NEW YORK STATE
DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH
BUREAU OF EARLY INTERVENTION

State Performance Plan for the NYS Early Intervention Program
FFY 2005 - 2010

Revised February 2, 2009

New York State Part C Early Intervention Program
State Performance Plan
FFY 2005 – 2010 – Revised April 2008
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New York State Part C Early Intervention Program
State Performance Plan
FFY 2005 – 2010

Description of New York State's General Supervision System

Overview of the New York State Early Intervention Program

The New York State Early Intervention Program (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). This comprehensive service system supports the delivery of EIP services to approximately 75,000 eligible children and their families across the State, and as such, is one of the largest early intervention systems in the United States.

The Department of Health was designated by the Governor as lead agency for the EIP in 1987, and subsequently in statute when State Public Health Law (PHL) was enacted establishing a statewide early intervention system consistent with Federal Part C requirements. As lead agency for the EIP, the Department is responsible under Section 2550 of PHL for overall administration and supervision of the State's early intervention system, including:

- establishing standards for evaluators, service coordinators, and providers of early intervention services;
- approving, and periodically reapproving evalutors, service coordinators, and providers of early intervention services;
- compiling and disseminating to municipalities lists of approved evaluators, service coordinators, and providers of early intervention services;
- monitoring of agencies, institutions, and organizations providing early intervention services;
- enforcing any obligations under PHL and Part C of the Individuals with Disabiltiies Education Act (IDEA);
- providing training and technical assistance to municipalities, providers, and parents;
- correcting deficiencies that are identified through monitoring; and,
- maintaining a comprehensive system of personnel development to promote the availability of qualified personnel to deliver early intervention services to eligible children and their families.

The Department is responsible for ensuring parents and children receive the rights and entitlements afforded to them under State and Federal law; establishing reimbursement rates for early intervention services, with the approval of the Division of Budget; auditing and oversight of fiscal operations related to the EIP, including claiming of commercial insurance and Medicaid; and, reimbursement of state aid to municipalities for the State share of early intervention services delivered to eligible children and their families.

The Department has recently formally established the Bureau of Early Intervention (BEI) to manage State EIP operations, under the auspices of the Division of Family Health within the Center for Community Health. The BEI has four programmatic units established to address major program responsibilities for the EIP:

- Quality Assurance Unit, responsible for management of the statewide comprehensive monitoring system;
- Provider Approval and Due Process Unit, responsible for management approval of EIP providers and due process procedures, including systems complaints, mediations, and impartial hearings;

- Training and Technical Assistance Unit, responsible for management of training and technical assistance activities, staff support for the Early Intervention Coordinating Council (EICC), and development and production of public awareness and educational materials; and,
- Program Development and Data Management Unit, responsible for development of policy and procedural documents, management of the statewide data system and data analyses functions.

State EIP Department operations are supported by the Division of Family Health Fiscal Unit (management and oversight of claims processing and contracting functions); the Center for Community Health Office of Information Technology and Project Management (responsible for development and maintenance of software applications, including the KIDS application supplied to municipalities for EIP administration and the Department's Fiscal System and Provider Approval applications); the Fiscal Management Audit Unit (responsible for auditing of municipalities and providers); the Office of Medicaid Management and Office of Managed Care (Medicaid reimbursement functions; Medicaid and commercial managed care); and, Bureau of House Counsel (ongoing provision of legal advice and support on issues related to the EIP).

The Department collaborates closely with State agency partners on a variety of issues related to the EIP, including the State Education Department (SED), State Insurance Department (SID), Office of Children and Family Services (OCFS), Office of Mental Retardation and Developmental Disabilities (OMRDD), Office of Mental Health (OMH), and Office of Alcoholism and Substance Abuse Services (OASAS). All of these agencies are represented on the EICC.

The New York State Early Intervention Coordinating Council (EICC) is actively involved in providing ongoing advice and assistance to the Department on ongoing and emerging issues related to the EIP. This twenty-seven member Council is comprised of parents, EIP provider representatives, Early Intervention Officials (EIOs) representing municipalities, and the state agency partners described above. The EICC meets on a quarterly basis, and has recently moved to a structure of convening time-limited task forces to assist the Department in addressing specific and pressing policy issues. This approach has been very effective for the EICC and the Department. In the past three years, task forces of the EICC have assisted the Department in issuance of policy and procedural guidance on transition and evaluation and eligibility. EICC Task Forces are currently working on health and safety requirements and marketing guidelines for delivery of EIP services.

The fifty-seven counties and New York City in New York State (referred to as "municipalities") have major responsibility for local administration, oversight, and fiscal management of the EIP. Municipalities have significant authority and responsibility in PHL with respect to the EIP, including:

- maintaining local child find and public awareness efforts to identify, locate, and evaluate eligible children and provide developmental surveillance and tracking of at-risk children;
- ensuring the development of individualized family service plans (IFSPs) for eligible children and their families;
- contracting with State-approved EIP providers to deliver EIP services to eligible children and their families, and monitoring and auditing of those providers;
- payment of providers for services rendered to eligible children and their families;
- claiming to commercial insurers and Medicaid for reimbursement for early intervention services delivered to eligible children and their families; and,
- submission of claims to the Department for reimbursement of the State share of EIP services.

Each of the 58 municipalities is required to maintain and convene a local early intervention coordinating council (LEICC) at least twice a year. LEICCs are responsible for advising and assisting their Early Intervention Officials (EIOs) regarding: (1) the planning for, delivery and evaluation of the early intervention services for eligible children and their families, including methods to identify gaps in services; the identification of service delivery reforms necessary to promote the availability of early intervention services within natural environments; the coordination of public and private agencies; and, such other

matters relating to early intervention policies and procedures within the municipality as are brought its attention by parents, providers, public agencies, or others. LEICCs are required to report annually to EIOs on the adequacy of the EIP system. The Department requires municipalities to report annually on the work of LEICCs to promote the quality and effectiveness of the local EIP.

The Department has a strong partnership with municipalities in administration of the EIP, and also works closely with the New York State Association of Counties and Association of County Health Officials on State and local issues related to the EIP.

The Department also works closely with providers and parents involved in the EIP, statewide. The Department meets and communicates with provider organizations and professional associations that represent providers on an ongoing basis on a variety of issues related to the delivery of early intervention services. Through its Family Initiatives contract, the Department supports the involvement of parents in the EIP on a variety of levels. In particular, the Department-sponsored "Partners in Policymaking" training program is an important and ongoing avenue to develop parent leadership and participation in the EIP at the State and local levels.

Department Statewide Comprehensive Monitoring Process

The New York State Department of Health (Department), as lead state agency for the Early Intervention Program (EIP), supervises implementation of the Individuals with Disabilities Education Act through utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services that are accessible, appropriate to the needs of each child, and delivered in a safe, effective and efficient manner.

As described above, the 57 counties and New York City are the municipal agencies responsible for the local administration of the EIP. The Department conducts direct and indirect oversight of the program in a variety of ways to ensure it is functioning appropriately on both the State and local levels.

New York State conducts monitoring on a cyclical basis and is able, through a contract with a monitoring agent, to conduct a comprehensive onsite review of each of the 58 municipalities responsible for local administration of local early intervention programs and every individual and agency service provider that contracts with the municipalities to deliver services. A full monitoring cycle takes approximately 2 to 4 years, depending on factors such as the number of providers under contract, the number of follow up visits that the agent must conduct due to the identification of serious deficiencies, and the number of corrective actions in progress.

Municipalities and State-approved providers under contract with municipalities are monitored by the Department and its contracted agent. Monitoring instruments, procedures, protocols and reports used identify areas of non-compliance with federal and State requirements that must be addressed through a corrective action plan (CAP). The Department's staff in five field offices across the State continue to assist in managing the EIP monitoring process and ensuring municipalities oversee provider corrective actions. Field office staff also provide technical assistance to municipalities to ensure their CAPs are developed and completed to address non-compliance with respect to local administration of the EIP.

The Department works closely with the 58 municipalities, as the parties that hold contracts with approved providers of EIP services, to identify and address serious concerns that must be addressed immediately or findings of non-compliance with federal and/or State requirements. Municipalities are routinely notified by the Department and invited to participate in all on-site monitoring reviews of EIP providers; they receive monitoring reports for all EIP providers with whom they contract to deliver services, and they receive, review and assist in the oversight of CAPs submitted by providers in response to Department monitoring reviews.

In addition to the above strategies, the Department has developed a multi-pronged approach to ensure that all corrective actions required by municipalities and providers are completed, and compliance with State and Federal requirements for the EIP is maintained. This approach includes: focused reviews of

municipalities and providers that have been identified as having serious or numerous deficiencies (25% of all indicators failed); attestation by municipalities and/or Department field staff verification of completion of corrective actions within one year of identification of deficiencies; attestation by all EIP providers that required corrective actions are completed within one year of identification of deficiencies; and, ongoing periodic reviews of municipalities and providers to ensure continued compliance with all State and Federal requirements for the EIP.

The Department has now completed on-site monitoring reviews of all 58 municipal agencies responsible for local administration of the Early Intervention Program; and, of all EIP providers (approximately 2000) that were actively involved in delivering early intervention services to eligible children and their families between June 2002 and April 2005.

Appropriate state and municipal-level enforcement actions are taken when necessary to address persistent deficiencies. These actions include sanctions and disqualifications, fiscal audits and reporting fraudulent activities to appropriate authorities, if identified.

The State Education Department (SED) approves some early intervention providers using the same standards as the Department and is responsible for monitoring those providers using similar monitoring protocols to the Department. The Department and SED continue to collaborate to ensure consistency in the tools and protocols used to monitor providers, identify areas of non-compliance, and ensure completion of corrective actions by one year of identification of any deficiencies. An interagency agreement is in effect with SED that includes a workplan, budget and suballocation of Part C funds to provide resources to support monitoring of SED-approved EIP providers and ensure interagency functions operate smoothly.

Training and Technical Assistance for Municipalities and Providers

The Department maintains a comprehensive approach to training and technical assistance for municipalities, providers, and families engaged in New York State's early intervention system. BEI staff are responsible for fielding telephone calls and responding to emails, letters, and other forms of communication from municipalities, providers, parents, and the public on a variety of issues, concerns and questions related to the EIP. The Department also prepares, issues, and disseminates policy and procedural guidance on State and Federal requirements for the EIP on a regular basis. Data collected from all available sources, including monitoring, systems complaint investigations, and due process hearings, are used to target Department training and technical assistance efforts.

The Department convenes regular conference calls with municipalities to discuss State and local administration issues related to the EIP. An annual meeting of municipal EIOs is also convened and provides an important opportunity for discussion, training, and technical assistance on administrative issues.

The Department successfully completed procurement for contractors to ensure continuation of ongoing, regionally-based training for municipalities, EIP providers, and parents; and, to revise existing and develop new training curricula to respond to emerging EIP training needs. The Department maintains a wide variety of public awareness and educational materials on the EIP, including the EIP Parent Guide for parents, the "Early Help Makes A Difference" public awareness brochure, a state central directory on early intervention services, educational materials on universal newborn hearing screening, and six clinical practice guidelines for the EIP. These materials are maintained in print and electronic form, and are also posted on the Department's website. Public awareness and educational materials are published in a variety of languages.

Fiscal Responsibility

The Department views fiscal management and oversight as an important part of its role as lead agency for the EIP. The Department, with the approval of the Division of Budget, annually sets statewide rates for early intervention services; maintains a fiscal system to process claims for state aid reimbursement for

early intervention services received by municipalities; provides guidance and technical assistance to municipalities to improve commercial insurance recovery for early intervention services; and, provides guidance and technical assistance to municipalities in maximizing Medicaid as a critical funding resource for early intervention services. During the past three years, the Department has also been actively engaged in the implementation of an auditing program for the EIP, including: development of an audit protocol for use in auditing of providers and municipalities by the Department; development of data-driven criteria to prioritize provider audits; and, provision of support to municipalities engaged in local audits of providers, including verification of local audits when requested by municipalities. Department auditors have provided support to three municipalities with respect to local audits and will continue to be available on an as-needed basis to support local monitoring efforts. To date, the Department has completed seven audits of providers and six audits are in the process of being scheduled.

In addition, the EIP continues to collaborate with the Department's Fiscal Management Group and municipalities to examine and improve Medicaid reimbursement for children in the EIP who are also enrolled in Medicaid. Data matches are completed on a quarterly basis between State Medicaid and Early Intervention Program data files, to identify children enrolled in the EIP whose Medicaid status was unknown at the time of service delivery. These data are used to prepare and submit retroactive claims to the Center for Medicaid and Medicare Services (CMS) for reimbursement of early intervention services delivered to Medicaid-enrolled children.

Due Process Procedures

Complaint investigations, mediations and due process hearings and reviews are conducted in accordance with timeframes required in State and Federal law and regulations. The EIP continues to ensure that results of systems complaints investigations are integrated within the statewide comprehensive monitoring system. The results of systems complaints investigations are routinely provided to the Department's monitoring agent for follow up as part of the onsite monitoring review process to ensure corrective actions are completed as required in findings rendered as part of the investigation process.

There continues to be a relatively small number of systems complaints investigations, mediations, and impartial hearings. The Bureau of Early Intervention and Division of Legal Affairs (DLA) are collaborating to improve the timeliness of impartial hearings with the Department's Bureau of Adjudication, which is responsible for the conduct of impartial hearings. Program policy guidance documents are transmitted on a routine basis to the DLA for dissemination to the administrative law judges who serve as impartial hearing officers, to ensure hearing officers have all relevant information necessary to expedite decisions.

Procedures have been successfully implemented for systems complaints to be transmitted in an expeditious fashion to the Bureau of Early Intervention for investigation. Changes in investigative procedures were also implemented and included acknowledgement of complaints and the initiation of investigations by telephone contact with the complainant and subjects of the complaint, resulting in a reduction in the timeframe for initial acknowledgement of complaints and initiation of investigations. The format for investigation summaries and final reports is being revised to expedite the investigation review process and to enable more timely decisions.

EIP Provider Capacity

As described above, the State is responsible for approval of EIP providers and municipalities are responsible for establishing a sufficient number of contracts with State-approved providers to provide for the timely and continuous delivery of early intervention services to eligible children and their families. The Department and State Education Department are the only two State agencies that approve EIP providers, and the Department approves the vast majority of EIP providers.

There are currently 1,739 agencies and 16,801 individual practitioners *approved* by the Department to EIP services. On average, 10 agency provider and 100 individual provider applications are received by the Department and reviewed on a monthly basis. Approximately 9 agency and 95 individual providers are approved each month. Of these, 13,195 are approved to deliver evaluations, 3,822 to deliver service

coordination services, and 17,553 to deliver all other EIP services. The large number of individual providers who are approved is a reflection of the requirement in Section 2551 of PHL that all individual practitioners under contract with a municipality or subcontract with agency providers contracting with municipalities must be approved by the Department. The State Education Department has approved 75 providers to deliver EIP services.

There are currently 2,332 providers *under contract* with municipalities to deliver EIP evaluations (1,636), service coordination (644), and early intervention services (2,246) to eligible children and their families.
As a result of the comprehensive on-site monitoring and immediate remediation process to correct health and safety findings, including use of unqualified personnel, only qualified personnel deliver EIP services to eligible children and their families. All municipalities have quality assurance procedures in place to sure that service coordinator providers were qualified.

The Department continues to be engaged in a variety of efforts to strengthen and improve the State-level provider approval process. The provider approval application process now routinely involves cross-checks with databases available from other areas of the Department, including Medicaid and Office of Professional and Medical Conduct; and, other state agencies, including licensing/certification/registration databases maintained by the State Education Department, the child care databases maintained by the Office of Children and Families, and relevant databases maintained by the Department of State, Department of Criminal Justice Services, and Department of Corrections.

The Department is in the process of finalizing major revisions to the procedures used to review providers as well as to the applications used by providers to apply for State approval to deliver EIP services. In addition, the Department will implement periodic re-approval of EIP providers. The new procedures will include:

- criteria for use in character and competence reviews;
- clinical experience standards for individual practitioners delivering EIP services;
- standards for agency providers of EIP services, including staffing patterns and inservice training requirements;
- establishing competencies expected of individual practitioners engaged in the delivery of EIP services;
- establishing a waiver process to allow appropriately licensed, certified, registered individuals to deliver EIP services without the required hours of experience with young children, with a training and mentorship plan, to address personnel shortages; and,
- revising provider applications to collect additional information related to boards (for agency providers), affiliations, experience (for individuals), and other information necessary to assess character and competence.

The Department continues to work on standards for the training and supervision of paraprofessionals to assist in the delivery of intensive behavioral interventions to children with autism. These standards will be integrated into the provider approval process to ensure these children receive a comprehensive service delivery approach from qualified providers.

The Department's Office for Information Technology and Project Management (OITPM) and EIP staff continue to collaborate to develop a new software application for the provider approval database to capture new required data, improve capacity to track provider approval history, and integrate provider approval data and monitoring findings.

Technical assistance is available on an ongoing basis to assist municipalities in addressing personnel shortages, when such shortages arise. Technical assistance efforts include identifying providers approved by the State not yet under contract who may be available to deliver EIP services. The

Department has also made progress in its efforts to establish standards and capitation rates for the use of paraprofessionals to assist in the delivery of intensive behavioral interventions for children with autism.

Data Collection and Reporting

The Department continues to maintain a distributed data system, known as KIDS (Kids Integrated Data System) to meet the programmatic and fiscal management needs of municipalities and State and Federal reporting requirements for the EIP. In addition to KIDS, the Department maintains software applications to process claims from municipalities for reimbursement of the State share of the costs for early intervention services (the Fiscal System – "FS") and a provider approval application to enter and maintain data on provider approval and subsequent amendments. The Department's monitoring contractor maintains a data system to collect data resulting from on-site monitoring reviews. Combined, these data sets provide the Department with a wealth of data with respect to the New York State Early Intervention Program.

Data necessary to meet the 618 reporting requirements are generated primarily from KIDS and the provider approval database. Municipalities use the KIDS software application supplied by the Department to collect, maintain, maintain, and update local data on the EIP that are used in State and federal reporting. Required data are submitted on a quarterly basis by all 58 localities (57 counties and New York City) on or before specified timeframes required in the Department's contract with municipalities for funds to administer the EIP. Submissions are carefully monitored to ensure they are submitted by municipalities within sufficient time to complete data analyses and submit timely reports. EIP staff follow up on all late submissions.

All quarterly data submissions from municipalities are reviewed by EIP Data Unit staff for accuracy, completeness, potential problems with the data, and/or inconsistencies from one data transfer to the next. Staff follow up with municipalities on all problems with file transfers and data submitted. Corrections are made by municipalities and/or files are resubmitted, as appropriate.

Meetings are routinely held between EIP staff and staff of the Department's Center for Community Health, Office of Information Technology and Project Management (OITPM) to discuss operational issues with respect to the EIP's software applications and databases. Meetings focus on application maintenance and updates, technical assistance and support to municipalities with respect to KIDS, and emerging issues. These meetings have been productive and effective in addressing EIP needs. A KIDS Work Group, comprised of municipal representatives, has been assisting the Department in efforts related to maintenance and upgrades of the software application to address state and local concerns. Modifications are made to the KIDS software application as necessary to comply with new State and Federal requirements and/or to improve usefulness of the software application and database for program management purposes. Federally-established timeframes with respect to ensuring the KIDS software application complies with HIPAA requirements have been met.

The Department issued a request for proposals (RFP) for development of a new, state-of-the-art data system for the Early Intervention Program (New York State Early Intervention System – NYEIS). Proposals have been received and are under Department review for selection of a contractor for NYEIS development. NYEIS will be hosted on the human services network and will be maintained collaboratively the Department and State Office for Technology. NYEIS will offer many enhancements and improvements over the current KIDS application. Most significantly, since NYEIS will be a centralized data system at the State level, the Department will have real-time access to all data related to the EIP.

Overview of the State Performance Plan Development

Stakeholder Input

The Department was a recipient of a General Supervision Enhancement Grant (GSEG) to develop a child and family outcomes system for the New York State EIP in 2004. As a result of the GSEG, the Department has been engaged in an extensive, ongoing process to identify child and family outcomes,

and develop measurement strategies to assess these outcomes, since October of 2004. The Department's GSEG involves a three phase project to: (1) identify child and family outcomes using Concept Mapping methodology; (2) implement a field test to determine the extent to which child and family outcomes identified through the Concept Mapping methodology can be successfully implemented; and, (3) evaluate the overall success of the GSEG initiative in identifying measurable child and family outcomes for the New York State EIP.

A core group of advisors was established to assist the Department in the GSEG project, including EICC members, parents, municipalities, EIP providers, and state agency representatives (see Attachment 2 for a list of participants). In addition to the core group, an extended group of 244 individuals (parents, municipal representatives, and providers) were engaged in the Concept Mapping methodology, via project website, to identify child and family outcomes, and to rate these outcomes two dimensions: importance of the outcome; and, the likelihood that the EIP will influence the outcome.

The Concept Mapping phase of the GSEG was completed during the Summer, 2005, and the core group was convened on October 17-18, 2005, to discuss the results of the Concept Mapping methodology. In addition to identifying outcomes unique to New York State, the results of the concept mapping methodology also yielded strong support for child and family outcomes identified by the National Early Childhood Outcomes Center (ECO) funded by the U.S. Department of Education, and outcomes included in U.S. Department of Education, Office of Special Education Program's (OSEP) requirements for the State Performance Plan (SPP).

OSEP's requirements for the State Performance Plan (SPP) were presented to the EICC at their quarterly meeting, convened on September 20, 2005. The SPP was explained in detail, including each of the fourteen indicators OSEP has identified for the SPP and requirements for the content and format of the report. The SPP was discussed at length during the meeting, and agreement was reached to establish an EICC work group to assist the Department with the SPP, including establishment of performance targets. This workgroup of the EICC, which includes the EICC members participating on the core group for the GSEG project, worked with the Department to determine final performance targets and review and advise on future activities to achieve these projects and ongoing evaluation of State performance on the SPP indicators.

State Performance Plan Dissemination

The approved SPP will be posted on the Department's website, at www.health.state.ny.us. The Department's website has a webpage dedicated to the EIP, which is easily located through a search of the website or by following content-specific links. For the past several years, the Department has used its website as an important vehicle to inform the public about emerging public health and Department issues, including the EIP. The SPP will also be distributed in print to EICC members, provider representatives and municipalities for dissemination to EIP providers and parents. In addition to these key constituents, the SPP will also be disseminated to other State advisory councils with an interested in the EIP, including the Department's Maternal-Child Health Block Grant and Lead Prevention Advisory Councils, and the State Education Department's Commissioner's Advisory Panel on Special Education. Public notice of the SPP, in print and media format, will also be promulgated by the Department. Printed and electronic copies of the New York State SPP will also be available at no cost to the public to any citizen of the State requesting the document.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

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.

24,887 / 30,587 x 100 = 85%

Overview of Issue/Description of System or Process *(Revised February 2007-see 2005-06 Annual Performance Report)*

New York State's standard for timely receipt of EI services (from the date of parent consent to IFSP to services initiation date) is three weeks (21 days). This standard has been applied and evaluated through examination of individual child records through the Department's comprehensive monitoring system since June, 2002. Parent consent for EI services is obtained on the date that the initial or amended IFSP is agreed upon.

To determine the date on which services in a child's IFSP are initiated, as required by OSEP for this indicator, it is necessary to use utilization data rather than authorization data. As described on page 83, the Department supplies municipalities with the KIDS application to manage local operations of the EIP, including service authorizations, receipt of bills and payment to providers, claiming for third party insurance, and submission of claims to the Department for reimbursement of the State share of EIP services (fifty percent of costs not covered by third party payers). With the exception of New York City (NYC), all municipalities use this application for fiscal management of the EIP (NYC maintains a fiscal intermediary for this purpose). The Department processes all claims received from municipalities, including NYC, through a fiscal system that includes edits to ensure that services authorized were in fact delivered. Data from the fiscal system are used for these analyses to accurately reflect whether and when services were delivered to an individual child. Data presented are based on children with complete claiming data as of January 15, 2007.

The methodology used to determine baseline data for this indicator, as required by OSEP, is:

> For all children with an initial or amended IFSP between July 1, 2004 and June 30, 2005, the first date of *every type of service, either included in the initial IFSP, or added to an existing IFSP as the result of an amendment,* is examined to determine if the date is 21 days or fewer from the date of the child's initial or amended IFSP. A child is counted as having received IFSP services in a timely fashion if 100% of his/her IFSP services began within 21 days of the date of the initial or amended IFSP. Program (defined as municipality) compliance is counted by calculating the number of infants and toddlers in the municipality who received IFSP services within the required timeframe, and dividing by the total number of infants and toddlers with IFSPs in the municipality, and multiplying by 100.

Baseline Data for FFY 2003 (2003-2004)

The percent of infants and toddlers in New York State with IFSPs who receive the early intervention services on their IFSP in a timely manner during the period July 2003-June 2004 is: **85%**.

In addition to the measure required by OSEP to calculate and report on timeliness of delivery of early intervention services to children in the EIP, the Department also analyzed other data to examine factors that impact on the timeliness of service delivery to children and families in the EIP. These data, which have also have been reported in previous APRs, are as follows:

Service Coordination Data

In New York State, the ongoing service coordinator selected by the parent is responsible for implementation of the IFSP. Based on KIDS and the Early Intervention Fiscal system claiming data, 95.8% of all infants/toddlers in program year 2000-2001, 96.4% of all infants/toddlers in program year 2001-2002, 98.3% of all children in program year 2002-2003, and 98% of all children in program year 2003-2004 (the most recent year for which complete service utilization data are available) received ongoing service coordination services following the development of the IFSP. Ninety-seven percent of all children received ongoing service coordination services within eight days of agreement to the initial IFSP.

Monitoring Data

- All municipalities ensured that IFSPs contain projected dates for the initiation of services, or were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring reviews. Corrective actions are completed within one year of identification of a deficiency. Regional office staff verify correction of municipal deficiencies.
- All EIP providers delivered EIP services as authorized in the IFSP, or were required to develop such procedures as part of corrective action plans required to be submittted as the result of on-site monitoring reviews. All required corrective actions must be completed within one year of a finding of non-compliance. Providers are required to submit an attestation to the Department that corrective actions have been completed.

Service Utilization Data

Based on utilization data available through the Early Intervention Fiscal System, for PY 2003-2004 (the most recent year for which payment data are complete), children in the EIP received an average of five units of early intervention services a week. Level of service utilization varied in expected directions, based on children's level of need and age, as follows:

- children with a developmental delay in only one area of development received an average of 3 units per week;
- children with delays in all five areas of development received an average of 7 units of service per week;
- children with a diagnosed condition with a high probability of developmental delay received an average of 6 units of service per week; and,
- service utilization increases with age (from 11 units per month for children ages 0-6 months to 20 units per month for children between 30 and 36 months of age).

The Department continues to examine data to determine the extent to which early intervention services meet the unique needs of eligible infants and toddlers and their families by examining the types and levels of early intervention services authorized for children with varying level of need and their families.

Based on service authorization data for 2004-05:

- 12.1% of infants and toddlers and their families were authorized to receive family counseling, family support groups, family training, and/or sibling support groups (compared to 11.2% last reporting period) ;
- 5.4% were authorized for respite services (compared to 6.2% last reporting period); and,
- 7.9% were authorized for social work services (compared to 8.5% last reporting period)

Of the infants and toddlers whose families were authorized to receive family counseling, family support groups, family training, and/or sibling support groups:

- 29% had a diagnosed condition with a high probability of developmental delay (compared to 22% last reporting period);
- 66% had developmental delays in three or more domains (compared to 64% last reporting period); and,
- 98% were receiving multiple types of other early intervention services (no change from the last reporting period).

Of the infants and toddlers whose families were authorized to receive respite services:

- 26% had a diagnosed condition with a high probability of developmental delay (compared to 17% last reporting period);
- 69% had developmental delays in three or more domains (no change from the last reporting period); and,
- 89% were receiving multiple types of early intervention services (compared to 90% last reporting period).

Of the infants and toddlers whose families were authorized to receive social work services:

- 21% had a diagnosed condition with a high probability of developmental delay (compared to 14% last reporting period);
- 68% had developmental delays in three or more domains (no change from the last reporting period); and,
- 99% were receiving multiple types of early intervention services (compared to 98% last reporting period).

Children with a developmental delay in one area only were authorized on average to receive 1.3 types of services and authorized services are consistent with children's developmental needs. This compares to 1.4 types services reported in the previous reporting period. Additionally during this reporting period:

- 87% of children with communication delays only were authorized to receive speech therapy (compared to 90% last reporting period);
- 71% of children with delays in cognitive development only were authorized to receive special instruction (compared to 72% last reporting period);
- 39% of children with delays in adaptive development only were authorized to receive occupational therapy and 36% were authorized to receive physical therapy (compared to 41% and 39% respectively last reporting period);
- 89% of children with delays in physical development only were authorized to receive physical therapy and 33% were authorized to receive occupational therapy (compared to 88% and 34% respectively last reporting period); and,

- 24% of children with social or emotional delays only were authorized to receive social work services, 36% were authorized to receive family counseling and support, 6% psychological services, and 59% special education services (compared to 28%,42%, 9% and 55% respectively last reporting period.

The number of different types of services, and the intensity of services *authorized*, continues to vary with the number of developmental delays experienced by children in the EIP.

- The average number of units *authorized* during the year for children in the EIP increases with the number of developmental needs. Children with one delay averaged 72 units per year and 3 units per week, while children with developmental delays in all five areas averaged 296 units per year for and 9 units of service per week.
- On average, children in the EIP with a diagnosed condition with a high probability of developmental delay were authorized to receive 3 different types of services and 9 units of service per week.
- Among all children in the EIP who were authorized to receive very intensive services, 23% had a diagnosed condition with a high probability of developmental delay (up from 11% in the previous reporting period); 29% had delays in all five areas of development; 24% had delays in four areas of development; and 25% had delays in three areas of development (all 1% higher than percents reported in the last reporting period).
- Among the children with a diagnosed condition who were authorized to receive a high level of intensity of services, 45% had a diagnosis of autism or pervasive developmental disorders; 13% had a diagnosis of dyspraxia syndrome; and 9% had a diagnosis of Down syndrome.
- Among the children authorized to receive family support services on December 1, 2004, (including family counseling, respite, and social work services), 29% had a diagnosed condition with a high probability of developmental delay and 66% had delays in three or more areas of development (compared to 22% and 64% last reporting period).
- Among children receiving multiple services during the reporting period, 80% were authorized to receive speech language therapy services; 75% were authorized to receive special instruction services; 55% to receive occupational therapy services; 50% to receive physical therapy services, 21% to receive family counseling and supportive services; and, 14% to receive social work services. Other services were authorized at low frequencies. These percents remained the same as the previous reporting period, except for special instruction services, which were authorized for 73% of the children receiving multiple services.

Discussion of Baseline Data

Although not specifically required in previous annual performance reports (APRs), the Department had established a methodology for measuring the timeliness of service delivery to children by examining the date of delivery of the first IFSP service to each child in the NYS EIP. During the previous reporting period (July 2002-June 2003), the Department reported that 81% of children received their first early intervention service within three weeks of the date of the initial IFSP. Using the OSEP- required measurement for this SPP indicator, for the period from July 2004-June 2005, 85% of children received all of their early intervention services on their initial IFSPs and new services included on amended IFSP within three weeks of the date of the IFSP. TAs reported in the Department's 2003-04 APR, 96.3% of children received service coordination services within 9 days of the date of the initial IFSP. In the current reporting period, 97.3% of children received service coordination services within 8 days of the date of the initial IFSP. This is significant because the ongoing service coordinator chosen at the initial IFSP meeting is responsible for implementation of IFSP services.

As the result of implementation of a statewide, comprehensive monitoring system, all municipalities have been required to ensure that early intervention services are initiated within twenty-one days of the initial IFSP meeting. In addition, all EIP service providers are required to implement IFSP services in accordance with the IFSP, including agreed-upon dates for service initiation.

The Department continues to analyze a variety of factors related to service authorization and service utilization among children in the EIP. Based on these data, it appears that service authorization and utilization varies in the direction of expectations with level of child and family need, as well as with related demographic variables such as age of the child. Children who are experiencing delays in two or more areas of development are authorized to receive more *types* of early intervention services (e.g., special instruction, speech therapy, physical therapy, etc.) and more units per week of early intervention services. Children with the most number of delays, or who have a diagnosed condition with a high probability of developmental delay that impacts globally on development (such as autism/pervasive developmental disorders, Down syndrome, cerebral palsy) are authorized to receive more varied and more intense EIP services.

The Department continues to monitor the extent to which families whose infants and toddlers are experiencing significant developmental concerns have access to family support services through the EIP, including family counseling, family support groups, and/or sibling support groups; respite; and, social work services to assist them in enhancing outcomes for their children and family units, data based on the December 1, 2004 child count, on a statewide basis show that municipalities and EIP providers continue to help families whose children have significant developmental needs in identifying family support services that can assist them in enhancing outcomes for their children and family units.

Setting Targets

The Department will strive to reach 100% compliance for all services on an eligible child's initial IFSP to be delivered within 3 weeks of the child's initial IFSP meeting. The 2003-04 baseline data for this indicator is: 82%. Since the inception of monitoring (June, 2002), through the end of the current reporting period (June, 2004), municipalities and service coordination providers were monitored and cited when IFSP services were not initiated in a timely manner (i.e., within twenty-one days of the date of the initial IFSP). Corrective action plans were approved and implemented. Therefore, the Department expects to see increases in the percent of IFSP services initiated in a timely manner during the course of implementation of the State Performance Plan over the next six years. Improvement in this area has been observed since monitoring was initiated in 2002, which is expected to continue. Progress will be evaluated by continued analysis of data collected for each child this indicator and by analysis of monitoring data based on a sample of child records and IFSPs.

FFY	**Measurable and Rigorous Target** *(Revised February 2007 – see 2005-06 Annual Performance Report)*
2004 **(2004-2005)**	TARGET: 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.
2005 **(2005-2006)**	TARGET: 100% infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.

FFY	**Measurable and Rigorous Target** *(Revised February 2007 – see 2005-06 Annual Performance Report)*
2006 (2006-2007)	TARGET: 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.
2007 (2007-2008)	TARGET: 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.
2008 (2008-2009)	TARGET: 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.
2010 (2010-2011)	TARGET: 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 3 weeks of the date of the applicable IFSP for which parent consent for services was obtained.

Improvement Activities/Timelines/Resources

Future Activities to Achieve Projected Targets/Results (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

For this indicator and other compliance indicators addressed in the State Performance Plan (SPP), the Department's improvement efforts will be focused on the statewide, comprehensive monitoring system (monitoring system) designed to ensure compliance with State and Federal requirements. **Please see improvement activities for Indicator 9, page 67** for a comprehensive description of the State's monitoring activities. In addition to improvement activities identified in Indicator 9, the following specific activities will be completed to ensure targets for timely delivery of EIP services to all eligible children are met:

- An indepth record review process will be instituted to provide the Department with the capacity for in-depth examination of EIP activities and issues, including identification of systemic issues that result in delays of delivery of services included in children's IFSPs.
- Modifications will be made to software applications and data collection requirements, including the addition of new data fields needed to capture this information, to improve the Department's capacity to analyze, interpret, and implement appropriate actions to address systems factors contributing to delays in delivery of IFSP services.

- The Department will continue to identify and address systemic issues contributing to delays in delivery of IFSP services, such as shortages of qualified personnel in specific areas, with the State Education Department (SED).

Timelines

- Indepth record reviews, including identification of systemic issues that result in delays in IFSP services, will be initiated in PY 2007-08.
- Modifications to software applications and data collection requirements, including the addition of new data fields needed to capture this information, to improve the Department's capacity to analyze, interpret, and implement appropriate actions to address systems factors contributing to delays in delivery of IFSP services, will be made in PY 2007-08.
- Collaboration with the State Education Department on issues related to personnel shortages is ongoing.

Resources

NYS Department of Bureau of Early Intervention, Quality Improvement Unit, Field Office Staff, monitoring agent, Division of Family Health and Center for Community Health Management, State Education Department.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

28,519 / 32,388 x 100 = 88.05%

Overview of Issue/Description of System or Process

Data for this indicator is collected through the KIDS data system (see full description in Indicator 14) and submitted quarterly by municipalities to the State.

The methodology used to determine baseline data for this indicator is:

> For each child in the required federal December 1 2004 child count report, children are assigned a program setting based on the setting for which most service hours are authorized. Program compliance is counted by calculating the number of children who primarily receive early intervention services in the home or programs for typically developing children divided by the total number of infants and toddlers with IFSPs on December 1 2004, times 100.

Baseline Data for FFY 2004 (2004-2005)

The Percent of infants and toddlers in New York State with IFSPs who primarily receive early intervention services in the home or programs for typically developing children is: **88.05%.**

In addition to data required by OSEP for this indicator, the Department also analyzes other data related to service settings to gain a comprehensive understanding of the settings in which children are receiving EIP services and the factors influencing the settings in which services are provided.

Service Setting Data

- In the previous reporting period (July 2003-June 2004), 15.3% of all children in the December 1, 2003 child count were authorized to receive most of their early intervention services in programs designed for children with disabilities. Of these, 8.6% had a diagnosed condition with a high probability of resulting in developmental delay. In the current reporting period, only 13.3% of all children in the December 1, 2004 child count were authorized to receive most of their early intervention services in programs designed for children with disabilities, and 23% of these children were reported to have a diagnosed condition with a high probability of resulting in developmental delay.
- Among the children with a diagnosed condition in the current reporting period who received services in settings designed primarily to serve children with disabilities:
  - 33% had a diagnosis of either autism or pervasive developmental disorders;
  - 30% had a diagnosis of dyspraxia;

- 6% had a diagnosis of extreme prematurity; and,
- 4% had a diagnosis of hearing loss.

- Of the children with developmental delays only who were authorized to receive most of their early intervention services in programs designed for children with disabilities, on average, these children were reported to be experiencing delays in three areas of development. Across all children in this group of children with developmental delays only:
  - 50% had delays in four or five areas of development;
  - 44% had delays in two or three areas of development; and,
  - 6% had delays of 33% or more in only one area of development.
- The percent of children in the EIP who were authorized to receive at least some of their early intervention services at home continued to increase, from 87% on December 1, 2000, to 92% on December 1, 2002, to 95% on December 1, 2003. It has remained stable, at 95%, through December 1, 2004.
- On average across the past five years, 89% of children in the EIP were authorized to receive at least some of their services in programs designed for typically developing children.
- The percent of children who were authorized to receive at least some of their services at home or in programs designed for typically developing children increased from 91% on December 1, 2000 to 96% on December 1, 2004.
- The percent of children who were authorized to receive at least some of their services in programs comprised primarily of children with disabilities decreased from 26% on December 1, 2000, to 18% on December 1, 2002, to 15% on December 1, 2003, and to 13% on December 1, 2004.

Monitoring Data

As the result of statewide, comprehensive monitoring of municipalities and EIP providers:

- All municipalities either ensured that IFSPs included a statement of the natural environments in which early intervention services would be appropriately provided; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring review. Required corrective actions must be completed within one year of a finding of non-compliance.
- All municipalities either ensured that when children did not receive early intervention services in natural environments, IFSPs included a justification as to why a more specialized service setting was appropriate and the steps needed to provide early intervention services in natural environments; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring reviews. Required corrective actions must be completed within one year of a finding of non-compliance.
- All municipalities either have ensured that children's and families' IFSPs included a statement of family strengths, resources, and concerns related to enhancing the development of eligible infants and toddlers; or were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring reviews, with corrective action to be completed within one year.
- All municipalities ensured that IFSPs included services that were linked to the child's multidisciplinary evaluation.
- All municipalities ensured that services included in IFSPs were linked to the developmental needs of the child, and the needs of the family related to the child's development, identified through the multidisciplinary evaluation.

- All service coordination providers monitored during this period had attended required service coordination training, including training regarding natural environments, or were required to develop procedures to ensure this occurred as part of corrective action plans required to be submitted as the result of onsite monitoring reviews. Providers of service coordination are required to submit an attestation to the Department that all corrective actions are completed within on year.
- All evaluation providers ensured that parents were offered the opportunity to participate in a family assessment and were informed about the voluntary nature of family assessment, and appropriately documented the child's record when the parent(s) did not wish to participate in a family assessment; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring reviews, with corrective action to be completed within one year.

Discussion of Baseline Data

During the reporting period, the vast majority of children received their early intervention services primarily in home and community settings. For those children for whom services were delivered primarily in settings designed for children with disabilities, IFSPs included justifications as to why these settings were most appropriate to meet the developmental needs of the child. In the New York State, children receive their early intervention services in a variety of community-based settings, including their homes, in family day care homes or child care centers, and community recreation sites, or other community settings.

Monitoring data demonstrate that all municipalities either ensured that IFSPs include a justification as to why a more specialized service setting was appropriate for a child and steps needed to provide early intervention services in natural environments; or were required to develop such procedures as part of corrective action plans required to be submitted as the result of on-site monitoring reviews. Required corrective actions must be completed within one year of a finding of non-compliance.

As reported in the most recent APR, there has been a significant shift to home and community-based services in New York State since the inception of the EIP, which has contributed to the increasing costs of EIP services and service delivery issues. In some areas of the State, access to services in programs for children with disabilities, when these types of settings are the most appropriate settings for a child, is difficult. The Department will continue to examine and identify ways to address these issues in conjunction with the EICC and other key stakeholders.

Setting Targets

The 2004-05 baseline data for this indicator is: **88.05%**. The percentage of children who receive most of their EIP services in programs designed for children with disabilities has continued to decrease and now represents only 13% of all children in the EIP who receive most of their services in a setting other than home. Data analyses on the nature and extent of disabilities experienced by children who receive most of their EIP services in programs designed for children with disabilities confirmed that the vast majority of these children have significant developmental problems. It can be expected that, based on the types of children receiving services in such settings, there will not be much more of a decline in the percentage of children who receive most of their EIP services in programs designed for children with disabilities. Therefore, future targets reflect this, with only modest increases for the percent of children who will receive most of their EI services in natural settings during the course of implementation of the State Performance Plan over the next six years. It is expected that the percent will eventually stabilize to approximately 90% of children receiving most EI services in natural settings, since there will always be children for whom more specialized service settings will be most appropriate to meet their complex needs. Progress will be evaluated by continued analysis of data collected for each child this indicator.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	89.03% children will receive most EI services in natural environments
2006 **(2006-2007)**	89.51% children will receive most EI services in natural environments
2007 **(2007-2008)**	89.76% children will receive most EI services in natural environments
2008 **(2008-2009)**	89.88% children will receive most EI services in natural environments
2009 **(2009-2010)**	89.94% children will receive most EI services in natural environments
2010 **(2010-2011)**	89.97% children will receive most EI services in natural environments

Improvement Activities/Timelines/Resources

Please refer to Indicator 9 for a complete discussion of Department plans for its statewide comprehensive monitoring system. With respect to activities to ensure targets are met related to ensuring delivery of early intervention services primarily in natural environments, the monitoring system includes indicators to assess compliance with ensuring that when services are not delivered to a child primarily in natural environments, the IFSP includes a justification as to why the service setting is appropriate and steps to be taken toward the delivery of services to children in natural environments.

In addition, the following activities will be implemented to promote the delivery of services in natural environments, to the maximum extent appropriate:

- Training curricula related to service coordination and IFSP development will be revised, and will address competencies related to appropriately providing services in natural environments and decision-making related to the most appropriate service setting based on the needs of the child and family.
- A training curriculum on evaluation and eligibility and family assessment will be developed, and will address competencies for evaluation teams related to identifying appropriate types of services, service settings, goals and strategies based on the needs of the child and family.
- Regionally-based training on the revised curricula on service coordination, IFSP development, and evaluation and eligibility and family assessment will be delivered on a regular schedule.
- Training on the Department's six, evidence-based guidelines, which provide evidence-based recommendations for intervention with children with autism/pervasive developmental disorders, communication disorders, Down syndrome, motor disorders, vision impairment, and hearing loss will be provided on a regional basis and delivered on a regular schedule.
- Technical assistance and training on service delivery issues, including delivery of services in natural environments, will continue to be provided to municipalities, providers, and families.

- Data on service settings will continue to be analyzed to determine the extent to which EIP services are being delivered in natural environments, and to assist in targeting of technical assistance and training efforts.
- Input from the EICC and other key constituents (municipalities, providers, and parents) will be sought to assist the Department in addressing emerging issues related to delivery of services in appropriate settings.

Timelines

- Monitoring is ongoing.
- Training curricula on service coordination and IFSP development will be revised by Fall, 2006.
- Training curricula on the evaluation and eligibility and family assessment curricula will be developed by Fall, 2006.
- Regional training on the revised curricua will begin by Summer, 2006 and continue through 2011.
- Regional training on evaluation and eligibility and family assessment curricula will be developed begin by Winter, 2007 and continue through 2011.
- Regional training on the autism/pervasive developmental disorders and communication guidelines is ongoing. Training on the four guidelines in press will begin as guidelines are issued (beginning in Spring, 2006 with Down syndrome and introducing one new guideline each quarter).
- Technical assistance is ongoing.
- Data analyses are ongoing.

Resources

New York State Department of Health Bureau of Early Intervention, Training and Technical Assistance, Quality Improvement, and Data Units; monitoring agent, Division of Family Health and Center for Community Health Management.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 3: 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.

THE FOLLOWING SECTION, ON INDICATOR 3 OF THIS PLAN, HAS BEEN REVISED FOR SUBMISSION TO OSEP ON February 2, 2009. REVISIONS ARE DESCRIBED IN FOOT NOTES TO THE SPP.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

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

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.

If a + b + c + d + e does not sum to 100%, explain the difference.

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

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.

If a + b + c + d + e does not sum to 100%, explain the difference**.**

C. Use of appropriate behaviors to meet their needs:

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 the (# 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 the (# 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 the (# 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 the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference**.**

Overview of Issue/Description of System or Process

General Approach to Child Outcomes Measurement

Given the size, scope, and complexity of New York State's Early Intervention Program (EIP), the Department is implementing a sampling methodology to measure and report on OSEP-required child outcome data for Indicator 3 in its Annual Performance Reports (APR). 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. These forms are included in ***Attachment A.***

The Department has established a memorandum of understanding with the University at Buffalo to provide a research team and infrastructure for data collection necessary to measure child outcomes, including technical assistance and training for providers and municipalities. The University at Buffalo, Population Public Health Observatory, School of Public Health and Health Professions (UB-SPH), has partnered with the University at Binghamton, Institute for Child Development (UBN-ICD), to provide the range of resources needed to implement both the child *and family* outcomes data collection effort. Staff of UB-SPH are responsible for data entry, cleaning, and quality control; data management and security; and, data analyses necessary to fulfill OSEP reporting requirements. Staff of UBN-ICD are responsible for development of training and technical assistance materials and provision of ongoing support for municipalities, EIP providers, and families related to the local collection of child outcomes data for children enrolled in sample cohorts. UBN-ICD has established and is maintaining a website to post all training and technical assistance materials related to child and family outcomes data collection, for easy access by municipalities, providers, and families **(http:// icd.binghamton.edu/nysdoheip/)**.

Child outcomes summary entry and exit forms for children in sample cohorts are being completed locally by IFSP teams. Municipalities (the fifty-seven counties and New York City), which administer the local EIPs, 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 and exit to the program, and, transmitting COSFs to UB-SPH for data entry. To ensure the protection of confidential information collected on the COSFs, municipalities are required to send completed forms to the project data coordinator for the UB-SPH via U.S. registered mail, return receipt requested, or by Federal Express or UPS with a signature required for delivery.

An application was submitted to the Department's Institutional Review Board for Protection of Human Subjects (IRB) for this data collection effort. The Department's IRB completed its review and provided an exemption under FDA and DHHS (OHRP) Regulations, Exemption 5 Public Benefit or Service Programs. Annual reports on the status of this effort will be submitted as required by the IRB to continue this exemption status. The required annual report was submitted to the IRB in July, 2007, and exemption status was continued.[i]

Details are provided below.

Sampling Plan

Sampling Schedule

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 minimal burden to municipalities, the Department has developed a sampling plan for the annual selection and enrollment of a structured random State sample of children entering the EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes in its APRs. In addition, to meet Federal IDEA requirements on the State to report to the public on the performance of ***local early intervention programs***[1] at least once during the time period covered by this State Performance Plan (SPP), the Department's sampling plan includes a schedule for the selection and identification of locally-representative samples of children participating in each of the fifty-eight municipal EIPs, for whom child outcome data will be collected and reported to the public. This sampling schedule is presented in the table below:

[1] Local early intervention programs are defined by New York State the municipal early intervention program administered by each of the fifty-seven counties and New York City.

Geographic Coverage for State and Local Reporting	Time Frame for Sample Enrollment and Collection of Exit Data
Geographically proportional structured sample for NYS and locally-representative samples for Nassau and Suffolk (Long Island)	**Enrollment**: Beginning September 2006 **Exit**: March, 2007 - August 2010
Geographically proportional structured sample for NYS and Small Enrollment Counties (less than 100 EI referrals annually)	**Enrollment**: Beginning July 2007 **Exit**: January 2008 – June 2011
Geographically proportional structured sample for NYS and locally-representative samples for Medium Enrollment Counties (less than 300 EI referrals annually)	**Enrollment**: Beginning July 2008 **Exit**: January 2008-June 2012
Geographically proportional structured sample for NYS and locally representative samples Large Enrollment Counties (more than 300 EI referrals annually) (excluding Nassau and Suffolk)	**Enrollment**: Beginning July 2009 **Exit**: January 2010-June 2013
Geographically proportional structured sample for NYS and locally representative sample for NYC	**Enrollment**: Beginning July 2010 **Exit**: January 2011-June 2014

State and Local Sample Size Calculations

Sample size calculations for both the State and locally-representative samples were 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. During the 2004-05 PY, there were 50,855 children referred to the EIP when under thirty months of age. To ensure the selection of a representative sample of children, the sample size was calculated with a confidence level of 1.96 for 95% confidence, a precision level of .05, and an estimated response rate of 50%.[2] These same assumptions were used to calculate locally representative samples for each of the fifty-eight municipalities.

Using the above parameters to calculate the state sample size, it was determined that **800** children (383 from New York City and 417 from the fifty-seven counties) should be enrolled in child outcomes sample cohorts for each year covered by the SPP. ***Attachment B*** presents the estimated sample sizes for each year covered by the SPP, for both the State samples and each of the fifty-eight local EIPs (in accordance with the schedule described above). [3]

The sample plan for locally representative data has been revised to enroll children into the New York City Sample beginning in July, 2010. This change to the sampling plan has been made to ensure sufficient funds are available during FFY 2009 and FFY 2010 to support local data collection efforts (including printing and mailing of materials to localities). [ii]

Sample Enrollment Procedures

Municipalities are responsible for enrolling children into cohort samples for whom entry and exit data will be collected as needed to assess and report on Indicator 3 child outcomes. Department staff analyzed historical data on child referrals to the EIP to ensure that there were no anomalies associated with any month during the year which might impact on the sample. Several months were compared to determine if variances exist in the EIP population at different times of the year (i.e. low census periods) when examined against the Dec 1st tables for age, race, ethnicity, disability (number of delays and presence of diagnosed condition), and distribution of disabilities. Data analyses completed on referral data from the 2003-04 PY indicated that a sample can be taken from any month during the year that will represent a cross section of the population served in the EIP on these important dimensions. Therefore, to achieve

[2] The estimated response rate is designed to factor attrition due to ineligibility determinations and other factors which may result in a child not continuing in the program; this is a conservative estimate. The sample size for each municipality's contribution to the State sample is proportional to the total number of children in the EIP who reside within the municipality. A base sample size of three children has been established for low population counties.
[3] Sample sizes will be recalculated each year to determine whether adjustments are needed based on referral patterns for the most recent program year.

representative samples and ensure a uniform and administratively efficient method of enrollment of children into cohort samples, the following enrollment procedures have been established:

- For each year for which data must be collected and reported, municipalities will begin enrolling children in child cohort samples on a date designated by the Department.
- Beginning on the date specified by the Department, every child referred to the municipality will be enrolled in child cohort samples, until the sample size specified by the Department for the local EIP contribution to the State sample has been obtained; and, where applicable in accordance to the sampling schedule, the sample size specified for the municipality has been obtained.
- Child records in KIDS (the current data management system for the EIP) are marked for those children entered into child outcome cohort samples, to allow for comparison of children in these samples with the general population of children in the EIP to determine the representativeness of the samples.
- Entry COSFs will be completed only for those children in the child outcome cohort samples for those children found eligible for the EIP.
- To be included in exit cohorts for reporting in subsequent APRs, children must have exited the EIP during that reporting period, and must have received early intervention services for at least six months.

Attachment C presents a flow chart that has been provided to municipalities to assist them in understanding and implementing the sample enrollment procedures. Due to the ambitious timeframes established by OSEP for states to develop and implement data collection strategies for Indicator 3 child outcomes, enrollment for the 2005 -2006 child outcome cohort sample was initiated by municipalities on September 25, 2006.[4]

For all subsequent years covered by the State Performance Plan, enrollment into child samples will begin ***on July 1st***.

Local Collection of Child Outcomes Data

In addition to enrolling children in child outcomes cohort samples, municipalities are responsible for coordinating all activities related to tracking children in the samples and ensuring that COSFs are completed at entry to and at exit from the EIP. Municipalities are responsible for overseeing and providing information and assistance to IFSP teams to ensure that required data are collected. Municipalities are also responsible for transmittal of COSFs to the UB-SPH for data entry.

For children included in child outcomes cohort samples who are found eligible for the EIP, *the initial IFSP team* is required to complete the COSF to collect and report child entry data for Indicator 3 child outcomes. The multidisciplinary evaluation team is responsible for ensuring the child's evaluation for the EIP addresses each of the three outcome areas, and for submitting a summary of the child's status in these areas as part of the child's evaluation report. The multidisciplinary evaluation team is required to submit either the Child Development Check List (evaluator edition) developed by ICD-UBN, or a Child Outcomes Summary Evaluation Summary Form developed by the Department, to assist the initial IFSP team in completing the COSF (see ***Attachment D)***. The IFSP team is required to document the participants in the IFSP team meeting who contributed to completion of the COSF, the types of information used by the IFSP team to complete the COSF rating scales for each of the three outcome areas, and developmental tests that were conducted for the child and used by IFSP team members in deciding how to rate the child's current status in each of the three outcome areas.

[4] A few municipalities began enrollment into samples on September 18, 2006. New York City required additional time to establish procedures for sample enrollment and initiated sample enrollment on October 31, 2006.

Exit data for children included in each successive cohort are being collected from participants in the final IFSP meeting prior to the child's exit from the EIP, also using the COSF (exit version), for children in child outcome cohort samples who receive early intervention services for at least six months and who exit the EIP during APR reporting periods. IFSP teams will be instructed to use all available sources of information regarding the child's status at exit and progress observed in each of the three child outcome areas, when completing the COSF, including ongoing assessment data, recent evaluation data, and service provider and parent observations.

The choice of the IFSP team meetings provides consistency in format and of those persons involved in the process of outcomes data collection at entry and exit points. In addition, the use of IFSP team meetings will clearly differentiate the assessment process for outcomes data from eligibility determinations for the EIP. Finally, use of the IFSP team will provide the opportunity for multiple data points on a given child, and is therefore likely to increase the validity and reliability of outcome data.

However, based on feedback from key constituents, alternative methods of collection of exit data will also be available, to ensure these data can be collected when parents choose not to have a final IFSP meeting (in particular, for parents of children who no longer need any services and who do not wish to have a final IFSP meeting). Under these circumstances, at a minimum, exit data will be collected on the COSF from providers involved in service delivery to the child and service coordinators and/or early intervention official/designees.

In New York State, there are currently a wide variety of assessment methods being used by service providers for initial evaluation and eligibility determinations, as well as for ongoing assessment of children's progress and where appropriate, ongoing eligibility determinations. These assessment methods include use of standardized, norm-referenced tests, curriculum-based assessments, and clinical methods and procedures (such as child observation, clinical methods, discipline-specific assessment techniques, physical examinations and parent interviews). The Department does not require the use of a specific assessment tool or clinical procedure for purposes of outcome measures. The Department is collecting data on the assessment tools and procedures which are being used to inform IFSP teams in completing the COSFs at children's entry to and exit from the EIP.

Data Collection, Data Entry, Quality Control and Data Analyses

The UB-SPH is responsible for coordinating the data collection, data entry, data management, data security, and data analyses necessary to meet OSEP reporting requirements for Indicator 3 child outcomes. UB-SPH receives and tracks the submission of COSFs by the fifty-eight municipalities; cleans, enters, and manages the data; and, performs data analyses as directed by Department staff. The UB-SPH is responsible for monitoring the quality of the data submitted by municipalities and working with municipalities to resolve issues and problems that may be impacting on the data.

UB-SPH staff has developed and is implementing a security protocol, approved by the Department, to protect the confidentiality of all paper and electronic records collected and maintained for the purpose of child outcomes measurement and reporting.

Record reviews may be completed by UBN-ICD in the future, for a representative subset of children included in each cohort, as one form of quality control on data collected using the ECO summary form. A record review protocol has been developed and pilot-tested in two counties using funds available from the BEI General Supervision Enhancement Grant.[5] A record review would provide the opportunity to examine the validity and reliability of data submitted on children's progress based on documentation in children's records.

[5] The record review protocol was completed in 2008, and the sentence inserted as part of February 2, 2009 SPP revisions.

UB-SPH staff have substantial experience and expertise in statistical analyses of public health and education data. These staff will confer and collaborate with the Department to analyze child outcome data collected for OSEP reporting and program quality improvement purposes.

Provision of Training and Technical Assistance Supports

Department Guidance

The Department issued a memorandum to Early Intervention Officials (EIO) and program managers, EIP providers, organizations, parents, and individuals concerned with early intervention, and the EICC on August 25, 2006, which provided background on the new Federal data collection requirement; an overview of the data collection approach, including sampling methodology; roles and responsibilities for collection of child outcome entry information; instructions for COSF submission for data entry; and, available technical assistance and support (see Attachment 7). A "Frequently Asked Questions" document on the child outcomes data collection process was also issued to municipalities in November 2006, to clarify and respond to issues and questions raised by municipalities as they began the sample enrollment and data collection process.

Additional guidance was prepared related to collection of child outcome exit data and issued in May, 2007.

Technical Assistance and Support

UBN-ICD staff are responsible for providing technical assistance and support to municipalities, EI providers, and families engaged in the child outcome data collection process. UBN-ICD collaborated with Department staff to produce and distribute the following materials to municipalities, to assist them in working with EIP providers and families in implementing the child outcomes data collection process:

- Guiding Progress, Shaping Futures – a one-page flyer for families of children included in child outcomes cohort samples, which briefly describes the new reporting requirements and the data collection process.
- Guiding Progress, Shaping Futures Parent Information Packet – a packet designed to assist parents of children included in child outcomes cohort samples and who are found eligible for the EIP in preparing for the IFSP meeting where child outcomes will be discussed. The packet includes a short developmental milestones checklist, specific to each of the three outcome areas, to help parents assess their child's current status.
- Guiding Progress, Shaping Futures Evaluator Information Packet: - a packet designed to provide evaluators with information about their responsibilities for assisting in the collection of child outcome data as part of the evaluation and IFSP process. The packet includes a list of developmental assessment instruments that can be useful in assessing each of the three outcome areas and a developmental milestones checklist specific to each of the three outcome areas. Evaluators are required to submit either this checklist, or an evaluation summary form specific to the three child outcome areas, as part of the evaluation report for children included in child outcome cohort samples who are found eligible for the EIP.
- Guiding Progress, Shaping Futures Information Packet on Facilitating the IFSP Discussion to Collect Child Outcome Data – a packet designed to provide EIP local program managers, EIO/designees, and service coordinators with instructions and guidance on facilitating the IFSP discussion to complete the COSF.
- Guiding Progress, Shaping Futures Parent Information Packet Exit Materials – a packet designed to assist parents of children included in child outcomes cohort samples who are exiting the EIP in participating in the COSF rating process, either at the IFSP meeting or by completing and submitting a COSF. The packet includes a short developmental milestones checklist, specific to each of the three outcome areas, to help parents assess their child's current status.

- Guiding Progress, Shaping Futures Service Provider Information Packet Exit Materials: - a packet designed to provide service providers with information about their responsibilities for assisting in the collection of child outcome data as children exit the EIP. The packet includes a list of developmental assessment instruments that can be useful in assessing each of the three outcome areas and a developmental milestones checklist specific to each of the three outcome areas. Service providers are required to submit either this checklist, or a service provider summary form specific to the three child outcome areas, for children included in child outcome cohort samples who are exiting the EIP
- Guiding Progress, Shaping Futures Information Packet on Facilitating the IFSP Discussion to Collect Child Outcomes Exit materials– a packet designed to provide EIP local program managers, EIO/designees, and service coordinators with instructions and guidance on facilitating the IFSP discussion to complete the COSF for children exiting the EIP, or alternatively, to ensure child outcome data are collected and submitted if an IFSP meeting cannot be convened prior to a child's exit from the EIP.
- Developmental Milestones Poster: To assist IFSP teams in discussing and completing the COSF entry and exit ratings, developmental milestones posters, in a colorful dry-erase format, have been printed and distributed to municipalities. The content for the developmental milestones poster is taken directly from the developmental checklists included in the Guiding Progress, Shaping Futures Information packets. UBN-ICD recommended this technical assistance strategy, based on feedback from municipalities and service providers that the developmental milestones checklist has been an important part of the team discussion in completing the COSF ratings.
- Child and Family Outcomes Video Training Series packet: To assist municipalities in training professional staff and providers in collection of child outcomes data, UBN-ICD developed and disseminated a Child and Family Outcomes Video Training Series packet. This training packet includes voice-over power point presentations that cover all aspects of the child outcomes data collection process.[6]

The UBN-ICD developed and is maintaining a website for communicating with and providing support municipalities, providers, and families in both the child and family outcomes data collection process. All materials developed to date related to child outcomes, including Department guidance, are posted on and can be viewed by visiting this website at *http://icd.binghamton.edu*. UBN-ICD is also providing technical assistance and support during designated hours on a toll-free dedicated telephone line, and by responding to e-mail messages.

In 2008, UBN-ICD will supply all fifty-eight municipalities with updated *Guiding Progress, Shaping Futures Reference Binders*, which includes all of the above materials and guidance issued by the Department. Municipalities also receive annual supplies of brightly-colored file folders, shrink wrapped to include all the materials necessary to complete entry COSFs for each child in the child outcomes cohort samples to assist municipalities in tracking children included in the child outcomes cohort samples. UBN-ICD will continue to work with the Department to refine, update, print and distribute materials to municipalities as needed to collect child exit data and entry and exit data for future child outcomes cohort samples.

Procedures for Collection of Data on Children's Progress in the Five OSEP Reporting Categories

Local Data Collection

Child progress data will be collected for children enrolled in child outcome samples as they exit the EIP. To collect these required data, participants in the IFSP meeting held closest to the child's exit from the program will be asked to complete the COSF – Exit Version, developed by ECO and adapted for use in New York State (see Attachment A). As described above under ***Local Collection of Child Outcome Data***, IFSP teams are being instructed to use all available sources of information regarding the child's status at exit and progress observed in each of the three child outcome areas, when completing the

[6] This activity was completed in 2008 and the bullet inserted as part of February 2, 2009 SPP revisions.

COSF, including ongoing assessment data, recent evaluation data, and service provider and parent observations.

In addition, based on feedback from key constituents, alternative methods of collection of exit data will also be available, to ensure these data can be collected when parents choose not to have a final IFSP meeting (in particular, for parents of children who no longer need any services and who do not wish to have a final IFSP meeting). Under these circumstances, at a minimum, exit data will be collected on the COSF from providers involved in service delivery to the child, and service coordinators and/or early intervention official/designees. Parents will be asked and encouraged to also participate in the rating process at exit.

As with collection of entry data for children in child outcome cohort samples, municipalities will be responsible for ensuring that COSFs are completed for children who receive EIP services for at least six months who exit within the reporting period. Municipalities will submit completed COSFs to thet SPH-UB, for data entry and data analysis. The SPH-UB is responsible for tracking the submission of COSFs by municipalities, reviewing submitted COSFs and following-up with municipalities as necessary to address any quality control issues, and for entering and maintaining the data in a secure database.

Technical Assistance and Support

As mentioned previously, the UBN-ICD developed and is maintaining a website for communicating with and providing support municipalities, providers, and families in both the child and family outcomes data collection process. All materials developed to child outcomes, including Department guidance, are posted on and can be viewed by visiting this website at *http://icd.binghamton.edu*. UBN-ICD is also providing technical assistance and support during designated hours on a toll-free dedicated telephone line, and by responding to e-mail messages.

UBN-ICD will all fifty-eight municipalities with technical assistance materials to assist them in instructing EIP providers and families in completion of COSF for children in child outcome cohort samples who receive EIP services for at least six months, near or at exit from the EIP. Municipalities will also receive a supply of COSF – exit version – for children in the 2005-06 child outcomes cohort sample. UBN-ICD will continue to work with the Department to refine, update, print and distribute materials to municipalities as needed to collect child exit data and entry and exit data for future child outcomes cohort samples.

Data Analysis Report for the Five OSEP Reporting Categories

As the Department is using the COSF for collection and reporting of child outcome data as necessary to meet OSEP reporting requirements, the Department will analyze child outcome data using the methods developed and recommended by ECO, as follows:

- Each child in a child outcomes cohort sample will have a rating for each of the three outcome areas at entry to the EIP, or three numbers reflecting the child's functioning at entry.
- Each child in a child outcomes cohort sample who receives EIP services for at least six months will have a rating of his/her status in each of the three outcome areas at exit from the EIP and a "Yes/No" response to the question "Has the child shown any new skills or behaviors related to <outcome area> since the ENTRY outcomes form was completed?
- Scores of "6" or "7" on any of the three outcome scales reflect age-expected development. Children who are rated at entry *and* at exit as "6" or "7" will be reported as having maintained functioning at a level comparable to same-age peers in those outcome areas (OSEP category "e").
- Children who are reported as having a score of "1" to "5" on any of the three outcome areas *at entry* to the EIP (i.e., functioning at a level *below same age peers*), and *who move up* on the scale to reach "6" or "7" *at exit* from the EIP will be reported as having improved functioning in those outcome areas to obtain a level *comparable to same aged peers* (OSEP category "d").

- Children who are reported as having a score of "1" to "5" on any of the three outcome areas *at entry* to the EIP (i.e., functioning at a level *below same age peers*), and *who move up* on the scale for any of the three outcome areas, but did not reach "6" or "7", will be reported as having improved functioning in those outcome areas to obtain a level *nearer to same aged peers*, but not yet at age level (OSEP category "c").
- Children who are reported as having a score of "1" to "5" at entry to the EIP in any of the three outcome areas, who are reported as having *the same or lower score on the scale at exit* and who are also are reported to have acquired new behaviors or skills related to the outcome area, will be reported as having improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category "b").
- Children who are reported as having a score of "1" to "5" at entry to the EIP in any of the three outcome areas, who are reported as having *the same or lower score on the scale at exit* and who are also are reported to have acquired *no* new behaviors or skills related to the outcome area, will be reported as not having improved functioning (OSEP category "a").

In addition to reporting on children's progress as measured by the COSF, the Department will also report on what members of the IFSP team completed the COSF, and the sources of information used by IFSP team participants to rate children in each of the three outcome areas, including standardized or criterion-referenced tests, clinical assessments, evaluator observations, and parent observations.

Baseline Data for FFY 2006 (2006-07)

The data presented below are not baseline. Based on direction from OSEP, progress data reported in 2010 will be considered baseline data.[7]

A. Positive social-emotional skills (including social relationships):	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	19	5%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	90	24%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	90	24%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	83	22%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	90	24%
Total	**N=372**	**100%**
A. Acquisition and use of knowledge and skills (including early language/communication):	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	12	3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	77	21%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	123	33%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	104	28%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	56	15%

[7] Data on child outcomes were updated as part of February 2, 2009 SPP revisions.

Total	**N=372**	**100%**
A. Use of appropriate behaviors to meet their needs:	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	9	2%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	87	23%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	126	34%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	110	30%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	40	11%
Total	**N=372**	**100%**

Discussion of Baseline Data

As stated previously, these are not baseline data. Based on direction from OSEP, progress data reported in 2010 will be considered baseline data.[8]

Progress data reported here are for 372 children entered into the child outcome sample in FFY 2005, and 2006 who received EIP services for at least six months, and for whom COSF exit forms were submitted during the period July 1, 2007-June 30, 2008.[9]

For 83% of children for whom exit COSFs were submitted, parents, service providers/evaluators, and service coordinators and/or Early Intervention Official/designees (EIO/D) were reported as participating in completion of COSF ratings. For 11% of children, COSF ratings were completed by a combination of the parent and service coordinator, parent and EIO/D, or EIO/D and service coordinator; and, for 5% of children, the COSF rating was completed and submitted by the EIO/D or evaluator.[10]

Data submitted on the COSF indicate that IFSP teams and/or individuals completing the COSF exit form used multiple sources of information when rating children's exit status in each of the three child outcome areas, as described in the table below:

[8] New York State began collecting child outcome data in September, 2006. Therefore, complete progress data for all possible children for whom exit data can be collected will not be available until December 31, 2009.
[9] These data were updated as part of February 2, 2009 SPP revisions.
[10] These data were updated as part of February 2, 2009 SPP revisions.

Outcome Area[11]	Percent of Children with Standardized Tests	Percent of Children with Criterion-Referenced Test	Percent of Children with Clinical Assessments	Percent of Children with Evaluator Observations	Percent of Children with Parent or Caregiver Observations
Positive Social Emotional Skills	37%%	21%	42%	63%	74%
Acquiring/using knowledge and skills	53%	23%	46%	59%	72%
Use of appropriate behavior to meet needs	49%%	21%	46%	59%	73%

To reflect the totality of the effort and data achieved thus far in collection of child outcome data, progress data reported below are **cumulative data** for 627 children entered into the child outcome sample in FFY 2005, and 2006 and for whom COSF exit forms had been submitted for data entry and analyses within sufficient time to be included in the 2009 revisions to the SPP (by December 2, 2008).[12]

A. Positive social-emotional skills (including social relationships):	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	26	4%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	160	26%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	144	23%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	143	23%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	154	25%
Total	**N=627**	**100%**
A. Acquisition and use of knowledge and skills (including early language/communication):	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	21	3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	123	20%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	200	32%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	189	30%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	94	15
Total	**N=627**	**100%**

[11] Data in these table were updated as part of February 2, 2009 SPP revisions.
[12] These data were updated as part of February 2, 2009 SPP revisions.

A. Use of appropriate behaviors to meet their needs:	**Number of Children**	**Percent of Children**
a. Percent of infants and toddlers who did not improve functioning	21	3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	140	22%
c. Percent of infants and toddlers who improved functioning to a level nearer same-aged peers but did not reach it	185	30%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	199	32%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	82	13%
Total	**N=627**	**100%**

For 84% of children for whom exit COSFs were submitted, parents, service providers/evaluators, and service coordinators and/or Early Intervention Official/designees (EIO/D) were reported as participating in completion of COSF ratings. For 11% of children, COSF ratings were completed by a combination of the parent and service coordinator, parent and EIO/D, or EIO/D and service coordinator; and, for 5% of children, the COSF rating was completed and submitted by the EIO/D or evaluator.[13]

Data submitted on the COSF indicate that IFSP teams and/or individuals completing the COSF exit form used multiple sources of information when rating children's exit status in each of the three child outcome areas, as described in the table below:

Outcome Area[14]	Percent of Children with Standardized Tests	Percent of Children with Criterion-Referenced Test	Percent of Children with Clinical Assessments	Percent of Children with Evaluator Observations	Percent of Children with Parent or Caregiver Observations
Positive Social Emotional Skills	40%	20%	47%	69%	83%
Acquiring/using knowledge and skills	57%	22%	50%	66%	81%
Use of appropriate behavior to meet needs	53%	19%	49%	67%	81%

Measurable and Rigorous Target

At the direction of OSEP, targets will be set in 2010, when baseline data are considered to be available.

FFY	**Measurable and Rigorous Target**

[13] These data were updated as part of February 2, 2009 SPP revisions.

[14] Data in these table were updated as part of February 2, 2009 SPP revisions.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	**Not Applicable**
2006 (2006-2007)	**Not Applicable**
2007 (2007-2008)	**Not Applicable**
2008 (2008-2009)	**Not Applicable**
2009 (2009-2010)	**Not Applicable**
2010 (2010-2011)	**Not Applicable**

Improvement Activities/Timelines/Resources

Improvement Activities

- The MOU with the UB-SPH has been renewed through 2011 to ensure continued support for municipalities, EIP providers, families, and State staff in collection and analyses needed to report child outcome data to OSEP.
- The UB-SPH will maintain its partnership with the ICD-UBN, to continue to provide technical assistance and support to municipalities, EIP providers, and families related to the collection of entry and exit child outcome data in each of the three outcome areas, including: maintaining a website, 800 number support line, and email support for the "Guiding Progress… Shaping Futures" outcomes reporting initiative; refining COSF training materials based on feedback from municipalities, families, and providers; refining and expanding the developmental milestones checklists; and, developing an in-service training package on the COSF for use by municipalities in training their staff and providers.
- The Department issued a field memorandum to municipalities, EIP providers, and families on procedures for collection and submission of COSF for children in child outcomes cohort at exit to the EIP. The procedures described in the field memorandum will be continued for the duration of the SPP (through FFY 2010).
- New materials were developed and issued by ICD-UBN to assist IFSP teams in collection of exit data for children in child outcomes cohort samples, including parent, service provider, and discussion facilitator "exit" data collection support materials for the COSF. These materials will continue to be used for collection of child outcome data for the duration of this SPP (through FFY 2010).
- The COSF and parent support materials have been translated into Spanish and will begin to be used with the 2008 entry cohort and with all exit cohorts and will continue to be used for the collection of child outcome data for the duration of this SPP (through FFY 2010).

- To the extent that resources are available, the record review protocol developed through a consulting agreement with the National Early Childhood Outcomes Center (ECO) funded by General Supervision Enhancement Grant (concluded on September 30, 2008) will be used –as one mechanism to assess the quality and validity of child outcome data collected under this SPP (data collected through FFY 2010).[15]
- The NYS Impact on Child Scale, developed and field-tested in two counties, will be piloted on a statewide basis to determine the extent to which the scale can be used to supplement child outcome information being collected using the COSF, and to collect data on additional outcomes identified by New York State constituents as important for to measure for quality improvement efforts. These data will be collected for the duration of this SPP (through FFY 2010).

Timelines

All of the above activities will be maintained through FFY 2010.

Resources

- Bureau of Early Intervention and Division of Family Health staff; Universities at Buffalo and Binghamton project staff; GSEG project staff and consultants; municipalities, EIP providers, families; EICC.

[15] The record review protocol development was completed in 2008, and this bullet was revised to reflect this accomplishment as part of February 2, 2009 SPP revisions.

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 4: 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 USC 1416(a)(3)(A) and 1442)

THE FOLLOWING SECTION, ON INDICATOR 1 OF THIS PLAN, HAS BEEN REVISED AND WAS RESUBMITTED TO OSEP IN FEBRUARY 2007

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.

Overview of Issue/Description of System or Process

As with the child outcome data, the Department is using a geographically representative random sampling approach for collecting data on family outcomes. However, in contrast to the child outcomes data collection approach, where data are being collected locally by IFSP teams, data collection to measure family outcomes is being handled centrally at the state level, with the assistance of the University at Buffalo, Public Health Observatory, School of Public Health and Health Professions, in partnership with the Institute for Child Development, University at Binghamton.

To collect data on the three Federally-required family outcomes, the Department is using the "Impact of Early Intervention Services on Your Family" subscale of the family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The NCSEAM Family Survey was developed with funding from the U.S. Department of Education to measure the three family outcomes that must be reported annually to OSEP. The items included in this NCSEAM subscale have established and rigorous psychometric properties, and the impact scale is known to be a valid and reliable way to measure the three OSEP-identified family outcomes. The items in the NCSEAM Family Survey are written in a manner that makes them easily understandable to parents. ***Attachment F*** includes a copy of the NCSEAM Family Survey, as adapted for use by New York State's Part C EIP.

An application was submitted to the Department's Institutional Review Board for Protection of Human Subjects (IRB) for this data collection effort. The Department's IRB completed its review and provided an exemption under FDA and DHHS (OHRP) Regulations, Exemption 5 Public Benefit or Service Programs. Annual reports on the status of this effort will be submitted as required by the IRB to continue this exemption status.

The details of the system/process established to collect family outcome data are provided below.

Sampling Methodology

Representative samples of families will be selected each year at the *State level* (for both State and locally representative samples) for collection of family outcome data, from among families of children who have received early intervention services for at least six months and *who have either exited, or will turn three and are expected to exit* the EIP during the APR reporting period. Systematic sampling procedures will be employed with proportional geographic representation to select a sample representative of the State as a whole. The State sample size will be calculated with a confidence level of 1.96 for 95% confidence, a precision level of .05, and an estimated response rate of 25%. These same parameters will be applied to generate the sample size estimates needed to collect and report to the public each year on local EIPs (defined as municipalities in New York State), in accordance with the following schedule:

Geographic Coverage for State and Local Reporting	Time Frame for Family Survey
Geographically proportional structured sample for NYS and locally-representative sample for NYC	July-August, 2006
Geographically proportional structured sample for NYS and Small Enrollment Counties (less than 100 EI referrals annually)	July-August, 2007
Geographically proportional structured sample for NYS and locally-representative samples for Medium Enrollment Counties (less than 300 EI referrals annually)	July-August, 2008
Geographically proportional structured sample for NYS, and locally representative samples for Large Enrollment Counties (more than 300 EI referrals annually)	July-August, 2009
Geographically proportional structured sample for NYS and locally representative sample for NYC	July-August, 2010

Family Survey Procedures

The Family Survey to collect family outcome data will be conducted in July-August each year, with families whose children exited the EIP in the *previous program year* to provide data for the timeframes required for the APR due in February. The following procedures will be followed in conducting the survey:

- Department staff will generate the sample from the statewide data set and will supply names, addresses, and mailing labels to ICD-UBN staff.
- ICD-UBN is responsible for printing the family survey in scantron format, and mailing the survey to families selected for the sample. English and Spanish versions of the survey are mailed to all parents in the sample, along with a cover letter from the Department describing the purpose of the survey and requesting parents' participation (see Attachment G).
- Parents are instructed to return completed surveys to the ICD-UBN. Staff of the ICD-UBN will also be available to parents via a toll-free number and email, to provide technical assistance and answer any questions parents may have about the family survey.
- To ensure an optimal response rate, families receive a follow-up mailing of the survey within a short time frame from the initial mailing, with a reminder to complete and return the survey if they have not already done so.

- Family survey forms are transmitted by ICD-UBN staff to UB-SPH staff for data entry through the scantron process. No personally identifying information is being collected on the survey form itself; however, subject IDs on the return envelope have been assigned for tracking of responses, to ensure the sample is representative of the State.

Data Analyses

Sample Characteristics

Department staff will analyze the sample characteristics to compare the sample to the sample frame on the following characteristics: sex, race and ethnicity, reason for eligibility, length of receipt of early intervention services, and age at referral to and exit from the EIP. In addition, subject IDs on returned and non-returned surveys will be linked with child records in the Kids Data Management System (KIDS), to compare the characteristics of respondents with non-respondents and with the sample frame. These analyses will determine the extent to which the sample and respondents are representative of families of children in the EIP population who exit the program in the reporting timeframe.

Outcomes Measurement

The key reasons for use of the NCSEAM family survey to measure family outcomes were: the survey was developed with funding from the U.S. Department of Education to assist states in measuring family outcomes; the established reliability and validity of the NCSEAM family survey, based on a national data set; and, potential for comparability with other states using the NCSEAM survey. NCSEAM recommends that data collected using their family survey be analyzed through the Rasch measurement framework, which is the measurement framework that was used to develop the "Impact of Early Intervention Services on Your Family" scale on the family survey.

The Rasch analysis locates each item and each person on the same measurement "ruler". The item's location on the ruler is its "calibration", and a person's position on the ruler is the person's "measure". When used in an assessment setting (for example, in college SATs), the Rasch framework "ruler" for item calibration is the difficulty of the item in comparison to other items on the test. When used in a survey setting, the Rasch framework "ruler" for item calibration is the "agreeability" of the item in comparison to other items on the survey. Items that are "easier to agree" with have low calibrations; items that are more difficult to agree with have high calibrations. Items with low calibrations (located lower on the ruler) represent less of the attribute (e.g., the extent to which families achieve positive outcomes through the EIP) than items located higher on the ruler. ***Attachment H*** presents the item calibrations in order, from highest (most difficult to agree with) to lowest (easiest to agree with) for the "Impact of Early Intervention Services on Your Family".[16]

The "person measure" in a Rasch framework represents the extent to which a person strongly agrees or very strongly agrees with the items in a scale. A person with a higher measure is expressing more agreement with the items, overall, than a person with a lower measure. In addition, the *person measure* represents agreement with the closest item calibration, and all items with a calibration below that item on the agreeability ruler. High person measures on the "Impact of Early Intervention Services on Your Family" scale indicate families perceptions that early intervention services helped them to achieve a wide range of family outcomes.[17]

The Department will use this recommended framework for analyzing data collected from family surveys to measure and report on the three family outcomes in indicator 4. The item calibrations established by NCSEAM will be used in the analyses, which will be completed using the WINSTEPS Rasch Model statistical software package.

[16] Item calibrations were developed by NCSEAM based on responses from a representative sample of approximately 1750 families from eight states.
[17] This description of the Rasch analysis framework is from Dr. Batya Elbaum's, University at Miami, presentation on OSEP's TA conference call on December 14, 2006; and, from the Frequently Asked Questions Concerning the NCSEAM Parent/Family Scales in Relation to SPP Reporting Requirements, December, 2006.

For the report of state-level performance for the calculation of the percent of families who achieve each of the three family outcomes sub-indicators (families know their rights, effectively communicate their children's needs, and help their children develop and learn), the person measures for all families who responded to the family survey are combined. The percent of families reported to OSEP is the percent of families with measures *at or above an established standard* for each of the three family outcomes sub-indicators. For analysis purposes, the Department will use the national standards established by NCSEAM. To establish these standards, NCSEAM convened a national workgroup with broad representation of families, state and local agencies, advocates, and other key stakeholders of the Part C Early Intervention Program. Participants in this work group were given the items in the "Impact of Early Intervention Services on Your Family" in their calibration order from lowest to highest (as shown in ***Attachment G***). Participants were then asked to reach consensus as to *the highest item* with which an "agree" response would be required from families to have confidence that the meaning (or outcome) of the indicator (e.g., families know their rights) is being achieved.

The NCSEAM-recommended standards for the three family outcomes sub-indicators are as follows:

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- **Know their rights:** NCSEAM standard is the percent of families with a person measure of at or above **539** (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item "*Know about my child's and family's rights concerning Early Intervention Services*")
- **Effectively communicate their children's need:** NCSEAM standard is the percent of families with a person measure of **556** (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item "*Communicate more effectively with the people who work with my child and family*")
- **Help their children develop and learn:** NCSEAM standard is the percent of families with a person measure of **516** (95% likelihood of a response across the three categories of agree, strongly agree, and very strongly agree to the item "*Understand my child's special needs'*")

Baseline Data for FFY 2005 (2005-2006)

Sample Characteristics

Using the sample parameters described above, the Department selected a statewide random sample of 2,265 families whose children exited the EIP between July 1, 2005 – December 31, 2005 and those who were not closed but turned three years of age between January 1, 2006 and June 30, 2006 (32,411) and would be exiting the program by August 31, 2006. Systematic sampling procedures with proportional geographic representation were used to capture a representative sample for New York State.

A total of 580 families (or a response rate of 25.6%) responded to the family survey. This response rate is consistent with the projected response rate used to calculate the sample size (25%). When comparing the sample to the sample frame, no differences were found in sex, reason for eligibility, length of stay, or county of residence. Small differences were found in race and ethnicity (there were slightly more black and white families in the sample, and fewer families with missing race). In addition, there was a small difference in age at referral, with slightly more children referred when between two and three years of age, and slightly fewer children referred between one and two years of age. There was also a small difference in age at exit, with a higher percentage of families children who exited the EIP when older than three represented. Since these differences were small, the sample is adequately representative of all families whose children exited the EIP in the 2005-06 PY.

When comparing the respondents to non-respondents in the sample on these same characteristics, no differences were found. When comparing the respondents to the sample frame, no differences were found on sex, reason for eligibility, length of stay in the EIP, or dominant language of the family. Small differences were found in race, with families whose children were reported to be Asian and white having a slightly higher response rate than families whose children's race was missing. In addition, families of children who exited the EIP when older than three years of age were more likely to respond to the family survey.

When comparing respondents to the sample frame, there were no significant differences found in sex, reason for eligibility, age at referral, age at exit, or length of stay in the EIP. There were small differences found in race (with more families of children reported as Asian, black, or white among the respondents than families of children with no race reported) and dominant language in the home (with more families whose dominant language was Spanish or Chinese and fewer families whose dominant language was Hebrew or "other" included among the respondents).

Characteristics of children whose families *responded to the family survey* were as follows:

Race	**Percent (N)**	**Family Language**	**Percent (N)**	**Eligibility**	**Percent (N)**	**Length of Stay in the EIP**	**Percent (N)**
American Indian-Native	0.34% (2)	Chinese	1.17%(6)	Delay in One Area	26.55%(128)	Up to 1 Year	37.93% (220)
Asian	13.37% (34)	English	74.56% (381)	Delay in Two Areas	59.31% (344)	1.5 Years	28.79% (167)
Black	7.42% (57)	Spanish	18.98(97)	Diagnosed Condition	14.14 % (82)	Up to 2 Years	13.97%(81)
Hispanic	14.14%(82)	French	0.20%(1)			Up to 3 Years	16.50%(101)
White	55.52 % (322)	Thai	0.20%(1)			More than 3 Years	1.9%(11)
Missing	14.31% (83)	0ther	4.2% (20)				
		Unknown	.98%(5)				

Age at Referral	**Percent (N)**	**Age at Exit**	**Percent (N)**	**Sex**	**Percent (N)**
0-12 mos	20.34%(118)	0-12 mos	.52% (3)	M	68% (397)
13-24 mos	41.21%(239)	13-24 mos	3.62%(21)	F	32% (183)
25-36 mos	38.45% (223)	25-36 mos	49.83%(289)		
		>36 Mos	46.03% (267)		

Family Outcome Measures

Indicator	Percent of Families At or Above NCSEAM Standard
A. Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights.	71.2% (95% CI: 71.71%+/-4.33%)
B. Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively	65.69% (95% CI: 65.69%+/-

Indicator	Percent of Families At or Above NCSEAM Standard
communicate their children's needs.	2.43%)
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.	82.41% (95% CI: 82.41% +/-1.74%)

Discussion of Baseline Data (2005-06)

As presented in the section on baseline data above, a representative sample of 580 families whose children exited the EIP in the 2005-06 PY, and who participated in EIP services for at least six months, responded to the New York State EIP Family Survey. Data gathered through the family survey demonstrate that the majority of families who participate in EIP services are achieving positive outcomes, as measured by the NCSEAM "Impact of Early Intervention Services on Your Family" scale, which comprised the family survey.

Within the Rasch framework, most respondents in the State sample ***expressed strong or very strong agreement*** with the item closest to the State's mean, and ***all those items located below it on the scale***. Strength of agreement decreases for items further up on the scale. As presented in the table below, the State mean based on 580 valid respondents was **620.02.** Therefore, the data indicate that most families in New York State ***strongly agreed or very strongly agreed*** with 18 out of the 22 items included in the "Impact of Early Intervention Services on Your Family" scale.

New York State Family Responses – PY 2005-07					
NCSEAM Item Calibration (level of agreeability)	Item				
678	Participate in typical activities for children and families in my community.				
656	Know about services in my community.				
640	Know where to go for support to meet my family's needs.				
625	Keep up friendships for my child and family.	**NYS Mean = 620.02**			
609	Know where to go for support to meet my child's needs.				
584	Be more effective in managing my child's behavior.				
576	Make changes in family routines that will benefit my family.				
576	Do activities that are good for my child even in times of stress.				
570	Improve my family's quality of life.				
565	Feel that I can get the services and supports that my child and family need.				
563	Get the services that my child and family needs.				
562	Feel that my family will be accepted and welcomed in the community.				
559	Feel more confident in my skills as a parent.			**Indicator 4b**	
556	Communicate more effectively with the people who work with my child and family.			**65.69%**	
553	Understand how the Early Intervention System works.				
546	Understand the roles of the people who work with my child and family.		**Indicator 4a**		
539	Know about my child's and family's rights concerning Early Intervention Services.		**71.72%**		
534	Be able to evaluate how much progress my child is making.				**Indicator 4c**
516	Understand my child's special needs.				**82.4%**
498	Feel that my efforts are helping my child.				
498	Do things with and for my child that are good for my child's development.				

All three OSEP indicators are addressed by this single scale, because all three outcomes identified by OSEP for measurement are outcomes that participating in the EIP can help families achieve. NCSEAM, in developing this scale to measure the impact of participating in EIP services on families, found that the three OSEP indicators all represent the same construct – *achieving positive family outcomes*. The three sub-indicators represent examples or instances of the outcomes being achieved by families which can be measured.

These analyses provide useful information about ways to improve family outcomes for families participating in the EIP. First, by examining the items above the State mean (participate in typical activities for children and families in my community; know about services in my community; know where to go for support to meet my family's needs, and keep up friendships for my child and family), quality improvement and training initiatives can be expanded and enhanced to increase the overall State mean, by increasing the percentage of families who strongly agree or very strongly agree that the EIP has helped them in these areas. Second, improvement activities can be designed to increase the percentage of families who meet the NCSEAM established standards for the three OSEP sub-indicators.

To establish *measurable and rigorous targets* for improvement, the NCSEAM calculator was used to calculate the percent increase in families needed for each of the three outcome areas to achieve a statistically significant improvement (p=.05). These percentages are as follows:

4a. A 3.88% increase in the percent of families who report early intervention services have helped their families know their rights is needed to achieve a statistically significant improvement.

4b. A 4.15% increase in the percent of families who report that early intervention services have helped the family effectively communicate their child's needs is needed to achieve a statistically significant improvement.

4c. A 3.5% increased in the percent of families who report that early intervention services have helped the family help their child develop and learn is needed to achieve a statistically significant improvement.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	**Not Applicable**
2006 **(2006-2007)**	4a. The percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights will increase by 1% to 72.2%. 4b. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs will increase by 1% to 66.69%. 4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 83.41%.
2007 **(2007-2008)**	4a. The percent of respondent families participating in Part C who report that early I intervention services have helped the family know their rights will increase by 1% to 73.2%. 4b. The percent of respondent families participating in Part C who report that early

	intervention services have helped the family effectively communicate their children's needs will increase by 1% to 67.69%. 4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 84.41%.
2008 **(2008-2009)**	4a. The percent of respondent families participating in Part C who report that early I intervention services have helped the family know their rights will increase by 1% to 74.2%. 4b. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs will increase by 1% to 68.69%. 4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 85.41%.
2009 **(2009-2010)**	4a. The percent of respondent families participating in Part C who report that early I intervention services have helped the family know their rights will increase by 1% to 75.2%. 4b. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs will increase by 1% to 69.69%. 4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 86.41%.
2010 **(2010-2011)**	4a. The percent of respondent families participating in Part C who report that early I intervention services have helped the family know their rights will increase by 1% to 76.2%. 4b. The percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs will increase by 1% to 70.69%. 4c. The percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn will increase by 1% to 87.41%.

Improvement Activities/Timelines/Resources

The New York State family survey has been revised, based on work completed with funds awarded to the Bureau of Early Intervention in 2004 for a General Supervision Enhancement Grant (GSEG), on enhancing Part C outcome indicators and methods for collecting and analyzing Part C outcomes

indicators. As part of the GSEG, the BEI staff collaborated with families, EIP providers, local and state government EIP staff to identify New York State child and family outcomes using concept mapping methodology. During the summer 2007, in collaboration with Dr. Batya Elbaum, child and family outcomes identified through the concept mapping process were used to develop a new Impact on Child scale and integrate New York State items into the NCSEAM Impact on Family Scale. A NYS Family Survey, consisting of 133 items, was very successfully piloted in a field study conducted in Nassau and Suffolk Counties. The Rasch Measurement Model was used for scale development and data analyses. The two scales were found to be highly reliable, robust and unidimensional in nature. Subsequent to the completion of the field study, BEI staff collaborated with Dr. Elbaum to develop a short form of the survey for use at the State level, including the modified *Impact on Family Scale* used to measure OSEP-required family outcomes, the New York State *Impact on Child Scale*, and the NCSEAM *family-centered services scale* (attached). The revised New York State Family Survey will now be used on an ongoing basis to collect family outcome data to include in the annual performance report submitted to OSEP.[18]

[18] The NYS Family Survey was revised in 2008 to include the NCSEAM Family-Centered Services Scale and the NYS Impact on Child Scale, and described I n SPP as revised on February 2, 2009.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

A. Other States with similar eligibility definitions; and

B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

2,738 / 252,996 x 100 = 1.08 (1.1)%

Overview of Issue/Description of System or Process

New York State continues to maintain a comprehensive, coordinated child find system that is effective in ensuring that infants and toddlers eligible for early intervention services are identified, referred, and evaluated as early as possible and data are routinely examined to identify referral patterns.

In New York State, municipalities are responsible for local administration of the child find system and receive funding from the Department to maintain child find efforts. Administrative funds are provided from the Department to all 58 municipalities through a contract with the Department to carry out public awareness, child find and referral activities.

On-site monitoring reviews completed during the reporting period indicated that municipalities are diligent in their efforts to implement a comprehensive child find system, including maintenance of a single point of entry to the EIP for children and their families. Of the municipalities reviewed:

- 100% were found to be conducting community education and outreach activities to ensure that referrals for children are received from a variety of sources.
- 100% were found to have a single point of entry for primary referral sources (including parents) to identify and refer children for a multidisciplinary evaluation.
- 100% were found to use public awareness brochures and materials to facilitate outreach efforts or were required to use such materials as part of corrective action plans required to be submitted as the result of on-site monitoring reviews.
- 100% were found to be appropriately identifying and tracking children at risk for developmental delay or disability or were required to use such materials as part of corrective action plans required to be submitted as the result of on-site monitoring reviews.

Universal newborn hearing screening, implemented in New York State in October 2001, continues to provide an important opportunity to identify infants with potential hearing loss within the first three months of life and ensure that appropriate referrals are made to the EIP for an audiologic evaluation and for children with established hearing loss, appropriate early intervention services.

The Department continues to supply municipalities and the field with a variety of public awareness materials, including the *Early Help Makes A Difference* brochure, parent handbook, *Early Intervention Program: A Parent's Guide*, four newborn hearing screening brochures (Information For Parents; Your Baby Passed; Your Baby Needs Another Screening; and How To Get Your Baby's Hearing Screened). In addition, the Department continues efforts to disseminate two clinical practice guidelines that include specific, evidence-based practices on the identification and assessment of children with autism/pervasive developmental disorders and communication disorders; and four other guidelines are in press: motor disorders; Down syndrome; vision impairment; and, hearing loss.

Data for this indicator are collected locally using the KIDS application supplied by the Department, and submitted to the Department quarterly and at the request for the Department.

The methodology used to determine baseline data for this indicator is:

> The percent of infants and toddlers birth to 1 served by New York State is calculated by dividing the number of infants and toddlers birth to 1 with an IFSP on December 1, 2004 by the population of infants and toddlers birth to 1 as found in the US Census figures times 100. This is compared to the same percent calculated for other States with a "moderate" eligibility definition and to National data.

Baseline Data for FFY 2004 (2004-2005)

A. Based on the December 1, 2004 count of children with an IFSP, **1.1**% of children between birth and three years of age received early intervention services during this report period. New York State's eligibility definition falls within the federal category "moderate" along with: Alaska, Colorado, Delaware, Illinois, Indiana, Kentucky, Minnesota, Missourti, New Jersey, Puerto Rico, Rhode Island, and South Dakota. The percents of children under the age of one year with an IFSP in these states/territory range from .37% to 1.75%.

B. Based on the December 1, 2004 count of children with an IFSP, **1.1**% of children between birth and three years of age received early intervention services during this report period. The national baseline percent of infants less than 12 months of age served is **.92%.**

Discussion of Baseline Data

Among the 10 states and territory (Puerto Rico) with a moderate definition of eligibility, New York State ranks fourth highest in the percent of all children in the State in this age group who received early intervention services on December 1, 2004. The State exceeds the national baseline of .92% of all infants who received early intervention services on December 1, 2004.

New York State continues to conduct extensive analyses of its data to determine patterns of referrals for children under age one to the Early Intervention Program. This includes examination of age at referral and type of disability to determine the characteristics of the children entering the program and to ensure the referrals are consistent with the earliest age at which specific disabilities and developmental problems can be identified.

- Data on age at referral indicate the age at which children are referred to the EIP is consistent with expectations based on the type of disability or delay children are experiencing. For example, more than 53% of children with Down syndrome, which can be identified at birth, are referred to the EIP before one month of age; 67% before two months of age; and 73% before three months of age

(median age of 1.08 months); and 61% of children with delays in communication development are referred between 16 and 24 months of age (median age of 23 months, when language problems are typically identified). This is an improvement over data reported in the previous reporting period where more than 50% of children with Down syndrome were referred before one month of age; 65% before two months of age; and 70% before three months of age (median age of .97 months); and 60% of children with delays in communication development were referred between 16 and 24 months of age.

- The percent of children referred under one year of age has increased slighty or remained stable (23% in 1999-00, 24% in 2000-01, 25% in 2001-02, and 24% in 2002-03 and 2003-2004 and 25% in 2004-05). In the current reporting period, of children referred who were less than one year of age, 53% were under six months of age at the time of referral.

- The percent of infants under the age of one year who receive early intervention services has continued to improve during the past five years, from .79% of all infants 12 months of age or younger as of December 1, 2000, to .95% as of December 1, 2001, to 1% as of December 1, 2002 and December 1, 2003, and to 1.1% as of December 1, 2004.

- Referral source patterns to the EIP continue to be examined and appear to be relative stable. During the reporting period:

  - 44% of referrals were from community programs (compared to 41% in the last reporting period);
  - 23% from health care providers (compared to 25% in the last reporting period);
  - 1% from foster care providers (same as the last reporting period);
  - 29% from parents or other family members (compared to 30% in the last reporting period), and
  - 3% from other sources (same as the last reporting period).

Setting Targets

The 2004-05 baseline data for this indicator is: **1.1%.** Data analyses and trends for referrals for children under age one year the last five years were used to establish future targets for this indicator.

Progress toward achievement of the targets for this indicator will be evaluated by continued data analysis of patterns of referrals and characteristics of children entering the EIP, to ensure there is appropriate penetration and statewide access. In addition, the percent of children between birth and one year of age who receive early intervention services on December 1st in New York State will continue to be compared to states with comparable eligibility definitions and the national baseline.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	A & B. Based on the December 1, 2005 count of children with an IFSP, 1.11% of children between birth and one year of age will receive early intervention services.
2006 **(2006-2007)**	A & B. Based on the December 1, 2006 count of children with an IFSP, 1.13% of children between birth and one year of age will receive early intervention services.
2007 **(2007-2008)**	A & B. Based on the December 1, 2007 count of children with an IFSP, 1.16% of

FFY	Measurable and Rigorous Target
	children between birth and one year of age will receive early intervention services.
2008 (2008-2009)	A & B. Based on the December 1, 2008 count of children with an IFSP, 1.18% of children between birth and one year of age will receive early intervention services.
2009 (2009-2010)	A & B. Based on the December 1, 2009 count of children with an IFSP, 1.20% of children between birth and one year of age will receive early intervention services.
2010 (2010-2011)	A & B. Based on the December 1, 2010 count of children with an IFSP, 1.22% of children between birth and one year of age will receive early intervention services.

Improvement Activities/Timelines/Resources

Please see Indicator 6 below for all improvement activities, timelines, and resources related to child find.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

A. Other States with similar eligibility definitions; and

B. National data.

THE FOLLOWING SECTION, ON INDICATOR 6 OF THIS PLAN, HAS BEEN REVISED FOR SUBMISSION TO OSEP ON APRIL 14, 2008. REVISIONS ARE DESCRIBED IN END NOTES TO THE SPP.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

30,861 / 755,303 x 100 = 4.09%

Overview of Issue/Description of System or Process

Please see Indicator 5 for description of New York State's comprehensive child find system, which continues to identify and refer children under the age of three years that have or are suspected of having a disability or developmental delay.

Data for this indicator is collected through the KIDS data system and submitted quarterly by municipalities to the State. The methodology used to determine baseline data for this indicator is:

> The percent of infants and toddlers birth to 3 served by New York State is calculated by dividing the number of infants and toddlers birth to 3 with an IFSP on October 1, 2004 by the population of infants and toddlers birth to 3 as found in the US Census figures times 100. This is compared to the same percent calculated for other States with a "moderate" eligibility definition and to national data.

Beginning with the 618 child count data for 2006, New York State opted to count children with IFSPs on October 1. Prior to this, the count was of children with IFSPs was taken on December 1. This change was made to provide the Department with more time to comply with OSEP's annual reporting requirements that are due on November 1 and February 1 of each year.

A historical comparison of child counts taken on October 1 compared to counts taken on December 1 for the last five reporting periods shows that counts taken on October 1 were slightly lower than counts taken on December 1 of the same year. This is likely due to an annual pattern relating to the timing of children transitioning out of the EIP. As a result, the state-established targets for FFY 2006-2010 have been revised to reflect the child count being taken on October 1. The target for FFY 2005 was unchanged from 4.29%, since the 618 child count data for this reporting period was taken on December 1, 2005.

Baseline Data for FFY 2004 (2004-2005)

A. Based on the October 1, 2004 count of children with an IFSP, **4.09**% of children between birth and three years of age received early intervention services during this report period. New York State's eligibility definition falls within the federal category "moderate" along with Alaska, Colorado, Delaware, Illinois, Indicana, Kentucky, Minnesota, Missouri, New Jersey, Puerto Rico, Rhode Island, and South Dakota. The percents served for these states/territory range from 1.5% to 3.9%.

B. Based on the October 1, 2004 count of children with an IFSP, **4.09**% of children between birth and three years of age received early intervention services during this report period. New York exceeds the national baseline for percent of children birth to three years of age expected to receive EIP services, which is 2%.

Discussion of Baseline Data

New York State continues to exceed the national baseline of 2% of children participating in the EIP, and also serves the highest number of children of the 11 states/territory eligibility definitions that fall within the federal category "moderate." The percents served for these states/territory range from 1.5% to 3.9%. Among *all states nationwide, including those states that include at-risk children in their eligibility definitions*, New York State ranks *third highest* in the number and percent of all children ages birth to three years of age residing in the State who participate in the EIP.

In addition to the baseline data required to be reported by OSEP, the Department continues to analyze data relevant to child find for children in all age groups, to determine the effectiveness of the State' child find system in identifying, evaluating, and ensuring IFSPs are developed for eligible children and their families. These data have been reported in the Department's previous APR, and described below.

Monitoring Data

Based on the Department's comprehensive statewide monitoring system, the Department has determined the following with respect to municipalities responsible for local administration of the EIP, including child find:

- All were found to be conducting community education and outreach activities to ensure that referrals for children are received from a variety of sources.

- All were found to have a single point of entry for primary referral sources (including parents) to identify and refer children for a multidisciplinary evaluation.

- All were found to use public awareness brochures and materials to facilitate outreach efforts; or, were required to use such materials as part of corrective action plans required to be submitted as the result of on-site monitoring reviews and required to be completed within one year of identification of the deficiency.

- All were found to be appropriately identifying and tracking children at risk for developmental delay or disability; or, were required to use such materials as part of corrective action plans required to be submitted as the result of on-site monitoring reviews and required to be completed within one year of identification of the deficiency.

- All ensure that service coordinators are appropriately trained and qualified; or, were required to develop procedures to ensure this occurred as part of corrective action plans required to be submitted as the result of onsite monitoring reviews and required to be completed within one year of the deficiency.

Evaluation Data

The Department continues to examine evaluation data closely to identify evaluation timeliness and emerging trends in this area. Figure 4 provides trend data on the progression of children through the EIP from referral to the initial IFSP. It is very important to note that these data are incomplete and are likely to change, since data submitted by municipalities within the timeframes required for submission of the SPP were complete only as of June 30, 2005. As a result, there were 3,353 children who were referred to the IFSP during the last quarter of the program year (between April 1 and June 30th) for whom their eligibility status was pending at the time data were submitted. These data will be revised when complete data have been received from municipalities. It is anticipated that the trends from previous years will be maintained, and the relatively small changes in data reported for 2004-05 will be eliminated upon receipt of complete data. During the reporting period, based on data available from KIDS:

- 80% (N=41,211) of children referred (N=51,266) to the EIP received a multidisciplinary evaluation. The percentage of children referred to the EIP who receive an evaluation has been remarkably stable since 1998-99, ranging between 80 and 86% each year (average of 85% across all five years). This number is expected to increase to approximately the previous years' level when the data are complete.

- Of all children referred during the reporting period who continued on to receive an evaluation, 77% (compared to 81% in the previous reporting period) were found eligible for the EIP. This number is expected to increase to previous years' levels when data for 2004-05 are complete.

- Of the children referred during the period who were evaluated and found eligible, 95% continued on to receive an initial IFSP. These constituted 57% of all children referred during the reporting period. This compares to 92.6% of children continuing on to receive an initial IFSP in the previous reporting period, 65% of all children referred). This number is expected to increase to when data for 2004-05 are complete.

- Of the children referred to the EIP who did not continue on to receive an evaluation to determine eligibility during the reporting period (7,155 children):

  - 54% of the cases were closed because the family declined to participate in the EIP and, of these, 33% were noted for follow-up in two months. This compares to 54% of the cases closed because the family declined to participate in the EIP and 36% noted for follow-up in two months in the previous reporting period;
  - 17% of the cases were closed because the family could not be located (compared to 16% in the previous reporting period);
  - 10% of the cases were closed because the child was no longer age-eligible (the same as the previous reporting period), with 4% referred to preschool special education services (compared to 6.3% in the previous reporting period);
  - 3% of the cases were identified as children at risk and followed through child find activities to provide developmental surveillance for at risk children (compared to 4% during the previous reporting period); and,
  - 5% of the cases were closed because the family moved to another location (same as in the previous reporting period); the remainder of cases were closed in small numbers due to other reasons.

Of the children referred during the reporting period, .06 percent were pending evaluation or IFSP meetings as of June 30, 2005.

Eligibility Data

The Department continues to analyze the basis on which children are found eligible for the EIP. During the reporting period, 14% of children in the EIP were identified as having a diagnosed condition with a high probability of developmental delay. This is a 19% increase in the number of children identified as having a diagnosed condition with a high probability of developmental delay from PY 2003-2004 and a 56% increase from PY 2002-2003. In addition:

i. Of the children in the EIP *with a diagnosed condition*, the most prevalent conditions were:

- dyspraxia (15% as compared to 17% in the previous reporting period);
- mixed developmental disorder (12% as compared to 10% last reporting period);
- pervasive developmental disorder (6% as compared to 8% last reporting period);
- speech/language disorder (10% as compared to 7% last reporting period);
- Down syndrome (4%-same as last reporting period);
- developmental language disorder (4%-same as last reporting period);
- developmental delay – non-specific (4% as compared to 3% last reporting period);
- extreme prematurity, birthweight 750 to 999 grams (2% as compared to 3% last reporting period);
- infantile autism (2% as compared to 3% last reporting period);
- extreme prematurity, birthweight 500 to 749 grams (2%-same as last reporting period); and
- cleft palate (1% as compared to 2% last reporting period).

ii. During the reporting period, of the children with developmental delays only, and no diagnosed condition with a high probability of developmental delay:

- 30% had a delay in one area (as compared to 31% last reporting period);
- 24% in two areas (same as last reporting period);
- 18% in three areas (as compared to 19% last reporting period);
- 13% in four areas (same as last reporting period); and,
- 12% in five areas of development (as compared to 13% last reporting period).

iii. Among the children in the EIP during the reporting period who had a delay *in only one area of development*, 69% were experiencing a delay in communication development only (compared to 71% in previous reporting period); 28% in physical development only (compared to 25% in previous reporting period); 2% in adaptive development only (compared to 1% in previous reporting period); 1% in both social emotional development only and in cognitive development only remained the same from the previous reporting period.

iv. Among all children evaluated and eligible to receive early intervention services, including those children with diagnosed conditions with a high probability of developmental delay:

- 82% were identified as having needs related to a delay in communication development (compared to 84% in the last reporting period);
- 58% were identified as having needs related to a delay in physical development (compared to 56% in the last reporting period);
- 49% were identified as having needs related to a delay in cognitive development (compared to 48% in the last reporting period);
- 31% were identified as having needs related to a delay in adaptive development (same as last reporting period); and,

- 30% were identified as having needs related to a delay in social or emotional development (compared to 31% in the last reporting period).

Setting Targets

The 2004-05 baseline data for this indicator is: **4.09%.** As mentioned previously, New York State provides EIP services to more children than any other state in the nation, with the exception of Hawaii and Massachusetts, both *states that provide services to children at risk for disabilities*. New York State also exceeds that national baseline for children in the EIP. Based on New York State's moderate eligibility criteria for the EIP, successful child find efforts, and stable trends related to the percent of children who are referred, evaluated and found eligible, and continue on to receive an IFSP, Department *expects to maintain enrollment in the EIP at effectively the current level*. Significant growth in enrollment in future years is not anticipated, in the absence of any emerging factors or tends that could impact on enrollment (e.g., an increase in the State's overall population of children ages birth to three years). The Department will continue to compare enrollment in the EIP in New York State to states with similar eligibility criteria as identified by OSEP, and to the national baseline data, in future APRs.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A & B. Based on the December 1, 2005 count of children with an IFSP, 4.29% of children between birth and three years of age will receive early intervention services.
2006 (2006-2007)	A & B. Based on the October 1, 2006 count of children with an IFSP, 4.09% of children between birth and three years of age will receive early intervention services.
2007 (2007-2008)	A & B. Based on the October 1, 2007 count of children with an IFSP, 4.095% of children between birth and three years of age will receive early intervention services.
2008 (2008-2009)	A & B. Based on the October 1, 2008 count of children with an IFSP, 4.095% of children between birth and three years of age will receive early intervention services.
2009 (2009-2010)	A & B. Based on the October 1, 2009 count of children with an IFSP, 4.095% of children between birth and three years of age will receive early intervention services.
2010 (2010-2011)	A & B. Based on the October 1, 2010 count of children with an IFSP, 4.095% of children between birth and three years of age will receive early intervention services.

Improvement Activities/Timelines/Resources

New York State will continue to maintain a comprehensive, coordinated child find system that is effective in ensuring that infants and toddlers eligible for early intervention services are identified, referred, and evaluated as early as possible. In August, 2005, the Department issued standards and procedures on evaluations, eligibility determinations, and ongoing eligibility for the EIP, including specific criteria for ongoing eligibility. Six regional training sessions, covering all areas of the State, have been convened for providers and municipalities on these standards and procedures. The Department intends to monitor the impact of these standards and procedures on the quality of evaluations and eligibility determinations, and will report on these monitoring activities in future APRs.

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

v. Administrative funds will continue to be provided from the Department to all 58 municipalities through a contract with the Department to carry out public awareness, child find and referral activities.

vi. Monitoring efforts will be continued to ensure the continued effectiveness of local public awareness and child find efforts (see Indicator 9).

vii. Guidance will be issued to the field on evaluation and assessment of children from diverse cultural and linguistic backgrounds.

viii. The *Early Help Makes A Difference* brouchure and parent handbook, *Early Intervention Program: A Parent's Guide* will be updated.

ix. Training curricula on evaluation and assessment procedures will be developed and training will be developed and offered on this topic in regions across the State.

x. The four remaining evidence-based clinical practice guidelines, on assessment and intervention for children with Down syndrome, motor disorders, vision impairment, and hearing loss will be issued.

xi. Training will be conducted on a regional basis on all six evidence-based clinical practice guidelines.

xii. The six evidence-based clinical practice guidelines will be updated to incorporate new evidence and modify practice recommendations, if necessary and as indicated by the evidence.

xiii. Referral data will be examined and technical assistance and training will be provided to regions where referral patterns for children under age one are below target expectations.

xiv. Referral data will be examined and technical assistance and training will be provided to regions where referral patterns for children under age one from underserved populations are below target expectations, , particularly children from economically disadvantaged households.

xv. Eligibility data will continue to be analyzed and reported in APRs. These data will also be used to monitor trends that require investigation and potential action.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

xvi. Contracts to provide administrative funds to municipalities will renewed annually (the contract period is October 1st – September 30th).

xvii. Monitoring efforts are ongoing and will continue to review the status of local child find efforts (see Indicator 9 for details).

xviii. Guidance will be issued to the field on evaluation and assessment of children from diverse cultural and linguistic backgrounds by Summer, 2006.

xix. Training curricula on evaluation and assessment will be developed by Summer, 2006 and training will be available by Winter, 2007.

xx. The Early Help Makes A Difference brouchure and parent handbook, Early Intervention Program: A Parent's Guide will be updated by Summer, 2006.

xxi. All four remaining evidence-based clinical practice guidelines, on assessment and intervention for children with Down syndrome, motor disorders, vision impairment, and hearing loss will be issued by January, 2007.

xxii. Training will be conducted on a regional basis on all six evidence-based clinical practice guidelines on an ongoing basis, as each guideline becomes available (training on the autism and communication disorders guideline is currently ongoing).

xxiii. Work will be initiated to update the autism and communication disorders in 2007. The Department anticipates initiating work to update the next two guidelines to be issued, Down syndrome and motor disorders, in 2009; and, the guidelines on vision impairment and hearing loss in 2011.

xxiv. Training on the four clinical practice guidelines currently in press will be implemented upon release of the guidelines. All four guidelines are expected to be released by Summer, 2006.

xxv. Data analyses on referral patterns and targeted training and technical assistance for municipalities will be ongoing.

Resources

NYS Department of Health Bureau of Early Intervention, Quality Improvement, Training and Technical Assistance, and Data Units; training contractors; Newborn Hearing Screening Program; monitoring agent; Division of Family Health and Center for Community Health management, Early Intervention Coordinating Council.

ii Representative data for NYC will be collected (from 2009 to 2010).
iii Revised in 2008 to describe new technical assistance materials developed and issued during FFY 2006, to assist families, providers, and municipalities in collection of outcome data as children exit the EIP.
iv Revised in 2008 to indicate that child progress data will be collected for children in outcome samples as they exit the EIP.
v Revised children in the sampling process and for whom exit data were submitted as of November 30, 2007.
vi Revised in 2008 to include two new improvement activities related to data validation and quality improvement.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

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

14,322 / 23,278 = 61.53%

Overview of Issue/Description of System or Process

In New York State, municipalities are responsible for ensuring that each child found eligible after a multidisciplinary evaluation receives an Individualized Family Service Plan (IFSP) within 45 days of the child's referral to the municipality. Municipalities contract with State-approved providers to conduct the multidisciplinary evaluations to determine children's eligibility. Evaluators are required to conduct the evaluation within sufficient time for the IFSP meeting to be held within 45 days of referral. Many municipalities have included specific evaluation timeframes in their contracts with evaluation providers, and monitor them for this local requirement.

When the IFSP meeting does not occur within 45 days of referral, municipalities are required to ensure that the IFSP contains a statement indicating the reason for the delay. They also must record the reason for the delay in the KIDS data system. The reasons for delay can result from either a problem with the *EIP system* (such as delays in evaluations or submission of evaluation reports, high service coordinator caseloads, translation difficulties, delays related to foster care, etc) or from *family circumstances* (such as illness, missed appointments, delays in signing consents, problems locating or contacting the family, etc), which municipalities cannot anticipate or necessarily control.

The Department's monitoring agent examines evaluation provider records to ensure the multidisciplinary evaluation to determine program eligibility is completed in a timely fashion and the results are provided to the municipality, service coordinator and parent in sufficient time for the initial IFSP meeting to be held within 45 days of the child's referral to the Early Intervention Program. The evaluator must provide reasons for the delay on their part to the municipality to determine if the delay is due to family circumstances or their own difficulties. Evaluation providers are cited and required to submit and implement corrective actions if found in violation of this requirement. The Department's monitoring agency also examines IFSP documents during their review of municipal child records to ensure IFSPs are appropriately documented and include a reason for delay to ensure this important requirement is met. Municipalities are cited and required to submit and implement corrective actions if found in violation of this requirement.

The Department also analyzes KIDS data to determine the accuracy of the data recorded by municipalities as the reason for delayed IFSPs. Technical assistance is provided in regions where the data is inaccurate or missing. The data is also considered when determining the content of training curricula and which regions to focus training efforts on for this program requirement.

The Department also oversees the quality of evaluations provided to children to determine program eligibility and to determine which children are entering the program and need services. A guidance document on initial and ongoing eligibility criteria and requirements for evaluation procedures, including

clarification of criteria and procedures for ongoing eligibility, was issued in 2005 and data continues to be used to extensively examine the types of disabilities and delays children have when entering the program.

The methodology used to determine baseline data for this indicator is:

> Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.Because information about the timeliness of initial IFSPs for children referred on or after April 1, 2005 may not have been entered or sent to the State at this time, data used for this indicator are for the 9 month period July 1, 2004 through March 31, 2005, which is considered complete.

Baseline Data for FFY 2004 (2004-2005)

During the reporting period, **61.53**% of all initial IFSPs in New York State were completed within the federally-required 45 day timeframe.

Discussion of Baseline Data

Baseline data continue to show that 61.53% of all initial IFSPs in New York State were completed within the federally-required 45 day timeframe. In New York City, the State's largest metropolitan area, 55% of IFSPs were completed in 45 days. In contrast, in those counties outside of New York City, almost 70% (68.8%) of IFSPs were completed within the federally required timeframe. When examining these data by municipalities, in twenty-four counties 26% or more of all IFSPs are completed within this timeframe (up from 21 in 2003-04) and in 11 counties, over 90% of IFSPs were completed within 45 days of referral (up from 7 in 2003-04). A analysis was completed on a random sample of 1,000 delayed IFSPs to determine the extent to which these delays were the result of a problem with the *EIP system* (such as delays in evaluations or submission of evaluation reports, high service coordinator caseloads, translation difficulties, delays related to foster care, etc) or were due to *family circumstances* (such as illness, missed appointments, delays in signing consents, problems locating or contacting the family, etc). For 17 *counties*, 100% of delayed IFSPs were delayed *due to family circumstances* ***only*** and for an additional 10 counties, *80% or more of delayed IFSPs were delayed due to family circumstances* ***only***.

- Based on a review of child records completed during on-site monitoring reviews, all municipalities were found to be routinely designating a service coordinator for all families within two working days of receipt of children's referrals to the EIP, or were required to develop such procedures as part of corrective action plans required to be submittted as the result of onsite monitoring reviews. All required corrective actions must be completed within a year. Completion of corrective actions is verified by Department regional office staff.
- Based on data available from KIDS and the Early Intervention Fiscal System, the average number of days from referral to the first service coordination visit was 13 days in 1999-2000, 12 days in 2000-01, and 9 days in 2001-02 and 2002-03, and 8 days in 2003-04.
- Based on a review of child records completed during on-site monitoring reviews, all of service coordination providers were found to be performing activities required to assist families in the development of IFSPs and to implement IFSPs or were required to develop such activities as part of corrective action plans required to be submitted as the result of onsite monitoring reviews, and complete all corrective actions within one year, including: informing parents about their rights and responsibilities, including procedural safeguards; providing parents with information about other benefit programs for which the family may be eligible; and, ensuring that services began in a timely manner following agreement on the IFSP.

Completion of corrective actions is verified through attestations submitted by municipal agencies and/or by Department regional office staff.

Setting Targets

The Department will strive to reach 100% compliance for all eligible children to have an initial IFSP completed within the federally-required 45 day timeframe or for the IFSP to contain a statement indicating the IFSP was delayed due to family circumstances

The 2004-05 baseline data for this indicator is **61.53%**. Since the inception of monitoring (June 2002), through the end of the current reporting period (June 2004), municipalities were monitored and cited when IFSPs were not completed within the federally-required 45-day timeframe if the IFSP did not contain a statement indicating the delay was due to family circumstances. Therefore, the Department expects to see significant progress and an increase in the IFSPs completed in a timely manner during the course of implementation of the State Performance Plan over the next six years. Progress will be evaluated by continued analysis of data collected on timely IFSPs for this indicator and by analysis of monitoring data based on a sample of child records and IFSPs.

FFY	**Measurable and Rigorous Target** *(Revised February 2007 – see 2005-06 Annual Performance Report)*
2005 **(2005-2006)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.
2006 **(2006-2007)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.
2007 **(2007-2008)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.
2008 **(2008-2009)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.
2009 **(2009-2010)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.
2010 **(2010-2011)**	TARGET: 100% of eligible children's initial IFSPs will be completed within the federally-required 45 day timeframe.

Improvement Activities/Timelines/Resources (Revised February 2007 – see 2005-06 Annual Performance Report)

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

- Because of the decline identified in the analysis of this indicator for the 2005-06 APR reporting period, the Department is particularly concerned and will institute a more intense, graduated, follow up process to ensure that improvement at the local program level occurs. The focus of the follow up process will be to work with local programs in specific priority monitoring areas where noncompliance is ongoing. Efforts will include:
  - regularly scheduled phone calls with local program staff;

- in person meetings to discuss and review materials and policies,
- formal written letters of notification to the local program for continued findings,
- examination of data to ensure correct and timely data entry,
- submission of a corrective action plan that is co-developed with input from the Department containing concrete action steps, realistic and verifiable milestones to measure progress, and an evaluation plan by both the local program and the Department.

- Monitoring of municipalities will continue to ensure that all municipalities have and implement policies and procedures to ensure that IFSPs are completed within federally required timeframes. (See Indicator 9).
- Monitoring of EIP service coordination providers will continue to ensure service coordination functions are completed in a timely fashion to ensure that IFSPs are completed within federally-required timeframes (See Indicator 9).
- Targeted technical assistance will be provided to municipalities to improve data collection on reasons for delays in IFSPs, to better understand when delays are related to family circumstances or other external circumstances that cannot be controlled by the municipality (e.g., weather-related delays), and when and what type of systems related issues are resulting in delays in the timeliness of IFSP.
- KIDS and EI Fiscal System data will continue to be analyzed to identify the extent to which IFSPs are being developed in a timely fashion across all municipalities and for all children. These data will be included in county reports and shared with municipalities to assist in local efforts to improve timeliness of IFSP development.
- Technical assistance and training will be targeted to regions where the number of delayed IFSPs exceeds target expectations.
- Training on service coordination will continue to be offered at a regional level; and, the service coordination curriculum will be revised and updated.
- Technical assistance will continue to be provided to assist municipalities and EIP providers in correcting deficiencies identified through the monitoring process.
- A service coordination pamphlet will be finalized, printed, and disseminated to assist parents and service coordinators in understanding their respective roles and responsibilities.
- The Department will work with the EICC to identify challenges, barriers, and potential strategies to reduce challenges and barriers to completion of an IFSP within forty-five days of referral to the EIP.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

- Monitoring activities are ongoing and will continue (see improvement activities for Indicator 9) through 2011.
- Targeted technical assistance on data collection on reasons why IFSPs are delayed will be provided beginning in 2006.
- Data analyses with respect to service coordination services will be completed on a quarterly and annual basis.
- Data analyses on the completion of IFSPs within federally-required timeframes be completed on a quarterly and annual basis.
- Targeted technical assistance will begin in 2006 and will be ongoing through 2011.

- Regional training on service coordination is ongoing and be ongoing through 2011.
- Curriculum revision and development will commence in the Winter, 2005. Curricula will be available in Fall, 2006.
- Technical assistance is provided to municipalities and EIP providers as needed and on an ongoing basis and will continue
- The service coordination pamphlet will be finalized and distributed by Fall, 2006.
- Collaboration with the EICC is ongoing.

Resources

NYS Department of Health Bureau of Early Intervention, Training and Technical Assistance, Quality Improvement, and Data Units; monitoring agent, Division of Family Health and Center for Community Health management, EICC.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

A. IFSPs with transition steps and services;

B. Notification to LEA, if child potentially eligible for Part B; and

C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.

392 / 482 x 100 = 81.33%

B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

320 / 413 x 100 = 77.38%

C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

238 / 301 x 100 = 79.07%

Overview of Issue/Description of System or Process

The Department, in collaboration with the State Education Department (SED), has issued a comprehensive guidance document explicating all State and Federal requirements related to the transition of children from the EIP to preschool special education programs and services, or to other early childhood services, in 2005, which was submitted to OSEP with the Department's 2004 application for Federal Part C funds. Under existing requirements in PHL and regulations, transition plans must be developed for all children in the EIP, whether a child is exiting the EIP at age three years to other early childhood services or will transition to preschool special education programs and services. All children in the EIP who are potentially eligible for Part B services must be referred to the CPSE in their school districts and receive an evaluation and eligibility determination for preschool special education services *by their third birthday*. Children who are found eligible for Part B services must have an IEP developed, and their parents must make an informed decision about the timing of the transition of their child from the EIP to preschool special education programs and services under section 4410 of the State education law. Children who have made sufficient progress through participation in the EIP to be found ineligible for preschool special education programs and services now appropriately exit the EIP by their third birthdays.

As described in the overview of New York State's early intervention system in this SSP, municipalities are responsible for local administration of the EIP, including the transition of children in the EIP to preschool

special education programs and services under Part B of IDEA and section 4410 of State education law. Data for Indicator 8 are collected through the Department's statewide comprehensive monitoring system (see Indicator 9 of the SPP for a description of the monitoring system). The first cycle of monitoring was completed June 2002 through April 2005. During this period, all municipalities received an onsite visit to measure their compliance with State and federal program requirements, including the requirements related to transition of children from the Early Intervention Program. The instrument and protocol used to conduct onsite reviews of municipalities included data collection, through a record review process, on monitoring indicators that correspond to SPP Indicators 8A, B and C.

At least 20 child records for each municipality (and 20 for each of the five boroughs in New York City) were selected to examine local administration of the Early Intervention Program. The records provided a representative sample of children who reside in each municipality, across providers that contract with the municipality. The records were occasionally over-sampled on site to ensure that at least 5 were reviewed for children in care, children with Medicaid and children who have completed, or are in the process of completing, transition from the Early Intervention Program. The result of each monitoring review was captured through data collection and the monitoring data for 3 transitions indicators is the source for the data used to measure this SPP indicator.

The methodology used to determine baseline data for this indicator is:

The percent of children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

A. IFSPs with transition steps and services, obtained by dividing the number of children who have an IFSP with transition steps and services by the number of children exiting Part C times 100;
B. notification to the local school district when a child is potentially eligible for Part B; obtained by dividing the number of records with evidence of notification to the local school district by the number of children exiting Part C times 100; and
C. a transition conference; obtained by dividing the number of records with evidence of notification to the local school district by the number of children exiting Part C times 100.

Baseline Data for FFY 2004 (2004-2005)

A. During this first monitoring cycle, a representative sample of 482 municipal records were examined that involved children exiting Part C. All 482 municipal records examined were expected to receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including IFSPs with transition steps and services. Of those 482 records, 392 or **81.33%** included IFSPs with transition steps and services.

B. Of the 482 municipal records examined that involved children exiting Part C, 413 were expected to have parent consent to notify the LEA that the child was potentially eligible for Part B services. Of those 413 records, 320 or **77.38%** included notification to LEA of the child's potentially eligibility for Part B services.

C. Of the 482 municipal records examined that involved children exiting Part C, 301 were expected to have had a transition conference if the child was potentially eligible for Part B services. Of those 301 records, 238, or **79.07%** included a transition conference.

In addition to the data required by OSEP for the SPP, the Department continues to analyze additional data to determine the extent to which children receive appropriate transition planning and support, and transition from the EIP in a timely fashion, as follows.

Monitoring Data

All municipalities that received a comprehensive on-site monitoring review during the reporting period:

- either had policies and procedures in place to ensure transition planning is consistent with State and Federal requirements; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of the monitoring reviews. Corrective actions must be completed within one year.
- either ensured that IFSPs included a transition plan; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of the monitoring reviews. Corrective actions must be completed within one year.
- either ensured parental consent was obtained to convene a transition conference; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of the monitoring reviews.
- either ensured that a transition conference was convened; or, were required to develop such procedures as part of corrective action plans required to be submitted as the result of the monitoring reviews. Corrective actions must be completed within one year.

Child Transition Data

The Department continues to examine child-specific data for all children exiting the EIP during the reporting period, with respect to transition to improve the appropriateness and timeliness of transition planning and access for children potentially eligible for a free appropriate public education by their third birthdays.

- There continues to be a decrease of children referred to the EIP who are age 30 months or older when they are already eligible for Part B services (from 10.31% during PY2000-01, to 9.86% in PY 2002-2003, to 7.27% in PY 2003-04 to 7.16% in the current reporting period).
- Of the children exiting the EIP during the reporting period, who were reported as having transitioned to Part B services, 46% were reported to have transitioned by their third birthday in the 2004-05 PY in comparison to 35% in the 2003-04 PY, 31% in the 2002-03 PY and 28% in the 2001-02 PY, or a 63% increase in the number of children accessing preschool special education services by age three over the past three years.
- The number of children over three years of age with an active IFSP on December 1st decreased from 3,894 in 2003 to 1050 in 2004. This represents a 73% decrease in the number of children over three years of age with an active IFSP on December 1st over the previous year.
- The number of children who exit the EIP by age three as not eligible for preschool special education services increased from 1, 269 in PY 2001-02, to 2,477 in PY 2003-04, and to 3540 in PY 2004-05. This represents a 179% increase in the number of children who appropriately exit the service delivery system at age three the past 3 years.

Discussion of Baseline Data

New York State has made great strides in the past two years toward ensuring that all children have access to transition planning and support, and to a free appropriate public education by three years of age.

Combined, the baseline data presented here indicate that children are receiving transition support services, eligibility determinations for preschool special education services are being made before the child's third birthday, individual education plans (IEPs) are being developed for children found eligible for such services, and three year olds who have made sufficient progress through participation in the EIP and are no longer in need of services are appropriately exiting the service delivery system.

As discussed in the Department's 2003-04 APR, action was taken in 2003 to amend the Public Health Law (PHL) with respect to age eligibility and transition requirements for children in the EIP. PHL now requires that *every child* who is potentially eligible for Part B services must be referred to, and determined

eligible by, the committee on preschool special education (CPSE) in the school district in which the child resides, in order to continue to receive services either through the EIP or by transitioning to preschool special education programs and services. As described above, the Department and State Education Department reached agreement on and issued policies and procedures to ensure that: an IEP is developed for all children evaluated and found eligible by the CPSE (including start dates for preschool special education programs and services); parents are informed about the differences between the IEP and IFSP; and, parents make an informed choice about when to transition the child to preschool special education programs and services.

Setting Targets

The Department will strive to reach 100% compliance with the Federal requirements related to transition planning for all children in the EIP, to support their transition to preschool and other appropriate community services by their third birthday, including: IFSPs with transition steps and services; notification to the LEA for children potentially eligible for Part B services; and a transition conference when the parent consents, if child potentially eligible for Part B services.

The 2004-05 baseline data for this indicator are: (A) **81.33%** of all IFSPs reviewed included transition steps and services; (B) **77.38%** of all children records reviewed included notification to LEA of the child's potentially eligibility for Part B services; and, (C) **79.07%** of child records reviewed demonstrated that transition conferences were convened when the parent consented to such a conference.

Since the inception of the statewide monitoring system (June 2002), through the end of the current reporting period (June 2004), municipalities were monitored and cited when required transition steps were not completed. Additionally, there has been written guidance and extensive technical assistance and training provided to the field on Federal transition requirements. Therefore, the Department expects to see an increase for all required indicators during implementation of the State Performance Plan. Progress will be evaluated by continued analysis of data collected for this indicator and by analysis of monitoring data based on a sample of child records and IFSPs.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	**A.** TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.
2006 **(2006-2007)**	A. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible

FFY	Measurable and Rigorous Target
	for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.
2007 **(2007-2008)**	A. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.
2008 **(2008-2009)**	A. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.
2009 **(2009-2010)**	A. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.

FFY	Measurable and Rigorous Target
2010 **(2010-2011)**	A. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services. B. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including notification to LEA, if child potentially eligible for Part B services. C. TARGET: 100% percent of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including a transition conference, if child potentially eligible for Part B services.

Improvement Activities/Timelines/Resources (Revised February 2007 – see 2005-06 Annual Performance Report)

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

- Because of the decline identified in the analysis of this indicator for the 2005-06 APR reporting period, the Department is particularly concerned and will institute a more intense, graduated, follow up process to ensure that improvement at the local level occurs. The focus of the follow up process will be to work with individual programs in specific priority monitoring areas where noncompliance is ongoing. Efforts will include:
  - regularly scheduled phone calls with local program staff;
  - in person meetings to discuss and review materials and policies,
  - formal written letters of notification to the local program for continued findings,
  - examination of data to ensure correct and timely data entry,
  - submission of a corrective action plan that is co-developed with input from the Department containing concrete action steps, realistic and verifiable milestones to measure progress, and an evaluation plan by both the local program and the Department.
- Educational materials specifically for parents will be published, to complement the comprehensive guidance document on transition.
- Monitoring of transition requirements will continue, including use of revised indicators to ensure implementation of new PHL requirements (see improvement activities for Indicator 9).
- Training on transition will continue to be available, statewide, for municipalities, providers, and families.
- The Department will continue to collaborate with the State Education Department (SED) to develop, plan, and implement joint training activities for municipalities and school districts on transition requirements, including development of SED transition training curriculum and targeted regional training to the CPSE chairpersons.
- Data will continue to be analyzed to identify the extent to which transition activities are being completed and implemented in a timely fashion across all municipalities and for all children

exiting the EIP. These data will be included in county reports and shared with municipalities to assist in local efforts to improve transition procedures.

- The Department and the State Education Department will continue to collaborate and provide consistent technical assistance and training to individuals responsible for transition in both the EI and preschool systems in regions where transition procedures are below target expectations.
- The KIDS software application will be revised to incorporate data elements required to assess implementation of new transition requirements, to the extent feasible.
- The new data system, NYEIS, will be designed to include all data elements necessary to assess implementation of State and Federal transition requirements.
- For FFY 2005-2010, New York State will collect the data for Indicators 8A, B and C by using local self-assessment based on a stratified sample of children who exit the Part C program during the reporting period. These children will be selected from the population of children who exited the program during the reporting period and had an IFSP.
  - Under stratification, review cases are not selected at the same rate in different local programs. The purpose of using stratification is to have sufficiently large samples for selected local programs, which results in statistically valid rates for these local programs as well as for the state as a whole. However, in order to accurately represent the state performance as a whole, it is necessary to use statistical weighting when calculating the statewide performance rate.
  - The local programs will be oversampled to gather locally representative data over the life of the State Performance Plan according to the following schedule:

YEAR	LOCAL PROGRAMS OVERSAMPLED:
FFY 2005	3 municipalities with 1,700 or more annual exits from EIP
FFY 2006	20 municipalities with less than 60 annual exits from EIP
FFY 2007	20 municipalities with 60 - 174 annual exits from EIP
FFY 2008	8 municipalities with 175 - 499 annual exits from EIP
FFY 2009	7 municipalities with 500 - 1,699 annual exits from EIP

Local programs that are oversampled and found to have noncompliance in a given FFY will be oversampled in subsequent FFY(s) to verify correction. This follow-up oversampling will continue until full compliance (100%) can be verified for the local program. Each year, the sampling proportions will be designed to produce rates for local programs that are sufficiently accurate while requiring review of a minimum number of sample cases.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

- Parent publications will be issued by the Department and SED by Spring, 2006.
- Monitoring of transition requirements is ongoing.
- Training on transition is ongoing.
- Plans for joint training by the Department and SED will be finalized in Winter, 2006.
- The KIDS software application will be revised by Winter, 2006.

- A contractor for development of NYEIS will be selected in Winter, 2006, with full implementation anticipated by 2011.

Resources

NYS Department of Bureau of Early ; Quality Improvement, Data and Training and Technical Assistance Units; monitoring agent; Division of Family Health and Center for Community Health management, Office of Information Technology and Project Management, Early Intervention Coordinating Council (EICC); State Education Department.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 USC 1416(a)(3)(B) and 1442)

THE FOLLOWING SECTION, ON INDICATOR 9 OF THIS PLAN, HAS BEEN REVISED AND WAS RESUBMITTED TO OSEP IN FEBRUARY 2007

Measurement:

A + B. Percent of noncompliance related to monitoring priority areas and other monitoring areas and indicators corrected within one year of identification:

a. # of findings of noncompliance made related to priority areas.
b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100.

15,440 / 15,440 x 100 = 100%

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

c. # of EIS programs in which noncompliance was identified through other mechanisms.
d. # of findings of noncompliance made.
e. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

3 / 3 x 100 = 100%

Overview of Issue/Description of System or Process

New York State continues to maintain a comprehensive, statewide monitoring system with procedures to correct deficiencies identified through monitoring, to ensure that early intervention services are available and delivered to eligible children and their families in a manner consistent with Federal and State requirements. Municipal agencies responsible for the local administration of the Early Intervention Program (EIP), and State approved providers under contract with municipalities, are monitored by the Department of Health and its contractual agent (for providers approved by the Department of Health) and the State Education Department (for providers approved by that agency) on a cyclical basis. The Department is proceeding with a Request for Proposals to continue contracting with a monitoring agent and maintains an interagency agreement with the State Education Department to support their ongoing early intervention monitoring efforts.

A full monitoring cycle includes: a comprehensive onsite review; transmittal of a monitoring report to the municipality/provider, including deficiencies identified, if any; submission and approval of a Corrective Action Plan (CAP) by the subject of monitoring, if needed; Department review and approval of the CAP; and, attestation by the municipality/provider that demonstrates that all deficiencies are corrected within

one year of identification. Focused monitoring reviews are conducted when necessary to ensure serious and/or numerous deficiencies have been corrected.

During the initial monitoring cycle (completed in April 2005), a data-driven methodology was used to select providers to receive a comprehensive review to ensure the State's monitoring efforts initially targeted providers serving large numbers of children. This approach ensured that the EIP service delivery system is operating according to State and Federal program requirements and services are provided in a manner that assures the health and safety of eligible children and their families.

The following is a brief description of the statewide monitoring process used by the Department to assess compliance with State and Federal requirements for the EIP:

- A monitoring data system/software application is used to track all on-site reviews, capture results, and generate monitoring reports based on on-site reviews of municipalities and EIP providers. The Department's monitoring protocols and tools collect indicator-level data on areas of compliance and non-compliance with State and Federal requirements for the EIP. These indicators are organized by four of the cluster areas used by OSEP to monitor State progress in implementation of IDEA (child find, family-centered care, natural environments, and transition).
- The on-site reviews are conducted by the Department's monitoring agent and include staff interviews, a review of policies and procedures, and a review of a sample of child records to identify areas of compliance and non compliance with State and Federal requirements. A total of 139 indicators on municipal administration, and up to a total of 120 indicators on provider performance (depending on the nature and type of services delivered, e.g., service coordination, evaluation, and other general services) all of which are tied to State and/or Federal law or regulations, are examined and rated for compliance as part of these on-site review (see Attachment 4 for a list of all indicators used for monitoring reviews). Data are entered via laptop into a secure database as reviews are being conducted. Exit interviews are conducted with municipalities and providers at the conclusion of the on-site review.
- Monitoring reports generated by the monitoring data system convey detailed information to municipalities and providers on the Department's findings from on-site reviews. Monitoring reports identify areas of compliance and non-compliance with State and Federal requirements, organized by cluster areas defined by the U.S. Department of Education, Office of Special Education Programs (OSEP). These reports include the total number of indicators examined, the total number of indicators that were found to be in compliance with State and Federal requirements, and a report on each indicator for which a violation of State and/or Federal law or regulation was found, including an explanation of the finding and relevant regulatory or statutory citation.
- Providers and municipalities are required to submit CAPs in response to deficiencies identified during the onsite monitoring review process. CAPS must include the following information: identifying information, findings to be addressed, proposed action steps, timeline for completion, responsible person, and method for evaluation. Providers and municipalities are also required to submit attestations to the Department that all required corrective actions have been completed within one year of identification of deficiencies. The Department and its agent follow up with municipalities and providers to ensure that CAPS are developed and submitted as required.
- Immediate remediation of health and safety concerns or use of unqualified personnel identified during a monitoring review occurs, including: immediate notification to the Department by the monitoring agent of such concerns, immediate contact of the municipality under contract with the provider, follow up by the municipality for further investigation and ensuring that the provider initiates immediate remediation.
- The Department approves all municipal and provider CAPs. CAPs are only approved when the plan includes correction of deficiencies within one year of identification. The Department and its agent follow up with municipalities and providers to ensure that CAPS are implemented and immediate remediation of serious deficiencies has occurred in a timely fashion. The follow up

includes onsite focused reviews for municipalities and providers that have been identified as having serious or numerous deficiencies.

- Appropriate state and municipal-level enforcement actions are taken when necessary to address persistent deficiencies. These actions include including sanctions and disqualifications, fiscal audits and reporting fraudulent activities to appropriate authorities, if identified.
- The State Education Department (SED), which approves some early intervention providers using the same standards as the Department, is responsible for monitoring those providers using similar monitoring protocols as the Department.

Municipalities are routinely notified by the Department of, and invited to participate in, all on-site monitoring reviews; receive monitoring reports for all providers with whom they contract to deliver EIP services; and, receive, review and assist in the oversight of corrective action plans submitted by providers with whom they contract in response to Department monitoring reviews.

A second monitoring cycle commenced in May 2005. During this cycle, providers are selected for a comprehensive onsite review based on the dates they received their last review and State approval for their CAPS, and whether a focused review was held. This cycle ensures they have adequate time to implement corrections.

In addition to the monitoring system, New York State also ensure the integrity of EIS programs through the due process proceedings available to parents and other individuals or entities, including mediation, impartial hearings and systems complaints. Parents are notified of these rights during the meeting with the initial service coordinator and during critical points throughout the family's participation in the Early Intervention Program. Municipalities may also conduct audits of contracted providers in accordance with standards established by the Department. The results of locally conducted audits are submitted to the Department for review and confirmation. If audit exceptions are found, the Department recoups the monies from the municipality and the BEI takes appropriate enforcement action against the provider.

Baseline Data for FFY 2004 (2004-2005)

Baseline data for Indicators 9A & B was obtained by completing the following tables, developed in collaboration with OSEP for the 2003-04 APR, which demonstrate how New York State identifies the percent of total noncompliance by dividing the number of providers and municipalities with deficiencies corrected as soon as possible but in no case later than one year from identification, with the total number of providers and municipalities with any finding, times 100.

Baseline data for completion of the first comprehensive, statewide monitoring cycle (June, 2002 – April, 2005) are presented in Tables 1, 2, and 5. During this first monitoring cycle, the Department and its agent completed on-site monitoring reviews of all 58 municipalities responsible for local administration of the EIP, and all 582 agency and 1,266 agency EIP providers under contract with one or more municipalities to deliver EIP services to eligible children and their families.

Table 1 shows the status of completion of corrective actions by municipalities and EIP providers by the total number of reviews completed. Of the on-site reviews completed through the end of the current reporting period, CAPS were submitted and approved by the Department for 57 municipalities, 525 agency providers, and 1,173 individual providers of EIP services. 100% of required CAPS were completed by December 1, 2005. By June 30, 2006, one additional municipality will have a CAP approved and completed; 57 additional agency EIP providers will have a CAP approved and completed; and, 93 individual EIP providers will have a CAP approved and completed.

Table 2 presents the number of regulatory findings identified across all EIP municipalities and agency and individual providers, and the status of completion of required corrective actions by regulatory findings. Through the course of its first comprehensive monitoring cycle, the Department identified 486 regulatory findings related to municipal administration of the EIP, 6,993 regulatory findings related to EIP service provider responsibilities across all agency providers, and 7,961 regulatory findings related to EIP service

provider responsibilities across all individual EIP providers. All required actions to address these regulatory findings will be completed within one year of identification of the findings.

Tables 3 and 4 present data for reviews completed to date for the first two months of the second monitoring cycle (May 2005-2008). To date, 43 reviews of EIP agency providers and 142 reviews of EIP individual providers have been completed, and reports are being prepared for issuance.

Table 5 presents the number of EIP providers identified during the first monitoring cycle who were identified as having deficiencies requiring immediate remediation (i.e., deficiencies that could impact on the health and safety of eligible children and their families). A total of 320 EIP providers have been required to complete immediate remediation to correct such deficiencies.

The Department also implemented the following enforcement actions, as the result of deficiencies identified through the monitoring process:

- Two approved EIP individual providers who were found to be delivering services to eligible children without maintaining current appropriate qualifications (e.g., license, certification, or registration) were disqualified by the Department and removed from the list of State-approved providers.
- The two providers were identified as providing services outside their scope of practice for their profession were referred to the State Education's Office of Professional Discipline for investigation.

Indicators 9A & 9B: Baseline Data for FFY 2004 (2004-2005)

Table 1. Status of Completion of Corrective Actions to Address Monitoring Findings By Total Reviews Completed

1st MONITORING CYCLE (June 2002-April 2005): Status of Completion of Actions to Correct Identified Deficiencies By Corrective Action Plans Approved and Completed						
	CAPS Submitted through end of Previous Reporting Period (June 30, 2004)	CAPS Approved and Completed by December, 2004 (reported in last APR)	On Site Reviews Completed/Reports Issued through end of Current Reporting Period (June 30, 2005)	CAPS Submitted through end of Current Reporting Period (June 30, 2005)	Corrective Action Plans Approved and Completed by December 1, 2005	Corrective Action Plans to be Approved and Completed by June 30, 2006 (*end of Next Reporting Period*)
Municipalities	16	16 (100%)	58	57	57 (100%)	58 (100%)
Agency Providers	182	-	582	525	525 (100%)	581 (100%)
Individual Providers	383	-	1266	1173	1173 (100%)	1251(100%)

Table 2. Status of Completion of Corrective Actions to Address Monitoring Findings By Total Findings Across All Entities Reviewed

1st MONITORING CYCLE (June 2002-April 2005): Status of Implementation of Actions to Correct Identified Deficiencies By Number of Regulatory Findings						
	Regulatory Findings Identified through end of *Previous* Reporting Period (*June 30, 2004*)	Regulatory Findings Identified through *December, 2004*	Regulatory Findings Identified through end of *Current* Reporting Period (*June 30, 2005*)	Regulatory Findings Corrected through end of *Current* Reporting Period (*June 30, 2005*)	Regulatory Findings Corrected by *December 1, 2005*	Regulatory Findings To Be Corrected by June 30, 2006 (*end of Next Reporting Period*)
Municipalities	486	486	486	486 (100%)	486 (100%)	486 (100%)
Agency Providers	6018	6921	6993	6018 (100%)	6921 (100%)	6993 (100%)
Individual Providers	6689	7515	7961	6689 (100%)	7515 (100%)	7961 (100%)

Table 3. Status of Entities Reviewed To Date in Second Monitoring Cycle (May 2005-2008)

2nd MONITORING CYCLE (May 2005 and Ongoing): Status of Implementation of Actions to Correct Identified Deficiencies						
	Corrective Action Plans Submitted through end of Previous Reporting Period (June 30, 2004)	Corrective Action Plans Approved and Completed by December, 2004 (reported in last APR)	On Site Reviews Completed (No Reports Issued to Date) through end of Current Reporting Period (June 30, 2005)	Corrective Action Plans Submitted through end of Current Reporting Period (June 30, 2005)	Corrective Action Plans Approved and Completed by December 1, 2005	Corrective Action Plans to be Approved and Completed by June 30, 2006 (*end of Next Reporting Period)*
Municipalities	NA	NA	0	0	0	XXX (100%)
Agency Providers	NA	NA	43	0	0	XXX (100%)
Individual Providers	NA	NA	142	0	0	XXX (100%)

Table 4. Status of Regulatory Findings Across All Entities Reviewed To Date in Second Monitoring Cycle (May 2005-2008)

2nd MONITORING CYCLE (May 2005 – ongoing): Status of Implementation of Actions to Correct Identified Deficiencies						
	Regulatory Findings Identified through end of Previous Reporting Period (June 30, 2004)	Regulatory Findings Identified through December, 2004	Regulatory Findings Identified through end of Current Reporting Period (June 30, 2005)	Regulatory Findings Corrected through end of Current Reporting Period (June 30, 2005)	Regulatory Findings Corrected by December 1, 2005	Regulatory Findings To Be Corrected by June 30, 2006(end of Next Reporting Period)
Municipalities	NA	NA	NA	0	0	XXX (100%)
Agency Providers	NA	NA	Report Pending	0	0	XXX (100%)
Individual Providers	NA	NA	Report Pending	0	0	XXX (100%)

Table 5. Status of Corrective Actions Completed on Findings Requiring Immediate Remediation, First Monitoring Cycle

Status of Implementation to Correct Deficiencies Requiring Immediate Remediation		
Number of Providers Requiring Immediate Remediation Since Inception of Immediate Remediation (February, 2004)	Number of Providers with All Corrective Actions Implemented by December, 2005	Number of Providers with All Corrective Actions Implemented by June, 2006
320	260	320 (100%)

Table 6. Indicator 9C

The methodology used to determine baseline data for Indicator 9C is: The percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification is determined by dividing the number of corrections completed as soon as possible but in no case later than one year from identification with the number of EIS programs in which noncompliance was identified through other mechanisms times 100. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification is**:** 100%

Monitoring Priority: Effective General Supervision Part C		
Indicator	Measurement Calculation	Explanation
9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification: a. # of agencies in which noncompliance was identified through other mechanisms. b. # of findings of noncompliance made. c. # of corrections completed as soon as possible but in no case later than one year from identification. Percent = c divided by b times 100.	a = 2 b = 3 c = 3 c/b = 3/3 = 100 x 100 = 100%	2 entities had issues in the dispute resolution system. There were 2 findings made in 1 entity related to service provision and one finding in 1 entity related to service coordination choice.

Baseline Data (continued)

In addition to OSEP required data for Indicator 9, the Department also analyzed data related to technical assistance and training activities as a measure of State efforts to assist municipalities and providers in obtaining and maintaining compliance with State and Federal requirements.

Data on Training and Technical Assistance Activities

During the 2004-05 reporting period:

- State Early Intervention Program staff responded to 1,447 requests for individual telephone and e-mail technical assistance from program constituents.
- Guidance documents on transition and eligibilty and evaluation were issued to the field, along with several policy letters that covered topics such as unsupervised contact visits, provider closure and CAPTA issues.
- Approximately 132 regional training sessions on 10 topics were conducted by Department contractors, reaching a total of 2659 participants engaged in the EIP system, including municipalities, providers, and parents.
- One "Partners in Policymaking" training sessions were convened, reaching a total of 47 parents of children in the EIP.
- A two-day statewide meeting of Early Intervention Officials and managers was held which provided the opportunity for the provision of technical assistance, training and information sharing on the State and local level regarding the requirements for local administration of the program. The results of a recent needs assessment were also presented.
- Six statewide conference calls were held with Early Intervention Officials and managers to provide them with the latest information regarding State policies and concerns.

Discussion of Baseline Data Identified Through Monitoring (Indicators 9A & B)

The Department takes seriously its responsibilities to identify and correct noncompliance in a timely fashion. Given the size and scope of New York's EIP (more than 72,000 children and their families received services during the 2004-05 program year), the Department has made significant strides in developing and implementing a strong monitoring system that includes municipalities as the local entities responsible for administration and oversight of the Early Intervention Program. This system operates to quickly and efficiently respond to serious problems, while proceeding to systematically review each and every one of the approximately 2000 providers and 58 municipalities that participate in New York's service delivery system by means of a comprehensive periodic onsite visit to measure compliance with State and federal program requirements and assure deficiencies are corrected within one year of identification. Implementation of this comprehensive monitoring system has improved the quality of the EIP for eligible children and their families, and has assured the integrity of the service delivery system.

At the close of this reporting period, all municipalities (58) and agency (582) and individual (1,266) providers received a comprehensive onsite review and, when appropriate, submitted a CAP for Department approval. The charts provided for Indicators 9 A&B describe the status of implementation of all corrective actions, including those in the federal priority areas, as of December 2005. All outstanding corrective actions identified during the reporting period (July 1, 2004-June 30, 2005) are completed within one year (June 30, 2006). The Department has been and will continue to conduct follow up by receipt of attestations, focused visits, municipal interventions, regional staff interventions, and other monitoring strategies as described earlier in the SPP, to ensure all required corrective actions on the part of municipalities and providers have been completed.

The Department also continuously analyzes data from its several databases to verify corrections are resulting in improvements that will result in improved program quality, efficiency and fiscal integrity. As described under previous indicators, the Department also examines data to determine the characteristics of the children entering and leaving the program and the patterns of services delivered to ensure the program is reaching potentially eligible children, the referral process is working, there is statewide capacity to evaluate children and deliver services that are needed for the types of children found eligible. The Department has also now begun the process of examining the required child and family outcomes to report to OSEP in future annual performance reports, and will examine other outcomes of interest to the State identified through its GSEG project.

The Department also provides extensive training and technical assistance to municipalities, providers, and parents with respect to the requirements for the EIP, as well as improving the quality of the EIP system.

Discussion of Baseline Data Identified Through Other Mechanisms (complaints, due process hearings, mediations and audits) (Indicator 9C)

During the 2004-05 reporting period, two systems complaints investigations were completed. These complaints involved two EIP provider agencies and resulted in a total of three regulatory findings. EIP providers with deficiencies identified through the systems complaints investigation process are required to submit a corrective action plan (CAP) to the Department.

The Department conducts follow-up of completion of CAPs submitted in response to deficiencies identified through the statewide comprehensive monitoring review process. All systems complaints involving a provider or municipality and required corrective actions are reviewed as part of the preparation and on-site monitoring reviews of the provider or municipality. As described under indicators 9A and 9B, the monitoring process ensures that all required corrective actions are completed within one year of identification.

In 2003, the Public Health Law was amended to provide the Department with explicit authority to audit EIP providers and municipalities. Prior to this amendment, auditing of providers was a local responsibility. During the 2004-05 reporting period, the Department conducted audits of seven EIP providers. Preliminary audit reports are being developed by the Department's Fiscal Management Group Audit Unit. When preliminary audit reports are issued, the subject of the report has an opportunity to respond to the audit findings. The Department considers any response to the audit report, finalizes its findings, and issues the audit report. Findings from these audits and any resulting enforcement actions will be reported in the Department's next APR.

Setting Targets

The 2004-05 baseline data for this indicator is 100% correction of noncompliance in federal priority areas and in areas not included in the priority areas identified during the previous reporting period (which ended June 2004) within one year of identification of a deficiency.

The Department will continue to require 100% correction of all noncompliance within one year of identification of the deficiency during the monitoring process. This will include findings of noncompliance made related to federal priority areas as well as to areas not included in the priority areas.

The Department will obtain 100% of correction of noncompliance within one year of identification of noncompliance through other mechanisms by FFY 2008.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	TARGETS: A & B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) will be corrected within one year of identification.
2006 **(2006-2007)**	TARGETS: A&B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints and due process hearings) will be corrected within one year of identification.
2007 **(2007-2008)**	TARGETS: A&B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints and due process hearings) will be corrected within one year of identification.
2008 **(2008-2009)**	TARGETS: A&B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints and due process hearings) will be corrected within one year of identification.
2009 **(2009-2010)**	TARGETS: A&B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints and due process hearings) will be corrected within one year of identification.
2010 **(2010-2011)**	TARGETS: A&B. 100% of noncompliance identified during the previous reporting period in federal priority areas, and areas not included in the priority areas, will be corrected within one year of identification. C: 100% of noncompliance identified through other mechanisms (complaints and due process hearings) will be corrected within one year of identification.

Improvement Activities/Timelines/Resources (Revised February 2007 – see 2005-06 Annual Performance Report)

The Department will maintain its statewide, comprehensive monitoring system (monitoring system) designed to ensure all deficiencies are identified, all required corrective actions are completed, and all municipalities and EIP providers comply with State and Federal requirements for the EIP. Training and technical assistance efforts will also be maintained to assure that municipalities and providers have access to State-level support in meeting all Federal and State requirements for the EIP.

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

- The Department will develop and issue policy and procedure manuals for local program administrators, and update these on a periodic basis. It is anticipated that these administrative guidance documents will be issued beginning in Fall 2007.
- The Department will issue data reports at least annually on a variety of local management issues to municipalities for their use in enhancing and improving local administration of the EIP. The local program data reports will be consistent with the federal priority monitoring areas and the Department's monitoring process. It is anticipated that these annual data reports will be issued in 2007.
- The Department will institute a more intense, graduated, follow up process to ensure correction and improvement at the local program level occurs. The focus of the follow up process will be to work with local programs in specific priority monitoring areas where noncompliance is ongoing. Efforts will include regularly scheduled phone calls with local program staff; in person meetings to discuss and review materials and policies, formal written letters of notification to the local program for continued findings, examination of data to ensure correct and timely data entry, submission of a corrective action plan that is co-developed with input from the Department containing concrete action steps, realistic and verifiable milestones to measure progress, and an evaluation plan by both the local program and the Department.
- Each monitoring cycle, 100% of municipal agencies responsible for local administration of the EIP receive a comprehensive review by the Department's agent, to ensure that all previously required corrective actions have been completed if applicable, and to ensure continued compliance with all State and Federal requirments.
    - Municipalities submit an attestation and/or Department regional office staff verifiy completion of CAPS by municipal agencies responsible for local administration of the EIP, within one year of identification of any deficiencies requiring corrective action by the Department and its agent.
- Each monitoring cycle, 100% provider agencies, approved by the Department and under contract with one or more municipalities, will receive a comphrensive, on-site review by the Department's monitoring agent, to ensure that all previously required corrective actions have been completed if applicable, and to ensure continued compliance with State and Federal requirements.
    - Providers submit attestations to the Department that all required corrective actions have been completed, within one year of identification of deficiencies requiring corrective action by the Department and its agent.
- Each monitoring cycle, 100% of individual providers, approved by the Department and under contract with one or more municipalities, will receive a comprehensive, on-site review by the Department's monitoring agent, to ensure that all previously required corrective actions have been completed, and to ensure continued compliance with State and Federal requirements.
    - Providers submit attestations to the Department that all required corrective actions have been completed, within one year of identification of deficiencies requiring corrective action by the Department and its agent.
- Annually, identified EIP organizations (municipalities and/or providers) will receive a focused review to follow-up on serious deficiencies (such as health and safety concerns or use of unqualified personnel) or a significant number of deficiencies identified through previous on-site reviews.
    - Providers submit attestations to the Department that all required corrective actions have been completed, within one year of identification of deficiencies requiring corrective action by the Department and its agent.
- The State Education Department maintains its efforts to annually review 15-25 providers, approved by that agency to deliver EIP services and under contract with one or more municipalities to deliver

EIP services. Corrective action plans are required when monitoring reports identify areas of non-compliance with State and/or Federal requirements. Municipalities receive copies of reports for those providers with whom the municipality contracts to deliver EIP services.

- The Department and its monitoring agent will continue to collaborate to review CAPs submitted by municipalities to ensure these CAPs meet Department- established standards and are sufficient to address all findings of non-compliance with State and/or Federal IDEA requirements for the EIP. Technical assistance will be available from Department Central Office staff and the Department's monitoring agent staff for municipalities that require assistance in understanding State and/or Federal requirements and identifying actions necessary to address findings of non-compliance with these requirements.
- The Department and its monitoring agent, will collaborate to review all CAPs submitted by providers to ensure these CAPs meet established standards and are sufficient to address all findings of non-compliance with State and/or Federal IDEA requirements for the EIP. In addition, municipalities with whom the provider contracts to deliver EIP services will review and provide feedback to the Department on provider CAPs. Technical assistance will be available from Department Central Office staff and monitoring agent staff to providers who require assistance in understanding State and/or Federal requirements and identifying actions necessary to address findings of non-compliance with these requirements.
- A contract will continue to be maintained to ensure sufficient capacity and resources exist at the State level to maintain a comprehensive, statewide monitoring system for the EIP. Monitoring data will continue to be captured and analyzed on an ongoing basis to ensure corrective actions have been completed and compliance with State and Federal IDEA requirements.
- State-level data-driven performance indicators, are used to assess the extent to which monitoring and completed corrective actions are resulting in improved services to eligible children and their families.
- A request for proposals is under final review to establish a new contract.
- Monitoring tools and protocols will continue to be revised as necessary to refine and improve the monitoring process and to ensure continued compliance with State and Federal IDEA requirements.
- An interagency agreement will be maintained with the State Education Department (SED), including a workplan, budget, and suballocation of Part C funds, to delegate responsibility and resources for monitoring by SED of providers approved that agency and under contract with one or more municipalities to deliver EIP services.
- The Department and SED will continue to collaborate to ensure consistency in the tools and protocols used to monitor all providers under contract with municipalities to deliver EIP services, and to identify areas of compliance and non-compliance with State and Federal requirements for the EIP.
- The Department will continue to collaborate with the State Education Department to ensure there is consistency in monitoring and enforcement activities.
- An indepth record review process will be instituted to provide the Department with the capacity for in-depth examination of EIP activities and issues.
- Fiscal audits will be conducted when monitoring or other data indicate potential concerns with fiscal practices and management.
- Enforcement actions at the State and local levels will be taken when necessary to ensure required corrective actions are completed by EIP providers or municipalities.
- Guidance documents on identified systemic issues and other topics will be developed and distributed.
- Data gathered through the training needs assessment will be used to inform revisions to existing, and develop new training curricula for the EIP.

- The procurement process for new training contracts on training delivery and curricula modifications/development will be completed.
- Training and technical assistance will continue to be provided on a statewide basis to municipalities, providers, and families.
- State Early Intervention Program staff will continue to provide direct telephone and e-mail technical assistance.
- The Department will continue its training contract to conduct regional training sessions on various early intervention topics to reach providers, school district personnel, municipalities, and families and to offer "Partners in Policymaking" training sessions for parents.
- The Department will continue to convene conference calls with municipal Early Intervention Officials and program managers across the state, to discuss issues related to administration of the EIP.
- The Department will continue to convene periodic statewide meetings with Early Intervention Officials to discuss State and Federal EIP requirements and issues of local import and concern related to the EIP

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

- CAPS submitted by municipal agencies responsible for local administration of the EIP are completed within one year of identification of any deficiencies requiring corrective action by the Department and its agent. Completion of CAPS is verified through attestations submitted by municipal agencies and/or by Department regional office staff.
- Providers submit written attestations to the Department that all required corrective actions have been completed within one year of identification of any deficiencies requiring corrective action by the Department and its agent.
- Focused visits to providers with health and safety findings on previous monitoring reviews were initiated in February 2005 and are ongoing.
- Follow-up visits to municipalities and providers will begin June, 2005 to ensure continued compliance with State and Federal EIP requirements.
- Initial monitoring reviews to new providers will be conducted on an as-needed basis.
- Review and approval of CAPs submitted by municipalities and providers as required by monitoring reports is ongoing.
- Immediate remediation actions are being taken on an as-needed basis. Municipalities and Department regional office staff verify completion of immediate remediation actions.
- Fiscal audits will be conducted when monitoring or other data indicate potential concerns with fiscal practices and management.
- Enforcement actions at the State and local levels will be taken when necessary to ensure required corrective actions are completed by EIP providers or municipalities.
- Provisions are in place to continue the current monitoring contract through January 31, 2006.
- An RFP to establish a new contract for the comprehensive monitoring system will be issued in the Fall/Winter 2005-06. Monitoring tools and protocols are being refined and revised as part of the RFP development process.
- Meetings with the State Education Department staff on the monitoring process are occuring on a monthly basis and will continue to occur with regular frequency.

- The interagency agreement with the State Education Department will continue to be reviewed, revised as necessary, and renewed annually.
- A policy manual on local administration of the EIP will be completed in the Winter, 2008 and periodically updated.
- Work on a procedures manual for local administration of the EIP will be initiated in the Fall, 2006.
- Contracts for curricula development and ongoing delivery of training will be maintained.
- Existing contracts for training and technical assistance have been extended to ensure availability of training while new contracts are pending.
- County data reports are under development and will begin to be issued in 2007..

Resources

NYS Department of Bureau of Early Intervention management, Quality Improvement Unit, Field Office Staff, monitoring agent, Program Development and Data Unit, Training and Technical Assistance Unit, Division of Family Health and Center for Community Health management, Fiscal Management Group, State Education Department.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = 1.1(b)+1.1(c)/1.1 times 100.

0 + 0 x 100 = 0%

Overview of Issue/Description of System or Process

Procedures for investigations of systems complaints are set forth in regulation at 10 NYCRR 69-4.17(i). All complaints alleging violations of laws, rules, and regulations by governing the EIP must be submitted by a parent, representative of the parent, or any other individual or entity to the Department for investigation. Complaints must be submitted to the Department in writing, unless a person or entity has just cause for submitting an oral complaint. Upon receipt of a complaint, the complainant is notified of the procedures governing the investigation, the right to confidentiality and the right to receive a copy of the final report. The investigation includes provisions for interviews of the complainant and any other individual with knowledge of the allegations, receipt and review of a response and supporting documentation from the alleged perpetrators, and provisions for on-site investigation, if appropriate.

Consistent with Federal requirements, the State regulations require completion of investigations within 60 calendar days of the receipt of the allegation by the Department. Upon completion of an investigation, the complainant and subject of the investigation must be notified in writing of the results of the investigation within ten working days. The written notification must include the findings and determination of the merit of each allegation contained within the complaint; and, corrective actions to be taken, if any. Corrective action plans (CAPs) developed by the subject of an investigation are submitted to the Department for approval. CAPs submitted in response to a systems complaint investigation must procedures for implementation of the plan and the date by which the plan will completed.

The State regulations require periodic review of subjects of investigations to ensure any required CAP has been completed. To accomplish this requirement, the Department has integrated follow-up of completion of corrective action plans submitted by subjects of systems complaints into the statewide comprehensive monitoring system. Monitoring teams are informed about systems complaints investigations that have either been completed or pending for EIP providers or municipalities that are being reviewed. Monitoring teams follow-up with subjects of complaints to ensure that corrective actions have been or are being completed as required to address regulatory violations, within one year of identification of the violation (see Indicator 9 for a complete description of the monitoring process).

Baseline Data for FFY 2004 (2004-2005)

The percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint for New York State is: **0%**

Discussion of Baseline Data

During the reporting period, fifteen systems complaints investigations were initiated, six of which had findings identified, three had no findings identified, and six of which were withdrawn or found to not be within the jurisdiction of a systems complaint investigation. A final investigation report was issued for one of the fifteen complaints. Final reports are pending for eight of the remaining complaints, five of which had findings identified.

Although the Department has experienced delays in issuance of systems complaints investigation reports, systems complaints investigations are generally completed within the required timeframe. Substantial effort is made in the first instance to resolve any problems identified through a systems complaint that are directly impacting on a child and family. During the course of the investigation, Department staff discuss deficiencies being identified with the subject of the complaint, and how to address these deficiencies through completion of corrective action. System complaints investigation reports are then finalized and routed through the approval process.

Setting Targets

The Department will complete 100% of all systems complaints filed within the federally required 60 day timeframe by FFY 2008. The annual incremental increases in achieving this target are based on revisions to the complaint intake, investigation and review process. In addition, training will be provided to municipalities regarding the process of complaint investigations, including timeframes in State and Federal Law and regulations.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.
2006 **(2006-2007)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.
2007 **(2007-2008)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.
2008 **(2008-2009)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.

FFY	Measurable and Rigorous Target
2009 **(2009-2010)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.
2010 **(2010-2011)**	100% of all systems complaints filed will be completed within the federally required 60 day timeframe.

Improvement Activities/Timelines/Resources

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011):

- A revised investigation summary and final report format is being implemented to expedite review of systems complaints.
- A format for corrective action plans is being developed that will help ensure compliance with the plans.
- Procedures are being implemented to expedite the transmittal of complaints from the Department's executive correspondence unit to the Bureau of Early Intervention for investigation.
- Procedures for initiating an investigation will be streamlined to include initial notification by telephone of the initiation of the investigation.
- Cross-training will be conducted with new EIP staff to ensure sufficient resources are available to complete systems complaints investigations in a timely fashion.
- Staff will be redeployed from other activities to address the backlog of systems complaints investigation reports.
- Subjects of complaints will be required to provide documentation necessary to complete systems complaints investigations within sufficient time to complete investigations within federally-required timeframes.
- Training will be provided to municipalities on the due process rights of families and other entities, including systems complaints. This training will incorporate a discussion of the process of complaint investigation, including required timeframes.
- A guidance document on due process procedures under the EIP will be developed and issued, including procedural and timeframe requirements for the systems complaint process.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011):

Timelines

- The revised investigation summary and final report format is in place to expedite review of systems complaints.
- A format for corrective action plans will developed by Winter, 2006.
- Procedures are in place to expedite the transmittal of complaints from the Department's executive correspondence unit to the Bureau of Early Intervention for investigation.

- Procedures are in place initiating an investigation will be streamlined to include initial notification by telephone of the initiation of the investigation.
- Cross-training will be conducted with new EIP staff by Spring, 2006.
- Staff will be redeployed in January, 2006 and the backlog of systems complaints investigation reports will be eliminated by July, 2006.
- Subjects of complaints will be required to provide documentation necessary to complete systems complaints investigations within sufficient time to complete investigations within federally-required timeframes beginning January, 2006.
- Training for municipalities on due process procedures will be conducted in Spring, 2006.
- A guidance document on due process procedures under the EIP will be developed and issued, including procedural and timeframe requirements for the systems complaint process.

Resources

NYS Department of Health Early Intervention Program Bureau Management, Provider Approval/Due Process Unit, Training and Technical Assistance Unit, Division of Family Health and Center for Community Health management.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = 3.2(a) + 3.2(b) divided by (3.2) times 100.

0 + 0 / 1 x 100 = 0%

Overview of Issue/Description of System or Process

Under Section 2549of PHL and 10 NYCRR 69-4.17(h), all parents in the EIP are afforded the right to an impartial hearing when necessary to ensure the fair and prompt resolution of individual child disputes or complaints. The request for an impartial hearing must be made in writing and signed by the child's parent, and submitted to the Commissioner of Health or designee within the Department.

Requests for an impartial hearing received by the Department are the responsibility of the Bureau of Adjudication. Upon receipt of a request for an impartial hearing, staff from the Department make an inquiry to the EIO as to whether or not mediation has been requested or completed, and provide the parent and respondents with a notice of hearing, including attorneys, if any, representing any party to the hearing. If the municipality intends to be represented by an attorney, the EIO must notify the parent of this fact. Service coordinators are responsible for ensuring that parents are informed about legal services and advocacy organizations available to assist them in the impartial hearing process.

Upon receipt of a request from a parent for a hearing, the Bureau of Adjudication is responsible for assigning a hearing officer to conduct the hearing from among the Department's administrative law judges (ALJs). The ALJ is required to complete the impartial hearing and render a decision within thirty days of the filing of a written request by the parent. The specific procedures pertaining to the conduct of the hearing are set forth in regulation at 10 NYCRR Section 69-4.17(h).

Hearings are conducted in accordance with regulatory requirements and a written decisions, rendered within thirty days, specify the findings of fact and conclusions of law, a determination regarding the matters in dispute, an order of implementation of the determination and the right to appeal the decision. The decision of the ALJ is final, provided that any party may seek judicial review by a court of competent jurisdiction. The written decision is mailed to all parties of the hearing, the parent's service coordinator, the Department's Bureau of Adjudication, and any other State agency affected by the decision. The EIO or service coordinator must modify the IFSP within five working days after receipt of the decision.

Provisions also exist in regulation to allow the hearing officer to issue an interim order when a decision is not rendered within thirty days, to ensure that the child and family receive appropriate early intervention services to the extent feasible and with the consent of the parent. In addition, the hearing officer has the authority to provide for an expedited hearing, including an interim verbal decision (followed by a written decision) when the hearing officer determines a delay may result in harm to the child's health or welfare.

Baseline Data for FFY 2004 (2004-2005)

Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline in New York State**: 0%**

Discussion of Baseline Data

There were 10 requests for hearings received within the reporting period. Eight requests were withdrawn and one of the eight went to mediation. There was one hearing conducted and fully adjudicated, but not within the required timeline. There is one case pending.

Setting Targets

The Department will fully adjudicate 100% of all due process hearing requests filed within the federally required 30 day timeframe by FFY 2007. The annual incremental increases in achieving this target is based on collaboration with the Bureau of Adjudication including their tracking of the timeliness of decisions.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of all due process hearing requests will be filed within the federally required 30 day timeframe.
2006 (2006-2007)	100% of all due process hearing requests will be filed within the federally required 30 day timeframe.
2007 (2007-2008)	100% of all impartial hearings requested will be completed within the federally required 30 day timeframe.
2008 (2008-2009)	100% of all impartial hearings requested will be completed within the federally required 30 day timeframe.
2009 (2009-2010)	100% of all impartial hearings requested will be completed within the federally required 30 day timeframe.
2010 (2010-2011)	100% of all impartial hearings requested will be completed within the federally required 30 day timeframe.

Improvement Activities/Timelines/Resources

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011):

- Department Administrative Law Judges will continue to be available to conduct impartial hearings requested to resolve disputes related to EIP services.
- Program and policy guidance documents issued by the Bureau of Early Intervention will be routinely distributed to Administrative Law Judges.

- All ALJs will have current information regarding State and Federal regulatory and statutory requirements pertaining to the EIP.
- A tracking system is being implemented by the Department's Bureau of Adjudication to help assure hearings are conducted and decisions rendered within the Federally-required timeframe.
- Department staff will contact Early Intervention Officials for families who request impartial hearings, to determine whether a mediation has been requested. Department staff will also contact families who request an impartial hearing, to ensure that families have been informed about the availability of mediation, and that accessing mediation does not affect their right to request an impartial hearing at any time. If the family declines mediation, the Bureau of Adjudication is notified and an ALJ is appointed.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011):

Timelines

- Department Administrative Law Judges are and will continue to be available to conduct impartial hearings requested to resolve disputes related to EIP services.
- Program and policy guidance documents issued by the Bureau of Early Intervention are now routinely distributed to Administrative Law Judges.
- The first periodic meeting with ALJs to ensure ALJs have current information regarding State and Federal regulatory and Statutory requirements pertaining to the EIP will be conducted in January, 2006.
- A tracking system will implemented by the Department's Bureau of Adjudication to help assure hearings are conducted and decisions rendered within the Federally-required timeframe by Spring, 2006.
- Bureau of Early Intervention Staff now contact and will continue to contact families who request impartial hearings to ensure that families have been informed about the availability of mediation, and that accessing mediation does not affect their right to request an impartial hearing at any time.

Resources

NYS Department of Health Early Intervention Program Bureau Management, Provider Approval/Due Process Unit, Bureau of House Counsel, Bureau of Adjudication, Division of Family Health and Center for Community Health management.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

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

Not Applicable

Overview of Issue/Description of System or Process

Not Applicable (the New York State EIP does not use Part B hearing procedures. Separate procedures have been established in regulation for the New York State Part C system).

Baseline Data for FFY 2004 (2004-2005)

Not Applicable

Discussion of Baseline Data

Not Applicable

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not Applicable
2006 (2006-2007)	Not Applicable
2007 (2007-2008)	Not Applicable
2008 (2008-2009)	Not Applicable
2009 (2009-2010)	Not Applicable
2010 (2010-2011)	Not Applicable

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

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

0 + 9 / 11 x 100 = 81.8%

Overview of Issue/Description of System or Process

The procedures and requirements for mediation are set forth in Public Health Law at section 2549(1),(2) and in regulation at 10 NYCRR 69-4.17(g). Under State law and regulation, mediations must be conducted by local community dispute resolution centers (CDRCs). Municipal Early Intervention Officials (EIOs) are responsible for informing parents who request mediation procedures about the voluntary nature of mediation, the parent's right to withdraw at any time for mediation and request an impartial hearing, and the right to be accompanied by supportive persons and/or an attorney during the mediation process. EIOs are responsible for receiving requests from parents for mediation, and acting upon parent requests for mediation within two working days of the receipt of a mediation request, by notifying the appropriate community dispute resolution center in writing of the parent's request. The parent and service coordinator must simultaneously be sent a copy of this notification.

Upon receipt of a request for mediation, the CDRC must make appropriate arrangements for and convene the mediation proceedings within two weeks of the notification by the EIO, unless an extension is requested or consented to in writing by the parent.

Both the parent and the EIO may choose to either represent themselves during the mediation or be represented by an attorney.

Mediations must be completed within thirty calendar days of the receipt of a request for a mediation. When a mediation results in successful negotiation of a partial or full agreement on areas in dispute between the parent and EIO, the mediator must document the terms of the agreement in writing, including a list of any unresolved issues, and obtain the signatures of the parent and the EIO on this written agreement. The mediator must forward a copy of this agreement to the CDRC, which is responsible for ensuring the parent, EIO, and the parent's service coordinator receive a copy of the negotiated agreement. The service coordinator must ensure that the terms of services agreed to in the negotiated written agreement are incorporated into the child's IFSP within five working days of receipt of the agreement.

When the mediation has not resulted in a negotiated resolution, the EIO must ensure the parent is informed of the right to and procedures for requesting and obtaining an impartial hearing.

The Department contracts with the New York State Dispute Resolution Association (NYSDRA) to provide resources and oversight of local CDRCs, to ensure that mediations are available and are conducted within applicable timeframes and in accordance with statutory and regulatory requirements.

Baseline Data for FFY 2004 (2004-2005)

The percent of mediations held that resulted in mediation agreements in New York State is: **81.8%**

Discussion of Baseline Data

During the 2004-05 reporting period, there were 18 requests for mediation within the reporting period. Eleven mediations were conducted, ten of which resulted in negotiated agreements (81.8%).

Mediations are generally completed within required timeframes.

Setting Targets

The 2004-05 baseline data for this indicator is **82%.** The Department expects to maintain this level of performance with respect to mediation agreements.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	82% of mediation requests will result in mediation agreements.
2006 **(2006-2007)**	82% of mediation requests will result in mediation agreements.
2007 **(2007-2008)**	82% of mediation requests will result in mediation agreements.
2008 **(2008-2009)**	82% of mediation requests will result in mediation agreements.
2009 **(2009-2010)**	82% of mediation requests will result in mediation agreements.
2010 **(2010-2011)**	82% of mediation requests will result in mediation agreements.

Improvement Activities/Timelines/Resources

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

As evidenced by the baseline data, New York State's mediation system for the EIP is successful and working well to assist parents and municipalities in resolution of disputes regarding services for eligible children and their families. The Department will maintain this mediation system through the following activities:

- The contract with the New York State Dispute Resolution Association (NYSDRA) will be maintained to ensure sufficient capacity to resolve disputes related to Early Intervention Program services.
- Training will be provided to municipalities on the due process rights of families and other entities, including mediation procedures.
- A guidance document on due process procedures under the EIP will be developed and issued, including procedural and timeframe requirements for mediations.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

- The contract with the New York State Dispute Resolution Association (NYSDRA) is renewed every five years. The current contract period is July 1, 2003 through June 30, 2008. The next contract renewal will be completed by July 1, 2008 and will extend through June 30, 2013.
- Training will be provided to municipalities on the due process rights of families and other entities, including mediation procedures, in Spring, 2006.
- A guidance document on due process procedures under the EIP will be developed and issued, including procedural and timeframe requirements for mediations, in Fall, 2006.

Resources

NYS Department of Health Early Intervention Program Bureau Management, Provider Approval/Due Process Unit, NYSDRA, Division of Family Health and Center for Community Health management.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State Performance Plan and Annual Performance Reports are:

A. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and

B. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process

The Department continues to maintain a distributed data system, known as KIDS (Kids Integrated Data System) to meet the programmatic and fiscal management needs of municipalities and State and Federal reporting requirements for the EIP. In addition to KIDS, the Department maintains software applications to process claims from municipalities for reimbursement of the State share of the costs for early intervention services (the "Fiscal System") and a provider approval application to enter and maintain data on provider approval. The Department's monitoring contractor maintains a data system to collect all data resulting from on-site monitoring reviews. These data sets provide the Department with comprehensive data with respect to the status of the New York State Early Intervention Program.

Data necessary to meet the 618 reporting requirements are generated primarily from KIDS and the provider approval database. All demographic and service delivery data on children participating in the EIP are collected and entered locally into the KIDS application by municipal staff. These data are transmitted to the Department by the fifty-eight municipalities on a quarterly basis (either via secure file transfer or on disks or CDs), and integrated into a statewide data set maintained by staff of the EIP Data Unit. Provider approval data are entered by Department EIP Provider Approval/Due Process Unit staff.

All municipalities continue to use the KIDS software application to collect data required for program management and State and Federal reporting purposes. All municipalities, with the exception of New York City, also use the KIDS application for fiscal management purposes (payment of providers, seeking reimbursement from third party payers, and preparing claims for State aid reimbursement).

Municipalities submit required data on a quarterly basis within the timeframes required in the Department's contract with municipalities for local administration of the EIP. All data submissions are reviewed by EIP Data Unit staff for accuracy, completeness, potential problems with the data, and/or inconsistencies from one data transfer to the next. Staff of the EIP Data Unit follow-up with municipalities on all problems with file transfers and data submitted. Corrections are made by municipalities and/or files are resubmitted, as appropriate.

Modifications are made to the KIDS software application as necessary to comply with new State and Federal requirements and/or to improve usefulness of the software application and database for program management purposes.

Federally-established timeframes with respect to ensuring the KIDS software application complies with HIPAA requirements have been met. Data are maintained, collected, transmitted and stored in a manner consistent with applicable requirements under FERPA and HIPAA.

The Department is in the process of procuring a contract to develop a new, state-of-the-art data system for the EIP, the New York State Early Intervention System (NYEIS). NYEIS will be hosted on the human services network and will be maintained collaboratively the Department and State Office for Technology. NYEIS will offer many enhancements and improvements over the current KIDS application. Most significantly, since NYEIS will be a centralized data system at the State level, the Department will have real-time access to all data related to the EIP.

Baseline Data for FFY 2004 (2004-2005)

During the reporting period, the required federal reports were submitted as follows:

- Tables 2 - 5 (November 1, 2004) were submitted on November 1, 2004.
- Table 1 due February 1, 2005) was submitted on March 15, 2005.
- Tables 2 - 5 (November 1, 2005) are pending verification of data.
- Annual Performance Report (due February 1, 2005) was submitted on June 16, 2005.

Discussion of Baseline Data

In general, municipalities submit data to the Department in a timely fashion. However, data from New York City are often submitted late and are frequently incomplete at the time of submission. New York City has a very large volume of children in the EIP (approximately 50% of all children in the EIP reside in New York City) and has experienced some significant data entry challenges. The Department has monthly discussions with staff of the New York City EIP on a variety of topics, including timeliness and accuracy of data. Department and New York City staff will continue to work together on these data issues. Delays in transmittal of New York City data contribute significantly to the delays the Department experiences in meeting timelines for Federally-required data tables.

Missing race and ethnicity data EIP children residing in New York City continues to be of great concern and focus of the Department's data discussions with the New York City Department of Health and Mental Health, the public agency responsible for city-wide administration of the EIP, to improve the collection and reporting of race and ethnicity data for children participating in the EIP who reside in New York City. At the Department's direction, the NYCDOHMH conducted a review of its practices to identify factors contributing to this problem and develop strategies to ensure race and ethnicity data are collected and entered. As a result of this analysis, NYCDOHMH will be revising its procedures to collect race and ethnicity data from primary referral sources and parents at the time of referral to the program and at other critical points of contacts (such as initial IFSP meetings); and, instituting quality assurance measures to ensure data in children's records are accurately entered in KIDS.

Setting Targets

The Department will submit Federally-required tables and annual performance reports in accordance with timeframes established by OSEP.

FFY	Measurable and Rigorous Target
2005 **(2005-2006)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.
2006 **(2006-2007)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.
2007 **(2007-2008)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.
2008 **(2008-2009)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.
2009 **(2009-2010)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.
2010 **(2010-2011)**	All State reported data, including 618 data, State Performance Plan and Annual Performance Reports will be submitted on or before due dates during this reporting period; and All State reported data will be accurate.

Improvement Activities/Timelines/Resources (Revised February 2007 – see 2005-06 Annual Performance Report)

Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

- The Department will use October 1 child count data to populate federal tables and for the SPP/APR beginning 2007. This should provide additional time needed to develop the reports and obtain necessary approvals.
- The Department will develop procedures to ensure all data necessary for program management and State and Federal reporting requirements will be submitted by municipalities on a timely basis.

- Quality assurance protocols will be developed and implemented to ensure the accuracy of data.
- The Department will continue to work with New York City to improve the timeliness, accuracy, and completeness of New York City data transmittal, including race and ethnicity data.
- KIDS software will be maintained and updated as necessary to meet State and Federal requirements.
- Technical assistance will continue to be available to all municipalities on data collection and reporting requirements and the use of the KIDS application from the OITPM Help Desk and the EIP Data Unit.
- OITPM and Early Intervention Program staff will continue to meet to discuss and prioritize ongoing KIDS maintenance requirements and needed modifications, enhancements, and additions to the KIDS application.
- Input on necessary changes to KIDS will be sought from a municipal user group (KIDS Work Group).
- New versions of the KIDS applications will be developed as necessary to meet State and Federal requirements
- A procurement will be completed and contract established, through a competitive bidding process, to establish a new, centralized data system for the EIP (New York Early Intervention System – NYEIS). The centralized data system will provide the Department with real-time data for the EIP.
- NYEIS will be hosted on the human services network, maintained by the New York State Office for Technology. Implementation and maintenance of the new software application will be a joint venture of the Department and Office for Technology.

Projected Timelines and Resources: (for NEXT reporting period July 1, 2005 through June 30, 2006 and ongoing through 2011)

Timelines

- Municipalities currently are required to submit data to the Department on a quarterly basis and annual basis, under contract with the Department. Procedures will be implemented in 2006 to ensure data are submitted within required timefames.
- Quality assurance protocols will be developed and implemented to ensure the accuracy of data in 2006.
- Efforts to work with New York City to improve the timeliness, accuracy, and completeness of New York City data transmittal, including race and ethnicity data, will be ongoing until these problems are resolved.
- KIDS software will be maintained and updated as necessary to meet State and Federal requirements on an ongoing basis.
- Technical assistance will continue to be available to all municipalities on data collection and reporting requirements and the use of the KIDS application from the OITPM Help Desk and the EIP Data Unit on an ongoing basis.
- OITPM and Early Intervention Program staff will continue to meet to discuss and prioritize ongoing KIDS maintenance requirements and needed modifications, enhancements, and additions to the KIDS application.
- Input on necessary changes to KIDS will be sought from a municipal user group (KIDS Work Group) on a quarterly basis and more often as necessary.
- New versions of the KIDS applications will be developed as necessary to meet State and Federal requirements.

- A procurement will be completed and contract established, through a competitive bidding process, to establish a new, centralized data system for the EIP (New York Early Intervention System – NYEIS) in 2006.
- A centralized data system for the EIP will be implemented by 2011.

Resources

NYS Department of Health Early Intervention Program Bureau Management, Data and Training and Technical Assistance Units, Center for Community Health Office of Information Technology and Project Management, NYS Office for Technology, contractor, KIDS Work Group.