

NYS Early Intervention Program SSIP Phase III: Implementation

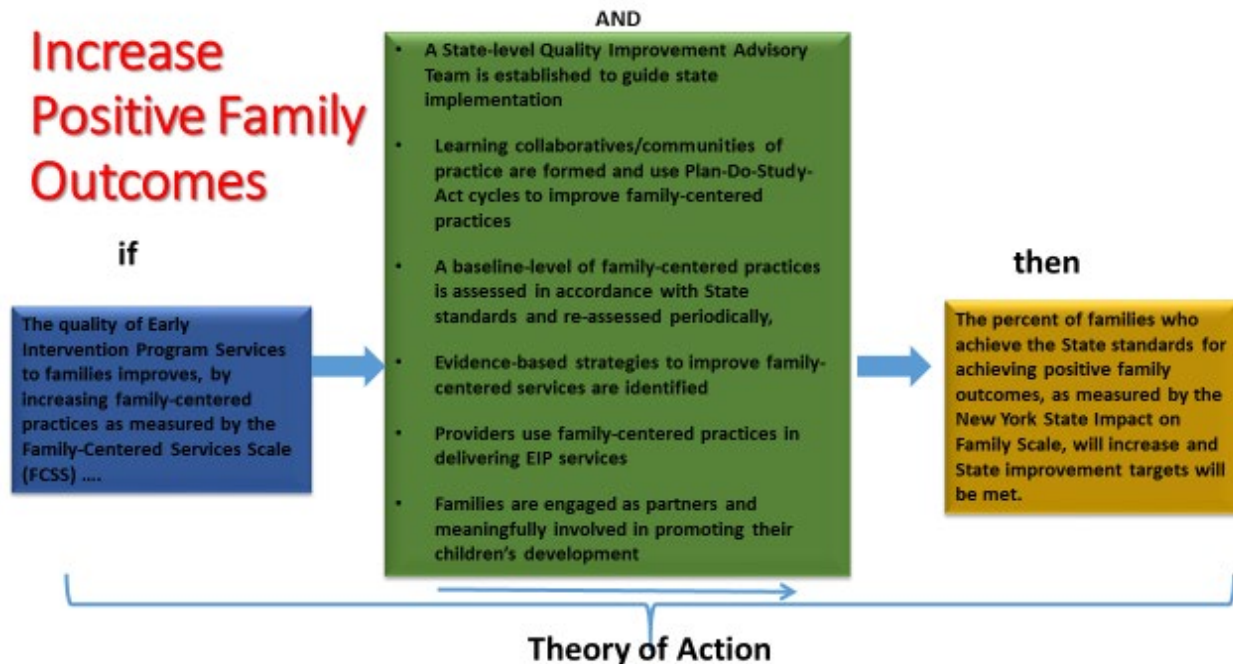
Summary of the SSIP

The New York State Department of Health (Department) which serves as the lead agency for the New York State Early Intervention Program (NYSEIP) has identified family outcomes as the area of improvement that will be the focus of the State Systemic Improvement Plan (SSIP). The State-identified Measurable Result (SiMR) is to increase the percentage of families exiting the NYSEIP who report that NYSEIP helped them achieve the level of positive family outcomes defined in conjunction with stakeholders as representing the State standard. The State standard is the percent of families who have a score ≥ 576 on the New York Impact on Family Scale (NYIFS). Families with a score at or above the standard have a very high likelihood of agreement with all the NYIFS items having a location on the scale that is lower than, or equal to, the location of the item, “Early intervention services have helped my family use services to address my child’s health needs”.

The State standard encompasses all three Indicator 4 family outcomes (percent of families participating in Part C who report that early intervention services have helped the family know their rights; percent of families participating in Part C who report early intervention services have helped the family effectively communicate their children’s needs; and, percent of families participating in Part C who report that early intervention services have helped their child develop and learn). Therefore, families who meet the State standard will have achieved all three Indicator 4 family outcomes. The State’s Early Intervention Coordinating Council (EICC) unanimously supported the selection of family outcomes for the focus of the SSIP and the use of the State standard for the NYIFS as the SiMR.

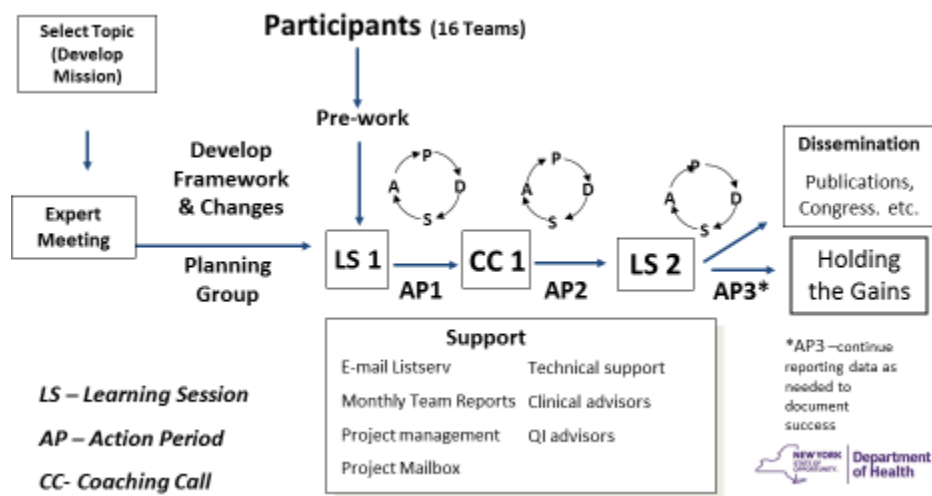
Based on extensive data analysis, reported as part of Phase I and submitted on April 1, 2015, the Theory of Action (below) was developed. The State will improve family outcomes by improving the quality of the Early Intervention Program by ensuring the program and the services provided are family-centered. If the quality of Early Intervention Program services delivered to families improves, by making sure they are more family-centered as measured by the national Family-Centered Services Scale (FCSS), then the percentage of families who achieve the State standard for positive family outcomes, as measured by the NYIFS will increase, and SIMR targets will be met. The NYS Family Survey with the NYIFS and FCSS is attached. (Appendix 1)

The Department will use the NYIFS, which is being collected annually by surveying a sample of families as they exit the NYSEIP, to evaluate progress toward the SiMR. The FCSS, which is part of the same survey that is used to collect the NYIFS, will be used to evaluate the Theory of Action and progress toward the goal of improving positive family outcomes. The Theory of Action is attached. (Appendix 2)



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

The “breakthrough series” is an evidence-based approach to working with organizations and professionals to achieve improvements in the quality of service delivery through “Learning Collaboratives.” A Learning Collaborative is a systematic, time-limited approach to quality improvement in which multiple organizations come together with faculty to learn about and create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other; thus, “everyone learns, everyone teaches.” Teams engaged in healthcare “Learning Collaboratives” have achieved dramatic results, including reducing waiting times by 50% percent, reducing worker absenteeism by 25%, reducing intensive care unit costs by 25%, and reducing hospitalizations for patients with congestive heart failure by 50%. (See *The Breakthrough Series: IHI’s Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003; available on www.IHI.org). Below is a depiction of the Breakthrough Series framework. (Appendix 3)



Progress Implementing the SSIP

The Department has completed the first step, which is to select the topic and develop the mission, and the second step to convene experts. As described in Phase I and II, the Department planned to establish the New York State Early Intervention Quality Improvement Team as the statewide leadership team to guide state implementation of the SSIP. The Department has established this group, which is called the SSIP Advisory Group. The SSIP Advisory Group includes Department staff, representatives of the EICC and Early Childhood Advisory Council (ECAC), including parent representatives and state agency partners, and NYSEIP local program and service provider representatives. The SSIP Advisory Group is responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. The members have been informed of Department proposed plans for SSIP implementation through webinars and other communications. Two webinars with the leadership team have been convened. Additional webinars have been scheduled. The list of members of the SSIP Advisory Group is attached. (Appendix 4)

A plan has been developed to recruit teams to participate in the SSIP. As described in Phase II, the Family-Centered Practices Learning Collaboratives using the IHI Breakthrough series model will be implemented in three regions of the state with 14 teams per region for a total of 42 teams per cohort with the goal of three to six participants per team. Each cohort will work together for 12 months. The recruitment materials (attached) have been drafted and in the final stages of being finalized with input from the SSIP Advisory Group. (Appendix 5)

The first in-person Learning Session (LS) has not yet been held, but is anticipated to begin in the Summer 2017. The learning collaborative will begin with an in-person or virtual Learning Session. Team members will be active participants in the first learning session, at which they will be expected to present Storyboards about their local process and an aim statement about what they plan to do to improve. The teams will leave the learning session and will immediately

implement small changes and will complete Plan-Do-Study-Act (PDSA) worksheets each month to track changes. The framework and process was described in detail in Phase II submitted on April 1, 2016.

The Department is in the process of establishing contracts to assist in implementation of the SSIP with three Centers of Excellence to facilitate the learning collaboratives. These Centers of Excellence have both clinical expertise in serving young children with developmental disabilities and their families and pre-service and in-service training of early intervention service providers in service delivery. Funding has been allocated to the contracts as part of the work the Department has undertaken to align the state's infrastructure to support the SSIP. The Centers of Excellence will have designated staff to facilitate the local learning collaborative teams, recruit members, plan and hold the in-person Learning Session, collect data on short-term and long-term outcomes, and prepare routine reports of progress on the SSIP and the SiMR.

The IHI Breakthrough Series is built on PDSA cycles. The teams implement small tests of change (i.e., implementing family-centered practices with a few of the families they serve) in a short period (e.g., one week or one month) and then they determine whether they should abandon (i.e., it did not work at all or had negative outcomes), adapt (i.e., it worked but needs to be tweaked), or adopt (i.e., implement with more families or across different settings).

The evidence-based strategies that the teams will implement will be taken from the FCSS items. The FCSS includes ways in which early intervention services should be delivered to ensure they are family-centered. The items are listed in the attached table, and sorted by the likelihood families agree that early intervention services were family-centered (the items at the top are the ones families are least likely to agree to). (Appendix 6)

Family-centered Services Scale Items

Someone from the Early Intervention Program went out into the community with me and my child to help get us involved in community activities and services.

My family was given information about ways of connecting with other families for information and mutual support.

Someone from the Early Intervention Program asked whether other children in the family needed help in understanding the needs of the brother or sister with a disability.

My family was given information about community programs that are open to all children.

My family was given information about where to go for help or support if I feel worried or stressed.

My family was given information about opportunities for my child to play with other children.

Someone from the Early Intervention Program asked if I was having any problems getting the services I needed.

My family was given information about how to advocate for my child and my family.

My family was given information about the public school system's programs and services for children age three and older.

My family was given information about what my options are if I disagree with a decision about my child's services.

Someone from the Early Intervention Program asked if the services my family received met our needs.

I was given help in preparing for the IFSP meeting.

The IFSP kept up with my family's changing needs.

My family was given information about activities that I could do with my child in our everyday lives.

My child transitioned from early intervention (birth to 3 program) to preschool special education without a break in services.

My family was given information about the rights of parents regarding early intervention services.

I was given information to help me prepare for my child's transition.

My child received all the supports for transition listed in our IFSP.

I was offered the chance to meet with people from the Early Intervention Program and the committee on preschool special education to plan for my child's transition to preschool special education.

I knew who to call if I had problems with the services and supports my child and family are receiving.

Written information I received was written in an understandable way.

My family's daily routines were considered when planning for my child's services.

I felt part of the team when meeting to discuss my child.

Teams will select key areas, based on these items, to implement changes in their ongoing interactions with families at IFSP meetings or during their sessions with children and families. The teams will collect data on their progress and will complete a data tracking tool (example attached as Appendix 7) which will be turned into a run chart (example attached as Appendix 8) that will be provided back to the families. The teams will be making these decisions every month and will be reporting out to other teams in their regional cohort on monthly Coaching Calls/Webinars. A PDSA worksheet, which will be completed monthly by local teams, is attached. (Appendix 9)

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

Stakeholder Involvement

The Department has included stakeholders in all phases of the SSIP. The Department has engaged the EICC on multiple occasions to present the plan and to elicit feedback. One of the presentations provided to the EICC is attached. (Appendix 10) The Department has convened and is actively working with the statewide advisory group for the SSIP. The statewide advisory group includes representatives across the Early Intervention system, including families, providers, and local officials. One of the presentations provided to the SSIP Advisory Group is attached. (Appendix 11) On May 6, 2016, the Department presented the plan to the NYS Association of County Health Officials (NYSACHO), which represents most local EIP programs, as well as local Early Intervention Officials (EIOs) and Managers directly responsible for program administration.

On November 30, 2016, the Department engaged with the Executive Director of Parent to Parent of NYS (Family Voices of NYS). Parent to Parent of NYS, which began in 1994, is a statewide not-for-profit organization established to support and connect families of individuals with special needs. Parent to Parent of NYS has an extensive infrastructure with 11 offices located throughout NYS, which are staffed by Regional Coordinators, who are parents or close relatives of individuals with special needs. Parent to Parent of NYS offers networking and training opportunities to families of individuals with special needs and the professionals who serve them. Parent to Parent of NYS helps other families find support, and provides information, referrals, and trainings to parents. Their parent-matching program, which is based on a model program used across the country, assists a parent, who has a child with a developmental disability and/or special health care needs, by locating a volunteer support parent who has a similar experience. Based on analyses of the NYS Family Survey, families consistently provide feedback that the EIP was not helpful in connecting them with the community and to other families with children with disabilities. Parent to Parent of NYS is an important partner and stakeholder to ensure these connections are made. The Executive Director of Parent to Parent of NYS saw the SSIP as mutually beneficial, because their organization is actively working to ensure referrals are being made, and has agreed to partner with the Department on the SSIP.

In New York State, local programs are required to maintain Local Early Intervention Coordinating Councils (LEICC), whose members are appointed by the local EIOs, to advise EIOs on planning for, delivering and assessment of early intervention services for eligible children and their families; identification of service delivery reforms needed to promote the availability of services in natural environments; coordination of public and private agencies; and, other matters relating to early intervention policies and procedures identified by parents, EIP providers, and local public agencies. The membership of LEICCS must include parents, EIP providers, and representatives of local public agencies responsible for services to young children and their families. The LEICCs will be active participants in SSIP implementation. Presentations have been scheduled at a joint LEICC of nine counties in Central/Western NYS (April 28) and the New York City (NYC) LEICC (July 14). Additional presentations at meetings of LEICCs in other counties are being planned.

The Department elicits feedback from stakeholders about the plan, implementation strategies, and short-term and long-term outcomes. The Department has identified specific staff who have taken the lead on the SSIP. Stakeholders have reached out directly with feedback, ideas and suggestions.

Stakeholders have had an enthusiastic response to the use of IHI quality improvement framework for the SSIP. Stakeholders have commented that the framework is feasible in that it embeds the use of family-centered practices into current interactions during Individualized Family Service Plan (IFSP) meetings and early intervention service sessions with children and their families.

The Department will continue with the SSIP as described and planned. The IHI Breakthrough Series is an evidence-based framework for sustained quality improvement, and one that has resulted in demonstrated improvements on other Maternal and Child Health initiatives.

During the SSIP start-up, the Department has been promoting the importance of providing family-centered services, presenting data on response rates and family survey results (including performance on family-centered services and family outcomes scales), and discussing the items included on the NYS Family survey (attached). The family outcomes data highlight the importance of continuing to focus on improving positive family outcomes is critical. Based on NYS Family Surveys collected from the sample of families for reporting in the 2016-17 State Performance Plan/Annual Performance Report (SPP/APR), only 61.63% of families achieved the State standard for the NYIFS.

The Department has revised the SSIP timelines to reflect current status and planned actions. Procurement of the Centers of Excellence and alignment of the state's infrastructure, convening of the quality improvement leadership team, and engagement of stakeholders has required more time than anticipated. The procurement is in progress with the goal of initiating contracts in Summer, 2017. The timeline and number of Learning Collaboratives cohorts have also been revised. The Department is now planning for two cohorts (originally planned to have four cohorts). Cohort 1, which will include NYC and half of the upstate counties, will be convened in Summer 2017, and Cohort 2, which will include NYC and the other half of the upstate counties, will be convened Winter 2017. This overlap will allow for the two cohorts to complete their work prior to the end of the SSIP and allow for submission of the report by the due date of February 1, 2020.

Data on Implementation and Outcomes

The Department has developed an SSIP that integrates data to support the evaluation. The Department is utilizing the existing NYS Family Survey with the NYIFS that measures the impact of the EIP on families. The NYS Family Survey includes the FCSS, which assesses the quality and family-centeredness of the services. Both scales align 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 SPP/APR is that the data collection 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 NYSIFS to measure and report on the federally-required family outcomes. The NYIFS is comprised of items generated by national and NYS stakeholders, including parents, and written in a manner that makes them easily understandable to parents. The NYS Family Survey, which includes the NYIFS and FCSS, is translated into six additional languages (Spanish, Chinese, Arabic, Russian, Bengali, and Yiddish).

Below are baseline data, data for each year and targets established in Phase I.

Baseline and Progress Data

FFY (July 1-June 30)	Baseline (2008-09 to 2013-14)	2014-2015	2015-2016
Of those families who responded to the NYS Family Survey from FFY 2008–FFY 2013, the percent who met the State standard of ≥ 576 .	65.09% (4,245/6522)	57.04% (231/405)	61.63% (673/1092)

FFY 2014-2018 Targets

FFY (July 1-June 30)	2014-15	2015-16	2016-17	2017-18	2018-19
Of those families who responded to the NYS Family Survey in each FFY, the percent who met the State standard of ≥ 576 .	65.09%	65.09%	65.50% (+.41%)	66.00% (+.50%)	66.50% (+.50)

As described in the State Performance Plan/Annual Performance Report (SPP/APR) in Indicator 4, the Department has an approved sampling plan to collect Family Outcomes data. The NYS Family Survey is being leveraged to collect the SiMR for the SSIP, so this same sampling plan applies to data collection for the SiMR.

The Department did not meet its SiMR target for 2016-17. Due to unanticipated delays described above, learning collaboratives have not yet been established. The Department expects to see improvement in family outcomes data and to meet targets for the remaining years.

Department staff are in the process of performing more in-depth analyses of the Family Outcomes data by subgroups, by geographic regions, as well as at the county (i.e., local program) and early intervention provider level to identify any characteristics associated with the likelihood families agree to the helpfulness of the early intervention services.

Stakeholder Involvement

Stakeholders have been engaged in the evaluation of the SSIP and have reviewed SiMR data. The Department engaged the EICC, NYSACHO, the statewide SSIP Advisory Group, and Parent to Parent of NYS. Stakeholders have identified additional analyses that should be done by subgroup and by region of the NYS. Stakeholders have continued to support the state’s focus on improving family outcomes based on data that have been presented.

Data Quality Issues

The Department is strongly committed to ensuring high quality data for the SPP/APR.

The NYS Family Survey, which includes the NYIFS and the national FCSS is mailed directly to a sample of families in a Scantron format with a letter inviting them to participate in the survey and postage-paid return envelope. Surveys in other languages are provided based on information about the languages spoken in the NYSEIP administrative database. The survey is returned directly to and scanned by Department staff. The information is converted into an electronic file for analytic purposes.

In accordance with the recommendation made by the developers of the scales, data collected from families on the NYIFS were analyzed using the Rasch measurement framework. In the Rasch framework, a series of parametric models is used to estimate the properties of each survey or test item and each respondent in such a way as to locate individuals and items on a common metric. When the data meet the requirements for good measurement – adequate item fit, high reliability, and unidimensionality – then all the information available from an individual’s responses to the items is meaningfully captured in a single numerical value representing the person’s measure on the scale. The NYIFS was found to have excellent measurement properties for its intended use.

Within the Department, the data analysis and evaluation activities are overseen by Dr. Kirsten Siegenthaler, who is the Part C Data Manager and has a PhD in Epidemiology from the State University of New York at Albany (dissertation on evaluating the NYS Early Intervention Program), as well as Dr. Yan Wu, who is a senior biostatistician and has a PhD in Biostatistics from the State University of New York at Albany. Additional analytic support is provided by Dr. Ying Huang, who is a junior biostatistician with the Department since January 2016. Dr. Huang has a PhD in Pharmacy and a Master’s of Science in Biostatistics from Rutgers University.

One challenge with the data is a low family response rate. The response rate for FFY 2015-2016 was 10%. The Department is working with stakeholders, including families, local programs and early intervention providers, to determine effective ways to improve family responses. The Department has an approved sampling plan, and the respondents have been representative of the early intervention population being served based on analysis of gender, race/ethnicity, and age at referral.

Progress Toward Achieving Intended Improvements

Infrastructure Changes

The Department has made significant changes to infrastructure to better align and support the SSIP, including allocation of Part C funds to support SSIP implementation. The following specific actions have been taken.

The IHI Breakthrough Series selected by the Department is an evidence-based framework for effecting sustained quality improvement of a system. 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. In the final year, the Centers of Excellence will be focused on “spread” to share best practices and lessons learned with early intervention providers who were not able to participate and to create sustainable resources to share as new providers join the EIP.

The Department has strategically examined contracts that were in place to comply with federal requirements for the oversight and administration of the Early Intervention Program. The Department has a contract to support Comprehensive System of Personnel Development (CSPD) with a new five-year contract cycle set to begin in 2017. In preparing the Request for Proposals (RFP), the Department included a component that would support the SSIP. The contract has been awarded and will begin in 2017. The Department has also critically reviewed the process of collecting family outcomes, and has developed an RFP to support the collection of family outcomes, which will align with the SSIP. The RFP for the collection of outcomes data will be released in 2017 with the goal of awarding a contract in 2018.

Finally, Department staff within the Bureau of Early Intervention have been deployed to support the SSIP. As reported in Phases I and II, Kirsten Siegenthaler, PhD, was appointed to serve as the NYSEIP State Systemic Improvement Planning Coordinator. In addition, Marie Ostoyich, RN, MS, was hired in June 2016 to support the SSIP. Ms. Ostoyich has extensive experience as a pediatric nurse and served as the Public Health Director for a NYS county and was the President of NYSACHO. An internal BEI team was established to support the SSIP. The team includes Dr. Donna Noyes and Brenda Knudson Chouffi, Co-Directors for the Bureau of Early Intervention and co-coordinators for Part C for New York State; they provide management oversight and leadership for the SSIP. Additional support will be provided by the bureau managers and staff from the functional units within the Bureau, including, Mary-Lou Clifford, Director of the Information Systems and Quality Improvement (ISQI) section, Jessica Simmons, also from that unit; Margaret Adeigbo, Manager of Provider Approval and Due Process (PADP) unit and Kelly Callahan from that unit; Ken Moehringer, Fiscal Planning and Policy section; Yan Wu, Manager of the Program Evaluation and Evidenced-Based Practice (PEEP) Unit and Katherine Reksc, also of that unit

These changes will support the implementation, scaling up and sustainability of the quality improvement initiative during the SSIP and for future years.

Evidence of Fidelity

The Department has approached the plan to implement the IHI Breakthrough Series with fidelity. The framework has served as the road map for the work to implement the quality improvement efforts, as described in section 1 above.

The evaluation plan includes measures to assess fidelity. Questions that will be answered include:

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

Progress toward Short-Term and Long-Term Objectives

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. The Department is leveraging the current system for collecting family outcomes and quality of family-centered services by using the NYS Family Survey to measure, track and report on the SiMR each year in the SPP/APR.

Plans for Next Year

During the next year, work will focus on establishment of three Centers of Excellence to support the two cohorts of Learning Collaborative teams, collection of data, analysis and distribution of data monthly, and coaching and training of professionals to improve the quality and family-centeredness of early intervention services.

The Department will continue to work with the SSIP Advisory Group and the local municipal programs on the recruitment of teams. The recruitment package, which explains the learning collaborative, the benefits of participating, and the commitment that is required, is in the process of being finalized. Key participants of the local teams, including early intervention officials and their designees, service coordinators, therapists from different disciplines, and family members, will be identified in the Spring 2017.

The Department sponsors an Early Intervention Partners in Policymaking training program twice each year in the fall and spring. The training is offered on a rotating basis in different regions throughout the state. Parents receive substantial information regarding the NYSEIP legal and regulatory framework and process. The training also helps parents develop advocacy and leadership skills related to early intervention services. Information about the SSIP and the goal of improving family outcomes is being incorporated into future training sessions, and participating families will be provided opportunities to work locally and at the state level on the SSIP.

Learning Collaboratives will begin with an initial in-person meeting followed by monthly coaching webinars or calls to discuss the previous month's PDSA cycle, review data, and

determine next steps for the upcoming month. The first cohort will begin in Summer 2017 and the second cohort will begin in Winter 2017, as previously described.

Statewide, short-term and long-term outcome measures will be reviewed by Department leadership as well as stakeholders, who will provide advice and input in the process and the outcomes of the initiative. More in-depth data analysis by region and subgroups will continue and will be presented to stakeholders for feedback and direction on next steps for analyses and to determine if any changes to the SSIP are needed.

The SSIP Advisory Group will continue to meet by webinar at least quarterly (March 31) to review the SSIP, discuss the evaluation plan, and outcomes of the SSIP.

The Department will continue to engage stakeholders. Webinars and in-person presentations are scheduled with NYSACHO (April 6), as well we with the joint LEICC meeting of nine counties in Central/Western NYS (April 28) and the NYC LEICC (July 14).

Department staff will continue to participate in the Family Outcomes Cross-State Learning Collaborative supported by the National Center for Systemic Improvement. The Department has been actively involved in the Learning Collaborative, which has provided many opportunities for sharing of resources and ideas to improve family outcomes. The Department has participated in in-person meetings, webinars and conference calls. The Department will also continue to work with other national technical assistance centers, including the Early Childhood Technical Assistance (ECTA) Center and the IDEA Data Center.