

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

New York



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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

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

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

NYS EIP is one of the nation's largest early intervention service delivery systems. In federal fiscal year (FFY) 2020-2021 (July 1-June 30), NYS EIP received about 67,000 referrals and completed over 48,000 multidisciplinary evaluations. About 65,000 children had an active Individualized Family Service Plan (IFSP) in the program year. NYS EIP served 3.77% of the population of infants and toddlers under three years old based on the point-in-time count on October 1st, which compares with the national average of 3.70% (indicator 6). NYS EIP served just under 0.7% of the population under one year old, which is lower than the national average of 1.37% (indicator 5). The majority (95.6%) of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based setting (indicator 2).

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

There was progress in Timely Service Initiation (indicator 1), Natural Environment (2), Child Outcomes (3), Timely Initial IFSP (7), Transition Conference (8C) and Mediation (10). However, there was slippage between FFY 2019 and FFY 2020 in Transition Notification (8B). We provided the reasons for this slippage, as required in the APR. The Department intensified efforts to work with local programs on child outcome measures (indicator 3) reported in the SPP/APR and continued to provide training and technical assistance to local programs to foster improvement in these areas.

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

The Family Survey invitation letters along with both the online survey link and paper survey, were mailed out to all applicable families in batches during the months of February, May, and August of 2021, along with a reminder letter mailed out in November 2021.

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

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

Additional information related to data collection and reporting

General Supervision System

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

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

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

Financial Responsibility and Supervision

The Department oversees 58 local EI Programs who work with Department-approved providers who render services, evaluations, and service coordination. Almost all local Programs, administered by the 62 counties (57 counties and 5 boroughs in New York City (NYC)), provide service coordination. NYC is the exception, where evaluations and services are provided by individual and agency providers. A few counties also provide evaluations. NYS does not use Part C funds to pay for direct services. State appropriations reimburse municipalities for the State share of services not covered by private insurance and Medicaid. State funding is subject to the annual State Budget process.

Part C funds are used for:

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

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

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

Provider Capacity

The Department approves, re-approves, and enters into agreements with providers to ensure timely and continuous delivery of services to eligible children and their families. In FFY 2020-21, there were about 1,300 billing providers under agreement with the Department to accept service authorizations and submit claims for services. Based on the claims data, approximately 15,000 qualified personnel rendered services to approximately 65,000 children and their families (a ratio of approximately four children per provider). In FFY 2020-21, the Department approved and/or entered 861 new providers into agreement. In addition, the Department re-approved 476 agency, individual, and municipal providers. There were 10,865 additional providers who were approved by the Department with a basic agreement which allows the provider to contract with a billing provider to deliver services.

Monitoring System

The Department contracts with a review organization to conduct on-site (or virtual as applicable during the COVID-19 pandemic) monitoring of municipalities who locally administer the NYSEIP and approved providers who directly render early intervention services. On-site or virtual comprehensive monitoring is conducted by the Department's contractor, whose staff uses tools that include multiple methods of evaluation of an early intervention program to ensure compliance with Federal requirements of IDEA.

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

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

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

System Complaints, Dispute Resolutions, and Mediations

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

The Department contracts with the NYS Dispute Resolution Association (NYSRA) to provide mediation. The process carries a 30-day timeline. NYSRA provides oversight and training to the local Community Dispute Resolution centers in each of the 57 counties and NYC.

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

System complaints are submitted to BEI by a parent/guardian, parent representative or any other interested individual or entity. An investigation is completed within 60 days unless there are exceptional circumstances. Department staff share the findings of complaint investigations with the BEI monitoring unit for consideration when scheduling and conducting additional program monitoring. Findings require a corrective action plan including identification of root cause and actions to correct the identified area of non-compliance including implementation plans (including training, and quality assurance activities to ensure compliance).

Technical Assistance System:

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

BEI staff are responsible for fielding telephone calls and responding to emails, letters, and other forms of communication from the municipalities who administer the Early Intervention Program (EIP), EIP providers, parents, the public, and all other interested parties and stakeholders. Communication is on a variety of issues, including how to make a referral, clarification on policies and procedures, training, parent complaints/concerns, regulations (federal, State), Public Health Law (PHL), data reporting, and all other Programmatic questions related to the NYS EIP. Resources are also provided.

BEI maintains a dedicated email address where all technical assistance (TA) requests (from providers and municipalities) and questions from the public, including parents, are triaged on a daily basis. All DOH approved providers and local administrators of the Program may contact BEI to ask questions and seek assistance/guidance related to providing services or managing the local Programs under Part C. All responses are written based on PHL, federal and State EIP regulations, best practice standards, and DOH BEI policies and procedures. Responses are also based on discussions at weekly TA meetings with colleagues, Bureau Managers, Directors, and in consultation with DOH's Program attorney as needed.

During the Declared State of Emergency due to COVID-19, BEI received a large increase in the number of TA requests from stakeholders. The TA Unit typically responds to an average of 50 calls/emails per week, and during the Pandemic, this increased to approximately 150 questions per week. Additionally, BEI responded to stakeholders by issuing targeted responses, including several guidance documents, and issued 62 Frequently Asked Questions (FAQs) and Answers, which included resources, and links to additional information sources related to COVID and service provision.

Additionally, NYS DOH BEI maintains a public facing webpage for the EIP, which includes referral information, guidance documents, memoranda, clinical practice guidelines, tool kits for service coordinators, EIP Regulations, PHL, professional development opportunities and required EIP training, information/resources for parents, State/national resources, and regulatory agencies, including OSEP. All new guidance/policies/procedures are announced to stakeholders via the Bureau's electronic mailing listserv and posted for reference on BEI's webpage for the public to access. A new section for COVID-19 guidance was added to the webpage and updated regularly between March 2020 and June 2021.

BEI develops and provides written policy and procedural guidance on State and federal requirements for the NYS EIP on a regular basis. BEI also provides technical assistance regarding best practices in identification, evaluation, and service delivery. Clinical Practice Guidelines include: Communication Disorders, Autism/Pervasive Developmental Disorders, Motor Disorders, Down Syndrome, Hearing Loss, and Visual Impairment. During this reporting period, BEI issued several revised guidance/policy documents, including Use of Text Messaging in the EIP, Billable Initial and Ongoing Service Coordination Activities in the EIP, Early Intervention Make-up Visit Policy, Early Intervention Transportation Guidance Document, Respite Guidance Document and Frequently Asked Questions.

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

BEI has a strong partnership with local municipalities in administration of the EIP and works closely with NYSACHO on State and local issues related to the NYS EIP. BEI also works closely with providers and parents involved in the BEI-sponsored "Partners in Policymaking" training program which encourages participation in the NYS EIP at the national, State, and local levels. This training provides an opportunity for parents, BEI staff, and administrators of local EIPs to partner with each other to improve the Program.

BEI collaborates closely with other State agencies on a variety of issues related to the EIP, including the State Education Department (SED), Department of Financial Services (DFS), Office of Health Insurance Programs (OHIP), Office of Children and Family Services (OCFS), Office for People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and the NYS Council on Children and Families. Most of these agencies are represented on the Early Intervention Coordinating Council (EICC).

NYS Strengthening Infant and Toddler Systems (facilitated by the Infant Toddler Specialist Network within the State Capacity Building Center) - An interagency project to strengthen cross-agency coordination regarding inclusive childcare for infants and toddlers with disabilities, the development of a collaborative State-wide training approach to increase childcare providers knowledge of Part C of IDEA, and improving inclusive practices for infants/toddlers with disabilities in childcare Statewide.

NYS Preschool Development Grant Birth through 5 (NYSB5), a one-year grant from the U.S. Department of Health and Human Services, Administration for Children and Families, to strengthen Statewide early childhood partnerships to improve outcomes for children and families.

NY ACTS Team - State/National Initiative related to determining the impact of COVID-19 on services and programs that serve early childhood age children 0-5 years and their families/caregivers and to determine ways to provide services and supports to programs and families impacted by COVID-19. BEI participated in a year-long project to target promotion of the Centers for Disease Control and Prevention's (CDC's), "Learn the Signs. Act Early." (LTSAE) Campaign. BEI held a live online "lunch and learn" session to educate stakeholders about the program/materials available for providers/parents, which was recorded and remains available on BEI's Learning Management System. A LTSAE Ambassador presented at the June 2021 EICC meeting. CDC LTSAE information/links were added to the BEI webpage, incorporated into all (7) BEI Statewide professional development courses, promoted on the EI Community of Families Facebook page, added to the EI Families webpage, and shared via the BEI listserv.

NYS PYRAMID Model State Leadership Team promotes support from a variety of NYS agencies to address the areas of behavioral and social-emotional health of young children, to increase positive experiences for young children, as well as decrease the rate of suspension and expulsion of young children in daycare and early childhood settings.

OPWDD- BEI collaborated with the NYS OPWDD to revise the Notification to the Office for People With Developmental Disabilities (OPWDD) Tool Kit for Service Coordinators.

Professional Development System:

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

The Department maintains a comprehensive system of professional development (CSPD) for NYS Early Intervention Program (EIP) providers, who are qualified and credentialed through the NYS Education Department, for municipal staff who administer local early intervention programs, and for other key early intervention (EI) stakeholders, including parents/caregivers.

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

BEI's contractor, Measurement Incorporated (MI), converted seven trainings to an online format, providing both self-paced and live classes, since contract initiation in September 2017. An online format allows stakeholders to take training at times that are convenient for them without having to travel or reschedule EI services. Each online training has been revised to comport with current EIP regulations, policies, and procedures, and has been updated to include Division for Early Childhood (DEC) recommended family-centered practices. Relevant training courses were also revised to include a new section on family-directed assessments (FDA).

MI converted and delivered an additional four trainings this year: Meeting the Social-Emotional Development Needs of Infants and Toddlers, EI Evaluation, Assessment, and Eligibility Determination, Individualized Family Service Plans (IFSPs) in the EIP, and EIP Records. In September 2020, the Insurance Responsibilities in the Early Intervention Program, self-paced course, was revised to include the DOH's revised Insurance Tool Kit for Service Coordinators and changes to the self-paced course were made to comport with EIP regulation changes.

MI re-delivered live versions of three previously converted courses, Meeting the Social-Emotional Development Needs of Infants and Toddlers, EIP Records, and IFSPs in the EIP, to allow additional stakeholders to participate in a live online class series. MI is working to finalize the Working with Diverse Families course and is developing a new training on FDAs.

Training is evaluated based on development of an objective process to measure the degree to which current EI curricula contain information and strategies describing and promoting best practices to deliver EI services. Each training course has an on-line evaluation. A link to the post-course evaluation survey is emailed to participants and must be completed in order to receive a certificate of completion for the course and earn professional development hours toward BEI's requirements outlined in the Provider Agreement, as well as Continuing Education Credits (CEUs), issued by the International Accreditors for Continuing Education and Training (IACET).

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

A training needs assessment (TNA) is disseminated annually via the BEI listserv and is available on MI's training webpage. The survey covers a variety of EI topic areas (e.g., Family-Centered Practice, Professional Responsibility and Ethical Behavior, Planning and Implementing Services), and obtains information from stakeholders about their training needs based on their role in the EIP. MI analyzes the data and reports the identified training needs to BEI. This year's TNA was disseminated in November 2020 and included a new comprehensive section on FDAs to obtain qualitative/quantitative data for the State Systemic Improvement Plan (SSIP) implementation.

Based on the results of the TNA, topics for new training courses are researched/developed, and/or current course curriculum content is revised. Training curricula are developed or revised when current gaps of knowledge are identified through the Statewide monitoring system and through analysis of technical assistance (TA) questions and based on EIP regulatory changes. The information received from this year's TNA indicated a need for EI providers/stakeholders to have information and training on the topic of conducting FDAs. As a direct result of this, MI is working with BEI to develop a new training on FDAs.

MI and BEI also track trends in TA requests received from stakeholders regarding training needs. A presentation on Statewide training is provided to the EICC and during All County Conference calls with the local EIP administrators to provide information on new courses, training statistics, and training needs identified by stakeholders.

BEI maintains a contract with Just Kids Early Childhood Learning Center, for a Family Initiative Coordination Services Project that is exclusive to parents of children in the EIP or parents who are members of Local Early Intervention Coordinating Councils (LEICCs). Just Kids provides a leadership and advocacy skills training, hosts a webpage (eiFamilies.com) that offers support and resources to families of young children with disabilities, assists with the EICC, and develops EI materials (e.g., brochures, videos) for families. This year, BEI and Just Kids have been developing scripts to create short video vignettes for families on EIP topics, such as the family outcomes survey, FDAs, and welcome to EI, among others.

The Parents as Partners training consists of a prerecorded EIP overview video and two Sessions: Session I is an interactive webinar. Session II is a two-day in-person training session, which includes connecting parents with each other, individual/group leadership activities, meeting with local EIP officials, learning about their LEICC, and topics to increase leadership skills for participation in the EIP at the local, State, and national level. The BEI Director/designee attends part of Session II to meet with families and to share an overview of the EIP, BEI updates, information about the State EICC and local EICCs, State data, resources, and proposed guidance/initiatives. Session II also includes time for parents to share their EIP experience, ask BEI questions, and provides an opportunity for parents to share feedback on BEI initiatives and State data/targets.

As part of the EICC/LEICC presentation, the training slides were updated to include language on representativeness and the desire to have diverse families participate on the councils.

As a result of the Declared State of Emergency in NYS due to COVID-19, DOH and Just Kids were aware of the vital need to keep parents of children in the EIP connected to BEI and to each other. The face-to-face two-day session was converted to a virtual training. During this reporting period, five Partners trainings were provided, in each training region (Central, Long Island, Downstate (including New York City), Western, and Northeast) of NYS. To provide training to more families each year, an additional session was added to each of the final four years of the current contract.

Broad Stakeholder Input:

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

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early

Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.

2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

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

YES

Number of Parent Members:

135

Parent Members Engagement:

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

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

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

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

Activities to Improve Outcomes for Children with Disabilities:

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

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

To improve family outcomes and ensure every family is afforded the opportunity to participate in the Department sponsored Partners as Partners training, all training application materials mailed to parents are currently being translated into the top six languages spoken by families in NYS, as collected by the State data system. Additionally, the Department previously provided four training sessions per year in four regions of the State. In an effort to reach more families in the Program, the Department added a fifth training session per year to the contract. Interpreters were also provided to families, as requested.

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

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

Soliciting Public Input:

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

EICC Meetings – September 24, 2020, March 23, 2021, December 14, 2021. The Department shared and obtained feedback from EICC members (including parents) on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department also sought specific feedback on family assessments and proposed future improvement strategies, based on data collected from both cohorts and related data from the State data system.

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

Webinars with local Early Intervention Programs to share data and provide updates on improvement strategies and progress – August 20, 2020, October 29, 2020, December 10, 2020, February 18, 2021, April 22, 2021, and June 10, 2021.

SSIP (family outcomes)/Target Setting Webinar with three University Centers of Excellence in Developmental Disabilities (including parents)– November 23, 2021.

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

Posts on the Early Intervention (EI) Community of Families Facebook Group (parents) – March 23, 2021, September 9, 2021, September 15, 2021, October 13, 2021, October 25, 2021, November 3, 2021, December 14, 2021

SSIP Advisory Group Meeting (including parents)- October 27, 2021.

Parents as Partners trainings - July 31, 2020; August 8, 2020; October 2, 2020; November 13, 2020, March 5, 2021, June 11, 2021, and September 17, 2021. Parents provided stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents reviewed the family outcomes data (indicators 4 and 11), as well as advised and assisted the Department with SPP/APR target setting (September 17, 2021), and reviewed and provide feedback on Department developed materials related to the SSIP, to support the Department in our efforts to improve outcomes for families.

Making Results Available to the Public:

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

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

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

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

The Department presented and discussed the data analysis results with the statewide Early Intervention Coordinating Council (EICC) on December 14, 2021, which was webcast live to the public and archived in the Department website for the public to review. The Department presented and discussed the data analysis results on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021, and on the call with the University Centers of Excellence in Developmental Disabilities (UCEDDs) on November 23, 2021.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The Department maintains a public web site for the New York State Early Intervention Program at the following address:
https://www.health.ny.gov/community/infants_children/early_intervention/

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

The APR is the mechanism that New York will use to report on progress in meeting the measurable and rigorous targets. Printed and electronic copies of the APR will be available at no cost to any citizen of the State requesting the document. The FFY 2020 APR will be posted on the Department's public web site.

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

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2019 SPP/APR

In March 2020, the Department applied to participate in a cross-state learning collaborative hosted by the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSY) to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of our family outcomes survey (FOS) data around representativeness, to identify disparities. New strategies to improve in this area were identified and were implemented during FFY 2020-2021.

The Department worked with ECTA/DaSY in the review of the FFY 2019-2020 SSIP report related to Indicators 4 and 11 - family outcomes. The Department revised the report based on the TA support provided by ECTA/DaSY.

The Department participated in the Child Outcome Summary (COS) learning community hosted by ECTA/DaSY and has been in the progress to use the

resources learned from the community and ECTA/DaSY website to update the COS trainings for the local early intervention staff and providers statewide.

Intro - OSEP Response

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

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	72.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	86.66%	85.75%	86.22%	82.69%	83.10%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
7,029	10,613	83.10%	100%	90.13%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

2,536

Provide reasons for delay, if applicable.

The Department reviewed the reasons for delay.

Discountable delay reasons attributable to exceptional family circumstances:

- Family problem scheduling appointment
- Family missed or canceled an appointment
- Family delayed response or consent for an appointment
- Intermittent service
- Weather or other emergency declared
- COVID-19

Non-discountable delay reasons:

- Difficulty identifying or assigning a service provider
- Provider scheduling problem
- Other local program administrative reasons

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

There were 10,613 infants and toddlers included in the calculation. There were 7,029 infants and toddlers who received all their services within 30 days. There were 2,536 infants and toddlers with documented delays attributable to exceptional family circumstances. These 9,565 infants were included in the numerator and denominator. There were 1,048 infants and toddlers with at least one services that was delayed for a non-discountable service and were included in the denominator but not the numerator.

All of the delayed services have a documented delay reason. The 10,613 infants and toddlers received a total of 24,318 services. There were 19,472 (80.07%) services that were initiated timely within 30 days, 3,575 (14.7%) delayed attributable to exceptional family circumstances, and 1,271 (5.23%) delayed by difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons. Most infants and toddlers receive more than one service. The breakdown for delay reasons for each group is detailed below.

There were 7,029 infants and toddlers with IFSPs who received all their 14,583 services within 30 days (i.e., timely).

There were 2,536 infants and toddlers with documented delays attributable to exceptional family circumstances, each had at least one of the services delayed attributable to exceptional family circumstances and the remaining of the services were timely. Of the total 6,838 services documented for the 2,536 infants and toddlers, 981 were delayed by family problem scheduling appointment, 517 by family missed or canceled an appointment, 775 by family delayed response or consent for an appointment, 105 by intermittent service, 1 by weather or other emergency declared, and 1,020 by COVID-19. There were 3,439 services delivered timely within 30 days. None of these 2,536 children had any services delayed by difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons.

For the remaining 1,048 infants and toddlers who were in denominator but not in numerator, each had at least one service delayed by difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons. Of the total 2,897 services documented for the 1,048 children, 1,017 were delayed by difficulty identifying or assigning a service provider, 240 by the provider scheduling problem, and 14 by other local program administrative reasons. There were 1,450 services delivered timely within 30 days. There were also delays that were discountable but at least one of the children's other services were not discountable (as listed above). Among these services that were delayed but for a discountable reason, 48 were delayed by COVID-19, 66 were delayed due to a family problem scheduling appointment, 19 by family missed or canceled an appointment, 34 by family delayed response or consent for an appointment, 9 by intermittent service, but each child also had a service delayed for a non-discountable reason (as listed above).

As listed above, there were 19,472 timely services which was calculated by summing the 14,583 timely services among the 7,029 infants with all timely services, 3,439 timely services among the 2,536 infants and toddlers with one service that was delayed due to a discountable reason, and 1,450 timely services among 1,048 infants and toddlers with at least one service delayed due to a non-discountable reason (14,583+3,439+1,450=19,472).

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

The New York State Early Intervention Program (NYS EIP) considers timely receipt of early intervention services, a service that is received within 30 days from the point that the service is agreed upon with the family.

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

State database

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

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

The number of infants and toddlers with new services authorized on an initial or subsequent Individualized Family Service Plan (IFSP) was consistent for each quarter of FFY 2020-2021, therefore one quarter of FFY 2020-2021 (January 1 to March 31) was selected for the calculation of the indicator.

Provide additional information about this indicator (optional)

The benchmark for timely services in New York is 30 days from when the family provides written consent for the services in the IFSP. The New York State Early Intervention Program's data systems do not capture the reasons for delays in services. In order to capture the reasons, each local program (municipality) was provided a report of the infants and toddlers with new services authorized on an initial or subsequent IFSP between January 1, 2021 and March 31, 2021 and for whom those services were not initiated within the required timeframe. Municipalities were instructed to review the infants' and toddlers' records and correct any data entry errors or provide delay reasons, using the following categories: discountable delay attributable to exceptional family circumstances (family problem scheduling appointment, family missed or canceled an appointment, family delayed response or consent for an appointment, intermittent service, weather or other emergency declared) or non-discountable delay (difficulty identifying or assigning a service provider or provider scheduling problem or other local program administrative reasons). As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
57	15	42	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

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

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

Data Findings of Noncompliance:

The Department notified forty-nine local programs (municipalities) of a data finding for this indicator in FFY 2019. Seven of these local programs achieved 100% compliance based on a review of their data within one year. Forty-two of these programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2019, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely service initiation. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from January to March 2021. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or Virtual Monitoring Finding of Noncompliance:

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

Data Finding of Noncompliance:

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Department identified a total 57 findings of noncompliance from the local programs (municipalities) and providers and verified that each of the local programs and providers identified as non-compliant for FFY 2019 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct reviews on each child record as well as at the system level. The Department verified that each individual case of noncompliance has been corrected, unless the child was no longer within the jurisdiction of the program.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not provide the reasons for delay, as required by the Measurement Table. The State provided information about the number of children with services delayed due to COVID-19. The State also provided categories of discountable delay reasons and non-discountable delay reasons but did not specify the reasons applicable to the FFY 2020 infants and toddlers who did not receive timely services. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.81%

FFY	2015	2016	2017	2018	2019
Target>=	90.00%	90.00%	90.00%	90.00%	90.00%
Data	93.76%	92.75%	92.30%	92.46%	91.71%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	91.00%	91.00%	91.00%	91.00%	91.00%	91.00%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.

2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	23,882
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	24,988

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
23,882	24,988	91.71%	91.00%	95.57%	Met target	No Slippage

Provide additional information about this indicator (optional).

NY Part C used 10/1/2020 to count number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings and total number of infants and toddlers with IFSPs.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.
2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2013	Target>=	60.00%	61.00%	62.00%	63.00%	64.00%
A1	58.19%	Data	63.62%	58.88%	64.29%	67.61%	71.44%
A2	2013	Target>=	42.00%	43.00%	44.00%	45.00%	45.00%
A2	40.27%	Data	45.04%	40.91%	44.73%	43.68%	39.33%
B1	2013	Target>=	72.00%	72.50%	73.00%	73.50%	74.00%
B1	71.22%	Data	74.73%	71.80%	74.26%	74.65%	78.10%
B2	2013	Target>=	40.00%	41.00%	42.00%	43.00%	43.00%
B2	38.72%	Data	41.77%	41.83%	39.34%	40.29%	38.08%
C1	2013	Target>=	71.00%	71.50%	72.00%	72.50%	73.00%
C1	70.02%	Data	73.54%	73.78%	73.54%	74.92%	77.15%
C2	2013	Target>=	39.00%	40.00%	41.00%	42.00%	42.00%
C2	37.61%	Data	39.20%	36.22%	36.95%	38.29%	36.61%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	66.00%	66.50%	67.00%	67.50%	68.00%	68.50%
Target A2>=	40.30%	40.50%	40.70%	40.90%	41.10%	41.30%
Target B1>=	74.50%	75.00%	75.50%	76.00%	76.50%	77.00%
Target B2>=	39.00%	39.20%	39.40%	39.60%	39.80%	40.00%
Target C1>=	75.50%	75.75%	76.00%	76.25%	76.50%	76.75%

Target C2>=	37.00%	37.15%	37.30%	37.45%	37.60%	37.75%
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FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

5,319

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	125	2.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,124	21.13%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,850	34.78%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,569	29.50%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	651	12.24%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,419	4,668	71.44%	66.00%	73.24%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,220	5,319	39.33%	40.30%	41.74%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	116	2.18%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	868	16.32%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,217	41.68%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,734	32.60%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	384	7.22%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,951	4,935	78.10%	74.50%	80.06%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	2,118	5,319	38.08%	39.00%	39.82%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
turned 3 years of age or exited the program							

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	137	2.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	915	17.20%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,276	42.79%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,745	32.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	246	4.62%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,021	5,073	77.15%	75.50%	79.26%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,991	5,319	36.61%	37.00%	37.43%	Met target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	26,877
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	0

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

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

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

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

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

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

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

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

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

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

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

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

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

The Department also underwent a LEAN quality improvement project with the local EIS programs. The quality improvement process assessed the process of enrollment, data collection, data quality, data submission, and data analysis including exchange of information about progress between the Department and local EIS programs. The LEAN quality improvement project was described in the Annual Performance Reports for FFY 2016, FFY 2017, and FFY 2018 and available online at:

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

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

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

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

YES

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

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

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

Provide additional information about this indicator (optional).

Justifications for the target setting below the previous targets.

Indicator 3A2:

The indicator 3A summary statement 2 percentage has been decreasing and falling behind the targets over the past few FFYs. As DaSy recommended, the forecast model in Excel was used to predict the future trend with 95% of confidence intervals for FFY 2020-2025 using the historical data from FFY 2013-2019. In collaboration with the stakeholders, the Department set the targets at 40.3% for FFY 2020-2021 with 0.2% increase every year up to 41.3% for FFY 2025-2026. These targets were above the baseline and aligned with the projections.

Indicator 3B2:

The indicator 3B summary statement 2 percentage has been decreasing and falling behind the targets over the past few FFYs. As DaSy recommended, the forecast model in Excel was used to predict the future trend with 95% of confidence intervals for FFY 2020-2025 using the historical data from FFY 2013-2019. In collaboration with the stakeholders, the Department set the targets at 39% for FFY 2020-2021 with 0.2% increase every year to 40% for FFY 2025-2026. These targets were above both the baseline and projections.

Indicator 3C2:

The indicator 3C summary statement 2 percentage has been decreasing and falling behind the targets over the past few FFYs. As DaSy recommended, the forecast model in Excel was used to predict the future trend with 95% of confidence intervals for FFY 2020-2025 using the historical data from FFY 2013-2019. In collaboration with the stakeholders, the Department set the targets at 37% for FFY 2020-2021 with 0.15% increase every year up to 37.75% for FFY 2025-2026. These targets were below the baseline and above the projections since the projections were below the baseline. The target for FFY 2025-2026 was set above the baseline of 37.61%.

Note: The forecast model in Excel used the AAA version of the Exponential Smoothing algorithm as described in <https://support.microsoft.com/en-us/office/create-a-forecast-in-excel-for-windows-22c500da-6da7-45e5-bfdc-60a7062329fd>

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

OSEP cannot determine whether the State provided valid and reliable data for this indicator. The State reported that sampling was used to collect data for this indicator and that the previously approved sampling plan had not changed. Further, in its narrative description outlining its sampling methodology, the State reported, "To meet the requirement to collect and report data annually to OSEP on the state's performance with respect to Indicator 3 on child outcomes with manageable burden to municipalities, the Department has developed a sampling plan for the annual selection and enrollment of a geographically structured random state sample of children entering the NYS EIP, for whom entry and exit data will be collected to measure and report Indicator 3 child outcomes in the Annual Performance Report. Sample size calculations for both the State and locally representative samples are based on the NYS EIP's experience with initial IFSP meetings statewide and within the 58 municipalities." However, the State's publicly reported data at https://www.health.ny.gov/statistics/community/infants_children/early_intervention/ that indicates that data has been collected and reported on each local program since 2014. This is inconsistent with the sampling plan methodology the State has referenced. Therefore, OSEP could not determine whether the State met its target. In order to report data for this indicator using sampling for the FFY 2020-2025 SPP/APR, the State must submit its an approvable sampling plan to OSEP and provide data consistent with the updated approved sampling plan.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2013	Target>=	77.00%	78.00%	79.00%	93.00%	93.00%
A	75.99%	Data	73.24%	78.43%	75.76%	92.30%	94.82%
B	2013	Target>=	73.00%	74.00%	75.00%	91.00%	91.00%
B	71.97%	Data	68.01%	74.18%	71.59%	90.70%	96.03%
C	2013	Target>=	85.00%	86.00%	87.00%	93.00%	93.00%
C	84.16%	Data	81.39%	86.26%	84.85%	92.64%	94.99%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	93.10%	93.20%	93.30%	93.40%	93.50%	93.60%
Target B>=	91.10%	91.20%	91.30%	91.40%	91.50%	91.60%
Target C>=	93.05%	93.10%	93.15%	93.20%	93.25%	93.30%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.
2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	17,700
Number of respondent families participating in Part C	2,485
Survey Response Rate	14.04%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,333
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,446
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	2,351
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,448
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	2,201
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,364

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	94.82%	93.10%	95.38%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.03%	91.10%	96.04%	Met target	No Slippage

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.99%	93.05%	93.10%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

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

The respondents to the survey were not representative of the overall NYS Early Intervention Program by race, ethnicity, language, and region. To ensure that response rates are representative in the future, the Department will monitor the ongoing representativeness of the returned surveys and follow up with Hispanic and non-White families, as needed. Additionally, the Department is participating in monthly technical assistance calls with the Early Childhood Technical Assistance Center to discuss our response rate and representativeness and to strategize ways to improve. Due to these discussions, we have worked with the Just Kids Early Childhood Learning Center to create a video for families describing what the Family Outcome Survey is and its importance. We will also collaborate with Parent Centers across NYS to identify successful strategies that they can use to encourage non-White and Hispanic families to participate in the survey.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	14.59%	14.04%

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

To increase the FOS response rates and both racial and ethnic representativeness, a FOS video and infographic for parents will be developed, to explain what the survey is, share State data, as well as to promote the important role families play in improving outcomes when they complete the survey. A new FOS training will also be developed, to inform and involve providers in the process. BEI anticipates better survey response rates by including providers in the process to promote the survey to families. The Department has also developed posts for the Early Intervention Community of Families Facebook Group on the FOS, to encourage parent participation as well as reminders to complete the survey. In addition, the Department will use its Family Listserv, which sends communication directly to families who sign up, to send out reminders on completing the FOS.

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

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

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

For FFY 2020-21, the Department sent out family survey invitation letters with both an on-line survey link/QR code and paper survey with return postage to all 17,700 families exiting the NYS Early Intervention Program from July 1, 2020 to June 30, 2021, requesting they fill out the survey on-line or by mail. These families did not withdraw from early intervention program and their children received at least six months of early intervention services. One survey letter was mailed to each family, even if the family had multiple children (i.e., twins or triplets) receiving services through the NYS Early Intervention Program. In this situation, one of the children is selected at random and the first name of the child is indicated on the survey in which the family completes. Surveys are not sent to any families whose child passed away. There were 1,061 (5.99%) families with the letter undelivered because families moved after exiting the early intervention program. There were 2,485 surveys returned (1,316 completed the paper form, and 1,169 completed on-line) from the rest of the 16,639 families. The representativeness by Race, Ethnicity, Sex, Region, Language and Age at Referral of the 2,485 respondents was compared to all the 17,700 families.

Racial Representativeness

The families who returned the NYS Family Survey were not representative based on race. Of the 2,485 surveys returned, 1,480 were from White families, 183 were from African-American families and 822 were from families with Other races. When comparing to the expected number based on the population, which was 1,327 White, 249 African-American, and 909 Other races, there were 66 fewer surveys returned from African-American families and 87 fewer surveys returned from families with Other races than expected respectively. The Chi-Square statistic for the observed versus the expected was a p-value of <0.0001 and it was statistically different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, more White families responded to each outcome than families of both African-American and Other races (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for two of the three

outcomes among families across the races (p value for 4A was 0.96, 4B was 0.73). There was a significant difference by race on the positive response rate on 4C such that African-American families reported a lower percent of positive response than White or Other race families (p value=0.02).

Ethnic Representativeness

The families who returned the NYS Family Survey were not representative based on ethnicity. Of the 2,485 surveys returned, 553 were from Hispanic families and 1,932 were from non-Hispanic families. The expected numbers based on the population were 645 Hispanic and 1,840 non-Hispanic families. There were 92 fewer responses from Hispanic families than expected. The Chi-Square statistic for the observed versus the expected responses by ethnicity was a p-value of <.0001, which was significantly different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, fewer Hispanic families responded to each outcome than non-Hispanic families (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between Hispanic and non-Hispanic families (p value for 4A was 0.63, 4B was 0.54, and 4C was 0.27).

Representativeness by Sex

The families who returned the NYS Family Survey were representative based on Sex. There were 788 surveys returned from families with a female child and 1,697 from families with a male child. The expected numbers based on the population eligible for the survey were 824 females and 1,661 males. The Chi-Square statistics for the observed versus the expected was a p-value of 0.10 and was not statistically different.

Representativeness by Age at Referral

The families who returned the NYS Family Survey were representative based on Age at Referral. The mean age for the respondents was 18.3 months old (SD=8.2) when referred compared to 18.1 months old (SD=8.1) for the families who did not return the survey (p=0.4). This difference was not statistically significant.

Representativeness by Region

The families who returned the survey were not representative based on region. Of the 2,485 surveys returned, 877 were from families in NYC and 1,608 were from families in the rest of the state (ROS). When comparing to the expected number based on the population, which was 1,177 for NYC and 1,308 for the ROS, there were 300 fewer surveys returned from families in NYC than expected. The Chi-Square statistic for the observed versus the expected was a p-value of <0.0001 and it was statistically different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, fewer families from NYC responded to each outcome families from ROS (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between families from NYC versus ROS (p value for 4A was 0.51, 4B was 0.09, and 4C was 0.69).

Representativeness by Primary Language

The families who returned the survey were not representative based on primary language. Of the 2,485 surveys returned, 2,030 were English, 241 were from Spanish and 214 were from other language families. The expected numbers based on the population were 1,913 for families whose primary language was English, 284 for families whose primary language was Spanish, and 288 for families whose primary language was an other language. There were 43 fewer responses from families whose primary language was Spanish and 74 fewer responses from families whose primary language was an other language than expected. The Chi-Square statistic for the observed versus the expected responses by language was a p-value of < 0.0001, which was significantly different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, same as the overall returned surveys, fewer Spanish and other language families responded to each outcome than English families (p < 0.0001 for all three outcomes). However, there were no statistical differences in the positive response rates for all three outcomes comparing between English, Spanish and other language families (p value for 4A was 0.41, 4B was 0.31, and 4C was 0.26).

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

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

Provide additional information about this indicator (optional).

Revised collection tool

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

Invitation letters with both an on-line survey link/QR code and paper survey with return postage were mailed to all applicable families in four batches

depending on when their children exited the program. All letters had survey questions printed on the reverse side so families could return the survey by Business Reply if they chose to do so. There was a reminder letter sent out in November 2021 in the same format. Both the letter and survey were translated into Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, and sent to families that identified a primary language other than English.

Methodology to report family outcomes for indicator 4

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

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

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

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

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

In FFY 2020-21, NY had 19 NCSEAM IFS items with a positive response above 90% and 2 items were between 80% and 90% and 1 item was between 70% and 80%.

For the two telehealth survey items, we received the following response from the families:

For the item "Think back on your child and family's time in the Early Intervention Program. If your child received Telehealth services, they worked well. Telehealth services mean your child received services through a computer, tablet, or smartphone." The positive response was 70%.

For the item "Think back on your child and family's time in the Early Intervention Program. Telehealth services may not have been available to your child and family. If they were available, would you have used them? Telehealth services mean your child received services through a computer, tablet, or smartphone." Families responded "Yes" 63% of the time; 25% responded "No"; and 12% responded "Maybe."

Justification to change the baseline:

Prior to FFY 2018-2019, the Rasch Model was used to analyze the NYS FOS data. The baseline was based on FFY 2013-2014 data calculated using the Rasch Model (Indicator 4A=75.99%, Indicator 4B=71.97%, and Indicator 4C=84.16%). However, due to concerns from the stakeholders regarding interpretability of using the Rasch Model, the Department examined other potential survey analysis methods. In FFY 2018-2019, the Department changed the methodology to the percent of positive response which is calculated by dividing the number of positive responses by the total number of positive and negative responses on a given survey item. Given the change in methodology, the Department established new baselines based on the new methodology using the FFY 2018-2019 data: Indicator 4A=92.30%, 4B=90.70%, and 4C=92.64%.

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

The Department has analyzed and reported the representativeness by race, ethnicity, sex, age at referral, region, and primary language.

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.10%

FFY	2015	2016	2017	2018	2019
Target >=	1.22%	1.22%	1.22%	1.22%	1.22%
Data	1.18%	1.13%	1.16%	1.08%	1.01%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.11%	1.11%	1.11%	1.11%	1.11%	1.11%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.

2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	1,494

Source	Date	Description	Data
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	220,972

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,494	220,972	1.01%	1.11%	0.68%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Department has reported a decrease in children birth to 1 with IFSPs from 1.01% on 10/1/2019 to 0.68% on 10/1/2020 for Indicator 5, which was aligned with the decrease in children birth through 2 with IFSPs from 4.63% on 10/1/2019 to 3.77% on 10/1/2020 for Indicator 6. The entire FFY 2020 (7/1/2020-6/30/2021) was in the COVID-19 pandemic. Possible reasons for the changes in FFY 2020 indicate the impact of the pandemic on the families to refer their children to the EIP which resulted in less referrals and therefore less children with IFSPs.

Provide additional information about this indicator (optional)

NY used 10/1/2020 as the date to count number of infants and toddlers birth to 1 with IFSPs.

Justification for the target setting below the previous targets:

The indicator 5 percentage has been decreasing and falling behind the targets over the past few FFYs. As DaSy recommended, the forecast model in Excel was used to predict the future trend with 95% of confidence intervals for FFY 2020-2025 using the historical data from FFY 2006-2019. In collaboration with the stakeholders, the Department set the targets at 1.11% for FFY 2020-2025. These targets were above both the baseline and projections.

Note: The forecast model in Excel used the AAA version of the Exponential Smoothing algorithm as described in <https://support.microsoft.com/en-us/office/create-a-forecast-in-excel-for-windows-22c500da-6da7-45e5-bfdc-60a7062329fd>.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2013	3.95%

FFY	2015	2016	2017	2018	2019
Target >=	4.00%	4.00%	4.00%	4.00%	4.00%
Data	4.22%	4.35%	4.42%	4.56%	4.63%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	4.25%	4.25%	4.25%	4.25%	4.25%	4.25%

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.

2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	24,988
Annual State Resident Population Estimates for 6 Race Groups (5 Race	07/08/2021	Population of infants and toddlers birth to 3	663,334

Source	Date	Description	Data
Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020			

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
24,988	663,334	4.63%	4.25%	3.77%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Department has reported a decrease in children birth to 3 with IFSPs from 4.63% on 10/1/2019 to 3.77% on 10/1/2020 for Indicator 6, which was aligned with the decrease in children birth to 1 with IFSPs from 1.01% on 10/1/2019 to 0.68% on 10/1/2020 for Indicator 5. The entire FFY 2020 (7/1/2020-6/30/2021) was in the COVID-19 pandemic. Possible reasons for the changes in FFY 2020 indicate the impact of the pandemic on the families to refer their children to the EIP which resulted in less referrals and therefore less children with IFSPs.

Provide additional information about this indicator (optional).

NY used 10/1/2020 as the date to count number of infants and toddlers birth through 2 with IFSPs.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	52.90%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.08%	95.74%	96.40%	96.11%	95.25%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,860	7,380	95.25%	100%	96.64%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

3,272

Provide reasons for delay, if applicable.

The Department reviewed all the delay reasons for the children with their initial IFSP meetings delayed for circumstances not related to the COVID-19 pandemic.

For the children with delay reasons other than the COVID-19 pandemic, the following discountable delay reasons attributable to exceptional family circumstances were documented:

- 777 children with delayed IFSP due to family - problem scheduling evaluation
- 888 children with delayed IFSP due to family - missed/canceled evaluation or IFSP meeting.
- 230 children with delayed IFSP due to family - unresponsive/moved
- 4 children with delayed IFSP due to weather emergency declared
- 31 children with delayed IFSP due to early intervention official/designee (EIO/D) encountered foster care system problem
- 55 children with delayed IFSP due to natural disaster
- There were 1,287 children with delayed IFSP due to the COVID-19 pandemic.

Non-discountable delay reasons:

- Evaluator sent report late for 118 children with delayed IFSP.
- Evaluator conducted late evaluation for 86 children with delayed IFSP.
- EIO/D referred child late to initial service coordinator (ISC) for 5 children with delayed IFSP.
- EIO/D scheduling problem ISC high caseload for 15 children with delayed IFSP.
- ISC high caseload for 3 children with delayed IFSP.
- Translation difficulty for 12 children with delayed IFSP.
- Child eligible through mediation/impartial hearing for 1 child with delayed IFSP.
- Due process for 8 children with delayed IFSP.
- ISC unable to facilitate transportation to evaluation and/or IFSP for family for 0 children with delayed IFSP.

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

State database

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

Third Quarter of FFY2020-2021 January 1, 2021 – March 31, 2021

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

As allowed by OSEP, New York is reporting data for one quarter of the Federal Fiscal Year (FFY) 2020-2021. The number of infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required was consistent for each quarter of FFY 2020-2021, so one quarter of 2021 (January 1 to March 31) was selected for the calculation of the indicator. There were 7,380 infants and toddlers who were evaluated and assessed for whom an initial IFSP meeting was required between January 1, 2021 and March 31, 2021.

Provide additional information about this indicator (optional).

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 1,287 children with their initial IFSP meetings delayed by the COVID-19 pandemic as part of the 3,272 children with delayed initial IFSP meetings attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
22	11	11	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

The Department notified twenty-two local programs (municipalities) of a data finding of noncompliance for this indicator in FFY 2019. Eleven of these local programs achieved 100% compliance based on a review of their data within one year. Eleven local programs achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2019, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely IFSP meetings. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from January to March 2021. System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

Data Finding of Noncompliance:

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Department identified a total of 22 findings of noncompliance from the local programs (municipalities) and verified that each of the local programs identified as non-compliant for FFY 2019 during the data reviews correctly implemented the specific regulatory requirement. The Department utilized the State data system information to conduct reviews on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not provide the reasons for delay, as required by the Measurement Table, for the 1,936 children with their initial IFSP meetings delayed for circumstances not related to the COVID-19 pandemic. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

In its description of correction of noncompliance, the State referenced an incorrect regulatory citation. Therefore, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.30%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.75%	99.42%	99.75%	99.95%	99.90%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,838	1,866	99.90%	100%	99.73%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

23

Provide reasons for delay, if applicable.

The Department reviewed the delay reasons for all the children with their transition steps and services delayed, including the 19 children with circumstances not related to the COVID-19 pandemic.

Discountable delay reasons attributable to exceptional family circumstances:

Family delayed or weather emergency for 19 children.
 COVID-19 for 4 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 5 children.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The Department monitors all EIS local programs (municipalities). Within each municipality, the Department uses a representative random sampling approach for collecting transition information. The monitoring sample is geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral. The transition data of the exiting toddlers has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in <http://www.math.wpi.edu/saspdf/stat/chap63.pdf> to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same monitoring methodology since FFY 2005-2006.

Provide additional information about this indicator (optional)

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 4 children with their transition steps and services delayed by the COVID-19 pandemic as part of the 23 children with documented delays attributable to exceptional family circumstances included in the numerator and denominator, as allowed by OSEP.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Data Finding of Noncompliance:

The Department notified two local programs (municipality) of a finding of noncompliance for this indicator in FFY 2019. Both local programs achieved 100% compliance based on a review of their data within one year.

In compliance with the OSEP Memo 09-02, for FFY 2019, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition steps and services. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The

Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2020-2021). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

Data Finding of Noncompliance:

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

For each child with the original finding of noncompliance identified, a review of the data system verified that either timely transition steps for the child were developed, or the child was no longer under the jurisdiction of the New York State Early Intervention Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Department identified a total of 2 findings of noncompliance from the local programs (municipalities) and verified that each of the local programs identified as non-compliant for FFY 2019 during the data reviews correctly implemented the specific regulatory requirement. The Department utilized data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8A - OSEP Response

The State reported that it used State monitoring data to report on this indicator. However, the State reported in its narrative that "in accordance with the sampling procedures approved by the U.S. Department of Education, Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information." States are only allowed to use sampling when so indicated on the Part C Indicator Measurement Table. Additionally, there is no approved sampling plan on file with OSEP that allows sampling for this indicator. As required in the Measurement Table, the data source for this indicator requires "data to be taken from monitoring or State data system." The State must clarify the data source used to collect and report data for this indicator.

The State did not provide the reasons for delay, as required by the Measurement Table, for the 19 children with their transition steps and services delayed for circumstances not related to the COVID-19 pandemic. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

In its description of correction of noncompliance, the State referenced an incorrect regulatory citation. Therefore, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.30%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.43%	99.23%	99.05%	99.58%	98.37%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,266	1,628	98.37%	100%	96.27%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Indicator 8B slipped from 98.37% in FFY2019-20 to 96.27% in FFY2020-21. Municipalities (57 counties and the City of New York) are responsible for local administration of the EIS program and for administration of the preschool special education (Part B) program. The entire FFY 2020 (7/1/2020-6/30/2021) was in the COVID-19 pandemic. Many service coordinators and county staff were deployed on COVID-19 response activities including vaccination efforts, and therefore may not have been able to notify parents in a timely manner regarding the opportunity to opt out of referral to Part B services.

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

Number of parents who opted out

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

313

Provide reasons for delay, if applicable.

The Department reviewed the reasons for delay.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 49 children.

Describe the method used to collect these data.

The Department monitors all EIS local programs (municipalities). Within each municipality, the Department uses a representative random sampling approach for collecting transition information. The monitoring sample is geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral.

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

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

YES

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

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The Department monitors all EIS local programs (municipalities). Within each municipality, the Department uses a representative random sampling approach for collecting transition information. The monitoring sample is geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral. The transition data of the exiting toddlers has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children to facilitate a review to ensure accuracy of data and document any necessary corrections or delay reasons to the data with respect to required transition steps and services.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in <http://www.math.wpi.edu/saspdf/stat/chap63.pdf> to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same monitoring methodology since FFY 2005-2006.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	4	9	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

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

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

Data Finding of Noncompliance:

The Department notified twelve local programs (municipalities) of a finding of noncompliance for indicator 8B in FFY 2019. Three of these local programs achieved 100% compliance based on a review of their data within one year. The other nine local programs achieved 100% compliance based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2019, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely notification. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2020-2021). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or Virtual Monitoring Finding of Noncompliance:

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

Data Finding of Noncompliance:

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Department identified a total of 13 findings of noncompliance from the local programs (municipalities) and one provider and verified that each of the local programs and the provider identified as non-compliant for FFY 2019 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8B - OSEP Response

The State reported that it used State monitoring data to report on this indicator. However, the State reported in its narrative that "in accordance with the sampling procedures approved by the U.S. Department of Education, Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information." States are only allowed to use sampling when so indicated on the Part C Indicator Measurement Table. Additionally, there is no approved sampling plan on file with OSEP that allows sampling for this indicator. As required in the Measurement Table, the data source for this indicator requires "data to be taken from monitoring or State data system." The State must clarify the data source used to collect and report data for this indicator.

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

In its description of correction of noncompliance, the State referenced an incorrect regulatory citation. Therefore, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	37.10%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	97.80%	96.81%	96.20%	98.06%	97.45%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
310	1,628	97.45%	100%	98.12%	Did not meet target	No Slippage

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

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

1,202

Number of documented delays attributable to exceptional family circumstances

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

108

Provide reasons for delay, if applicable.

The Department reviewed the reasons for the delay for all the children with the transition conference delayed, including the 50 children with circumstances that were not related to COVID-19.

Discountable delay reasons attributable to exceptional family circumstances:

Family delayed or weather emergency for 50 children.

COVID-19 for 58 children.

Non-discountable delay reasons:

Delayed by local program administrators and/or providers for 8 children.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The Department monitors all EIS local programs (municipalities). Within each municipality, the Department uses a representative random sampling approach for collecting transition information. The monitoring sample is geographically representative of the population exiting the Part C program based on race, ethnicity, sex, and age at referral. The required transition data has been incorporated in the web-based centralized New York Early Intervention System (NYEIS) and was collected as children exited the program. In addition, each local program received data reports for exiting children whose records were in NYEIS to facilitate a review to ensure accuracy of data and document any necessary corrections to the data with respect to required transition steps and services.

The Department first collected the applicable population from New York Early Intervention Information System (NYEIS) and then used SAS Procedure SurveySelect as described in <http://www.math.wpi.edu/saspdf/stat/chap63.pdf> to randomly sample the population in each local EI program (municipality) to report for the indicators 8A – 8C, which was the same as previous years. Following up with the discussion with OSEP on 4/23/2021, the Department reviewed previous submissions and found that the APR submissions have used the same monitoring methodology since FFY 2005-2006.

Provide additional information about this indicator (optional).

As advised by OSEP, delays in service provision caused by the public health response to the COVID-19 pandemic can meet the definition of exceptional family circumstances, as defined under 34 C.F.R. § 303.310(b), when the child and family are effectively unavailable. There were 58 children with the transition conference delayed by the COVID-19 pandemic as part of the 108 children with documented delays attributable to exceptional family circumstances to be included in both numerator and denominator.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	7	1	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

On-site or Virtual Monitoring Findings of Noncompliance:

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

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

Data Finding of Noncompliance:

The Department notified seven local programs (municipalities) of a finding of noncompliance for indicator 8C in FFY 2019. Six local programs achieved 100% compliance based on a review of their data within one year. One local program achieved 100% based on a review of their data but not within one year of issuing the finding.

In compliance with the OSEP Memo 09-02, for FFY 2019, the Department examined data from its data systems at least one time during that year to determine noncompliance with the requirements for timely transition conference. The Department provided a list of the potentially noncompliant cases to each local program to allow them the opportunity to review the data for accuracy and provide additional evidence that demonstrated compliance. Once the data review was complete, the Department reviewed the data a second time and identified cases that were noncompliant. The Department issued findings based on the noncompliant cases.

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

The Department ensured correction of a system finding by reviewing data from the random sample from the subsequent program year (FFY2020-2021). System findings were verified as corrected when the local program achieved 100% compliance. If 100% compliance was not achieved, then subsequent data review was conducted to verify the local program subsequently corrected the findings of noncompliance to achieve 100% compliance.

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

On-site or virtual Monitoring Finding of Noncompliance:

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

Data Finding of Noncompliance:

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Department identified a total of 8 findings of noncompliance from the local programs (municipalities) and one provider and verified that each of the local programs and the provider identified as non-compliant for FFY 2019 during both monitoring and data reviews correctly implemented the specific regulatory requirement. The Department utilized both on-site or virtual monitoring and data system information to conduct review on each child record as well as the system level. The Department verified that each individual case of noncompliance has been corrected unless the child was no longer within the jurisdiction of the program.

8C - OSEP Response

The State reported that it used State monitoring data to report on this indicator. Additionally, the State reported in its narrative that "in accordance with the sampling procedures approved by the U.S. Department of Education, Office of Special Education Programs (OSEP), the Department is using a geographically representative random sampling approach for collecting transition information." OSEP notes that States are only allowed to use sampling when indicated on the Part C Indicator Measurement Table and there is no approved sampling plan on file with OSEP that allows sampling for this indicator. For this Indicator, the Measurement Table requires "data to be taken from monitoring or State data system." NY must clarify the data source used to collect and report data for this indicator.

The State did not provide the reasons for delay, as required by the Measurement Table, for the 50 children with the transition conference delayed for circumstances that were not related to COVID-19. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

In its description of correction of noncompliance, the State referenced an incorrect regulatory citation. Therefore, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range is used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	36
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	30

Targets: Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.

2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2015	2016	2017	2018	2019
Target>=	90.00%	90.00%	90.00%	90.00%	90.00%
Data	87.80%	76.79%	85.11%	82.35%	79.41%

Targets

FFY	2020 (low)	2020 (high)	2021 (low)	2021 (high)	2022 (low)	2022 (high)	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target	80.00%	85.00%	80.00%	85.00%	80.00%	85.00%	80.00%	85.00%	80.00%	85.00%	80.00%	85.00%

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target (low)	FFY 2020 Target (high)	FFY 2020 Data	Status	Slippage
0	30	36	79.41%	80.00%	85.00%	83.33%	Met target	No Slippage

Provide additional information about this indicator (optional)

During the reporting period, the State's set target of 80-85% was reached. We did see an increase in the percent of mediations which ended in agreement from 79.41% in FFY 2019 to 83.33% in FFY 2020. This indicator is calculated based on small numbers again for this year (36 mediations held in FFY 2020). The small number of mediations in FFY 2020 reporting year was again attributed to the pandemic.

The State's rate of mediation agreements remains within the range of 75%-85% which is the consensus among mediation practitioners as a reasonable rate of mediations which result in agreements and is consistent with the national mediation success rate data.

The State works closely with the State's mediation contractor (New York State Dispute Resolution Association- NYSDRA) staff. Two meetings were held within this reporting period. One related to the development of an informational brochure that will be utilized for outreach and available at all the Community Dispute Resolution Centers (CDRCs) and on NYSDRA's website. Another meeting was held to discuss strategies for ensuring quality early intervention mediation services are held within required timelines at all CDRCs. The contractor has conducted specific trainings with their mediators and CDRCs related to impartiality (example, using translators) and quality mediation.

Justification for the target setting below the previous targets:

The indicator 10 percentage has been falling behind the targets over the past FFYs. As DaSy recommended, the forecast model in Excel was used to predict the future trend with 95% of confidence intervals for FFY 2020-2025 using the historical data from FFY 2014 – 2019. The stakeholders suggested a range of target setting for indicator 10. The Department set the range based on the historical data and national mediation success rates. In collaboration with the stakeholders, the Department set the targets at a range of 80% – 85% for FFY 2020-2025. These targets were above both the baseline and projections and aligned with the national mediation success rates.

Note: The forecast model in Excel used the AAA version of the Exponential Smoothing algorithm as described in <https://support.microsoft.com/en-us/office/create-a-forecast-in-excel-for-windows-22c500da-6da7-45e5-bfdc-60a7062329fd>.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State provided targets for FFY 2020 through FFY 2025 for this indicator, and OSEP accepts those targets.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

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

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018-2019	86.87%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	87.10%	87.20%	87.30%	87.40%	87.50%	87.60%

FFY 2020 SPP/APR Data

Total number of positive responses across all survey items	Total number of positive responses and negative responses across all survey items	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
47,949	51,634	93.91%	87.10%	92.86%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

The Family Outcomes Survey

Numerator: Total number of positive responses across all survey items

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

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

The Department has developed an SSIP that integrates data to support the evaluation. To collect data on the SiMR, the Department has been using the Family Outcome Survey (FOS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM), which has been adapted by New York State (NYS). The Department is utilizing the existing NYS Family Survey with the New York Impact on Families Services Scale (NYIFS) that measures the impact of the NYSEIP on families. The NYIFS is composed of items generated by national and NYS stakeholders, including parents. The NYIFS aligns directly with the Theory of Action. The benefit of aligning the SiMR and the SSIP with the current data collection process for Indicator 4, Family Outcomes, reported in the State Performance Plan/Annual Performance Report (SPP/APR), is that the data collection mechanism is established and does not require new systems to be implemented. Additionally, the data have been collected over time to allow for the establishment of baseline and ongoing review of performance on the SSIP and SiMR. As described in the SPP/APR in Indicator 4 and in Phase I of the SSIP, the Department is using the NYIFS to measure and report on the federally required family outcomes.

The survey is made up of 22 questions about the family's experience with the EIP, with two additional questions on telehealth since FFY 2019-2020. The NYS Family Survey is currently provided in English, Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, which are the most popular languages spoken in the EIP based on data in the State data system (NYEIS). The families surveyed for this reporting period, exited the Program, or turned three years old between July 1, 2020, and June 30, 2021, and had at least six months of services. Surveys are not sent to families with children that passed away, withdrew from the Program, or lost contact with the Program. This Program Year (2020-2021), we surveyed all families exiting the Program, not just a sample of families, as in the past. Additionally, the survey was mailed out four times this year. This method allowed families to receive the survey closer to their exit from the Program. Previously, the survey was only sent out once per year, therefore, some families received the survey up to 8 months after exiting the Program.

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

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

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

YES

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

University Centers of Excellence in Developmental Disabilities (UCEDDs)

Our goal is for IFaCT teams to continue to implement their quality improvement efforts at the local level to improve family outcomes. The UCEDDs were available to the teams via phone and by email through September 2020. The Department also supported teams by providing continued technical assistance and guidance. The Department and UCEDDs analyzed the data from the numerous local projects collected from both cohorts, to identify successful projects for replication and scale-up Statewide. Additionally, the UCEDDs collected sustainability data and the impact of COVID on local projects. Data was collected using surveys and phone calls. See the 2019-2020 SSIP Report, Chart 1.

UCEDD Final Report

The Department, in collaboration with the UCEDDs, developed a new SSIP report template to capture additional data collected from the IFaCT teams in each region for the final report. The UCEDDs submitted their final SSIP reports to the Department in September 2020. Each report included an IFaCT Overview, UCEDD-Specific Deliverables, Updated/Additional Data/Results of each project since Year 3, Reports for Both Cohorts, Technical Assistance Provided to Teams, Training Data, Plans for Sustainability, and a Final evaluation of the SSIP.

Family-directed Assessments (FDA)

A recurring topic in the UCEDDs interactions with local EIPs was the underlying importance of the FDA in developing a high-quality Individualized Family Service Plans (IFSPs) containing both child and family outcomes. Without information typically gathered during such an assessment, it can be difficult for a plan to be developed that incorporates parent concerns and/or preferences, natural environments, appropriate outcomes to target that align with family routines and priorities. Given the stigma that can be associated with additional assessments, one that is called a Family Assessment, may be misunderstood if not accurately described to the family. For example, parents may think that this assessment is going to evaluate their parenting skills. Renaming the assessment to "family-directed assessment" will likely alleviate these misconceptions. It is essential that any professional who is administering this assessment can explain the assessment in a way that parents understand the benefits of completing a FDA and can connect it to the overall outcomes of the EIP. In addition to more training needed in this area, local EIPs expressed frustration with a lack of a standardized template to use for this purpose. The literature points to the connection of understanding these factors and the development of a comprehensive IFSP. Connecting this to the earlier described desire of local EIPs to obtain additional support, offering such guidance on appropriate measures or constructs to include, would provide clarity to the local EIPs as to how to frame and develop appropriate materials for this assessment. Based on this feedback, the Department targeted FDA as one of the two new trainings to develop as part of the Statewide training contract.

Training

At times, staff from the local EIPs mentioned that their providers do not understand the concept of family-centered practice or natural environments. Instead, they take a clinical approach, focusing solely on the skills targeted for improvement in the IFSP. IFaCT team members noted that their participation on the project reminded them of the value of family-centered practices. It was noted that some newly trained clinical staff do not receive training on these topics. Local EIPs reported a desire to have trainings made available to require their staff to complete, so they have a framework and understanding of these concepts that will lead to improved service provision and family outcomes. Based on this feedback, the Department in collaboration with the UCEDDs, developed 30 trainings on family-centered practices (e.g., natural environments, family-professional partnerships, strategies to involve parents in the EIP), and findings identified by IFaCT teams in both cohorts. The target audience is EIP parents, providers, and local Program administrators (Early Intervention Officials/Designees (EIO/Ds)). Formats include live webinars featuring facilitated discussions, recorded webinars, self-paced modules, and videos. Of the 30 trainings developed over this reporting period, four were delivered to a live audience. See SSIP Report 2019-2020, Chart II. The feedback from training participants was positive. To post the training videos to our DOH YouTube Channel and webpage, additional Departmental approvals were required, which caused a delay in the posting. BEI received approval to post all trainings developed under this project for wider distribution to the EI community, in June 2021. Data will be collected from training participants going forward. A letter was drafted by the Department to the Parent Training and Information Centers (PTIs) in NYS, to share the twelve SSIP trainings specifically developed for families.

Needs Assessment (FDA) – Measurement Inc.

Since the Department hypothesizes that greater FDA completion will improve FOS scores, and based on the additional data collected from the UCEDD's final reports, the Department developed and disseminated a needs assessment survey to collect information from providers and EI Officials/Designees,

on their needs around FDA (e.g., how the State can develop training, resources, and guidance/procedures to support the completion of FDAs, as part of Multidisciplinary Evaluations MDEs).

In addition to the general survey with questions for all providers (434 respondents), additional items were added to the 2020 survey to determine the needs specific of those involved in the EI evaluation process as it pertains to the FDA. Respondents that identified as therapists, special educators, psychologists, social workers, service coordinators, EIO/SCs, EIO/D and EIOs (243 respondents) were asked a series of survey questions based upon their role in the Early Intervention Program (EIP), to gather information regarding their practices, perceptions, and beliefs regarding the FDA.

Key Findings (Overall)

- More training is needed in conducting and documenting FDAs. (62% of evaluating providers who do not currently conduct FDAs feel they need more training, and 49% of providers who currently conduct FDAs feel they need more training.)
- Providers would be more likely to conduct FDAs if a specific tool was recommended by the Department. (58% of evaluating providers not currently conducting FDAs would be more likely to conduct FDAs, and 57% of providers currently conducting FDAs would conduct more FDAs if a specific tool was recommended by the Department.)

Recommendations

Based on the findings from the 2020 Statewide Needs Assessment, it is strongly recommended that a new course on FDAs be offered to stakeholders. The information provided by service coordinators, service providers, and EIO/Ds clearly indicates a general confusion regarding the FDA as part of the evaluation process and development of the IFSP.

Survey participants identified that a new course on FDAs should include:

- Clearly defined roles and responsibilities of early intervention service coordinators, service providers, and EIO/Ds
- How to conduct and document FDAs with Department recommended assessment tools and a template for documentation
- How information provided in the FDA informs the IFSP and leads to improved outcomes for children/families

Family Feedback

The Department engaged with panels of families during the reporting period, including several Parents as Partners trainings (see Table 10 from the SSIP 2019-2020 report) and Early Intervention Coordinating Council (EICC) meetings and collected data on families' experiences with the Department's new initiatives. For more information, see SSIP Report 2019-2020, Chart III.

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

YES

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

The main concern regarding data quality issues that is unrelated to COVID-19, is the lack of representativeness within the NYS FOS. In FFY 2020-2021, families who identified as Black, Other race, and Hispanic families were less likely to complete the survey than were families who identified as White, and Non-Hispanic families. Additionally, families from NYC were less likely to complete the survey than were families from the rest of the state. Additionally, families whose primary language was English were more likely to complete the survey than were families whose primary languages were Spanish or another language. The lack of representativeness is a concern because the goal is to ascertain how all families feel about the EIP.

In March 2020, the Department applied to participate in a cross-state learning collaborative hosted by the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSY) to improve equity in family outcomes in the EIP. This work provides NYS with the opportunity to collaborate with other states and stakeholders in identifying quality improvement strategies to promote equity in the delivery of state EI services. As part of this work, NYS completed a self-assessment which included a review of our FOS data around representativeness, to identify disparities. New strategies to improve in this area were identified and were implemented during FFY 2020-2021, including:

- FOS sent out in four batches, closer to the time that children exited the Program, instead of once per year
- The New York City EIP sent out a text message to their cohort of families to encourage participation in the FOS
- The Department developed posts for the Early Intervention Community of Families Facebook Group on the FOS, to encourage parent participation and reminders to complete the survey were also posted
- A four-part video series was developed titled, Families' Perspectives: A Parent's Journey to Early Intervention. Each video features parents of children who were in the Early Intervention Program (EIP) and was developed to highlight how the EIP helped their family. Three of the videos in the series focused on families living in communities where language could be a barrier to connect to the Program. In these videos, an English, Spanish, Bengali, and Chinese-speaking parents talk about their family's journey from concern about their child's development, to early intervention enrollment. These videos were promoted to parents on the EI Community of Families Facebook group and posted on our BEI website and DOH YouTube page.
- Revising the EICC/LEICC training slides for parents and local EIPs to include language on representativeness – shared during our parent training sessions
- Revising the EICC/LEICC Early Intervention Official Manual to include language on representativeness

Additionally, Bureau of Early Intervention (BEI) SSIP staff presented at the October 2020 Improving Data, Improving Outcomes Virtual Convening, on Using Part C Family Outcomes Data to Examine Equity and Representativeness.

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

YES

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

Many municipal EI programs are part of their local health department (LHD). Municipal staff that typically coordinate the IFaCT work were deployed, often full-time, to assist with the COVID-19 response in their municipalities. First on COVID testing and contract tracing (March 2020 – June 2021), and then on the vaccine response (January 2021 – June 2021). Many local IFaCT projects had to be put on hold due to COVID-19, and therefore, in these counties/regions, the UCEDDs were unable to collect additional data for the SSIP. Due to the Governor's Stay-at-Home Executive Order 202, all in-person activities for children and families once included on IFaCT community resource calendars (e.g., parent-support groups, library story hour, play groups, etc.), were not held. Additionally, the Governor and State Commissioner of Health, declared COVID-19 the number one priority of the Department. As such, State DOH staff were instructed to allow counties to prioritize their response to COVID, and to not place any additional expectations on them, which included the SSIP. NYS Department staff at all levels were also instructed to prioritize their work related to the COVID-19

response effort. For the EIP, this included providing guidance to the field (9 guidance documents, including 62 frequently asked questions, and a revised telehealth consent form), responding to approximately 160 emails/phone calls for technical assistance each week and revising requirements to support services via telehealth, which was offered for the first time as a service delivery method. Additionally, Bureau staff met regularly with the State Education Department (SED) to review transition policies/guidance/presentations for children exiting the EIP and transitioning to Preschool Special Education Programs and Services. Staff also reviewed guidance related to Home and Community Based Services. Half of the NYS Department of Health Bureau of Early Intervention staff were deployed for the response to COVID: 24/7 hotline (March 2020 – July 2020, COVID testing (April 2020 – June 2021), data analysis and reporting - created weekly COVID reports that summarized the positivity rates per drive-in testing and walk-in sites for the Governor and Chamber (April 2020 - June 2021, contract tracing (April 2020 – September 2020), and transportation (April 2020 – September 2020), Airport travel screening (July 2020 – October 2020), school reopening plan review (August 2020), and then vaccine pods (January 2021 – June 2021). This caused delays in the review, approval process, and delivery for over 25 of the UCEDD developed trainings on family-centered practices, as part of the SSIP IFaCT project. COVID-19 also directly impacted the filming of 10 videos as part of the SSIP. During the Declared State of Emergency due to COVID-19, EI services in NYS were being provided via telehealth to the maximum extent possible. Telehealth had never been a method by which early intervention services were rendered in NY, prior to the pandemic. During the reporting period, there were fewer referrals to the EIP, therefore, there were fewer MDEs and MDEs with FDAs completed. The Department hypothesizes that since many MDEs were being completed via telehealth, which was a new modality for both parents and providers, the voluntary FDA was not being completed, as it may have been perceived as an additional task for the family and provider to complete.

Section B: Implementation, Analysis and Evaluation

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

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

An analysis of our data show that less than 10% of families with eligible children currently complete a FDA. To improve this rate, we have created and submitted a survey for providers and EIOs/EIODs to:

1. summarize the barriers that providers experience with regards to the completion of the FDA;
2. provide detail on what information, training, and resources providers need before they will feel comfortable completing a FDA;
3. describe what FDA tool(s) they currently use.

We have also created general information for providers describing the benefits of utilizing the FDA. NYSEIP will next complete the following steps:

1. Summarize the findings from the provider survey;
2. Research the most utilized FDA tools and determine which structured survey and unstructured interview tools should be recommended Statewide;
3. Create guidance documents and comprehensive training for providers, including service coordinators, that describes which FDA tools NYSEIP recommends using, why, and how to effectively use them, as well as additional resources that providers might need (e.g., script for talking to parents about the FDA).

A brochure and short video for parents will also be developed.

NYSEIP will also analyze the metrics below on an annual basis to determine whether the current strategy is effective. The current evaluation plan is located at this site: https://www.health.ny.gov/community/infants_children/early_intervention/ssip/docs/ssip_evaluation_plan.pdf

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

Measures:

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

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

Learning collaboratives, local quality improvement projects, Divisions for Early Childhood (DEC) recommended practices, Family Outcomes Survey improvements, professional development, FDA terminology changes, Facebook Group for Families, Family listserv, Stay Connected Postcard

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

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

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

evidenced-based practices focused on parents and EI providers working in partnership to improve family-centeredness, and enhancing parents' knowledge, skills, and access to resources.

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

- 22 municipalities and NYC created local resource lists
 - 15 teams created Facebook pages/groups to provide information about local events/resources
- These Facebook pages/groups were already connecting families to each other and to their local communities, when COVID-19 began impacting NYS. Since the pages were already being used successfully, the counties were able to continue reaching EIP families and helped to communicate valuable resources to assist families impacted by COVID including: public health information, community resources, food distribution, mental health information, shelter and supplies, and at home appropriate developmental activities for infants and toddlers.
- 6 teams created community calendars and newsletters to inform families of local events
 - 1 team created a resource website for EI families and professionals
 - 11 teams worked to improve the way IFSP family outcomes are written by ensuring family outcomes were included in IFSPs
 - 2 teams revised their family assessment template and process
 - 16 municipal and three NYC teams held EI parent/child groups and workshops for families. The Rose F. Kennedy UCEDD was also able to hold several "virtual" parent-support groups to support families, that before COVID-19, were only held in-person.

The Department has continued to integrate the Division for Early Childhood (DEC) best practices into statewide professional development. We continue to review policies and procedures to support family-centered practices across the State system.

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

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

Terminology change – family assessment to family-directed assessment

The NYSEIP in collaboration with stakeholders (parents, local Program staff, early intervention providers) decided to change the term family assessment to FDA in all Department guidance, training, and communications to the field. The name change was based on feedback received from both IFaCT cohorts, parent panels, the Parents as Partners trainings, and EICC meetings. One short-term outcome is for the term FDA to be more recognizable to parents and more appealing, as it implies the assessment is directed by the family, with the evaluation team, to play a supporting role. An intermediate outcome is for the terminology change to encourage more families to complete the FDA.

Statewide Professional Development

As part of scale-up activities, FDA and FOS information were added to self-paced and live courses, as applicable. DEC recommended practices were also added to all professional development courses developed by the Department.

SSIP Training on Family-Centeredness

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

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

The Overview of Families' Rights During Referral, Evaluation and Eligibility, four-part video series will be added to the EI Families website for families of children in the EIP. Each video covers a family's rights during different steps in NYS's EIP. In these videos, Kimberly Weisbeck, from Disability Rights New York (DRNY), a Protection and Advocacy System and Client Assistance Program (P&A/CAP) for people with disabilities in NYS, describes the process and answers some frequently asked questions about the EIP from referral to transition. These videos directly relate to the SiMR to improve family outcomes by ensuring families understand their rights in the EIP.

EI Community of Families Facebook Group

The EI Community of Families Facebook group was chosen as a scale-up activity at the State level because of the successful local social media projects. The group provides a network where families can connect with each other and have access to current information and resources. This group for families has seen a large increase in the number of members and the Department continues to expand its reach and messaging. BEI launched this group in March 2021. The number of members has grown significantly. Last year, BEI reported 445 members and as of November 2021, there are 662 members.

Stay Connected Postcard

As part of scale-up activities at the State level, as well as the continued use of the identified evidence-based practices identified, the Department translated the previously developed "Stay Connected" postcard to connect EI families to the Department by promoting the EI Community of Families Facebook Group and Family listserv into six languages. The postcard will be disseminated to counties to hand out to families in Program Year 2021-2022.

Family Listserv

BEI wants to make sure families stay connected to the EIP. As part of scale-up activities at the State level, as well as the continued use of the identified evidence-based practices identified, the Department received approval to begin sending out communications to families via the family listserv. Communications include information on upcoming trainings for families, resources on developmental delays and disabilities, new guidance, and policies. The listserv also serves as a way for families to share their ideas with BEI by completing surveys.

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

YES

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

The Department executed no-cost contract extensions with the UCEDDs through September 30, 2020. Developing and presenting 30 trainings was more involved than anticipated, with some of the trainings requiring translation and sub-titles. The Department also had competing priorities related to COVID-19. Extending the contracts ensured the Department had enough time to complete a thorough review of the trainings, as well as give the UCEDDs enough time to evaluate the project outcomes and provide a final report to the Department. All 30 trainings were disseminated to stakeholders and posted to the DOH webpage and YouTube channel. Additionally, several videos featuring parents were shown at EICC meetings, as well as shared with families on the EI Community of Families Facebook group. Video clips were also incorporated into the Statewide professional development courses for providers, to reinforce evidence-based family-centered practices and to highlight the diversity of families in the EIP.

This Program Year (2020-2021), the FOS was mailed out to families in four batches. This method allowed families to receive the survey closer to their exit from the Program. Previously, the survey was only sent out once per year, therefore, some families received the survey up to 8 months after exiting the EIP. The Department also began promoting the family outcomes survey to families to encourage their participation, by sharing information and reminders to complete the survey using the EI Community of Families Facebook Group. Additionally, the New York City EIP used their family texting system to send survey reminders in both English and Spanish and were able to include the Quick Response (QR) code for families to complete the survey online.

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

To ensure that families understand what the EICC is and how they can participate in meetings and offer public comment, the Department began sharing posts on the EI Community of Facebook Group for parents. The Department anticipates more parent awareness as a short-term outcome and more parent participation in EICC meetings based on these posts, as an intermediate outcome.

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

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

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

- BEI will create a new FDA template for providers to document the information collected from families. To increase the number and quality of FDAs, BEI has completed a literature review and is in the process of selecting recommended tools, to improve consistency of completed FDAs across the State.
- Our vendor, Measurement Incorporated (MI), is developing a new FDA training for providers that will incorporate best practices.
- BEI is developing scripts with talking points to assist providers in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps.
- BEI will develop an infographic, and short video under the Family Initiative Coordination Services Project (FICSP) contract. Both will highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process.

To increase the FOS response rates and both racial and ethnic representativeness, a FOS video and infographic for parents will be developed, to explain what the survey is, share State data, as well as to promote the important role families play in improving outcomes when they complete it.

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

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

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

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

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

Provide a summary of each evidence-based practice.

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

Based on the Plan Do Study Act (PDSA) plans that were created at the in-person Learning Sessions, municipalities and providers have implemented small changes into their everyday activities for select families. If the change has been demonstrated as successful based on data collected through surveys and IFSP reviews, the team implements the change with more families and continues to collect data. The UCEDDs continued to coach local county teams throughout the reporting period. See FFY 2019-2020 SSIP report for data collected.

One of the evidence-based practices local IFaCT teams focused on was to enhance parents' knowledge, skills, and access to resources. Teams developed several products, such as local community resource guides, community calendars of events for young children, parent/child support groups,

county EIP Facebook pages/groups, and county EIP websites with local, State, and national resources for parents. These Facebook pages/groups were already connecting families to each other and to their local communities, when COVID-19 began impacting NYS. Since the pages were already being used successfully, the counties were able to continue reaching EIP families and helped to communicate valuable resources to assist families impacted by COVID including public health information, community resources, food distribution, mental health information, shelter, and supplies, and at-home appropriate developmental activities for infants and toddlers with disabilities. Local projects continue to support families and their access to resources. Additionally, the Rose F. Kennedy UCEDD was also able to hold several "virtual" parent-support groups to support families, that before COVID-19, were only held in-person.

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

The Department received the final IFaCT project reports in Fall 2020. Upon analyzing the data from both cohorts, findings from all UCEDDs support the Department's decision to implement quality improvement strategies focused on FDAs to increase family-centeredness, using the identified evidence-based practices.

At the State level, the BEI webpage has continued to be updated with information and resources to increase parents' knowledge, skills, and access to resources to support their child's development and feel connected with other families in the community, including COVID resources. Additionally, BEI continues to offer Statewide training that incorporates DEC evidence-based practices on family-centeredness, to ensure providers are collaborating with parents to improve family outcomes.

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

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

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

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

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

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

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

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

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

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

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

New York State maintained fidelity, as detailed in prior reports, to the original IHI breakthrough series improvement methodology and no changes were made to the implementation strategies identified. The framework has served as the road map for the work to implement the quality improvement efforts, as described in the FFY 2018-2019 SSIP report. The fifth year of the implementation phase was spent executing the Learning Collaboratives for Cohort 2. Formal work for Cohort 1 concluded in December 2018 and January 2019, and formal work for Cohort 2 concluded in September and November 2019. The UCEDD staff continued to help coach and train EI professionals to improve the quality and family-centeredness of EI services through September 30, 2020.

Since our updated Theory of Action from FFY 2018-2019 predicts that more frequent FDA completion will improve FOS scores, the Department has developed six additional measures related to FDA. Our analyses from FFY 2020-2021 show that 90.91% of responses on the FOS were positive from families who had a FDA; whereas, 92.89% of responses on the FOS were positive from families who did not have a FDA. However, only 30 families had a FDA and completed the FOS; whereas, 2,455 families did not have a FDA but did complete the FOS. This may be due to fewer referrals to the EIP and therefore, fewer MDEs and MDEs with FDAs completed.

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

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

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

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

From September 2019 to September 2020, the UCEDDs, in collaboration with the Department, developed 30 trainings on family-centered practices and findings identified by IFaCT teams in both cohorts. These trainings promote professional development to support early intervention service delivery using family-centered practices.

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

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

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

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

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

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State intends to continue to implement the SSIP without modifications. The UCEDDs analyzed the data collected from both Cohorts for the final IFaCT project reports, which were submitted to the Department in Fall 2020. Findings from all UCEDDs support the Department's decision to implement quality improvement strategies focused on increasing the usage of FDAs to improve family outcomes. NYSEIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice. We have identified that less than 10% of families complete the FDA. Our goal is to improve this in the future by giving providers FDA guidance, training, and resources.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Performance Plan/Annual Performance Report (SPP/APR) including the State's Systemic Improvement Plan (SSIP) was presented to and discussed with the Early Intervention Coordinating Council (EICC) to obtain stakeholder input on the SPP/APR on December 14, 2021. The EICC is a 30-member council established in Section 2553 of the Public Health Law. It is composed of five parents, five EIP provider representatives, two Early Intervention Officials (EIOs) representing municipalities, three managed care plan representatives, seven State agency partners, two members of the Legislature, one personnel preparation or training, and five discretionary member seats. The EICC holds public meetings that are webcast to allow stakeholders Statewide to view the proceedings. Preliminary data were presented on the SPP/APR indicators, including historical trend data and target setting. The EICC members were engaged in a thorough and thoughtful discussion of the data and target setting.

The SPP/APR data and target setting were shared and discussed on an all-county conference call with the local early intervention managers, officials, and other county staff on November 17, 2021. In addition, Department staff have worked with EIOs and managers to review and finalize the data for the SPP/APR.

The Department received some constructive feedback as summarized below from the stakeholders on the APR data, the SPP target setting, and the NYS Part C Results-Driven Accountability Determinations and made changes to some targets upon the discussion. The stakeholders were in favor of all the targets recommended by the Department as part of the SPP/APR.

1. The eligibility criteria for early intervention programs are different across states. Therefore, the number and the levels of developmental delays and disabilities of infants and toddlers served are varied among states, which impacts the overall child and family outcomes that each state can achieve. The stakeholders suggested the Department analyze the child outcomes and family outcomes by diagnosis and level of delays, and recommended that OSEP take this impact into the consideration for the State Determinations.
2. The stakeholders suggested the impact of the COVID-19 pandemic to be considered in the target setting so the targets are achievable during

the pandemic. The Department presented the forecasts with the historical data including the performance from the pandemic time periods and recommended the targets set in the achievable projected band with 95% confidence interval bounds.

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

IFaCT Team Engagement Calls

The UCEDDs, in collaboration with the Department, continued to assist IFaCT teams with the sustainability of their quality improvement work in their counties, provided technical assistance, as needed, and obtained feedback on local project implementation.

Webinars

WIHD held a Lessons Learned from IFaCT webinar on September 23, 2020, for providers, parents, and local EIP administrators, to share data, lessons learned, best practices, considerations for early intervention professionals to improve family outcomes, and sustainability efforts. The webinar was recorded for those unable to attend the live webinar.

Early Childhood Transitions Work Group

NYSEIP staff are part of a State agency collaborative to improve early childhood transitions. At a meeting convened on July 24, 2020, NYSEIP staff shared information about the EIP, SSIP, and available trainings for early childhood stakeholders, including pediatricians, and obtained feedback on how entities could use these resources and training with their communities of providers and families.

Parents as Partners Training

The Department also engaged with families during the Family Initiatives Coordinating Services Project, which is the Department's family leadership and advocacy skills training for parents of children in the EIP, to understand families' perspectives and to collaborate on State policy and procedural changes. The Department met with parents on July 31, 2020; August 8, 2020; October 2, 2020; November 13, 2020, March 5, 2021, June 11, 2021, September 17, 2021, and November 12, 2021.

EICC Meetings

For this reporting period, the Department presented to the EICC on September 24, 2020, March 23, 2021, and December 14, 2021. The Department shared and obtained feedback on the plan, phases, implementation, improvement strategies, data collected, challenges/successes, State scale-up efforts based on successful local IFaCT projects, and next steps of the SSIP. The Department also sought specific feedback on family-directed assessments and proposed future improvement strategies, based on data collected from both cohorts and related data from the State data system. During the September 2020 meeting, the Department and all three UCEDDs engaged with the EICC (providers, municipal staff who administer the local programs, parents). The Department shared data collected from both cohorts, as well as data related to FDAs collected in the State data system. Additionally, the Department sought specific feedback on FDAs, including proposing a name change, and proposed future improvement strategies to increase the number of FDAs completed in the NYS EIP. The Department obtained feedback on the SSIP plan, phases, data collected, and next steps. During the March 23, 2021 meeting, the Department in collaboration with our vendor presented on the Family Initiatives Coordination Services Project – the Department's advocacy and leadership skills training for parents. Stakeholders provided feedback and gave suggestions on how to further promote the training to families. The Department also provided a presentation on its work around improving representativeness and how to ensure the voices of all families are represented in the Program.

Provider Presentation

BEI presented a poster at the April 2021, New York State Speech-Language-Hearing Association convention, to promote the use of FDAs and encourage speech-language pathologists to complete them.

All County Conference Calls

The Department engaged with our local program administrators (municipal EIOs), during our bi-monthly All County Conference Calls to share SSIP information (data, projects, updates, etc.) and garner feedback on SSIP implementation on August 20, 2020, October 29, 2020, December 10, 2020, February 18, 2021, April 22, 2021, and June 10, 2021.

Early Hearing Detection and Intervention Advisory Group

Department SSIP staff presented and engaged with the Early Hearing Detection Intervention (EHDI) Advisory Group during the February 24, 2021, Annual Meeting. An overview of SSIP was presented, data was shared, and resources developed as part of the SSIP were provided. Members of this group include parents, audiologists, pediatricians, early childhood providers, other State agencies.

County Collaborations

The Department collaborated with a county who had selected to work on FDAs, as part of their IFaCT project to improve family outcomes. The county provided the Department with their newly developed materials as a result of their project, anecdotal data gathered from parents and providers on their projects, and the recent discussions about FDAs and the potential name change, with their Local EICC. The Department intends to partner with this county and others in the future.

Provider/EIO Needs Assessment

The Department and Measurement Incorporated, developed and disseminated a Needs Assessment with a new comprehensive section on FDAs, to obtain stakeholder feedback to assist with next steps for NYS's SSIP. The needs assessment was disseminated via the BEI listserv and 243 participants completed the FDA portion of the survey.

UCEDD Final Reports/Data Analysis

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

County Collaborations

The Department collaborated with a county who had selected to work on family assessments, as part of their IFaCT project to improve family outcomes. The county provided the Department with their newly developed materials as a result of their project, anecdotal data gathered from parents and providers on their projects, and the recent discussions about family assessments and the potential name change, with their LEICC. The Department intends to partner with this county and others in the future.

UCEDDs

The Department reengaged with the three UCEDDs (including parents). These stakeholders also reviewed family outcomes data (Indicators 4 and 11),

as well as advised and assisted the Department with SPP/APR target setting and reviewed and provided feedback on Department developed materials related to the SSIP, to support our efforts to improve outcomes for families.

Parents as Partners Training

The Department engages with families as part of the Parents as Partners trainings. Parents provide stakeholder feedback on the plan, progress, and implementation of the SSIP. Parents review the family outcomes data (Indicators 4 and 11), as well as advise and assist the Department with SPP/APR target setting, and review and provide feedback on Department developed materials related to the SSIP, to support the Department in our efforts to improve outcomes for families.

SSIP Advisory Group

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

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

During the Partners training parent panel (November 2020), families expressed concerns about the family listserv registration process. Many families found the process cumbersome and felt that other families would not be successful in registering. Based on the feedback received, BEI contacted the Unit responsible for the management of Department listservs and was advised that the instructions could not be modified. In order to address stakeholder concerns, the SSIP email address was added to the postcard, providing a way for parents to get assistance with registering for the listserv.

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

Based on concerns expressed about the term family assessment from both cohorts, the Department presented the findings to members of the EICC and sought feedback on changing the term to family-directed assessments. During the discussion with the EICC on September 24, 2020, members also expressed concerns with the term "family-assessment", indicating that it was not a parent-friendly name and could be perceived as negative by parents. Families participating in the November 15, 2020, Partners training, agreed that the term family-assessment may be perceived as negative by some families and preferred the term family-directed assessment. See Chart III in the FFY 2019-2020 SSIP report for additional feedback. Due to the overwhelming concerns expressed by all stakeholders, the Department is in the process of amending the EI Program regulations to reflect the change to family-directed assessment.

Needs Assessment

Both municipal staff and providers expressed concerns in the needs assessment about FDAs and their completion in the EIP. Stakeholders expressed confusion in the field regarding who is responsible for completing FDAs with families, and how to complete and document a FDA.

Additional Implementation Activities

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

The Department will begin to work on an Early Intervention Promotional campaign. Part one of the campaign will be designed to advertise and create awareness of the Program in underserved communities. Part two of the campaign will be targeted towards high schools, colleges, and universities, to promote the Program and recruit future providers to the Program. The goal of the promotional campaign is to grow the Program, improve equity and representativeness, and help with provider capacity issues. In doing so, the Department believes this will improve the family experience and SiMR.

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

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

SSIP Advisory Group – The group will meet quarterly with a kick-off meeting held on 10/27/21.

Collaboration with UCEDDs - Meeting with the UCEDDs and parents held on 11/23/21.

Parents as Partners Training- The Department will meet with parents during Session I on Friday nights quarterly in 2021-2022.

Families' Rights Video Training- Fall 2021

Collaboration with Parent Centers- Fall 2021

EIP Promotional Campaign in Underserved Communities - By Fall 2022

FDA Training (providers) - The new family-directed assessment training will first be delivered as a live online course to early intervention providers and will then be made available as a self-paced course thereafter. The live version of the course will be used to pilot the new curricula and the course will be revised based on participant feedback, prior to the launch of the self-paced course. The Department anticipates the self-paced course will be available for all providers in Spring 2022.

FDA Resource Guide (providers) – A comprehensive compendium of local, State, and national resources that can be shared with families as applicable, if needs arise from the FDA (Fall 2021).

FDA Infographic (families)- BEI will develop an infographic to highlight the benefits of participating in the FDA and how it can improve the Program for all children and families (Summer 2022).

FDA Video (parents)- BEI will develop a short video under the Family Initiative Coordination Services Project (FICSP) contract to highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process (Fall 2022)

FDA Script (service coordinators) - BEI is developing scripts with talking points to assist service coordinators in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps (Summer 2022).

FDA Script (evaluators) - BEI is developing scripts with talking points to assist providers in their discussions with families about the FDA. Both cohorts and the training needs assessment identified these knowledge gaps (Summer 2022).

FDA Template (providers) – BEI will create a new FDA template for providers to document the information collected from families as part of the FDA, to improve the consistency of completed FDAs across the State (Fall 2022).
Family Outcomes Infographic (families)- BEI will develop an infographic to share Statewide family outcomes data and the benefits of participating in the FOS and how it can improve the Program for all children and families (Spring 2022).
Family Outcomes Infographic (providers)- BEI will develop an infographic to share the importance of the FOS and how to encourage parent participation (Spring 2022).
Family Outcomes Video Vignette (parents)- BEI will develop a short video under the Family Initiative Coordination Services Project (FICSP) contract. Both will highlight the benefits of participating in the FDA and how it can improve family-centeredness in the IFSP outcomes development process (Fall 2022).

Anticipated Data Collection – through surveys

This next year will be spent developing resources, Program guidance, and trainings for providers in terms of the importance of and recommendations regarding how to conduct the FDA. Given the time needed for the Department to develop and disseminate this information to the field, and for providers to implement these practices, it is not expected that there will initially be a large increase on the Impact on Families Scores. Therefore, the State's target for the SiMR will be conservative for FFY 2021-2022, at 87.2%. In the future, this target will increase as family assessments become more widely used to increase family-centeredness and improve family outcomes once the guidance and training have been released. The State will set additional targets for the expected percent increase of FDAs completed.

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

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

As the State begins to focus on FDA for FFY 2021-2022, one potential barrier is the current payment structure for the FDA. The FDA is not a separately reimbursable service in NYS, but rather it is included in the MDE rate. The Department plans to issue revised guidance to the field on best practices for completing FDAs and provide training to EI providers to increase the number of FDAs completed. The Department recognizes that it may be necessary to reevaluate the reimbursement structure if policy guidance and training do not result in a significant increase in the rate of completed FDAs.

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

Additionally, based on the needs assessment disseminated by Measurement Inc. (Statewide training contractor), provider buy-in is a potential barrier. Some providers feel that the completion of the FDA with families is not their responsibility. Stakeholders expressed to the Department the need for clearly defined roles and responsibilities of early intervention service coordinators, service providers, and EIO/Ds, in relation to the FDA. The Department intends to provide guidance to clearly define the roles and responsibilities in the FDA process.

Provide additional information about this indicator (optional).

n/a

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2020 data.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Raymond Pierce

Title:

Bureau Director

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