

FFY 2019 Indicator C-11 Annual Performance Report (APR)

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters without space).

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). See Table I for baseline and current data. 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? No

If “Yes”, provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space).

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Progress toward the SiMR

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

Baseline Data: 86.87% See Data Table 1

Has the SiMR target changed since the last SSIP submission? No

FFY 2018 Target: 66.5% (Old Method: Rasch Model) **FFY 2019 Target:** 87.0% (New Method: Percentage of Positive Response)

FFY 2018 Data: 63.67% (Old Method: Rasch Model)

Was the State’s FFY 2019 Target Met? Yes **FFY 2019 Data:** 93.91% (New Method: Percentage of Positive Response)

Did slippage¹ occur? No

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

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¹ The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:

1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
 - a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
 - b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
 - a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
 - b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? Yes

If “Yes”, describe any additional data collected by the State to assess progress toward the SiMR.
(Please limit your response to 1600 characters without space).

Our goal is for IFaCT teams to continue to implement their quality improvement efforts at the local level to improve family outcomes. The University Centers for Excellence in Developmental Disabilities (UCEDDs) were available to the teams via phone and by email through September 2020. The Department also supported teams by providing continued technical assistance and guidance. The Department and UCEDDs analyzed the data from the numerous local projects collected from both cohorts, to identify successful projects for replication and scale-up Statewide. See Chart I.

From September 2019 to September 2020, the UCEDDs developed 30 trainings on family-centered practices and findings identified by IFaCT teams in both cohorts. The target audience is Early Intervention (EI) providers and parents. Formats include live webinars featuring facilitated discussions, recorded webinars, self-paced modules, and videos. Of the 30 trainings developed over this reporting period, seven were delivered to a live audience. We are seeking approval to post all trainings developed under this project for wider distribution to the EI community. Data will be collected from training participants going forward. See Chart II.

The Department engaged with a panel of families during several recent *Partners* trainings and collected data on families’ experiences with the Department’s new initiatives. See Chart III.

Since we hypothesize that greater Family-Directed Assessment (FDA) completion will improve FOS scores, the Department developed and disseminated a needs assessment survey to collect information from providers and EI Officials/Designees on their needs around FDA (e.g., how the State can develop training, resources, and guidance/procedures to support the completion of FDAs, as part of Multidisciplinary Evaluations MDEs). See Table II.

Did the State identify any provide describe of general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?

Yes

If “Yes”, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

The main concern regarding data quality issues that is unrelated to COVID-19, is the lack of representativeness within the NYS FOS. In FFY 2019-2020, families who identified as Black, Other race, and Hispanic families were less likely to complete the survey than were families who identified as White, and Non-Hispanic families. This is a concern because the goal is to ascertain how all families feel about the EIP.

We examined whether there were significant differences in the racial and ethnic composition of families whose surveys were returned to EI as undeliverable. The undeliverable rate was similar among families who identified as Hispanic and Non-Hispanic but differed by race. Such that 6.5% of surveys to families who identified as white were undeliverable, whereas, 9.6% and 8.1% of surveys were undeliverable to families who identified as Black and Other race.

In March 2020, the Department applied to participate in a cross-state learning collaborative hosted by the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (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 our FOS data around representativeness, to identify disparities. New strategies to improve in this area were identified and will be implemented during FFY 2020-2021. Additionally, Bureau of Early Intervention (BEI) SSIP staff presented at the 2020 Improving Data, Improving Outcomes Virtual Convening, on Using Part C Family Outcomes Data to Examine Equity and Representativeness.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? 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. (Please limit your response to 3000 characters without space).

Many municipal EI programs are part of their local health department (LHD). Municipal staff that typically coordinate the IFaCT work were deployed, often full-time, to assist with the COVID-19 response in their municipalities. Many local IFaCT projects have been put on hold due to COVID-19, and therefore, in these counties/regions, the UCEDDs were unable to collect additional data for the SSIP. Additionally, due to the Governor's Stay-at-Home Executive Order 202, all in-person activities for children and families once included on IFaCT community resource calendars (e.g., parent-support groups, library story hour, play groups, etc.), were not held. See Chart I, for data collected on the impact of COVID-19 on IFaCT projects. NYS Department staff at all levels were instructed to prioritize work related to the COVID-19 response effort. For the EIP, this included providing guidance to the field (9 guidance documents, including 62 frequently asked questions and a revised telehealth consent form), responding to approximately 160 emails/phone calls for technical assistance each week and revising requirements to support services via telehealth. This caused delays in the review, approval process, and delivery for over 25 of the UCEDD developed trainings on best practices, as part of the SSIP IFaCT project. COVID-19 also directly impacted the filming of 10 videos as part of the SSIP. During the Declared State of Emergency due to COVID-19, EI services in NYS are being provided via telehealth to the maximum extent possible. During the reporting period, there were fewer referrals to the EIP, therefore, there were fewer MDEs and MDEs with FDAs completed. 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. See Table II, for additional information on the six FDA measures.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State’s theory of action new or revised since the previous submission? No

If “Yes”, please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).

Click or tap here to enter text.

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Did the State implement any new (previously or newly identified) infrastructure improvement strategies during the reporting period? Yes

If “Yes”, describe each new (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

The Department executed no-cost contract extensions with the UCEDDs through September 30, 2020. Developing and presenting 30 trainings was more involved than anticipated, with some of the trainings requiring translation and sub-titles. The Department also had competing priorities related to COVID-19. Extending the contracts ensured the Department had enough time to complete a thorough review of the trainings, as well as give the UCEDDs enough time to evaluate the project outcomes and provide a final report to the Department.

In FFY 2017-2018, families were provided with only the new online option to complete FOS, unless they contacted the Department to request a paper Scantron survey to be mailed to them. New strategies implemented this year included reducing the number of questions from 36 to 22, reducing the literacy level (11th grade to 8th grade reading level), and additionally, each family received a survey letter in the mail, along with a postage paid return envelope. Scantron was not used and therefore, families were not required to use a number #2 pencil to complete the survey. Families could alternatively use the unique Quick Response (QR) code, or the link included in the letter to complete the survey online. The Department believes that implementing the above strategies improved our overall response rate from 9.2% to 15.8%.

An Early Intervention Coordinating Council (EICC) Provider Workforce Capacity Task Force was convened to develop recommendations for the Department to increase provider workforce capacity to deliver EI services. Objectives include improving timeliness of EI service delivery by increasing the number of new EI providers, retaining current providers, and increasing knowledge on EI competency areas for service delivery to improve family outcomes. The same Task Force is also working on telehealth. See Chart IV.

Provide a summary of each infrastructure improvement strategy that the State continued to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).

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

All in-person learning sessions were successfully held for both Cohorts. With the completion of these learning sessions, the Department engaged all 57 municipalities, including the five boroughs of New York City (NYC), in quality improvement efforts to increase family-centeredness and improve family outcomes. Through the learning collaborative process, all stakeholders were fully integrated into the quality improvement efforts. This method ensured providers fully collaborated with parents throughout the SSIP process. As such, this led to the development of local quality improvement projects using evidenced-based practices focused on parents and EI providers working in partnership to improve family-centeredness, and enhancing parents' knowledge, skills, and access to resources.

SSIP teams identified the family-centered improvement projects that best addressed their local needs to improve family outcomes; some teams worked on more than one project.

- 22 municipalities and NYC created local resource lists
- 15 teams created Facebook pages/groups to provide information about local events and resources
 - 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.
- 6 teams created community calendars and newsletters to inform families of local events
- 1 team created a resource website for EI families and professionals
- 11 teams worked to improve the way IFSP family outcomes are written by ensuring family outcomes were included in IFSPs
- 2 teams revised their family assessment template and process
- 16 municipal and three NYC teams held EI parent/child groups and workshops for families. The Rose F. Kennedy UCEDD was also able to hold several "virtual" parent-support groups to support families, that before COVID-19, were only held in-person.

See Chart V.

The Department has continued to integrate the Division for Early Childhood (DEC) best practices into statewide professional development and training. We continue to review policies and procedures to

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support family-centered practices across the State system.

As in previous years, based on information in the State data system, for those families whose preferred language is not English, the letter with the paper FOS on the back, as well as the online survey, were provided in both English and their preferred language (Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish).

The Department shared the FOS summary with each county IFaCT team (parents, providers, municipal staff) and the UCEDDs. The UCEDDs helped the teams understand their data and how to use the data in their local improvement efforts. Individual family responses remain anonymous outside of the Department; only aggregate data is shared.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

As described in this and previous reports, NYS has identified and implemented the evidence-based strategies for quality improvement statewide by hosting learning collaborative sessions for two Cohorts which included all 57 municipalities across the State and the five boroughs of NYC. The NYSEIP is using the Institute for Healthcare Improvement (IHI) Breakthrough Series, which is an evidence-based framework to effect and sustain positive systems change. Within the IHI framework, the evidence-based strategies identified and implemented with the Learning Collaborative teams at the local level included, providers using family-centered practices in delivering NYSEIP services to ensure providers collaborate and partner with parents and enhancing parents' knowledge, skills, and access to resources. The model requires expertise in developmental disabilities, especially working with young children and their families, as well as staff who can train other professionals, facilitate webinars and coach local learning collaborative team members and implement the evaluation plan, as such the Department contracted with the three UCEDDs.

Based on the Plan Do Study Act (PDSA) plans that were created at the in-person Learning Sessions, providers have implemented small changes into their everyday activities for select families. If the change has been demonstrated as successful based on data collected through surveys and IFSP reviews, the team implements the change with more families and continues to collect data. Goals of the calls included receiving feedback from the UCEDDs, as well as from stakeholders, to share successes, and to brainstorm solutions to challenges encountered. The UCEDDs continued to coach local county teams throughout the reporting period. See FFY 2018-2019 SSIP report for data collected.

The UCEDDs analyzed the data collected from both cohorts, and beginning in September 2019, the UCEDDs focused on "spread" to share best practices and lessons learned with EI providers who were not able to participate in the learning sessions and create sustainable resources to share as new providers join the NYSEIP. See FFY 2018-2019 SSIP report for best practices and lessons learned. During this reporting period, the UCEDDs developed 30 web-based trainings for EI providers, municipal staff who oversee our local programs, and parents). All training (recorded webinars, self-paced training, videos) is available on the BEI webpage for stakeholders to access. Additionally, stakeholders will also be 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.

See Chart II.

The Department received the final IFaCT project reports in Fall 2020. Upon analyzing the data from both cohorts, findings from all UCEDDs support the Department's decision to implement quality

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improvement strategies focused on FDAs. Additionally, data from the local Facebook projects and feedback from families, support the implementation of a State Facebook group and Family Listserv, as ways for families to connect and receive information and resources, directly from the Department. The success of these local projects also supports the Department in these scale-up efforts.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space):

BEI is using the term FDA and will revise the EIP 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 our professional development system.

- BEI will create a new FDA template for providers to document the information collected from families. To increase the number and quality of FDAs, BEI has completed a literature review and is in the process of selecting a recommended tool, to improve consistency of completed FDAs across the State.
- Our vendor, Measurement Incorporated (MI), is developing a new FDA training for providers that will incorporate best practices.
- BEI is developing 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.
- BEI staff will present a poster at the 2021 New York State Speech-Language-Hearing Association convention, to promote the use of FDAs and encourage speech-language pathologists to complete them.
- BEI will develop a brochure and 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.

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, and the important role families play in improving outcomes when they complete it.

The FOS will be sent to families shortly after their child leaves EI. BEI will also implement quarterly mailings, which is a change from the previous process of mailing the survey to all families, only once during the year – this change will help to make the survey process timelier for families.

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 *Meeting the Social-Emotional Development*

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Needs of Infants and Toddlers, IFSPs, and Working with Families training.

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Department sponsored *Partners* training, all application materials mailed to parents will be translated into the top six languages spoken by families in NYS.

A new Family Listserv will be used by BEI to communicate information directly to families of children in the EIP.

BEI launched its EI Families Facebook group in March 2021. The group provides a network where families can connect with each other and have access to current information and resources. Currently, there are 445 members.

A postcard to promote the Family Listserv and EI Facebook group has recently been approved. The postcard will be translated into the six most spoken languages in NYS. It will be printed and mailed to counties to hand out to families and will be included on the EI families and BEI websites.

Did the State implement any new (previously or newly identified) evidence-based practices? No

If “Yes”, describe the selection process for the new (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

Click or tap here to enter text.

Provide a summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

New York State has identified and implemented the evidence-based strategies for quality improvement statewide by hosting learning collaborative sessions for two Cohorts, which included all 57 municipalities across the State and the five boroughs of New York City. The NYSEIP used the IHI Breakthrough Series, which is an evidence-based framework to effect and sustain positive systems change. Within the IHI framework, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level. Local teams are continuing to use the PDSA methodology to improve outcomes for families.

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. Local projects continue to support families and their access to resources. The State will invite the teams to start posting on their Facebook pages/groups, to create group educational and social events, and community calendars, once the Declared State of Emergency has ended and it is safe for children and families to interact in their communities.

At the State level, the BEI website SSIP page 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. 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.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space):

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, as described in the FFY 2018-2019 SSIP report. The fifth year of the implementation phase was spent executing the Learning Collaboratives for Cohort 2. Formal work for Cohort 1 concluded in December 2018 and January 2019, and formal work for Cohort 2 concluded in September and November 2019. The UCEDD staff continued to help coach and train EI professionals to improve the quality and family-centeredness of EI services through September 30, 2020.

Since our updated Theory of Action from FFY 2018-2019 predicts that more frequent FDA completion will improve FOS scores, the Department has developed six additional measures related to FDA. Our analyses show that 95.56% of responses on the FOS were positive from families who had a FDA; whereas, 93.90% of responses on the FOS were positive from families who did not have a FDA.

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However, in FFY 2019-2020, only 16 families had a FDA and completed the FOS; whereas, 3,014 families did not have a FDA but did complete the FOS. This may be due to fewer referrals to the EIP and therefore, fewer MDEs and MDEs with FDAs completed. See Table II: Measures 5 and 6.

We expect 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.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

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

From September 2019 to September 2020, the UCEDDs developed 30 trainings on family-centered practices and findings identified by IFaCT teams in both cohorts. These trainings promote professional development to support early intervention service delivery using family-centered practices. See Chart II for a full list.

Four *Families' Perspectives: A Parent's Journey to Early Intervention* videos featuring parents of children in the EIP were developed to highlight how the EIP helped their families. Three videos focused on families living in communities where language could be a barrier to connect to the Program. The Spanish, Bengali, and Chinese videos included English sub-titles. Additional training included: *NYS Resources for Families and Care Providers of Individuals with Disabilities*, *Understanding the Family Experience* (presented by family advocates), *Overview of Early Intervention*, *Natural Environments*, four *Family Rights* videos (covering each step in the EI process), *Developing Individualized Family Service Plans That Fit You And Your Family*, and two *Child Development (birth to 12 months, 18-36 months)* webinars.

Several trainings for EI professionals were also developed and included *Family-Professional Partnerships* and *Developing Meaningful Individualized Family Service Plans through Family Engagement*. All professional training focused on ensuring providers and parents are partners in the EI process.

Section C: Stakeholder Engagement

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

(Please limit your response to 3000 characters without space):

The UCEDDs, in collaboration with the Department, convened monthly coaching calls with IFaCT teams in each region of the State to obtain feedback from stakeholders including parents, providers, and local EIP staff, on topics such as project successes, barriers to implementing or scaling-up, progress, sharing/discussing data, etc. Calls with Cohort 2 concluded in August 2019.

For both cohorts, in collaboration with the Department, the UCEDDs facilitated celebration and sustainability calls or in-person meetings with their IFaCT teams. Cohort 2 calls were held on September 16, 2019, October 8, 2019, October 10, 2019, November 20, 2019, November 22, 2019. Teams shared their overall project challenges, successes, and sustainability strategies and plans with their learning collaborative members, UCEDDs, and Department. The UCEDDs shared the overall goals of the IFaCT project and reviewed/discussed aggregate regional IFaCT team data. The Department provided Statewide SSIP implementation and evaluation information, and next steps were also discussed.

From September 2019 to September 2020, the UCEDDs analyzed the data collected from the two cohorts and developed training on family-centered practices and findings from collaboratives.

For this reporting period, the Department presented to the EICC on September 19, 2019, December 11, 2019, and September 24, 2020. The Department obtained feedback on the plan, phases, data collected, and next steps. During the September 2020 meeting, the Department and all three UCEDDs engaged with the EICC. 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.

Several parent panels were convened during the five-year project, most recently, on July 9, 2020, the Westchester Institute for Human Development (WIHD), assembled a panel to provide IFaCT teams with parents' perspectives on various issues that are of importance to families in EI. Parents of children recently involved in the NYSEIP were invited to speak. The parents described their experience with the NYSEIP and then discussed three themes (voluntary family assessment, accessing community resources, and leadership opportunities). Panel questions were developed based on the work of both cohorts to help the UCEDDs and Department better understand parents' perspectives on the themes. The Department also convened a group of parents on November 13, 2020, through the FICSP to understand families' perspectives and collaborate on potential State policy and procedural changes. See Chart III for more information.

The Department collaborated with a county who had selected to work on family assessments, as part of their IFaCT project to improve family outcomes. The county provided the Department with their newly developed materials as a result of their project, anecdotal data gathered from parents and

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providers on their projects, and the recent discussions about family assessments and the potential name change, with their local EICC. The Department intends to partner with this county and others in the future.

The Department and Measurement Incorporated, developed and disseminated a Needs Assessment with a new section on family-directed assessments, to obtain qualitative and quantitative stakeholder feedback to assist with next steps for NYS's SSIP. See Chart VI for the survey. Comprehensive survey results will be reported in next year's SSIP report.

Were there any concerns expressed by stakeholders during engagement activities? Yes

If “Yes”, describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space):

During the *Partners* training parent panel, families expressed concerns about the Family Listserv registration process. Many families found the process cumbersome and felt that other families would not be successful in registering. Based on the feedback received, BEI contacted the Unit responsible for the management of Department listservs and was advised that the instructions could not be modified. In order to address stakeholder concerns, the SSIP email address was added to the postcard, providing a way for parents to get assistance with registering for the listserv.

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.

Based on concerns expressed about the term family assessment from both cohorts, the Department presented the findings to members of the EICC and sought feedback on changing the term to family-directed assessments. During the discussion with the EICC on September 24, 2020, members also expressed concerns with the term “family-assessment”, indicating that it was not a parent-friendly name and could be perceived as negative by parents. Families participating in the November 15, 2020, *Partners* training, agreed that the term family-assessment may be perceived as negative by some families and preferred the term family-directed assessment. See Chart III for additional feedback. Due to the overwhelming concerns expressed by all stakeholders, the Department is in the process of amending the EI Program regulations to reflect the change to family-directed assessment.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

N/A