP Advisory Group – The group will continue to meet quarterly in 2023.

Parents as Partners Training- The Department will meet with parents during Session I on Friday nights (quarterly) in 2023.

EIP Promotional Campaign for Families in Underserved Communities (print and social media campaigns) - Winter 2023

FDA Training (providers) - The new FDA training will be promoted to providers and local EIP administrators (EIO/Ds). The Department will review the

current training requirements in the NYS Provider Agreement and consider making this a required training for all providers, including SCs to take.

FDA Resource Guide (providers) – A comprehensive compendium of local, State, and national resources was developed and included in the new FDA training. This Guide will be revised to include new resources and will be promoted via BEI's communication channels, and can be shared with families as applicable, if needs arise from the FDA (Winter 2022). Additionally, this document will be included in the resources shared with families during the Parents as Partners training and on the eiFamilies webpage.

FDA Infographic (families)- BEI will develop an infographic to highlight the benefits of participating in the FDA and how it can improve the Program for all children and families (Summer 2023).

FDA Video (parents)- BEI will develop a short video under the Family Initiative Coordination Services Project (FICSP) contract to highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process (Spring 2023)

FDA Script (service coordinators) - BEI developed a script with talking points to assist service coordinators in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps. This script was included in the new FDA training, but will now be disseminated as stand-alone documents to stakeholders and promoted via BEI's communication channels (listservs, Facebook, ACCCs, webpages, etc.) (Spring 2023).

FDA Script (evaluators) - BEI developed a script with talking points to assist providers in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps. This script was included in the new FDA training, but will now be disseminated as stand-alone documents to stakeholders and promoted via BEI's communication channels (listservs, Facebook, ACCCs, webpages, etc.) (Spring 2023). (Spring 2023).

FDA Template (form) (providers) – BEI will disseminate the new FDA template developed during this reporting period, for providers to document the information collected from families as part of the FDA, to improve the consistency of completed FDAs across the State (Winter 2022). It is currently in the Department's approval process. This FDA template will match the fields in the State's new data system to make it easier for providers to document the information in the data system.

Family Outcomes Brochure (families)- BEI will disseminate a FOS brochure developed during this reporting period, to share Statewide family outcomes data and the benefits of participating in the FOS and how it can improve the Program for all children and families (Winter 2023). This brochure will be included in the mailing to families with the survey, in the hopes to increase survey participation by families. It will be translated into the top 6 languages spoken in the EIP and will be mailed to families who have identified another language other than English, as shown in the EI data system. Both an English and other language brochure will be mailed to these families.

Family Outcomes Infographic (providers)- BEI will develop an infographic to share the importance of the FOS and how to encourage parent participation (Spring 2023).

Family Outcomes Video Vignette (parents)- BEI will develop a short video under the Family Initiative Coordination Services Project (FICSP) contract. Both will highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process (Spring 2023).

Update the Parent's Basic Guide to the EIP – FOS information will be added to the Guide that all families receive in the EIP.

Anticipated Data Collection – through surveys

This next year will be spent promoting newly developed resources/training/guidance, and developing additional resources, Program guidance, and trainings for providers in terms of the importance of and recommendations regarding how to conduct the FDA. Given the time needed for the Department to develop and disseminate this information to the field, and for providers to implement these practices, it is not expected that there will initially be a large increase on the Impact on Families Scores. Therefore, the State's target for the SiMR will be conservative for FFY 2022-2023, at 87.3%. In the future, this target will increase as family assessments become more widely used to increase family-centeredness and improve family outcomes once the guidance and training have been released. The State will set additional targets for the expected percent increase of FDAs completed.

Expected Outcomes of these additional implementation activities are to increase parents' knowledge and access to resources to improve family outcomes. Additionally, these activities will allow the Department to gather parent and provider feedback on the Program, SSIP, and State data.

Describe any newly identified barriers and include steps to address these barriers.

As the State continues to focus on FDA for FFY 2022-2023, one potential barrier is the current payment structure for the FDA. The FDA is not a separately reimbursable service in NYS, but rather it is included in the MDE rate. The Department plans to issue revised guidance to the field on best practices for completing FDAs and provide training to EI providers to increase the number of FDAs completed. The Department recognizes that it may be necessary to reevaluate the reimbursement structure if policy guidance and training do not result in a significant increase in the rate of completed FDAs.

Another barrier to family assessment completion rates may be that the FDA is voluntary on the part of the family. Therefore, some families may not want to complete an FDA. The Department will address this barrier by providing comprehensive training to evaluators on completing FDAs, which may improve providers' confidence in explaining the benefits to families. If families better understand the importance of completing a FDA and how it can positively impact the development of the IFSP, families may be more willing to agree to the completion of an FDA during their child's MDE.

Based on the needs assessments disseminated by Measurement Inc., and the survey distributed by NYSACHO to counties, provider buy-in is a potential barrier. Some providers feel that the completion of the FDA with families is not their responsibility. Stakeholders expressed to the Department the need for clearly defined roles and responsibilities of early intervention service coordinators, service providers, and EIO/Ds, in relation to the FDA. The Department intends to provide additional guidance to the field to clearly define the roles and responsibilities in the FDA process, through its' promotion of the new FDA training, FDA Template (form), and scripts.

Additionally, a barrier identified by stakeholders is having the fields to capture the FDA information in the State Data System match the fields on the FDA template for providers. For ease of data entry, the Department created a new fillable FDA Template and the fields in the new State's new data system (EI HUB) will match, for ease of data entry.

Provide additional information about this indicator (optional).

n/a

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Raymond L Pierce

Title:

Part C Director

Email:

raymond.pierce@health.ny.gov

Phone:

5184866359

Submitted on:

04/25/23 3:51:02 PM

Determination Enclosures

RDA Matrix

2023 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

| Percentage (%) | Determination |
|----------------|--------------------|
| 81.25% | Meets Requirements |

Results and Compliance Overall Scoring

| | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results | 8 | 6 | 75.00% |
| Compliance | 16 | 14 | 87.50% |

2023 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

| | |
|--|--------|
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 4,677 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 28,636 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | N/A |
| Data Completeness Score ² | 2 |

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

| | |
|-----------------------------------|---|
| Data Anomalies Score ³ | 2 |
|-----------------------------------|---|

II. Child Performance

(a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

| | |
|------------------------------------|---|
| Data Comparison Score ⁴ | 1 |
|------------------------------------|---|

(b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

| | |
|---------------------------------------|---|
| Performance Change Score ⁵ | 1 |
|---------------------------------------|---|

| Summary Statement Performance | Outcome A: Positive Social Relationships SS1 (%) | Outcome A: Positive Social Relationships SS2 (%) | Outcome B: Knowledge and Skills SS1 (%) | Outcome B: Knowledge and Skills SS2 (%) | Outcome C: Actions to Meet Needs SS1 (%) | Outcome C: Actions to Meet Needs SS2 (%) |
|-------------------------------|--|--|---|---|--|--|
| FFY 2021 | 73.18% | 41.24% | 78.66% | 37.74% | 79.21% | 35.19% |
| FFY 2020 | 73.24% | 41.74% | 80.06% | 39.82% | 79.26% | 37.43% |

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

| Part C Compliance Indicator⁶ | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2020 | Score |
|---|------------------------|--|--------------|
| Indicator 1: Timely service provision | 69.18% | YES | 0 |
| Indicator 7: 45-day timeline | 94.36% | YES | 2 |
| Indicator 8A: Timely transition plan | 99.72% | YES | 2 |
| Indicator 8B: Transition notification | 91.84% | YES | 2 |
| Indicator 8C: Timely transition conference | 95.44% | YES | 2 |
| Timely and Accurate State-Reported Data | 100.00% | | 2 |
| Timely State Complaint Decisions | 100.00% | | 2 |
| Timely Due Process Hearing Decisions | N/A | | N/A |
| Longstanding Noncompliance | | | 2 |
| Specific Conditions | None | | |
| Uncorrected identified noncompliance | None | | |

⁶ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

| Data Completeness Score | Percent of Part C Children included in Outcomes Data (C3) and 618 Data |
|-------------------------|--|
| 0 | Lower than 34% |
| 1 | 34% through 64% |
| 2 | 65% and above |

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2021 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e⁷⁸. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

| | |
|------------------|--------------------------------------|
| Outcome A | Positive Social Relationships |
| Outcome B | Knowledge and Skills |
| Outcome C | Actions to Meet Needs |

| | |
|-------------------|--|
| Category a | Percent of infants and toddlers who did not improve functioning |
| Category b | Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers |
| Category c | Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it |
| Category d | Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers |
| Category e | Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers |

⁷ Numbers shown as rounded for display purposes.

⁸ Values based on data for States with summary statement denominator greater than 199 exiters.

Expected Range of Responses for Each Outcome and Category, FFY 2021

| Outcome\Category | Mean | StDev | -1SD | +1SD |
|----------------------|------|-------|-------|------|
| Outcome A\Category a | 1.43 | 1.62 | -0.19 | 3.05 |
| Outcome B\Category a | 1.26 | 2.27 | -1.01 | 3.53 |
| Outcome C\Category a | 1.14 | 1.59 | -0.45 | 2.73 |

| Outcome\Category | Mean | StDev | -2SD | +2SD |
|-----------------------|-------|-------|-------|-------|
| Outcome A\ Category b | 23.62 | 8.94 | 5.75 | 41.49 |
| Outcome A\ Category c | 20.32 | 12.69 | -5.05 | 45.69 |
| Outcome A\ Category d | 27.33 | 9.46 | 8.42 | 46.24 |
| Outcome A\ Category e | 27.3 | 15.11 | -2.92 | 57.52 |
| Outcome B\ Category b | 25.16 | 9.76 | 5.65 | 44.68 |
| Outcome B\ Category c | 28.73 | 12.11 | 4.5 | 52.95 |
| Outcome B\ Category d | 31.76 | 8.06 | 15.64 | 47.87 |
| Outcome B\ Category e | 13.09 | 8.56 | -4.02 | 30.21 |
| Outcome C\ Category b | 20.27 | 8.49 | 3.29 | 37.26 |
| Outcome C\ Category c | 23.01 | 13.08 | -3.16 | 49.17 |
| Outcome C\ Category d | 34.09 | 8.09 | 17.9 | 50.28 |
| Outcome C\ Category e | 21.49 | 15.06 | -8.62 | 51.6 |

| Data Anomalies Score | Total Points Received in All Progress Areas |
|----------------------|---|
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

Anomalies in Your State's Outcomes Data FFY 2021

| | |
|---|-------|
| Number of Infants and Toddlers with IFSP's Assessed in your State | 4,677 |
|---|-------|

| Outcome A — Positive Social Relationships | Category a | Category b | Category c | Category d | Category e |
|---|------------|------------|------------|------------|------------|
| State Performance | 100 | 988 | 1,660 | 1,308 | 621 |
| Performance (%) | 2.14% | 21.12% | 35.49% | 27.97% | 13.28% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| Outcome B — Knowledge and Skills | Category a | Category b | Category c | Category d | Category e |
|----------------------------------|------------|------------|------------|------------|------------|
| State Performance | 95 | 834 | 1,983 | 1,441 | 324 |
| Performance (%) | 2.03% | 17.83% | 42.40% | 30.81% | 6.93% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| Outcome C — Actions to Meet Needs | Category a | Category b | Category c | Category d | Category e |
|-----------------------------------|------------|------------|------------|------------|------------|
| State Performance | 111 | 814 | 2,106 | 1,419 | 227 |
| Performance (%) | 2.37% | 17.40% | 45.03% | 30.34% | 4.85% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| | Total Score |
|--------------|-------------|
| Outcome A | 5 |
| Outcome B | 5 |
| Outcome C | 5 |
| Outcomes A-C | 15 |

| | |
|----------------------|---|
| Data Anomalies Score | 2 |
|----------------------|---|

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement⁹. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021

| Percentiles | Outcome A SS1 | Outcome A SS2 | Outcome B SS1 | Outcome B SS2 | Outcome C SS1 | Outcome C SS2 |
|-------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 10 | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| 90 | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

| Data Comparison Score | Total Points Received Across SS1 and SS2 |
|-----------------------|--|
| 0 | 0 through 4 points |
| 1 | 5 through 8 points |
| 2 | 9 through 12 points |

Your State's Summary Statement Performance FFY 2021

| Summary Statement (SS) | Outcome A: Positive Social Relationships SS1 | Outcome A: Positive Social Relationships SS2 | Outcome B: Knowledge and Skills SS1 | Outcome B: Knowledge and Skills SS2 | Outcome C: Actions to meet needs SS1 | Outcome C: Actions to meet needs SS2 |
|------------------------|--|--|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| Performance (%) | 73.18% | 41.24% | 78.66% | 37.74% | 79.21% | 35.19% |
| Points | 1 | 1 | 1 | 1 | 1 | 0 |

| | |
|------------------------------------|---|
| Total Points Across SS1 and SS2(*) | 5 |
|------------------------------------|---|

| | |
|------------------------------------|---|
| Your State's Data Comparison Score | 1 |
|------------------------------------|---|

⁹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on¹⁰

$\text{Sqrt}[(\text{FFY2021\%} * (1-\text{FFY2021\%})) / \text{FFY2021N} + (\text{FFY2022\%} * (1-\text{FFY2022\%})) / \text{FFY2022N}]$ = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

| Indicator 3 Overall Performance Change Score | Cut Points for Change Over Time in Summary Statements Total Score |
|--|---|
| 0 | Lowest score through 3 |
| 1 | 4 through 7 |
| 2 | 8 through highest |

¹⁰Numbers shown as rounded for display purposes.

| Summary Statement/ Child Outcome | FFY 2020 N | FFY 2020 Summary Statement (%) | FFY 2021 N | FFY 2021 Summary Statement (%) | Difference between Percentages (%) | Std Error | z value | p-value | p<=.05 | Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase |
|---|------------|--------------------------------|------------|--------------------------------|------------------------------------|-----------|---------|---------|--------|--|
| SS1/Outcome A: Positive Social Relationships | 4,668 | 73.24% | 4,056 | 73.18% | -0.07 | 0.0095 | -0.0713 | 0.9431 | NO | 1 |
| SS1/Outcome B: Knowledge and Skills | 4,935 | 80.06% | 4,353 | 78.66% | -1.40 | 0.0084 | -1.6654 | 0.0958 | NO | 1 |
| SS1/Outcome C: Actions to meet needs | 5,073 | 79.26% | 4,450 | 79.21% | -0.05 | 0.0083 | -0.0592 | 0.9528 | NO | 1 |
| SS2/Outcome A: Positive Social Relationships | 5,319 | 41.74% | 4,677 | 41.24% | -0.49 | 0.0099 | -0.4990 | 0.6178 | NO | 1 |
| SS2/Outcome B: Knowledge and Skills | 5,319 | 39.82% | 4,677 | 37.74% | -2.08 | 0.0098 | -2.1325 | 0.033 | YES | 0 |
| SS2/Outcome C: Actions to meet needs | 5,319 | 37.43% | 4,677 | 35.19% | -2.24 | 0.0096 | -2.3236 | 0.0201 | YES | 0 |

| | |
|---------------------------------|---|
| Total Points Across SS1 and SS2 | 4 |
|---------------------------------|---|

| | |
|---------------------------------------|---|
| Your State's Performance Change Score | 1 |
|---------------------------------------|---|

Data Rubric

FFY 2021 APR¹¹

| Part C Timely and Accurate Data -- SPP/APR Data | | |
|---|---|-------|
| APR Indicator | Valid and Reliable | Total |
| 1 | 1 | 1 |
| 2 | 1 | 1 |
| 3 | 1 | 1 |
| 4 | 1 | 1 |
| 5 | 1 | 1 |
| 6 | 1 | 1 |
| 7 | 1 | 1 |
| 8A | 1 | 1 |
| 8B | 1 | 1 |
| 8C | 1 | 1 |
| 9 | N/A | 0 |
| 10 | 1 | 1 |
| 11 | 1 | 1 |
| | Subtotal | 12 |
| APR Score Calculation | Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| | Grand Total - (Sum of Subtotal and Timely Submission Points) = | 17 |

¹¹ In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

| | | 618 Data ¹² | | |
|--|--------|------------------------|-------------------------------------|-------|
| Table | Timely | Complete Data | Passed Edit Check | Total |
| Child Count/Settings Due Date: 4/6/22 | 1 | 1 | 1 | 3 |
| Exiting Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| Dispute Resolution Due Date: 11/2/22 | 1 | 1 | 1 | 3 |
| | | | Subtotal | 9 |
| 618 Score Calculation | | | Grand Total (Subtotal X 2) = | 18.00 |

| Indicator Calculation | |
|--|--------|
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| Denominator | 35.00 |
| D. Subtotal (C divided by Denominator*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

¹² In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

| 618 Data Collection | EMAPS Survey | Due Date |
|--------------------------------|---|---------------------------------------|
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1 st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1 st Wednesday in November |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 1 st Wednesday in November |

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

Dispute Resolution

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>