

New York State Department of Health

Part C

State Systemic Improvement Plan

Phase III, Year 4



Table of Contents

A. Executive Summary.....	2
B. Summary of the State Systemic Improvement Plan (SSIP) Phase III	4
1. Theory of action for the SSIP, including the SiMR	4
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.....	6
3. The specific evidence-based practices that have been implemented to date	6
4. Brief overview of the year’s evaluation activities, measures, and outcomes.....	7
5. Highlights of changes to implementation and improvement strategies.....	8
C. Progress in Implementing the SSIP	8
1. Description of the State’s SSIP implementation progress	8
2. Stakeholder Engagement in SSIP implementation.....	23
D. Data on Implementation and Outcomes.....	30
1. How the State monitored and measured outcomes to assess the effectiveness of the implementation plan	30
2. How the State has demonstrated progress and made modifications to the SSIP as necessary.....	44
3. Stakeholder engagement in the SSIP evaluation.....	45
E. Data Quality	46
1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data	46
F. Progress Toward Achieving Intended Improvements.....	47
1. Assessment of progress toward achieving intended improvements.....	47
G. Plans for Next Year.....	52
1. Additional activities to be implemented next year, with timeline.....	52
2. Planned evaluation activities including data collection, measures, and expected outcomes.....	61
3. Anticipated barriers and steps to address those barriers.....	61
4. The State describes any needs for additional support and/or technical assistance needs for next year	62

NYS Early Intervention Program SSIP Phase III: Implementation

A. Executive Summary

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 improving family outcomes as the focus of the State Systemic Improvement Plan (SSIP). The State will improve family outcomes by improving the quality of the NYSEIP by ensuring the Program and the services provided are family-centered. The main objectives of the SSIP, which are supported by the evidence-based literature on Family-Centeredness, include:

- Enhancing parents' knowledge, skills, and access to resources
- Ensuring providers collaborate with parents

The Department has partnered with three federally designated University Centers of Excellence in Developmental Disabilities (UCEDDs), which were chosen based on their experience and work in the field of children with disabilities, as well as their locations in the state. Each UCEDD has designated staff to work with counties and stakeholders to improve family outcomes. In this final year, the Centers of Excellence are focused on "spread" to share best practices and lessons learned with early intervention providers who were not able to participate and on creation of sustainable resources to share as new providers join the NYSEIP. The UCEDDs are developing 30 web-based trainings for stakeholders. See page 53 for detailed information.

As described in this report, New York State has identified and implemented the evidence-based strategies for quality improvement statewide by hosting learning collaborative sessions for two Cohorts which included all 57 municipalities across the State and the five boroughs of New York City. The NYSEIP 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, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level.

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. The State standard was the percent of families who had a score ≥ 576 using the Rasch Model 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." For Federal Fiscal Year (FFY) 2018-2019, NYS Early Intervention had a score of 63.67% using the Rasch methodology.

Due to concerns from the counties and our other stakeholders regarding interpretability of using the Rasch Model, data staff examined other potential survey analysis methods. One common method used in summarizing survey data includes using the top box score approach. This involves identifying how many people from your 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. The new 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.

When the Department presented both reporting methodologies (Rasch Model and percentage of positive responses) using the Family Outcome Summary (FOS) data over the years to the Early Intervention Coordinating Council (EICC), the stakeholders voted to report on the percentage of positive responses from families on the corresponding survey items starting from FFY 2018-19. Therefore, the Department reset the targets for FFY 2018-19 and FFY 2019-20, as approved by the EICC. This change in methodology should make our data more easily interpreted and more actionable for the counties and our other stakeholders.

For FFY 2019-2020, the Department will report on the percentage of positive responses from families on the New York Impact on Family Scale (see page 31 for more detail). After changing our analytic methodology, it is important to establish a new baseline and target. The new baseline is derived from the most current percent of positive response results, which was 86.87% in 2018-2019. 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 family-directed assessment as part of the multidisciplinary evaluation. 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 2019-2020, at 87%. In the future, this target will increase as family-directed assessments become more widely used to increase family-centeredness and improve family outcomes. See Table 14 on page 58 for details on additional measures that we will report in the future.

Even though NYS did not meet the target for FFY 2018-2019, the Department has positive anecdotal evidence from parents directly impacted by the SSIP (see page 26 for more detail). Teams identified the family-centered practices that best addressed their local needs. Twenty-two municipalities and NYC created local resource lists; Fourteen municipalities created Facebook pages to provide information about events and resources; twelve municipalities created community calendars and newsletters to inform families of local events; and five municipalities and three NYC teams held Early Intervention classes or workshops for families. See Table 10 for additional information.

B. Summary of the State Systemic Improvement Plan (SSIP) Phase III

1. Theory of action for the SSIP, including the SiMR

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 improving family outcomes as 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. The State standard was the percent of families who had 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 NYSEIP by ensuring the Program and the services provided are family-centered. If the quality of NYSEIP services delivered to families improves, 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.

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).

For purposes of this report, the Department defines Federal Fiscal Year (FFY) the same as the Annual Performance Report, July 1 to June 30. To coincide with NYSEIP year and other indicator, last year, beginning with FFY 2017-18, the Department decreased the number of items on the FOS from 95 items to 36 items, based on feedback from Cohort 1 SSIP teams. Based on feedback from Cohort 2 and the Department's analysis of the reading level of the question set, in FFY 2018-2019, the number of questions will be decreased from 36 items to 22.

For FFY 2018-2019, the Department also changed the data collection method by developing a new online version of the FOS using Survey Monkey. Previously, the survey was only provided to families in a paper format. Postcards with an online survey link and Quick Response (QR) code were mailed to all applicable families in July 2019. A paper survey was mailed to families upon request.

For those families whose preferred language is not English, the online survey was translated into Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish, and sent to families that identified another language, as their preferred language in the State data system. A paper survey was also mailed to these families in their preferred language, upon request.

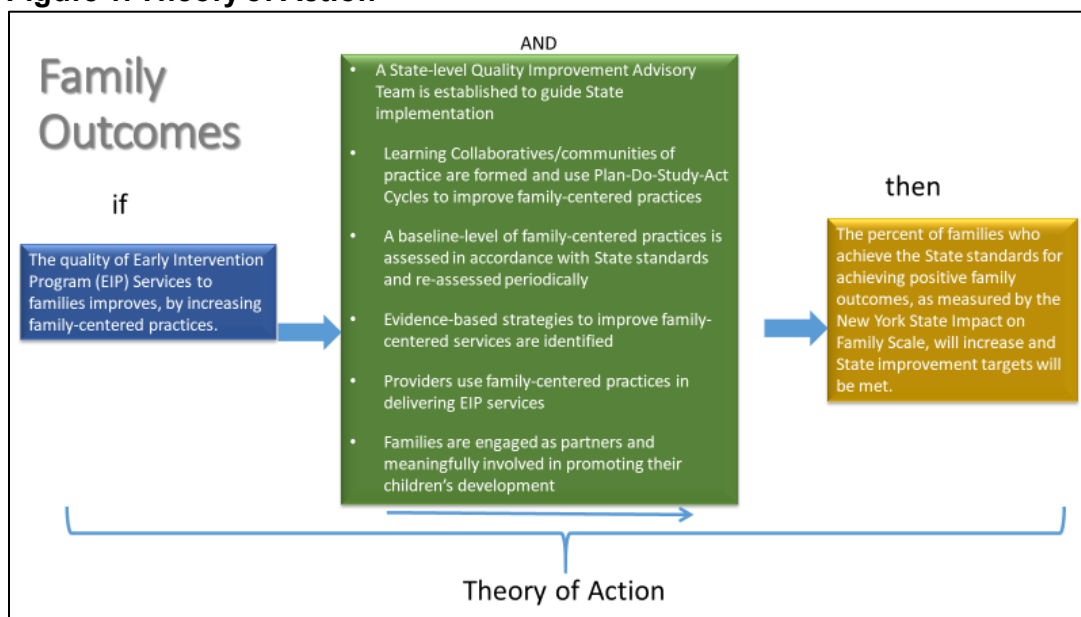
To involve municipal staff who administer the local Early Intervention Programs (EIPs), the Department disseminated a letter to Early Intervention Officials (EIOs) explaining the new online survey collection method and process. The Department also provided a list of those families included in the FOS cohort and asked EIOs to contact these families to encourage survey participation. The Department anticipated that the personal interaction between administrators and families, along with an explanation of the survey, would encourage families to complete the survey and increase the response rate.

The Department issued a reminder letter to those families who did not complete the survey in October 2019. (Appendix 1). Additionally, Department staff identified 64 families that were both impacted by the SSIP in their local EIP and received a FOS. Five families had already completed the FOS; therefore, the Department called 59 families in December 2019, to ensure receipt of the survey and to encourage the families to complete the survey. Of those families, ten families completed the survey.

Consistent with the Department’s goal to increase the survey response rate, starting in FFY 2018-2019, all families who exit the NYSEIP will receive a FOS to complete. In prior years, the NYSEIP surveyed a sample of families.

The Department will continue to use the NYIFS, which is being collected annually by surveying families, to evaluate progress toward the SiMR. The survey results will be used to evaluate the Theory of Action and progress toward the goal of improving positive family outcomes. The Theory of Action is shown in Figure 1. See page 59 for more information on the updated SiMR.

Figure 1. Theory of Action



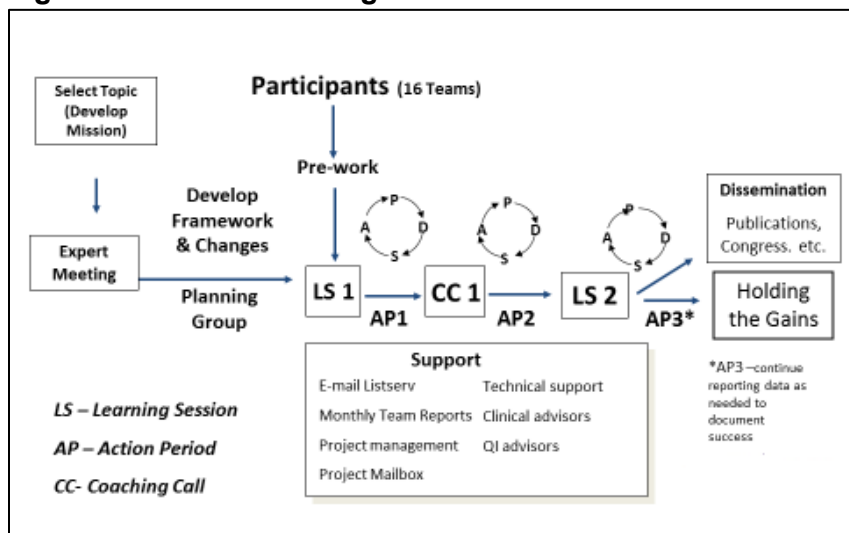
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies

The Department has selected a well-tested and proven improvement strategy to work with local EIPs and service providers to increase the percent of families receiving family-centered services: the breakthrough series approach developed by the Institute for Healthcare Improvement (IHI) (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.

3. The specific evidence-based practices that have been implemented to date

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). Figure 2 depicts the Breakthrough Series framework.

Figure 2. The Breakthrough Series Framework



4. Brief overview of the year's evaluation activities, measures, and outcomes

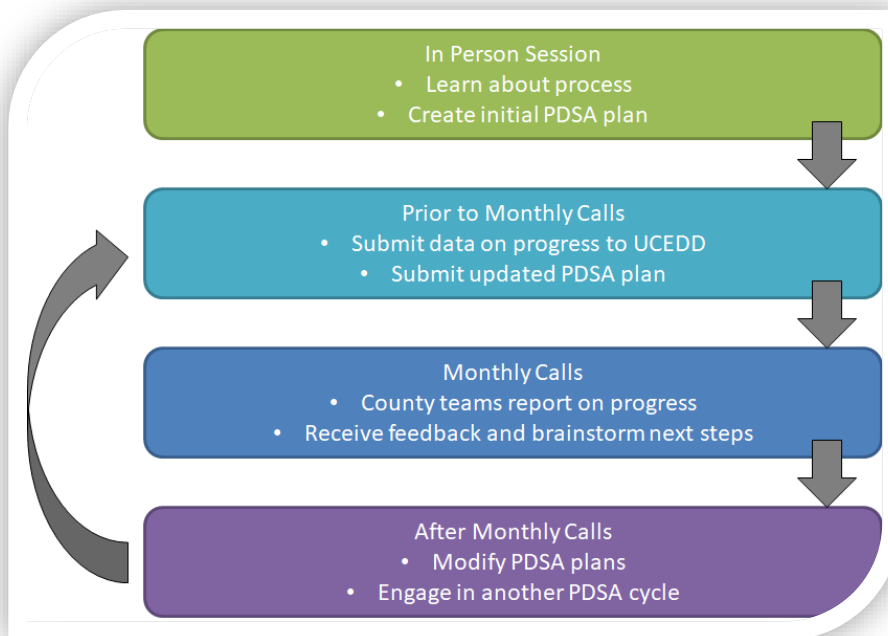
As previously stated in the Theory of Action, there are three main SSIP steps that the Department will complete to achieve the goal of improving family-centered services. They are as follows:

1. Establish a State-level Quality Improvement Advisory Team to guide the state implementation
 - The Department held seven meetings with the Advisory Team.
2. A baseline-level of family-centered practice is assessed in accordance with State standards and re-assessed periodically
 - The original baseline of 65.09% was established based on data from 2008-2009 to 2013-2014. Beginning FFY 2018-2019, the Department has revised the SSIP analytic methodology which will be further discussed later in the report (see page 31 for the new methodology).
3. University Centers of Excellence in Developmental Disabilities (UCEDDs) Implement the SSIP under the Department's direction.
 - A. Evidence-based strategies to improve family-centered services are identified
 - Within the IHI framework, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level.
 - Evidence-based strategies were integrated into the materials presented and shared at the in-person meetings with teams. See page 11 of this report.
 - Evidence-based strategies and resources were incorporated into statewide web-based professional development curricula for Early Intervention stakeholders in 2019.
 - B. A resource guide for parents and providers of evidence-based strategies was developed and disseminated to cohort teams
 - The Strong Center for Developmental Disabilities at the University of Rochester Medical Center (SCDD) UCEDD completed the second phase of the Resource Guide in Fall 2019. Two stand-alone guides were developed; one for parents and one for providers. The guides are currently in the Department's review and approval process.
 - C. Learning collaboratives/communities of practice were formed
 - Due to the size of the State and the complexity of this project, the State was split into two cohorts. These cohorts were formed based on regions of New York State and proximity to one of three UCEDDs. Between Cohort 1 and Cohort 2, eight Learning Sessions were convened for a total of 67 teams. Teams identified the family-centered practices that best addressed their local needs. See Table 10 for additional information.
 - D. Providers use family-centered practices in delivering NYSEIP services
 - Teams implemented their plans and tested their improvement ideas using the Plan-Do-Study-Act (PDSA) methodology to improve family-centered practices.
 - Teams collected data from the quality improvement strategies used in their local programs.
 - UCEDDs facilitated monthly coaching calls with cohort teams. The Spanish and Chinese Cohorts attended in-person coaching meetings. The Department provided technical assistance and support to the teams during the calls.
 - Teams collected data from the quality improvement strategies used in their local programs.

- After monthly coaching calls/meetings, PDSA plans were modified as needed and another PDSA cycle began.

Teams also document data in the Individualized Family Service Plan (IFSP) and some conduct and submit monthly record reviews as applicable. See SSIP Report Phase III, Year 3 for the record review and PDSA Forms. Teams implement their plans with assistance from the UCEDDs by analyzing data from the previous month to reach their goal.

Figure 3. Learning Collaborative Process



5. Highlights of changes to implementation and improvement strategies

The fourth 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. New York State maintained fidelity to the original breakthrough series improvement methodology and no changes were made to the implementation strategies identified.

C. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

Establish Advisory Group

An SSIP advisory group was established in the first year of the SSIP project. The SSIP Advisory Group includes Department staff, representatives of the EICC and Early Childhood Advisory Council (ECAC), parent representatives, state agency partners, local EIP staff (Early Intervention Official (EIO) or Early Intervention Manager (EIM)) and service provider representatives. The SSIP Advisory Group was responsible for advising and assisting the Department in all aspects of implementation of the SSIP Family-Centered Practices Learning Collaboratives. The members were informed of Department proposed plans for SSIP implementation through webinars and

other communications. The list of members of the SSIP Advisory Group was included in the Phase III, Year Two, SSIP report (see page 4).

The Advisory Group aided the Department in creating brochures for the recruitment of participants in the Learning Collaboratives for both cohorts. The Advisory Group also decided that the State Systemic Improvement Plan was not a family friendly name and was not specific to the state's project. After multiple brainstorming sessions and discussions with other Department staff and experts, the Advisory Group agreed to the name, Improving Family Centeredness Together (IFaCT).

Establish Original Baseline-Level and Measures

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. The State standard was the percent of families who had a score ≥ 576 on the NYIFS. The baseline was established using data from 2008-2009 to 2013-2014, which was identified as 65.09% of families who responded to the NYS Family Survey who met the state standard of ≥ 576 . Beginning FFY 2018-2019, the Department has revised the SSIP analytic methodology which will be discussed further on page 31 of this report.

Centers of Excellence Implement the SSIP

The Department, in collaboration with three University Centers of Excellence in Developmental Disabilities (UCEDDs), successfully implemented the breakthrough series approach in all regions of the State. The UCEDDs were chosen based on their experience and work in the field of children with disabilities, as well as their locations in the state: The Rose F. Kennedy University Center for Excellence in Developmental Disabilities (RFK), The Westchester Institute for Human Development (WIHD), and The Strong Center for Developmental Disabilities (SCDD) at the University of Rochester Medical Center.

The first cohort began in January 2018 (RFK and WIHD) and February 2018 (SCDD) and ended in December 2018/January 2019, respectively. The second cohort began in October 2018 (SCDD and WIHD) and December 2018 (RFK) and concluded in September/November 2019, respectively. Phase III, Year 4, was spent executing the Learning Collaboratives for Cohort 2. New York State maintained fidelity to the original breakthrough series improvement methodology and no changes were made to the implementation strategies identified. The UCEDD staff are helping coach and train early intervention professionals to improve the quality and family-centeredness of early intervention services.

Table 1. provides a description of each UCEDD's SSIP team. For additional information on the UCEDDs, please see page 5 of SSIP Report Phase III, Year 3.

Table 1. UCEDD SSIP Team Staff

RFK Staff	
Name	Title (Dates)
Karen Bonuck, Ph.D.	Co-Director, RFK UCEDD (July 2018- Dec 2019) Director, Research RFK CERC (July 2018- Dec 2019) Professor, Department of Family and Social Medicine Professor, Department of Pediatrics
Joanne Siegel, LCSW	Associate Director, RFK UCEDD (July 2018- Feb 2019) Co-Director, RFK UCEDD (Feb-Dec 2019) Director of Community, Legislative and Advocacy Affairs President, Bronx DD Council Principal Associate, Department of Pediatrics, Albert Einstein College of Medicine
Lisa Shulman, MD.	Director, Infant/Toddler Team, RFK CERC (July 2018-Feb 2019) Interim Director, RFK CERC (Feb-Dec 2019) Professor of Pediatrics, Albert Einstein College of Medicine
Natalie Alder, PhD	Program Manager June 2017 to July 2018
Emma Brezel, MBE.	Research Coordinator SSIP Program Manager
Marcelle Pachter, DDS.	Family Faculty Coordinator, RFK LEND
Bonnie Keilty, EdD	RFK Consultant Associate Professor, Hunter College, School of Education Program Leader, Early Childhood Development and Learning: Diverse Children and Families
Jamon Lewis	RFK Consultant Owner, The Works Films
Veera Mookerjee, Ph.D., LMSW	RFK Consultant Consultant spec in Early Intervention, autism and other IDD, and south Asian community outreach
SCDD Staff	
Name	Title (Dates)
Susan Hetherington, Ph.D.	Associate Professor of Pediatrics and Education and UCEDD Director
Kelley Yost, Ph.D.	Associate Professor of Clinical Pediatrics for the Department of Pediatrics, Developmental and Behavioral Pediatrics and a follow-up Principle Investigator in the Department of Neonatology
Jennifer Ward, M.S.	Project Coordinator
Valerie Smith, M.S.	Project support and webinar contributor
WIHD Staff	
Name	Title (Dates)
Patricia Patrick, Dr. PH.	Director
Jenna Lequia, Ph.D.	Project Manager
Katie Myhren, M.S., M.B.A.	Project Coordinator
Anne Marie Cellante M.S. Ed.	Assistant Project Manager

Evidenced-based Strategies are Identified

As described in the SSIP, New York State has identified and implemented the evidence-based strategy for quality improvement statewide by hosting learning collaborative sessions for Cohort 2 in October, November, and December of 2019. The NYSEIP is using the IHI Breakthrough Series, which is an evidence-based framework to effect and sustain positive systems change. Within the IHI framework, evidence-based strategies have been identified and implemented with the Learning Collaborative teams at the local level. The following evidence-based strategies were integrated into the materials presented and shared at the in-person meetings with Cohort 1 and 2 teams:

Family-Centeredness

- Division of Early Childhood of the Council of Exceptional Children Recommended Practices on Family Engagement
<https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo>
- Early Childhood Technical Assistance Center (2017)
Checklist for practitioners to assess for family-centered practices.
http://ectacenter.org/~pdfs/decrp/FAM-1_Fam-Ctrd_Practices_2017.pdf
- Puckett Institute (2015)
Family-centered practices from an integrative approach that references research. http://www.puckett.org/presentations/Incorp_Family-Centered-App_RP_youngautism_FINAL.pdf

The main objectives of the 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

Resource Guide for Parents and Providers

The SCDD UCEDD completed a Resource Guide for parents and providers of evidenced-based strategies, which was shared with Cohort 1. This resource guide provides information regarding common questions and concerns families may have, organizations in the community, and links to different sites with additional information. It also contains information for providers including programs and additional resources. The Resource Guide includes evidence-based practices and best practices for family-centered services. The resources identified were utilized by teams in both cohorts to assist with their local improvement strategies. The SCDD UCEDD completed the second phase of the Resource Guide in Fall 2019, having completed the first phase last year, as a required deliverable in the contract. The Resource Guide was transformed into two standalone publications, one for parents and one for providers. The Guides are currently in the Department's review and approval process.

The Department worked with the SCDD UCEDD to ensure the publication's readability is at a sixth-grade reading level. The Resource guide will be posted on the Department of Health's website and the new resource guides will be disseminated via the Bureau of Early Intervention's two electronic listservs. These listservs have close to 6,000 registered NYSEIP stakeholders. The Resource Guides will also be included on the www.eifamilies.com website. This website is dedicated to parents of young children with disabilities, through a separate Department of Health contract, which provides parent leadership and advocacy skills training for parents of children receiving NYSEIP services. The new Resource Guides will be disseminated via the listservs and

posted to the [El Families](#) website in Summer 2020. The SSIP page on the Department’s website and the Resource Guide publications will serve as sustainable resources for NYSEIP stakeholders, even after the formal SSIP project concludes.

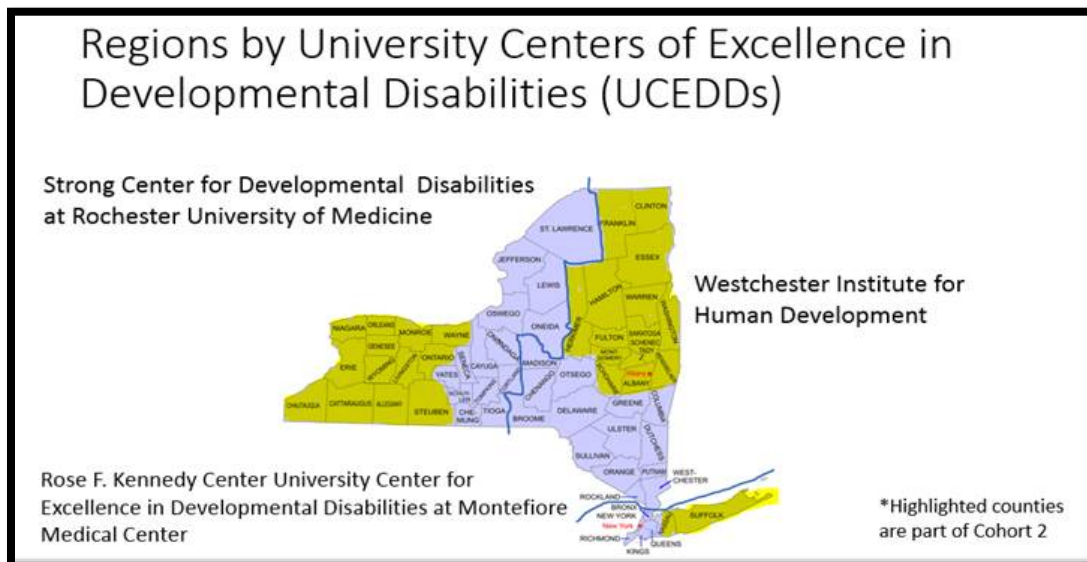
Figure 4. Resource Guides

<u>Parent/Caregiver</u>	<u>Professionals</u>
<ul style="list-style-type: none"> <input type="checkbox"/> Eating and Nutrition <input type="checkbox"/> Language Enriches Children’s Development <input type="checkbox"/> Developmental Milestones <input type="checkbox"/> Play Provides a Powerful Foundation <input type="checkbox"/> Safety Guidelines <input type="checkbox"/> Providing a Foundation by Establishing Routines <input type="checkbox"/> General Guidelines for Sleep <input type="checkbox"/> Temperament: Your Child’s and Yours 	<ul style="list-style-type: none"> <input type="checkbox"/> Learning in Natural Environments <input type="checkbox"/> Routine Based Intervention <input type="checkbox"/> Parents as Partners <input type="checkbox"/> Family Perspective on a Child’s Goals

Learning Collaboratives

The Family-Centered Practices Learning Collaboratives using the IHI Breakthrough series model has been implemented in all regions of New York State. The first cohort in each region started in January and February 2018, and the second cohort started in October and December 2018. Each region in the State has been represented with local teams working on the SSIP to ensure statewide involvement.

Figure 5. Cohorts 1 and 2 by Region with Associated Centers of Excellence



Recruitment

The recruitment process was labor intensive and involved significant coordination between Department staff, UCEDD staff, and county staff. The teams were made up of at least one Early Intervention Official (EIO), Early Intervention Manager (EIM), or Early Intervention Official Designee (EIOD), one or more parents of a child who is or had received early intervention services in the last 24 months, and at least one service coordinator and/or provider of early intervention services. Please see the SSIP Phase II and III reports (pages 8 - 9) for detailed information on the recruitment process for Cohorts 1 and 2.

Parent Recruitment

To generate additional interest from parents, Department staff presented at a Family Initiatives Coordination (FIC) Services Project meeting on November 17, 2018. The FIC is sponsored by the Department and provides leadership and advocacy skills training to parents and caregivers of children in the NYSEIP. Department staff also worked with organizations such as Parent to Parent and Early Childhood Direction Centers (ECDCs) to share information about the project. The New York City EIP used a text messaging system to reach out to parents and family members of children in the NYC EIP to inform them of the program and gain interest. Parents that participated in the in-person learning collaborative sessions and in the monthly coaching calls with the UCEDDs and other teams receive a stipend for their participation. This small stipend was used to defray travel and childcare expenses.

To assist with the recruitment of parents for the Spanish speaking teams, the RFK UCEDD worked with Sinergia Inc., a member of the New York Region 1 Parent Training and Information Center (PTIC) Collaborative, located in East Harlem, New York. Paola Jordan, EICC Parent Member, also assisted with recruiting Spanish speaking parent team members. To assist with the recruitment of parents for the Chinese speaking teams, the RFK UCEDD worked with the Chinese-American Planning Council (CPC) in Flushing, Queens, New York. CPC Queens serves over 500 individuals daily and is the largest community-based organization serving the Chinese community in Queens. Family support and home and community-based services to individuals with developmental disabilities and their families, are among the many services CPC provides to the Chinese community. The New York City Department of Health and Mental Hygiene also provided several bilingual staff to participate on the Spanish and Chinese teams. Additionally, all recruitment materials were translated into Spanish and Chinese (Appendix 2).

Recruitment of Providers

To aid in the recruitment of providers, the Bureau of Early Intervention Provider Approval Unit utilized email listservs and provider connections to disseminate information about the SSIP and encourage participation. The Bureau has also linked participation by providers at the in-person SSIP meeting and the monthly calls to the required professional development hours required in the Department's Provider Agreement. The New York City Department of Mental Health and Hygiene also assisted with requirement of bilingual NYSEIP providers to participate on the Spanish and Chinese teams in Cohort 2.

For more than 10 weeks, the UCEDDs followed up weekly with the county point person to check on recruitment status for all team members. For counties requiring additional support, the frequency of emails and phone calls was increased by both the UCEDD and Department staff. The UCEDDs and Department staff also provided several webinars for team members that could

not participate in the in-person learning collaborative sessions. This ensured that every team member understood the project. By the beginning of October 2018, all 29 counties involved in the second cohort had successfully recruited at least one parent, provider, and county staff for each team. By December 2018, four teams composed of Spanish and Chinese speaking parents, providers, and county staff were successfully recruited across the five boroughs of New York City (NYC). In total, 35 teams were formed and participated in the in-person learning collaborative meetings in the second cohort.

In the first cohort, 28 teams were successfully recruited. Based on lessons learned and feedback from the first cohort, Bureau of Early Intervention (BEI) staff and UCEDDs improved the recruitment process for the second cohort. The recruitment brochures and applications were revised. Please see the SSIP Phase III report (pages 8 - 9) for detailed information on the recruitment process for Cohorts 1 and 2.

In-Person Session

Each UCEDD held their second in-person Learning Session for the second cohort teams. UCEDD and BEI staff were in attendance to facilitate the meetings.

For the Spanish and Chinese Learning Sessions, the Department had all in-person meeting materials (pre-work, PowerPoint slide decks, hand-outs, evaluations, etc.) translated. Additionally, consecutive translation services were also provided at both in-person learning collaborative sessions. The Department also provided the team members with Early Intervention (EI) publications available by print or download from the Department’s website, in Chinese and Spanish.

Figure 6. UCEDD In-person Learning Collaborative Sessions Cohort 1

Center	Rose F Kennedy Center at Montefiore (RFK)	Westchester Institute for Human Development (WIHD)	Strong Center at the University of Rochester (SCDD)
Date	January 18, 2018	January 22, 2018	February 2, 2018
Location	Lubin Cafeteria Albert Einstein College of Medicine 1300 Morris Park Avenue, Bronx	Best Western 503 Washington Avenue Kingston	The Craftsman Inn & Conference Center 7300 E Genesee St. Fayetteville
Counties	Bronx Kings New York Queens Richmond	Westchester Rockland Orange Putnam Dutchess Ulster Sullivan Delaware Greene Columbia Otsego Chenango	St. Lawrence Jefferson Lewis Oneida Oswego Onondaga Cortland Tioga Tompkins Cayuga Schuyler Chemung

		Madison Broome	Seneca Yates
--	--	----------------	--------------

Figure 7. UCEDD In-person Learning Collaborative Sessions (Cohort 2)

Cohort 2: In-Person Meeting						
Center	Rose F Kennedy Center at Montefiore	Rose F Kennedy Center at Montefiore	Westchester Institute for Human Development		Strong Center at the University of Rochester	
Date	October 29, 2018	December 5 & 6, 2018	October 26, 2018		October 11, 2018	
Location	Four Points Sheraton(Melville) 333 S. Service Rd Plainview, NY 11803	Chinese-American Planning Council, INC 133-14 41 st Ave, 7 th Fl Flushing, NY 11355 Sinergia, INC. 2082 Lexington Ave, 4th FL New York, NY 10035	Embassy Suites 86 Congress St Saratoga Springs, NY 12866		Genesee Community College 1 College Road Batavia, NY 14020	
Counties	Nassau Suffolk	Chinese & Spanish Speaking Teams from NYC	Albany Clinton Essex Franklin Fulton Hamilton Herkimer	Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Allegany Cattaraugus Chautauqua Erie Genesee Livingston	Monroe Niagara Ontario Orleans Steuben Wayne Wyoming

Table 2: Composition of Cohorts 1 and 2 Learning Collaboratives

Rose F. Kennedy Center

UCEDD - RFK	Cohort 1	Cohort 1	Cohort 1	Cohort 2	Cohort 2	Cohort 2
County	EIO/M/D	SC/SP	Parent	EIO/M/D	SC/SP	Parent
Nassau				4	9	2
Suffolk				4	11	3
ALL NYC**	12			2	8	
New York		2	1			
Queens		7	1		6	7
Kings		16	2			1
Bronx		7	2		2	3
Richmond			2			2
TOTAL	12	32	8	10	36	18

Strong Center for Developmental Disabilities

UCEDD - SCDD	Cohort 1	Cohort 1	Cohort 1	Cohort 2	Cohort 2	Cohort 2
County	EIO/M/D	SC/SP	Parent	EIO/M/D	SC/SP	Parent
Allegany				1	2	0
Cattaraugus				2	3	1

UCEDD - SCDD	Cohort 1	Cohort 1	Cohort 1	Cohort 2	Cohort 2	Cohort 2
Cayuga	2	2	1			
Chautauqua				1	3	1
Chemung	1	3	2			
Cortland	1	1	1			
Erie				1	4	2
Jefferson	1	2	1			
Lewis	1	2	2			
Livingston				2	3	1
Monroe				3	6	2
Niagara				2	3	1
Oneida	2	2	2			
Ontario				1	2	2
Orleans/Genesee				1	5	2
Oswego	1	1	1			
Onondaga	1	5	2			
Schuyler	1	2	2			
Seneca	1	3	1			
Steuben				1	2	0
St. Lawrence	1	3	2			
Tioga	1	2	1			
Tompkins	1	2	1			
Wayne				1	2	1
Wyoming				2	1	1
Yates	1	2	1			
Total	16	32	20	19	36	14

Westchester Institute for Human Development

UCEDD - WIHD	Cohort 1	Cohort 1	Cohort 1	Cohort 2	Cohort 2	Cohort 2
County	EIO/M/D	SC/SP	Parent	EIO/M/D	SC/SP	Parent
Albany				1	3	1
Broome	2	3	1			
Chenango	1	1	1			
Clinton				2	1	1
Columbia	2	1	1			
Delaware	3	2	1			
Dutchess	2	2	1			
Essex				2	2	1
Franklin				2	1	2
Fulton/Hamilton				2	2	1
Greene	1	3	1			
Herkimer				1	2	1
Madison	1	4	1			
Montgomery				1	4	1
Orange	2	3	2			
Otsego	2	1	1			
Putnam	1	3	1			
Rensselaer				1	2	1

UCEDD - WIHD	Cohort 1	Cohort 1	Cohort 1	Cohort 2	Cohort 2	Cohort 2
County	EIO/M/D	SC/SP	Parent	EIO/M/D	SC/SP	Parent
Rockland	2	1	1			
Saratoga				2	3	1
Schenectady				2	3	1
Sullivan	1	3	1			
Ulster	3	4	1			
Warren				1	1	1
Washington				2	3	2
Westchester	1	3	3			
TOTAL	24	34	17	21	29	15

Figure 8. Regional Meeting Locations



To encourage consistency throughout the state, each in-person learning session by the three UCEDDs followed the same agenda and format (Appendix 3). The agenda used for the second cohort learning collaborative sessions was revised based on the feedback received from the post in-person evaluations completed by Cohort 1 participants.

At each Learning Session a parent of a child with developmental disabilities, who received Early Intervention services, presented on their family perspective of the NYSEIP and how they felt EI services could be improved to have a greater focus on family-centeredness. There was also an opportunity for team members to ask the parent speaker questions. Each speaker was powerful, moving, and was well received.

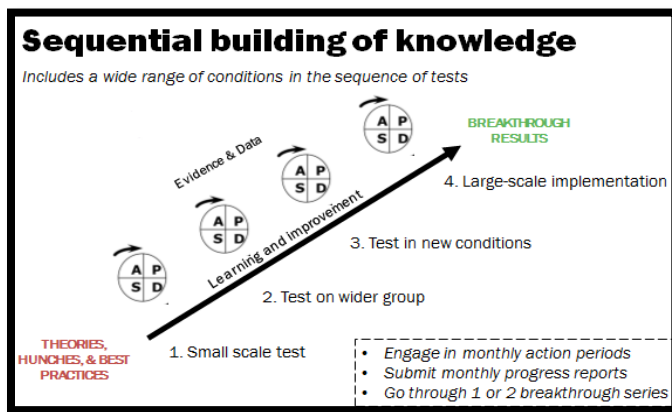
Learning Collaborative Group Activities

A new group activity was developed for Cohort 2 teams based on feedback from the teams in the Cohort 1 learning collaborative meetings. The group activity involved teams reflecting on their experiences in the NYSEIP and their current practice. Participants were provided with pre-work to complete prior to the in-person learning session (Appendix 4). One worksheet was developed for parents and one was developed for providers. During the in-person session, parents shared their experiences in planning their child’s services and connecting with their community. Providers shared how they involve parents in planning services and connecting families to their community. The teams also brainstormed ideas for improving family involvement in services and connecting families to their community.

In the next group activity, the county teams worked together to formulate their team’s AIM statement. The AIM statement is a goal that is specific to what the team wants to achieve, can be measured, is attainable, relevant to family outcomes, and is timely. The teams reviewed and selected evidence-based strategies that support high-quality family-centered services.

Once the team completed their AIM statement and established the goal they wanted to achieve, they then moved on to create their Plan, Do, Study, Act (PDSA) Plan. Each team used the PDSA methodology to decide what small change would be made to improve family outcomes, how it would be done, study the impact the change has made, and then act on it. If the change improved family outcomes the team would increase its use, and if the change does not help, the team would re-evaluate and adjust their plan accordingly. The teams then finalized how they would measure and track their challenges, successes, and any needed modifications to their plans.

Figure 9. Institute for Healthcare Improvement Model for Improvement



At the end of the meeting, teams shared their AIM statements and what they planned to do to improve family outcomes in their local programs.

Figure 10. Cohort 2 Sample AIM Statement

Early Intervention Example

By April 2019, One (1) early intervention service or visit per month will be held in a community setting or engaging in the community (e.g., going to the library, grocery store, church or birthday party) will be the focus of the session for 90% of families with whom I work.

Timely
 Measurable
 Attainable/Relevant
 Specific

Since the in-person Learning Sessions, the Cohort 2 teams implemented the small change using the strategies that their team chose. The UCEDDs held monthly coaching calls with all teams in

their second cohort to discuss the details of their plan, team accomplishments, and any barriers they have encountered during implementation of their plan and the changes they made. Learning is accelerated as the Collaborative teams work together and share their experiences. The teams follow their PDSA plan and complete a cycle which includes implementing family-centered practices with a few of the families they serve in a short period of time. After reviewing data, the teams 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 modified), or adopt (i.e., implement with more families or across different settings). These cycles continued for a twelve-month period with coaching and mentorship from the UCEDD and peer support and collaboration with other teams in their region.

Table 3. Sample of a Cohort 2 Team’s Plan Do Study Act (PDSA) Cycles

PDSA Cycle 1	PDSA Cycle 2	PDSA Cycle 3
AIM Include a family community engagement outcome in 80% of IFSPs written within each month starting in April 2019	AIM Include a family community engagement outcome in 80% of IFSPs written within each month starting in April 2019	AIM Include a family community engagement outcome in 80% of IFSPs written within each month starting in April 2019
STEPS <ol style="list-style-type: none"> 1. Develop form to remind providers/service coordinators to help families identify their concerns, priorities, and resources regarding community engagement 2. Pilot test by having service coordinators use the form with the next 5 families served 	STEPS <ol style="list-style-type: none"> 1. Revise the form based on initial feedback regarding effectiveness of questions in eliciting desired information 2. Pilot updated form by having the service coordinator use the form with the next 8 families served 	STEPS <ol style="list-style-type: none"> 1. Based on the identified needs, include a family community engagement outcome in IFSPs. 2. Include a family engagement outcome in all IFSPs.
MEASUREMENT <ol style="list-style-type: none"> 1. Number of families who provided responses about community engagement concerns, priorities, and resources 2. Quotes and responses from providers/service coordinators regarding the form 	MEASUREMENT <ol style="list-style-type: none"> 1. Percentage of forms where providers/service coordinators received responses to targeted questions 2. Quotes and responses from providers/service coordinators regarding the form 	MEASUREMENT <ol style="list-style-type: none"> 1. Number of IFSPs where new family community engagement outcome is included/total parents

PDSA Began with Support on Monthly Coaching Webinars

Cohort 2 teams collected data on their progress, including documenting monthly progress on their team’s PDSA plan. Teams submitted data on their PDSA cycle prior to the monthly coaching call. This data was collected using a data tracking tool (Appendix 5), which includes submitting a PDSA worksheet (Appendix 6). Once data were collected, it was provided back to the teams. Teams used this data to make decisions every month about what parts of their quality improvement activities to adapt, adopt or abandon, if necessary. Teams reported out to other teams during their regional cohort monthly Coaching Calls/Webinars.

Figure 11. IFaCT County Data Submission Form

The image shows a screenshot of a web form titled "IFaCT County Data Submission" from the New York State Department of Health. The form is white with a blue header area containing various upward-pointing arrows in different colors (yellow, blue, red, white). Below the header, the text reads: "Please complete this form to share the progress your county is making on your PDSA plan to improve family outcomes." There are two input fields: a dropdown menu labeled "County" and a text box labeled "Indicate the month you are reporting on in this survey."

Prior to each monthly coaching call and the start of a new PDSA cycle, teams submit the following data to the UCEDDs:

- How many tasks outlined in the PDSA plan have been completed
- How many tasks outlined in the PDSA were not addressed
- Accomplishments achieved by teams that month
- Barriers that were encountered that month
- Changes and/or modifications to the PDSA plan that month
- The team's updated PDSA plan
- The team's record review forms
- How parents and family members were engaged in the month's plan
- The completed PDSA worksheet for that month
- Any materials developed or other sources contributing to the month's plan
- Any additional data or evidence of progress

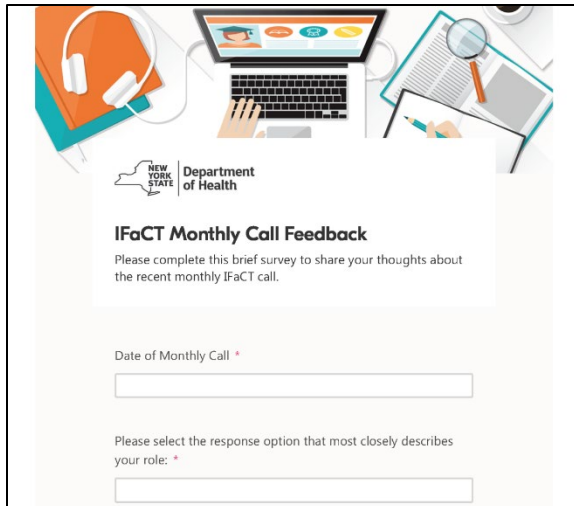
Teams also document data in the IFSP and some conduct and submit monthly record reviews as applicable (Appendix 7). Teams implement their plans with assistance from the UCEDDs by analyzing data from the previous month to reach their goal.

For the monthly coaching calls, WIHD, RFK and SCDD facilitated calls with county teams in their region. Teams presented their AIM statement, their PDSA cycle, progress made, and data collected on each call. Monthly call surveys completed by IFaCT team members were collected by the UCEDDs. RFK also facilitated a separate monthly call with the Spanish speaking teams and an in-person monthly meeting at the Chinese American Planning Council in Flushing, Queens, for the Chinese speaking teams. The calls and monthly in-person meetings for the Spanish and Chinese speaking teams included the assistance of an interpreter provided by the Department. An evaluation survey was completed by participants after each call/meeting. To ensure that feedback was received from the Spanish and Chinese speaking teams in the same format as the other teams, the evaluation surveys were translated using a Department contract. Department staff participated in the monthly calls with the UCEDDs to provide support to the teams, problem solve,

track projects/progress of overall project implementation. Department staff also attended two in-person monthly meetings.

County teams submitted a monthly call satisfaction survey to share their feedback on the learning calls with the UCEDDs and Department.

Figure 12. Monthly Call Satisfaction Survey



The image shows a screenshot of a survey form titled "IFaCT Monthly Call Feedback" from the New York State Department of Health. The form is overlaid on a background illustration of a desk with a laptop, headphones, a magnifying glass, and a pen. The form includes the following text and fields:

- NEW YORK STATE Department of Health**
- IFaCT Monthly Call Feedback**
- Please complete this brief survey to share your thoughts about the recent monthly IFaCT call.
- Date of Monthly Call *
-
- Please select the response option that most closely describes your role: *
-

The UCEDDs hosted several monthly calls/meetings/webinars with guest speakers on topics identified by the teams.

Table 4. Calls/Meetings/Webinars for IFaCT Teams with Guest Speakers

UCEDD	Cohort	Date(s)	Topic	Speaker	Format
RFK	1	May 2018	Best Practices-Family-Centeredness	Bonnie Keilty, Ed.D.	Webinar
RFK	1	October 2018	Transitions from EI to Preschool	Jessica Wallenstein, Director of Strategy, NYC Department of Education	Call
RFK	2	May 16, 2019	IFaCT Reflections	IFaCT Team Members with EI Parent Panel	In-person Meeting Language: Spanish with English Interpretation
RFK	2	May 22, 2019	Assuring Family Engagement in Early Intervention (<i>DEC Recommended Practices</i>)	Bonnie Keilty, Ed.D.	In-person Meeting
SCDD	2	February 11 and 15, 2019	Sharing Resources and Opportunities for Families	Suzannah Iadarola, Ph.D., BCBA-D and Lynn Levato, Ph.D., BCBA-D	Live Interactive Webinar
WIHD	1	September 12, 2018	New York State Parent-to-Parent Group	Local Parent-to-Parent group sharing resources for families	Live Interactive Webinar
WIHD	1	October 10, 2018	Parent Panel	Parents of children in the NYSEIP	Live Interactive Webinar
WIHD	2	July 9, 2019	Parent Panel	Parents of children in the NYSEIP	Live Interactive Webinar

Cross-site and Individual Calls

The Department and UCEDDs communicated monthly during a cross-site call. These calls provided the three UCEDDs an opportunity to report on their region's project implementation with each other and with the Department. These calls allowed the UCEDDs to problem solve with their colleagues about challenges their teams were experiencing.

For Cohort 2, the Department added individual calls with each UCEDD to the monthly project schedule.

In-Person Learning Session Feedback for Cohort 2

All five in-person sessions received overwhelmingly positive feedback from participants and provided a great foundation for the next 12 months of work. All participants at the end of the second Learning Sessions were requested to complete a survey on their experience. Questions measured the quality, usefulness, and relatability of each of the sections of the meeting outlined in the agenda in Appendix 3. Participants were also asked questions regarding the presenters' organization, knowledge, and understandability. Lastly, the participants were asked whether their understanding increased regarding the IFaCT, PDSA, family-centered practices, and their overall satisfaction with the meeting. The participants were also given a section to provide written comments regarding their favorite part of the day, what could be improved, and any additional comments they would like to share.

Providers Use Family-Centered Practices in Delivering NYSEIP Services

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 with parents. Based on the PDSAs that were created at the second in-person Learning Sessions, providers have implemented small changes into their everyday activities for select families. If the change has been demonstrated as successful based on data collected and reviewed on the monthly coaching calls, the team implements the change with more families and continues to collect data. Successes and challenges were shared on monthly coaching to calls. Goals of the calls included; receiving feedback from the experts at the UCEDDs, as well as from their peers (providers, families and municipal staff from other counties), to share successes, and to brainstorm solutions to challenges encountered.

2. Stakeholder Engagement in SSIP implementation

The Department has engaged stakeholders in all phases of the SSIP. The Department presented at the New York State Association of County Health Officials (NYSACHO) general membership meeting and on September 24, 2018, the Department presented the plan at the NYS Association of Counties (NYSAC) conference, which represents NYS counties and local EIPs, as well as local Early Intervention Officials (EIOs) and Managers directly responsible for program administration at the local level. Department SSIP staff have provided information, updates, and sought feedback on All County Conference Calls held bi-monthly for all EI administrators of the local EIPs, as well as during bi-monthly meetings with the NYC Department of Health and Mental Hygiene Bureau of Early Intervention in July 2018, September 2018, October 2018, December 2018, January 2019, and June 2019. The Department has also engaged the EICC on multiple occasions to present the plan and to elicit feedback in September 2018, December 2019, March 2019, and June 2019. The most recent EICC presentation and discussion occurred on December 11, 2019. See Phase III, Year 3, SSIP report, for additional details on stakeholder engagement.

Monthly Coaching Calls- Cohort 2

County teams: EIOs, Providers, and Parents provide UCEDD and Department staff with feedback on the SSIP, what is working, what is not working, recommendations for improvement, etc. Based on the satisfaction surveys submitted by IFaCT team members, several UCEDDs modified their monthly call format. SCDD began holding two calls per month for Cohort 2 teams, allowing them

to join either call. This provided more flexibility to county staff administering local programs, providers delivering services to children and families, and to families of young children with disabilities. Approximately half the teams participated in each call, also allowing for more productive interaction across teams, as there were fewer people/teams on each call. RFK started out holding one monthly coaching call with the Long Island teams in their cohort; however, based on the call satisfaction surveys completed by team members after each call, teams expressed interest in having individual calls with RFK, to provide additional time to problem solve and ask questions. Additional individual calls were added to the schedule in Spring 2019. Additionally, RFK modified the coaching call format for the Chinese team by holding their monthly team meeting in-person at the CPC in Queens, NY.

Family Initiative Coordination Services Project (FICSP)

The Department engaged through the Family Initiative Coordination Services Project (FICSP) as well. The Department sought competitive proposals from qualified vendors to assist in the development, coordination, and delivery of a comprehensive Family Initiative Training Program that supports and develops parent involvement in all aspects of the NYSEIP. The purpose of this training is to help families develop leadership and advocacy skills to be able to better advocate on behalf of their children with special needs.

The FICSP facilitates, supports and develops parent involvement in all levels of the NYSEIP. The FICSP develops and implements a training program, referred to as Partners, that provides parents with the opportunity to enhance their leadership skills, network with each other, and learn how to become better advocates for the care of their child with special needs on the local, state, and national levels. The FICSP also facilitates and supports parent attendance at national conferences on early childhood development and facilitates parent involvement on the New York State EICC. There are six parent members on the EICC.

The Early Intervention Bureau Director and Department staff presented at in-person FIC trainings in March, July, and October 2019, for parents throughout the State to promote the SSIP, discuss implementation and progress, answer questions, and discuss next steps.

Local Early Intervention Coordinating Council (LEICC) Meetings

In New York State, local programs are required to maintain Local Early Intervention Coordinating Councils (LEICCs). The membership of LEICCs must include parents, NYSEIP providers, and representatives of local public agencies responsible for services for young children and their families. The LEICCs have been active participants in SSIP implementation. The Department presented at several LEICC meetings: Suffolk and Nassau County on September 26, 2018 and the NYC Department of Health and Mental Hygiene on November 30, 2018.

Early Intervention Annual Meeting

On April 10, 2019, the Bureau of Early Intervention convened an annual meeting for all Early Intervention Officials/Managers (EIO/Ms) who administer the local NYSEIPs in the 57 municipalities and 5 boroughs of NYC. Much of the afternoon's agenda was dedicated to the SSIP. In preparation for the SSIP session, the Department developed pre-work for all IFaCT teams from both cohorts, to complete prior to the meeting. This pre-work asked a series of questions related to the project overall, sustainability, and training. Teams were asked to obtain responses to the questions from their team members and other EI stakeholders in their county. The Department worked with the New York State Association of County Health Officials (NYSACHO) to disseminate the pre-work to the counties to share with their IFaCT teams. The Department asked each team (EIO/D, providers, service coordinators, parents) to reflect on their

experience with the SSIP/IFaCT project by answering two sets of questions related to their participation. See Figure 13 below, for examples of the pre-work questions.

Figure 13. SSIP/IFaCT Pre-work for the EI Annual Meeting

<p>Project Discussion Questions</p> <ol style="list-style-type: none">1. Provide a brief overview of your IFaCT project, including steps you have taken or plan to take to implement your project.2. Describe any challenges/barriers to your project implementation and sustainability<ol style="list-style-type: none">a. How did the team overcome these challenges/barriers?3. Describe any successes from your quality improvement efforts4. Describe any lessons learned from your quality improvement efforts5. Provide any feedback from families participating on your team6. Provide any feedback from providers participating on your team7. Provide any feedback received from families impacted by your project <p>Cohort 1 Teams</p> <ul style="list-style-type: none">○ What advice do you have for teams participating in Cohort 2?○ How did you ensure and sustain parent involvement in the project? <p>Cohort 2 Teams</p> <ul style="list-style-type: none">○ What questions do you have for Cohort 1 teams? <p><u>Training Discussion Questions</u></p> <ol style="list-style-type: none">1. What do teams and counties need from BEI and the UCEDDs to help support the quality improvements made and create sustainability?2. What training (topics) would you like to see developed for municipalities/parents/providers, as a result of your work on the IFaCT project?3. What data or information would you like to see as a result of this project?4. Please add any additional questions or suggestions related to the SSIP project.

During the SSIP session, the Department provided an overview of the project and all three UCEDDs presented to the group on their region's IFaCT implementation and progress. In an effort to assist Cohort 2 teams and ensure sustainability of the quality improvement efforts from Cohort 1 teams, teams were paired across cohorts based on similar projects. This allowed problem solving, collaboration, and increased sustainability of the project overall. The group work was facilitated by the UCEDDs and Department SSIP staff. IFaCT teams also shared ideas with the Department and UCEDDs on web-based training topics around family-centered practices. Additionally, the FOS data for FFY 2017-2018 was also shared with the participants.

Feedback from families impacted by their local SSIP IFaCT projects, provided by counties during the April 10, 2019, meeting is included below:

- Parents are excited to join the Facebook group
- All information posted by families on Facebook has been positive
- New friendships
- “I found the resource list to be a good thing to have, should I need to access any of them in the future. I was particularly interested in education and social activities for my young children”
- “The whole process was really awesome” – parent was provided with local community activities and resources
- Families appreciated receiving the community events calendar, as they did not know events like these existed in their community
- Families enjoyed the parent support group
- Parents assisted each other with babysitting, enabling them to attend the Connections Support Group
- Parent Connections Playgroup – “this was the first time she was able to bring her daughter out of the house herself”
- Parents participating in playgroups – “love it”
- “Our input and feelings were valued and appreciated” – Parent
- Parents found that library story times and parent/child groups were convenient and economical
- Families like their providers offering strategies for them to use outside of EI sessions
 - “Buy-in to parents’ involvement is crucial to success” - Parent
- Parents are taking advantage of community engagement activities
- Parents felt that the parent-child groups were very beneficial and a good way to involve the whole family

Parent Panel

On October 10, 2018 and July 9, 2019, WIHD assembled a parent panel to provide IFaCT teams with parents’ perspectives on various issues that are of importance to families in early intervention. Five parents in 2018 and four parents in 2019, of children recently involved in the NYSEIP, were invited to speak. The parents described their experience with the NYSEIP and then discussed three themes (voluntary family assessment, accessing community resources, and leadership opportunities) by answering a set of questions. IFaCT members then had an opportunity to pose follow-up questions once each panelist had the opportunity to share their perspective. Panel questions were developed based on the work of Cohort 1 and 2 team members to help the UCEDDs and Department better understand parents’ perspectives on early intervention themes.

Figure 14. WIHD Parent Panels - Examples of Parents' Experiences in the NYSEIP

Challenges	Strengths	Recommendations
<ul style="list-style-type: none"> ▪ Overwhelmed and confused with the initial EI process ▪ Often felt isolated ▪ Family outcomes not formally addressed ▪ None of the parents recalled completing a family assessment or hearing about the benefits of completing one ▪ Lack of information provided on community resources ▪ Lack of information provided on family leadership and advocacy 	<ul style="list-style-type: none"> ▪ Parents were pleased with the early intervention services their children received ▪ Connections with their EI providers – “EI providers cared about their child and family” ▪ Sessions involved the whole family, including siblings ▪ Providers suggesting strategies on how to bring their child into the community 	<ul style="list-style-type: none"> ▪ Connect parents to their community ▪ Connect families with other families ▪ Provide good community resources to parents ▪ Ensure family outcomes are discussed and included in IFSPs ▪ Provide families with information on local leadership opportunities, including Local Early Intervention Coordinating Councils (LEICC) ▪ Provide childcare assistance to assist with family participation in LEICC meetings ▪ Providing teleconference as an option to facilitate LEICC participation ▪ Providers need to ask the difficult questions; have the hard conversations ▪ Complete family assessments ▪ Incorporate family assessments into IFSP reviews

RFK In-person Spanish IFaCT Monthly Team Meeting

On May 16, 2019, RFK hosted an in-person meeting at their Center in the Bronx, to celebrate the Spanish IFaCT Team’s mid-way point through the IFaCT Project. Joanne Seigel, RFK UCEDD co-director, presented on the history of RFK and provided an overview of the center’s clinical, social, research, and advocacy work. Next, in partnership with the RFK LEND Family Training Program, 3 family trainees (all parents of young children with disabilities receiving services at RFK and formerly in the NYSEIP) gave presentations about their family’s journey through the NYSEIP, sharing both their challenges and successes. Three NYS DOH SSIP staff attended the meeting and provided an update on the State’s overall SSIP implementation and the next steps for IFaCT.

AGENDA		
Improving Family Centeredness Together (IFaCT) Rose F. Kennedy Center Van Etten Building, 1225 Morris Park Ave, Bronx		Thursday, May 16 th , 2019 10 - 12:30 PM
10:00 - 10:20	Introductions Attendance All Participants Opening remarks Marcelle Pachter Overview of agenda Emma Brozet	Belfer Building, Room 801A, ***1300 Morris Park Ave**
10:20 - 10:35	What is RFK UCEDD? Joanne Seigel, RFK UCEDD Co-Director	Belfer Building, Room 801A
10:35 - 10:55	RFK UCEDD Parent's Perspective Miriam Franco Beatriz Argote Lisette Cruz	Belfer Building, Room 801A
10:55 - 11:00	Remarks from New York State Department of Health Mary Amendola & Jessica Simmons	Belfer Building, Room 801A
11:00-12:15	Group Work PDSA worksheet All participants "FaCT Reflection" worksheet All participants	Belfer Building, Room 801A
12:15-12:30	RFK CERC Tour Tour of Pediatric Services All participants	Van Etten Building

RFK In-person Chinese IFaCT Monthly Team Meeting

On June 7, 2019, at the *Chinese-American Planning Council* in Queens, the Chinese IFaCT team in collaboration with RFK, held their first in-person parent support group for parents of young children with developmental disabilities, as part of their IFaCT project. For this portion of the agenda, Romina M. Barros, MD, FAAP, Developmental Behavioral Pediatrician Medical Director Trauma Services-GABI, and The Centers for Disease Control and Prevention (CDC) Act Early Ambassador for NYS, presented “Learn the Signs. Act Early.” Parent participants also received information on the NYSEIP. Additionally, a parent of a young child with a disability shared their family’s story and journey through the NYSEIP and Preschool Special Education Program. After the presentations, the IFaCT team proceeded with their monthly IFaCT project meeting facilitated by RFK. Three Department SSIP staff attended the meeting; however, they did not present to the group formally. Staff answered parents’ questions about the NYSEIP, IFaCT implementation, and next steps for the project.



Celebration and Sustainability Calls with IFaCT teams:

For both cohorts, in collaboration with the Department, the UCEDDs facilitated celebration and sustainability calls with their IFaCT teams. Teams shared their overall project challenges, successes, and sustainability strategies and plans with their learning collaborative members. The UCEDDs shared the overall goals of the IFaCT project, reviewed aggregate regional IFaCT team data. The Department provided Statewide SSIP implementation and evaluation information, and next steps were discussed.

Table 5. Cohorts 1 and 2 Celebration and Sustainability Calls

UCEDD	Cohort 1	Cohort 2
RFK	12/4/18 (in-person)	10/10/19 - Long Island (in-person) 11/20/19 – Chinese Team (in-person) 11/22/19 – Spanish Team (in-person)
SCDD	1/18/19 (call)	9/16/19 (call)
WIHD	12/5/18 (call)	10/8/19 (call)

Sustainability Planning or Considerations

Approximately six months after Cohort 1 concluded, the UCEDDs began contacting Cohort 1 teams to review the sustainability of their projects. Nearly all of the teams continued their work past the formal SSIP project timeframe (12 months). For Cohort 1, SCDD, RFK, and WIHD contacted teams by phone using a phone interview script (Appendix 8). For Cohort 2, all UCEDDs convened a final celebration call. See Table 5. for call details. Additionally, after the final monthly call, SCDD sent an IFaCT Project Completion survey to the IFaCT teams. Teams formally provided their sustainability plans via the survey (Appendix 9). Teams' sustainability strategies and plans are included in Table 10.

Work will continue to assist teams with the sustainability of their quality improvement work in their counties. To follow-up with Cohort 2 teams on their progress and sustainability, teams will be contacted using a UCEDD-developed survey or phone interview script by June 2020. UCEDD staff and the Department continue to provide technical assistance to both Cohort 1 and 2 teams.

Monthly Coaching Calls

The UCEDDs, in collaboration with the Department, convened monthly coaching calls with IFaCT teams in each region of the State. Department staff participated in the monthly coaching calls to obtain stakeholder feedback, such as project successes, barriers to implementing or scaling-up, progress, etc. During the calls each month, teams present to the State, each other, and to the UCEDDs on their projects.

The Department elicited 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. Based on stakeholder feedback the Department continued with the SSIP as described and planned.

Over the course of this project, the Department has revised the SSIP timelines to reflect the current status and planned actions. Procurement of the Centers of Excellence and alignment of the state's infrastructure, convening quality improvement leadership team, and engagement of stakeholders required more time than anticipated. The contracts with the Centers of Excellence are in place. The first cohort wrapped up their formal work in January 2019. Cohort 2 concluded their formal work in September and November 2019. The first three Learning Collaboratives for Cohort 1 began their work in January and February of 2018 and continued their work through January 2019. The second cohort in-person Learning Collaborative Sessions were held in October and December of 2018, and their work continued until September and November 2019. From September 2019 to June 2020, the UCEDDs are analyzing the data collected from the two cohorts and are developing training on family-centered practices and findings from collaboratives. Training will be focused on needs identified by IFaCT teams in both cohorts (see Section F: Plans for Next Year for further information).

D. Data on Implementation and Outcomes

1. How the State monitored and measured outcomes to assess the effectiveness of the implementation plan

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 NYSEIP on families. 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 NYIFS is composed of items generated by national and NYS stakeholders, including parents. The NYS Family Survey is currently provided in English, Arabic, Bengali, Chinese, Russian, Spanish, and Yiddish.

SiMR data are reported below: These data are based on responses collected from families during the FFY 2018-2019 (July 1 – June 30) on the FOS. For FFY 2018-2019, NYS did not reach the target of 66.50%.

While the Cohort 1 teams began their work in January and February of 2018, the implementation of their evidence-based strategies was staggered and focused on a very small number of families based on the PDSA Model, which focuses on making small changes and scaling up based on successes. Many of the FFY 2017-2018 and 2018-2019 family surveys were collected prior to implementation of Cohort 1 and Cohort 2 improvements. Additionally, families who were surveyed may have not been directly impacted by the local IFaCT projects, as the PDSA cycle methodology involved designing interventions that initially impacted a small number of families. SSIP interventions may have also had limited impact in certain counties because they were only provided to new families entering the Program. Additionally, families impacted by IFaCT may not have exited the Program during this reporting period.

Previously, the Department used a paper Scantron survey that was mailed to families and required the use of a pencil and the family returning the survey in a pre-paid envelope by mail. For FFY 2018-2019, based on stakeholder feedback and increased costs associated with Scantron survey, the Department changed the FOS collection methodology.

For FFY 2018-2019, the Department also changed the data collection method by developing a new online version of the FOS using Survey Monkey. Postcards with an online survey link and Quick Response (QR) code were mailed to all applicable families in July 2019. A paper survey was mailed to families upon request. One of the factors attributing to this year's low survey response rate may be due to the new FOS data collection method.

Table 6. SiMR: Baseline data, actual data for each year, and targets established in Phase I

FFY (July 1-June 30)	Baseline (2008-09 to 2013-14)	Actual 2014-2015	Actual 2015-2016	Actual 2016-2017	Actual 2017-2018	Actual 2018-2019
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)	70.12% (1021/1456)	66.99% (1238/1848)	63.67% (1034/1624)
FFY 2014-2018 Targets	N/A	65.09%	65.09%	65.50% (+.41%)	66.00% (+.50%)	66.50% (+.50)

Rationale for Methodology Change

Due to concerns from the counties and our other stakeholders regarding interpretability of using the Rasch Model, data staff examined other potential survey analysis methods. One common method used in summarizing survey data includes using the top box score approach. This involves identifying how many people from your 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.

New Methodology

When the Department presented both reporting methodologies (Rasch Model and percentage of positive responses) using the FOS data over the years to the EICC, the stakeholders voted to report on the percentage of positive responses from families on the corresponding survey items starting from FFY 2018-19. Therefore, the Department reset the targets for FFY 2018-19 and FFY 2019-20, as approved by the EICC. This change in methodology should make our data more easily interpreted and more actionable for the counties and our other stakeholders.

The new formula is as follows:

Percentage of positive response =

Total # of positive responses

Total # of positive responses and negative responses across all survey items

Table 7. NYS SSIP Baseline and Progress Data: Rasch Model FFY 2014 to 2019

FFY (July 1-June 30)	2015-2016	2016-2017	2017-2018	2018-2019
Of families who responded to NYIFS, the % of positive responses divided by the total number of positive and negative responses	88.77%	90.69%	89.50%	86.87%
	(32628/36755)	(45187/49828)	(55827/62375)	(48549/55885)
Of families who responded to NYIFS, the % who met the State standard of >=576 (Rasch Model)	61.63%	70.12%	66.99%	63.67%
	(673/1092)	(1021/1456)	(1238/1848)	(1034/1624)
FFY 2014-2018 Targets (Rasch Model)	65.09%	65.50% (+.41%)	66.00% (+.50%)	66.50% (+.50)
FFY (July 1-June 30)	2015-2016	2016-2017	2017-2018	2018-2019
Of families who responded to NYIFS, the % of positive responses divided by the total number of positive and negative responses	88.77%	90.69%	89.50%	86.87%
	(32628/36755)	(45187/49828)	(55827/62375)	(48549/55885)
Number of families with positive response on:				
>=90% of Impact on Families Survey	710	1086	1310	1097
80-90% of Impact on Families Survey	133	131	208	177
70-80% of Impact on Families Survey	81	76	109	102
<70% of Impact on Families Survey	139	165	221	248
Of families who responded to NYIFS, the % who met the State standard of >=576 (Rasch Model)	61.63%	70.12%	66.99%	63.67%
	(673/1092)	(1021/1456)	(1238/1848)	(1034/1624)
FFY 2014-2018 Targets (Rasch Model)	65.09%	65.50% (+.41%)	66.00% (+.50%)	66.50% (+.50)

Table 8. NYS 2018-2019 Impact on Families Scale by County

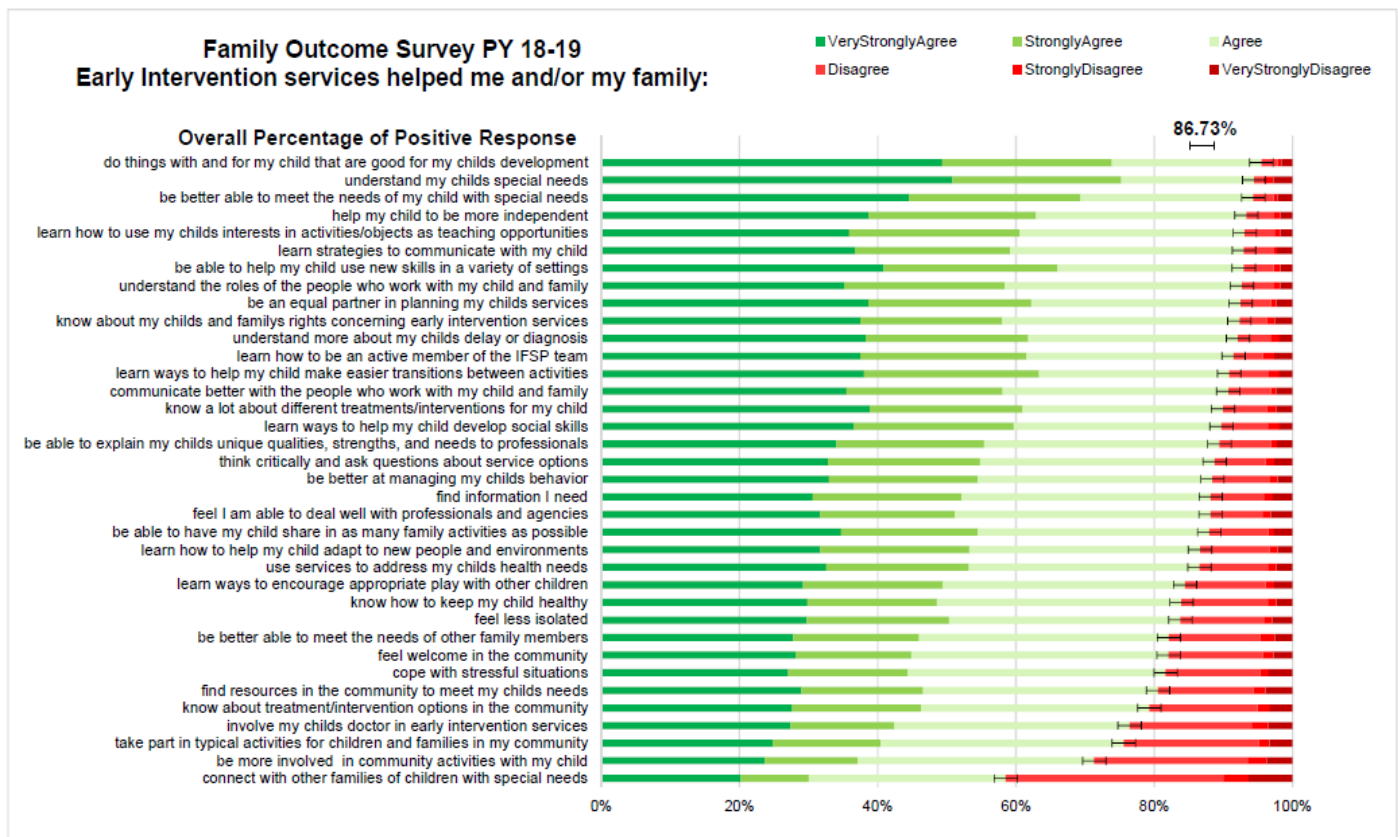
county	Rasch Model (>=576)		% of positive responses divided by the total number of positive and negative responses			
	numerator	denominator	Rasch Model	numerator ¹	denominator ²	% Families with positive responses
Albany	6	11	54.50%	337	358	94.13%
Allegany	0	0	NA	0	0	NA
Bronx	58	101	57.40%	2962	3553	83.37%
Broome	10	13	76.90%	439	453	96.91%
Cattaraugus	2	3	66.70%	97	107	90.65%
Cayuga	2	3	66.70%	108	108	100%

Chautauqua	6	7	85.70%	232	248	94%
Chemung	2	4	50.00%	129	144	90%
Chenango	4	6	66.70%	197	199	99%
Clinton	3	7	42.90%	187	229	81.66%
Columbia	2	2	100.00%	72	72	100%
Cortland	2	3	66.70%	86	108	79.63%
Delaware	2	2	100.00%	71	72	99%
Dutchess	21	27	77.80%	785	912	86.07%
Erie	65	106	61.30%	3086	3599	85.75%
Essex	2	2	100.00%	64	72	89%
Franklin	0	1	0.00%	31	36	86%
Fulton	0	1	0.00%	35	36	97%
Genesee	3	4	75.00%	118	123	96%
Greene	1	1	100.00%	32	36	89%
Herkimer	3	6	50.00%	171	215	79.53%
Jefferson	3	5	60.00%	163	180	91%
Kings	95	172	55.20%	4866	5922	82.17%
Lewis	0	1	0.00%	26	36	72%
Livingston	1	6	16.70%	122	210	58.10%
Madison	9	9	100.00%	303	321	94.39%
Monroe	52	71	73.20%	2213	2428	91.14%
Montgomery	2	2	100.00%	72	72	100%
Nassau	74	130	56.90%	3680	4483	82.09%
New York	54	88	61.40%	2602	2959	87.94%
Niagara	18	24	75.00%	767	853	89.92%
Oneida	10	15	66.70%	433	525	82%
Onondaga	43	64	67.20%	1940	2158	89.90%
Ontario	4	5	80.00%	141	177	80%
Orange	36	47	76.60%	1489	1565	95.14%
Orleans	0	2	0.00%	33	72	46%
Oswego	1	6	16.70%	121	193	63%
Otsego	2	2	100.00%	70	72	97%
Putnam	6	8	75.00%	282	288	97.92%
Queens	108	181	59.70%	5511	6369	86.53%
Rensselaer	10	13	76.90%	412	444	92.79%
Richmond	42	65	64.60%	2002	2314	86.52%
Rockland	21	39	53.80%	1097	1271	86.31%
Saratoga	26	29	89.70%	979	1036	94.50%
Schenectady	6	11	54.50%	328	390	84.10%
Schoharie	0	0	NA	0	0	NA
Schuyler	1	1	100.00%	36	36	100%
Seneca	2	3	66.70%	79	97	81.44%
St. Lawrence	4	4	100.00%	142	143	99%
Steuben	3	7	42.90%	154	231	66.67%
Suffolk	87	127	68.50%	3890	4375	88.91%
Sullivan	3	4	75.00%	131	141	93%
Tioga	3	4	75.00%	114	135	84%
Tompkins	9	12	75.00%	374	391	96%

Ulster	8	9	88.90%	284	305	93.11%
Warren	3	4	75.00%	121	132	92%
Washington	2	2	100.00%	64	65	98%
Wayne	5	9	55.60%	300	319	94.04%
Westchester	81	125	64.80%	3739	4226	88.48%
Wyoming	4	5	80.00%	142	179	79%
Yates	2	3	66.70%	88	92	96%
Statewide	1034	1624	63.70%	48549	55885	86.87%

Note. 1 Numerator=Total number of positive responses on Impact on Family Score (i.e., Agree, Strongly Agree, Very Strongly Agree) by county, 2 Denominator=Total number of positive and negative responses on Impact on Family Score (i.e., Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree) by county

Figure 15. 2018-2019 Impact on Families Scale By Question



Representativeness

The Department has undertaken an in-depth analysis of the FOS data by subgroups, by geographic regions and at the county (i.e., local program) and early intervention provider level to identify any characteristics associated with the likelihood families agree that the early intervention services they received were helpful.

For FFY 2018-19, the Department sent out family survey postcards with an on-line survey link and QR code to all 19,215 families exiting the NYS Early Intervention Program from July 1, 2018 to June 30, 2019, requesting they fill out the survey on-line (attached). These families did not withdraw from early intervention program and their children received at least six months of early

intervention services. One survey postcard 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 that the family completes. Surveys are not sent to any families whose child passed away. There were 1,526 (8%) families with the postcard undelivered because families moved after exiting early intervention program. There were 1,624 surveys returned (45 completed the paper form, and 1,579 completed on-line) from the rest of the 17,689 families surveyed.

The representativeness by Race, Ethnicity, Gender, and Age at Referral of the 1,624 respondents was compared to all 19,215 families.

Race Representativeness

The families who returned the NYS Family Survey were not representative based on race. Of the 1,624 surveys returned, 1,012 were from White families, 94 were from African-American families and 518 were from families with Other races. The expected number based on the population was 857 White, 154 African-American, and 613 Other races. Thus, there were 60 fewer surveys returned from African-American families and 95 fewer surveys returned from families with Other races than expected. The Chi-Square statistic for the observed versus the expected was a p-value of $<.0001$ and was statistically different.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, consistent with 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 all three outcomes among families across the races (p value for 4A was 0.72, 4B was 0.12, and 4C was 0.08).

Ethnicity Representativeness

The families who returned the NYS FOS were not representative based on ethnicity. Of the 1,624 surveys returned, 325 were from Hispanic families and 1,299 were from non-Hispanic families. The expected numbers based on the population were 442 Hispanic and 1,182 non-Hispanic families. There were 117 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 statistically significant.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, with 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 0.59, 4B was 0.06, and 4C was 0.08).

Gender Representativeness

The families who returned the NYS FOS were representative based on Gender. There were 505 surveys returned from families with a female child and 1,119 from families with a male child. The expected numbers based on the population eligible for the survey were 528 females and 1,096 males. The Chi-Square statistics for the observed versus the expected results was a p-value of 0.21 and was not statistically significant.

Similar to the representativeness of the overall returned surveys, there was no significant

difference in the response rate to each outcome between families with a female child and families with a male child (p value for 4A was 0.16, 4B was 0.12, and 4C was 0.21).

Age at Referral Representativeness

The families who returned the NYS FOS were not representative based on Age at Referral. The mean age for the children was 18.2 months old (SD=8.1) when referred compared to 18.8 months old (SD=7.9) for the families who did not return the survey (p=0.0062). The responding families had children who were younger at referral and had more time in the Early Intervention Program before their child exited the program. All children had at least six months of early intervention services to be eligible for the survey.

The Department looked at the representativeness from each outcome because some returned surveys had skipped items corresponding to the outcomes. In summary, consistent with the overall returned surveys, families who responded to the outcome had a younger child at referral than families who did not respond (p value for 4a was 0.0065, 4B was 0.01 and 4C was 0.0076). However, there were no statistical differences in mean ages at referral between families with positive response and families with negative response to all three outcomes (p value for 4A was 0.67, 4B was 0.32, and 4C was 0.48).

Cohorts 1 and 2 Data

Due to the size of the State and the complexity of this project, the State was split into two cohorts. The first cohort began in January/February 2018 and ended in December 2018/January 2019. The second cohort began in October 2018 and was completed in September 2019. The Spanish and Chinese speaking teams in the second cohort started in December 2018 and were completed in November 2019.

The UCEDDs continue to analyze the data from the first cohort and are beginning to analyze the data from the second cohort. The UCEDDs are using this data to determine the best family-centered practices, as identified by local teams and will be providing additional data for their final project reports, which will be submitted to the Department by June 30, 2020. This data is also being used to determine which strategies are worthy of replication at the State level and is guiding the development of training for statewide use.

Table 9 includes the technical data regarding teams, participants, and technical assistance (TA) involved in Cohorts 1 and 2. Much of the technical assistance (TA) provided on the calls and via emails, was to help prepare counties prior to the monthly calls, to assist with teams' PDSA plans, and data collection. Some teams had to abandon their first PDSA Plans, as they encountered barriers to implementation, or the small tests of change indicated that there was a need to change course. The UCEDDs and BEI assisted teams with modifying their plans as needed. For example, some counties in both cohorts were unable to create Facebook pages due to county policies. These teams abandoned their first project and started a new project.

Table 9. Cohorts 1 and 2 Technical Assistance Data

UCEDD	Cohort	Number of Counties	Number of Teams	# TA Calls with Teams	# of Emails with Teams
RFK	1	NYC (5 boroughs)	6 Teams	25 Calls	95 Emails
	2	NYC (5 boroughs)	5 Teams (Long Island) 1 Chinese 1 Spanish	112 Calls	646 Emails
SCDD	1	14 Counties	14 Teams	28 Calls	224 Emails
	2	12 Counties	13 Teams	3 Calls	412 Emails
WIHD	1	14 Counties	14 Teams	44 Calls	541 Emails
	2	14 Counties	13 Teams	48 Calls	414 Emails
Total	N/A	62 (including the 5 boroughs of NYC)	67 Teams	260 Calls	2,332 Emails

*This chart reflects the final team and participant counts, which are slightly different than the recruitment numbers, due to some teams combining to work together on one AIM and/or loss of team members. All municipalities and stakeholders continued to be represented in the SSIP IFaCT.

Table 10. Statewide IFaCT Project Data for Cohort 1 and Cohort 2

County	Project Focus	Accomplishments	Sustainability
Albany Cayuga Columbia Fulton/Hamilton Madison Putnam Rensselaer Ulster Westchester	Improving the way IFSP family outcomes are written Increase the number of family and community engagement outcomes that are included in IFSPs Improving family-centeredness in MDEs by encouraging the use of family assessments	Added community engagement outcomes onto IFSPs as agreed upon by families Developed a family assessment template for providers Increased parent involvement in the development of IFSP outcomes, both child and family. Developed a "goal" sheet to assist the family with identifying their concerns, priorities, and resources to enhance outcome development during the IFSP meeting. Provided and reviewed with families the Centers for Disease Control and	Continue to add family outcomes to IFSPs Increase the use of the family assessment tool Service coordinators will talk to IFSP teams about this goal. They will ask parents and providers during monthly calls and subsequent IFSP meetings. Community resource list will be regularly updated and offered to families at IFSP's Continue to connect families to local resources

		<p>Prevention (CDC) milestones booklet to families.</p> <p>Included one IFSP outcome, determined by the family/caregivers, in 90% of their IFSPs.</p> <p>Families provided with information on Natural Environments</p> <p>Developed a strategy worksheet to help families prioritize and increase family self-efficacy in bringing their child into new community situations.</p> <p>Developed a one-page Family-Centered Practices Guide, drawn from the “Seven Key Principles: Looks Like/Doesn’t Look Like” (Early Childhood Technical Assistance Center, ECTA)</p> <p>Provided training to SCs and providers on family-centered practices</p> <p>Developed a tool for parents and providers to enhance family engagement with their community</p> <p>Increased the number of family and community engagement outcomes included in IFSPs</p>	
<p>Chenango Clinton Delaware Dutchess Franklin Greene Monroe Montgomery Nassau New York City Niagara Oneida Ontario Orange Otsego Rockland Schenectady Schuyler Steuben Sullivan Suffolk Tompkins Yates</p>	<p>Created a list of available local community resources- to connect families to their communities (including; groups, events, family activities, etc.)</p> <p>Part of this work was to reduce parent isolation and to increase connections between families of children with similar needs.</p> <p>The list decreased the difficulty for families to locate community activities and resources</p>	<p>Created a resource packet for families, which included information about local family support organizations and recreation opportunities to connect with other families. Offered the resource packet to families at IFSP meetings and documented which families opted to take the resource packet.</p> <p>Local activities list aimed to provide families with increased options for activities and events</p> <p>A list of resources and mentor families was created.</p> <p>Discussed barriers to community involvement with families to assist with overcoming these challenges and supporting families with connecting to their community</p>	<p>The LEICC provides support to help with project sustainability</p> <p>Continue to be committed to update their resource guide at least once a year despite the lack of events and resources in their county</p> <p>Speak with families regularly at meetings about their interests and how they can help</p> <p>Send email to families with community events and resources</p> <p>Provide families with information about Parent to Parent of NYS</p> <p>Resource list was added to EI County webpage</p>

		<p>Provided training on community resources to service coordinators and providers</p> <p>Provided training for SCs and providers on family outcomes and their inclusion in IFSPs</p> <p>County EIP websites were updated with community resources and events for parents</p> <p>Created family newsletter of community activities</p> <p>Magnet created with key community resources for families</p> <p>Resource Directory/Guide developed to connect parents of children with similar needs</p> <p>Parents resource guide for Staten Island</p> <p>Developed a "Parents Resource and Support List"</p>	<p>The resource list will be provided to service providers.</p> <p>Team discussed reviewing the resource list biannually at LEICC meetings to allow for family/provider feedback.</p> <p>Create a training for ongoing service coordinators on developing functional based outcomes statements that are more mindful of parents needs and their priorities</p> <p>Continue to complete the "Tailoring Your Child's Care" worksheet during initial IFSP meetings, direct families to county FB page, distribute Resource Guide to families referred to EI</p> <p>Agencies were also asked to distribute resource lists to their OSCs. The Parent Resource and Support List was added to the Nassau County Early Intervention webpage on</p> <p>There was a demonstration on how to access the resource list as part of the LEICC Meeting in September</p> <p>Plan further "Information Nights", website creation, Resource list distributed at every new intake, update list quarterly to keep relevant</p>
--	--	--	--

<p>Allegany Cayuga Essex Livingston Oneida Schuyler Seneca Steuben Suffolk Warren Washington Wayne</p>	<p>Developed local community calendars/newsletters to promote community events</p>	<p>Developed a monthly calendar of community events to distribute to families to improve opportunities for family connections within their community.</p> <p>Included activities to promote the child’s development</p> <p>Increased social opportunities for children and their families to reduce isolation and connect them with their community</p> <p>Quarterly EI newsletter “Toddler Times”</p> <p>Increase families’ awareness of community activities available through the local family resource centers.</p> <p>Developed a resource card with local and national community information</p>	<p>Team leader continues to update community resource guide</p> <p>Newsletter now distributed to various community resources that service families, including WIC, Medical providers, school nurses, libraries, etc.</p> <p>Families highly satisfied with newsletters and found information helpful to them, county will continue to update local activities</p> <p>Will link events to FB page and invite families to like and follow the Public Health page for community resources as the continued development, printing and mailing of the calendar is not sustainable</p> <p>Revise the card and resource list to remove any resources not specifically geared towards connecting EI families</p> <p>Make sure the list is reviewed and updated on a regular basis</p>
<p>Broome Cattaraugus Chautauqua Cortland Essex Franklin Genesee/Orleans Greene Jefferson Lewis Onondaga Oswego Tompkins Wyoming</p>	<p>Create a Facebook Page to connect families to each other and their community</p>	<p>Created a Facebook page highlighting upcoming community events for families to attend. Facebook link included on county EIP business cards</p> <p>Discussed family engagement at their LEICC meetings</p>	<p>2 team members continue to manage Facebook page, which continues to gain new families.</p> <p>EIO maintains and promotes the local Facebook page. Families are told about the Facebook page at their initial IFSP and re-invited at ongoing IFSPs</p> <p>Oswego County continues to piggyback onto the Oswego Mom’s group Facebook page, which remains active as a family resource for activities, events and others. All new EI families are given information about the group; “existing” families are reminded at IFSPs and informally when the SC makes contact.</p> <p>Service coordinators continue to update Facebook page</p>

			Planning to continue to share information about events and resources as they learn about them
Herkimer	Develop a resource brochure for families related to ASD	Provided autism resources and services in or near Herkimer County	Continue to complete the "Tailoring Your Child's Care" worksheet during initial IFSP meetings, direct families to county FB page, distribute Resource Guide to families referred to EI
Saratoga	Developed a worksheet for parents/providers to complete "carryover activities" in-between EI sessions	Worksheets were completed to assist families with incorporating strategies used in EI sessions into the family's everyday routines	Review of expectations with parents at each IFSP; new parent responsibility form in process. Improve quality of discussions by SC; ask parents about carry over activities, provide resources. Improve provider buy-in; Provider meeting, provider support group, provider letter to give to IFSP teams, considering a provider survey.
Chemung Oswego Tioga Suffolk NYC NYC (Spanish) NYC (Chinese)	Created Family workshops/community events/ Music/movement classes Convened a group for moms Workshops provided socialization opportunities for both parents and children	Hosted multiple free music/movement classes for EI children & families Hosted a group to create relationships between mothers Hosted workshops for children on spectrum Hosted a "Parents Connections Playgroup" Hosted parent Training workshops on various topics	County continues to provide 3 music/movement classes for families (several EI providers attend these classes) Approximately 110 families currently involved with EI are offered the classes They have also done "classes" in homes of their medically fragile children who would not otherwise be able to participate Monthly meet-ups/play dates Workshop attendance has increased that CPC would like to create similar workshops in other Boroughs on NYC
Schoharie	Playgroup for children and families	Convened a playgroup for early intervention children and their families to connect families with each other.	Encourage all EI families to participate in the community playgroup, continue to conduct/complete surveys

<p>Erie NYC (Spanish)</p>	<p>Web-based Resources</p> <p>Developed a Virtual Resource toolbox named “The Hub”</p> <p>Professionals share upcoming events related to children with disabilities and parent’s members confirmed that they shared upcoming events with their communities.</p> <p>The Blue Couch Project – Instagram page to connect families with each other</p> <p>Provide parents with emotional support</p>	<p>Provides access and local and national resources links and information separated by diagnosis categories such as ASD, Down syndrome</p> <p>Parents share letters they write to themselves when their children are diagnosed</p>	<p>The Hub will continue to provide resources to families. Erie will make improvements to the page, add new resources and update each “button” and make the survey available to families.</p>
-------------------------------	--	--	---

*Please note: Some municipalities had multiple projects

NYC IFaCT Team (Chinese Speaking)

As part of the Chinese IFaCT team project, monthly parent support groups were held. The topics presented and speakers included in the meetings, were identified by IFaCT parent team members. Meetings also featured a parent who shared their personal experience of having a child with a disability. Additionally, the agenda included time for parents to connect with each other. All meetings were held in person at the Chinese-American Planning Council in Flushing, Queens, New York. Flyers were available in both English and Chinese. A sample parent support group flyer was included earlier in the report on Page 28.

The feedback from families in the community participating in the support group has been extremely positive. Families who participated greatly appreciated both the professional presentations and hearing from other parents about their EI experience. Parents stayed well after the formal meeting to connect with other parents in their community. As reported by IFaCT team members, providing a parent support group and local community resources on disability topics is needed in the Chinese community. Parent IFaCT team members also identified the need for resources to be translated into Chinese. As such, moving forward, the IFaCT team will continue their work and hold monthly parent support groups to connect families of young children with disabilities and continue to develop resources for parents in Chinese. The Table 11 provides details on the parent support group meetings.

Table 11. SSIP Chinese-American Parent Support Group Workshops (Cohort 2)

Month	Presentation Topic	Presenter(s)	Attendance
June	“Learn the Signs. Act Early” “Basics of Early Intervention”	Romina M. Barros, MD, FAAP Developmental Behavioral Pediatrician Medical Director Trauma Services- GABI CDC Ambassador Act Early – New York State L. Leslie Liu, EI/OD Brooklyn Regional Office	10
July	“Families Rights during Transition from EI to CPSE”	Andrew Weisfeld, JD Special education lawyer	11
September	“Occupational Therapy in Early Intervention”	Beth Elenko, PhD, OTR/L, BCP, CLA Assistant Professor of OT at SUNY Downstate	33
October	“Toilet Training in Early Intervention”	Blanche Benenson MD Developmental Behavioral Pediatrics RFK-CERC/CHAM	27
November	ABA and ASD	April N. Kisamore, Ph.D., BCBA-D Hunter College	36
December	Oral Care Strategies for Young Children with Special Needs	Marcelle Pachter, DDS LEND family faculty coordinator at RFK Albert Einstein COM-Montefiore Medical Center	18

IFaCT Spanish Team – Parent Support Workshop

As part of their IFaCT project, the Spanish speaking team convened weekly parent support workshops from February through April 2019, with support from the RFK UCEDD and INCLUDEnyc. The support groups were held at the McCarton Center in the Bronx, New York. Each workshop included a facilitated discussion on a topic related to raising a young child with a disability, including; parent self-care, communication strategies, and sensory & play activities. Each support group also included a presentation by an EI professional.

Challenges Identified by Cohorts

The NYSEIP is a large and complex system. There is a diversity of geography, demographics and families in New York State. As such, strategies of each team were tailored to the individual and unique circumstances within a county or region of the State. Improvement teams from NYSEIP local programs, including service providers and families, who are very familiar with their regions, local infrastructure and resources, and with families referred to the local EI programs, developed improvement plans that are specific to their areas. Plans were shared across local programs to enable all improvement teams to capitalize on the strategies developed by teams working in similar contexts. Each team participating in the Family-Centered Learning Practices Learning Collaborative learned quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions.

Some of the barriers identified by these local teams in Cohorts 1 and 2 are included in Table 12.

Table 12. Barriers Identified by Cohorts 1 and 2 Teams to Project Implementation and Improvements

UCEDD	Cohorts 1 and 2: Team Barriers to Project Implementation and Improvements
RFK	Difficulty submitting PDSA plans on time, loss of team members, ensuring goals are achievable and within scope, geographic challenges with team members living in different boroughs, coordinating efforts among team members from different agencies and boroughs, deciding on a data collection strategy, low number of PDSA cycles completed or paperwork filled out incorrectly, keeping parent team members involved.
SCDD	Lack of time to meet with IFaCT team, difficulty inserting project into data collection format, lack of time to record progress in PDSA worksheet, lack of response to pre/post surveys, small case load to test PDSA, delay in providing follow-up survey, lack of professionals sharing resources on Facebook, lack of attendance at events, county is very rural, seasonal challenges due to weather, team members leaving/changing, challenge to get community event details out to parents for enough in advance of the event, not getting county permission to create a Facebook page, challenges with updating web-based resource page, low attendance at community activities, finding staff time to commit to the projects, parent schedules impacting event participation, families finding transportation to get to community events, tracking the number of families who received the county newsletter, getting parent involvement in the Facebook groups.
WIHD	Getting organized, figuring out how to include parent participation, working with other agencies to schedule meetings, developing a resource list, unexpected weather and illness related delays, staff resistance to additional question about the IFSP development process, difficulty with getting entire team together to meet in-person, staff shortage, lack of group activities for family and getting evaluators on-board with goal format, great deal of training required for ongoing service coordinators on how to engage families in the discussion of developing meaningful functional IFSP outcomes.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary

For FFY 2018-2019, the Department did not make significant changes to the SSIP, the SiMR, or the baseline data. New York State continued to adhere to the original improvement plan. The original SSIP envisioned county and municipality specific teams, however, based on observations and stakeholder feedback, slight modifications were made. This includes having four rural counties combine to form two teams, as these small counties did not have the capacity to sustain the project on their own. Geographic challenges with team members living in different boroughs and coordinating efforts among team members from different agencies, resulted in the two Chinese teams combining into one team.

The Department recognized during the first cohort that there were under represented communities. While not in the original plan, the Department understood it was necessary to add two additional in-person learning sessions to Cohort 2 in New York City, that were composed of Chinese and Spanish speaking families.

As previously discussed in Section C, *Data on Implementation and Outcomes*, beginning in FFY 2018-2019, the Department reported the SiMR data using the original Rasch Model, as well as a new analytic methodology. Beginning FFY 2019-2020, the Department will be using the updated SiMR, analytic methodology, baseline, and targets which can be found beginning on page 31.

3. Stakeholder engagement in the SSIP evaluation

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 recommended that additional analyses be completed based on subgroup and by region of NYS. Stakeholders have continued to support the State's focus on improving family outcomes based on data that have been presented.

Based on stakeholder feedback from Cohort 1, the Department revised the survey to address the survey length, which was the main concern. The Department shortened the survey in FFY 2017-2018 from 95 questions (two pages front and back) to only questions one through 36, which are the NYIFS questions (one-page front and back). The NYIFS data is used for both the SiMR and APR. Based on stakeholder feedback from Cohorts 1 and 2, the Department moved to an on-line FOS for FFY 2018-2019.

Stakeholders continued to hear from families that the survey was too lengthy and some of the questions were difficult to understand and respond to, as they were not written using family friendly language. For FFY 2019-2020, the number of survey questions will be reduced from 36 to 22. Additionally, the reading level of the survey will be reduced to align with current health literacy recommendations and Department requirements. The Family Centered Services Scale (FCSS) is no longer used on the survey; instead, data regarding the FCSS will be collected from the SSIP and Learning Collaboratives feedback.

The municipal stakeholders have requested to be more involved in the FOS process as well. Starting in FFY 2018-2019, the Department began to implement a new procedure to notify counties during the family survey process on when the survey is sent out and which families receive it. This is allowing municipalities to follow up with families to reinforce the importance of completing the survey and to ensure they have the necessary resources to do so. In FFY 2018-2019, the Department began using an online survey. Postcards were distributed by the Department to families containing a link to the FOS and a QR code, for those families with a child exiting the program. The Department hopes that the personal interaction and explanation of the survey will encourage families to complete the survey to increase response rates.

LEND Survey Evaluations

The WIHD LEND program, under the direction of Dr. Jenna Lequia, is a two-semester interdisciplinary leadership training program with a strong curriculum focus on cultural competence, family partnerships, life course perspective, interdisciplinary and evidence-based practice.

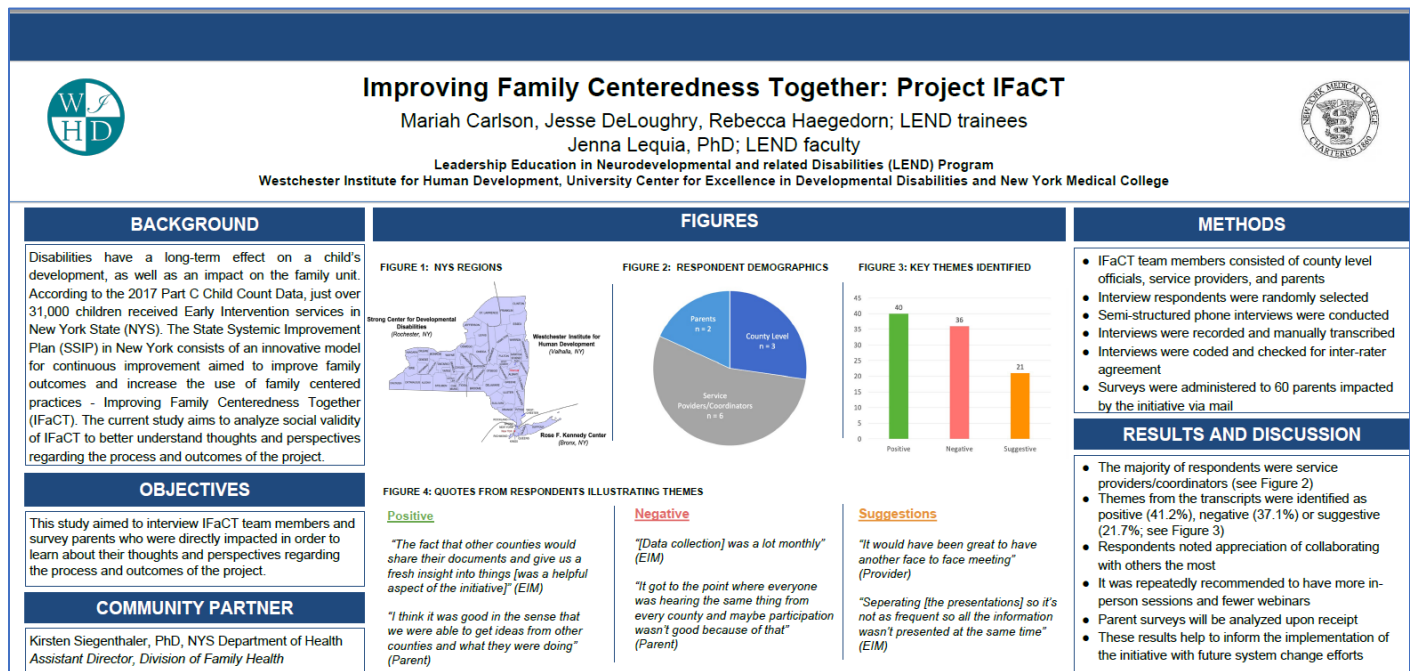
The LEND group developed an interview script to speak with Cohort 2 team members, including parents, providers, and municipal staff, to better understand their experience and participation in the project. They also surveyed families directly impacted by local IFaCT projects. Anecdotal data from interviews conducted thus far include the following: Team members liked the collaboration across county lines and interaction with municipal/county staff and value the parent perspective

and participation on the IFaCT teams. Team members expressed that they would like to have additional in-person learning collaborative sessions over the course of the project,

The LEND team also developed a family survey that was disseminated by municipal staff to families that participated in the NYSEIP during the Cohort 2 project implementation supported by WIHD. Families are asked to submit information about the services they received in the NYSEIP around family-centeredness. This survey is both voluntary and anonymous (Appendix 10). Data gathered from this family survey was aggregated and analyzed by WIHD project staff.

On May 2, 2019, the WIHD LEND Program hosted a meeting in collaboration with the New York State Department of Health to provide an opportunity for LEND trainees to showcase their research projects and to interact with public health and other child serving professionals, educators, scientists and students. The LEND trainees who conducted the research on the State SSIP project included: Jesse DeLoughry, Mariah Carlson, and Rebecca Haegedorn.

Figure 16. WIHD LEND Trainee Project



E. Data Quality

1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR due to quality of the evaluation data

The Department is strongly committed to ensuring high quality data for the SPP/APR. Within the Department, the data analysis and evaluation activities are overseen by Dr. Yan Wu, who is the Part C Data Manager and a senior program research specialist. Dr. Wu has a Ph.D., in Biometry and Statistics and an M.S. in Computer Science from the State University of New York at Albany. Lauren Miller, Ph.D., Research Scientist 3, is the primary data analyst for the SSIP. Additional analytic support was provided by Dr. Bin Zhu, who is a senior research scientist with a Ph.D. in Earth Science and an M.S. in Biometry and Statistics from the State University of New York at Albany,

and Mr. Abubakar Ropri, who is a research scientist with a Masters of Public Health in Epidemiology from the State University of New York at Albany.

Data Limitations

In previous years, the NYS Family Survey was mailed annually to a sample of families in a Scantron format with a letter inviting them to participate in the survey and a postage-paid return envelope. Surveys in other languages were provided based on information about the languages spoken by the families, as documented in the NYSEIP administrative database. The survey was returned directly to and scanned by Department staff. The information was then converted into an electronic file for analytic purposes.

However, for FFY 2018-2019, based on feedback from both IFaCT cohorts, the method for collecting the FOS changed from the above paper process to an online collection method, as stakeholders suggested completing an online version of the FOS may be easier for families. To continue to track county family outcomes data, the families are given a unique identifier to enter into the online survey, which will be connected to the child. Without the cost of using Scantron, the Department will no longer use a sample of families, but rather all families who exit the Program will receive a postcard with a QR code, which will provide them with a link to the FOS to complete online. To ensure families received the postcard with the link to complete the survey, and to encourage their participation, both Department and municipal staff contacted families participating in the 2018-2019 survey.

Despite the changes in the survey collection methodology and additional communication with families, one challenge with the data is a low family response rate. The response rate for FFY 2018-2019 was 9.18%. The Department continues to work with stakeholders, including families, local programs, and early intervention providers to determine effective ways to improve the response rate from families. As noted earlier, the length of the survey used to collect the data for FFY 2019-2020, will be reduced from 36 questions to the 22 that make up the NYIFS. Additionally, the readability level will be adjusted to make the survey more family friendly.

Collection of Data from County Teams

As part of some counties' IFaCT evaluation plans, the State data system child identification numbers were collected for those families directly impacted by SSIP. However, not all teams collected this data, making it challenging to compare those families directly impacted by the SSIP and those not impacted. To provide data for evaluation, future data collection for the SSIP will identify those children/families specifically impacted by the State's quality improvement work to facilitate follow up and reporting.

F. Progress Toward Achieving Intended Improvements

1. Assessment of 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 Department has executed contracts that comply with federal requirements for the oversight and administration of the NYSEIP. The Department has a contract to support a Comprehensive System of Personnel Development (CSPD) with a five-year contract cycle that went into effect in September 2017 and runs through August 2022. Measurement Incorporated, the Department's contractor, is working with the Department to convert Early Intervention training curricula into

interactive, web-based training. Training is delivered in an on-line, live format and then made available as an on-line self-paced course, allowing participants to take the courses at times that are convenient for them. Curricula were and continue to be revised to include evidence-based practices, as identified by the UCEDDs. As Cohorts 1 and 2 data continues to be analyzed by the UCEDDs, best practices identified by the local programs are being included in the training curricula as well. For example, the *Evaluation, Assessment, and Eligibility Determination in the Early Intervention Program* course was recently updated to include resources from the Division for Early Childhood (DEC), including those used in the in-person Learning Collaborative sessions, to scale up family-centeredness at the State level. Additionally, the family assessment section was greatly expanded upon and DEC recommended practices and resources were also added.

In addition to the CSPD, the Department has a five-year contract with Just Kids Early Childhood Learning Center, to provide leadership and advocacy skills training to parents of children in the NYSEIP, referred to as *Partners*. The curriculum for this training is also undergoing revisions based on the UCEDDs' research and identification of best practices for providing family-centered services in the NYSEIP. Additionally, one of the deliverables is to develop up to 10 short (less than 15 minutes) video vignettes for parents on EI topics. The vignettes will be included on the Department's and vendor's webpage (www.eifamilies.com). Several of the vignettes will be on topics related to the State's SSIP including; family-centeredness, family outcomes, and family assessment. All of the vignettes will be developed with families as the audience.

Based on feedback from the parents who participated in the WIHD *Parent Panels*, expressing the desire and lack of information provided to families on advocacy opportunities, the advocacy curriculum in the FIC training for parents was revised and also moved from the pre-recorded video, viewed by training participants prior to the interactive sessions, and into the curriculum presented during the face-to-face training session by the Bureau Director, Constance Donohue. Additionally, EIO/Ms attend this session and provide details on their LEICC to the parents attending from their county. Moving this section of the training curriculum allows the parents to ask questions during the live session.

The Department has also executed contracts with the State's three federally designated University Centers of Excellence in Developmental Disabilities (UCEDDs), which were chosen based on their experience and work in the field of children with disabilities, as well as their locations in the state. The current contracts end on June 30, 2019; however, the Department is pursuing a time extension of three months to support finalizing the current SSIP work and trainings.

The IHI Breakthrough Series was selected as 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 on creation of sustainable resources to share as new providers join the NYSEIP.

Each UCEDD has designated staff to work with counties and stakeholders to improve family outcomes. They coordinate the in-person meetings and monthly calls, track PDSA data, and provide progress reports to the Department. Each cohort is receiving and will receive coaching

and mentorship support from their regional UCEDD staff to implement their plans to improve the quality and family-centeredness of early intervention services. The execution of these three contracts was delayed beyond the date targeted in the original plan and in the 2016-2017 SSIP update. As noted, the Department is in the process of extending the UCEDDs contracts for three months, through September 30, 2020.

As described previously, the contracts are with the Rose F. Kennedy University Center for Excellence in Developmental Disabilities at Albert Einstein College of Medicine (RFK) located in the Bronx, New York. Staff at RFK are supporting the five boroughs of New York City and the two counties that make up Long Island (Suffolk and Nassau). Additionally, RFK has added two cohorts of Spanish and Chinese speaking teams. This UCEDD has taken the lead regarding the content for the website focused on the SSIP and family outcomes that is hosted on the Department's website.

The Westchester Institute for Human Developmental (WIHD) is supporting counties from Westchester to Franklin county. This UCEDD has been designated as the lead for data and evaluation information, including collection and analysis of the data from the three UCEDDs.

The Strong Center for Developmental Disabilities at the University of Rochester Medical Center (SCDD) is supporting the Central and Western Region of New York. This UCEDD has been designated the lead on creating a Resource Guide for parents and stakeholders that has been shared with the first cohort and will be shared with a wider EI Stakeholder audience in Spring 2020. In addition, the Resource Guide was turned into two publications; one for parents and one for providers. These will be disseminated to stakeholders via the BEI listserv, as well as included on our EI Families website, which is specifically for parents of children in the NYSEIP.

Despite these earlier delays, the SSIP achieved Statewide involvement. While the contracts were being developed and executed, the Department of Health worked to align its infrastructure to support the long-term sustainability of the quality improvement efforts. The SSIP work was formally integrated into the Training and Technical Assistance Unit in 2018, which is now known as the Training, Technical Assistance and Quality Improvement/SSIP Unit. This integration provides further support and increases sustainability to quality improvement efforts within both the SSIP and the Department.

Department staff within the Bureau of Early Intervention have been deployed to support the SSIP. As reported in Phases I and II, Kirsten Siegenthaler, Ph.D., was appointed to serve as the NYSEIP State Systemic Improvement Planning Coordinator. Dr. Siegenthaler was promoted to an Assistant Division Director position in the Department of Health and no longer oversees the SSIP project. In addition, Marie Ostoyich, R.N., M.S., was employed by BEI from June 2017 to February 2018 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 and provided much of the work to develop the recruitment materials and to recruit Cohort 1 participants. Jessica Simmons, Early Intervention Specialist and the Training, Technical Assistance, and Quality Improvement/SSIP Unit Manager for the Bureau of Early Intervention, oversees the project as of September 2018. Mary Amendola, R.N., B.S.N., Public Health Program Nurse, is the Project Coordinator and began work on the project in October 2018. Katherine Reksc, Health Program Administrator for the Bureau of Early Intervention, has been working on the SSIP since 2016 and continues to provide valuable support and management of the project. To assist with the SSIP moving forward, Lauren Miller, Ph.D., who has been working for BEI since December 2019, as a

Research Scientist 3, was added to the Department's SSIP team. Dr. Miller is a Social Psychologist and has experience with research methods, data analysis, and statistics. She is the primary data analyst for the SSIP.

Constance Donohue, Au.D., current BEI Director and Part C Coordinator for New York State joined the team in Fall 2018; she provides management oversight and leadership for the SSIP. Peter Baran, BEI Assistant Director, joined the SSIP team in Spring 2019. Additional support has been provided by the bureau managers and staff from the functional units within the Bureau, including, Dr. Yan Wu, Manager of the Data and Program Evaluation Unit. BEI reports to the Department's Division of Family Health and Center for Community Health leaders on a regular basis. Department leadership is supportive of the SSIP project.

These changes combined with leadership support, will facilitate the 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.

The evaluation plan includes measures to assess fidelity. In the Phase III report submitted in April 2017, the following questions were created to be addressed as the SSIP progressed. These questions have been used to guide the evaluation of the SSIP in the third Year of Phase III. The results of the evaluation of activities since April 2019 follow:

1. *Did the statewide quality improvement team convene, and were they actively engaged in the process of preparing for the learning collaborative?*
 - The advisory group helped create the brochures for the recruitment, as well as aided in finding volunteers to participate in the learning collaboratives. The team also helped with developing a public friendly name for the SSIP (Improving Family Centeredness Together or IFaCT) and creating provider and parent/family applications that were used to gather additional information about the providers and parents interested in participating.
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?*
 - Three regionally based Centers of Excellence were established July 2017 and the contracts are in place through June 2020. A three-month contract extension has been offered to the UCEDDs to continue the SSIP work through September 30, 2020. While the offer was extended, approval of the contract extension is pending. The three months will provide the UCEDDs with additional time to develop the webinars based on the cohorts' work and also provide additional technical assistance to the cohort teams, as well as to the Department.
 - NYC and Long Island are working with the Rose F. Kennedy University of Excellence in Developmental Disabilities at Albert Einstein College of Medicine (RFK). The Department has included a webpage dedicated to the SSIP on the Department's NYSEIP website that was made available to NYSEIP stakeholders in March 2019. RFK staff developed the additional content that will be displayed on the SSIP website in the summer of 2020, which will include: data from both cohorts, resources, the

Resource Guide publications developed by SCDD, best practices for family-centered services, and how to access training developed specific to the IFaCT project.

- The Strong Center for Developmental Disabilities at the University of Rochester Medical Center (SCDD) is working with counties in Central and Western NY. SCDD created a Resource Guide and materials for providers, counties, and parents that support and encourage family outcomes. SCDD completed work on developing the Resource Guide into two, stand-alone publications. These will be included on the SSIP webpage developed by RFK and will also be disseminated via the Department's listserv and included on an additional website (EIFamilies.com) dedicated to parents of children in the NYSEIP. SCDD will also add best-practices identified by both cohorts upon analyzing the data collected. Much of this data is being used to develop the web-based training in this phase of the SSIP.
 - The Westchester Institute of Human Development (WIHD) is working with counties in the Hudson Valley, through the Capital Region, up to the Canadian border. WIHD has developed the evaluation plan for the SSIP that all three UCEDDs are utilizing to analyze the data from the In-Person Meetings and PDSAs.
 - All three UCEDDs are employing the identified evidence-based strategies to improve family outcomes.
 - The UCEDDs participate in bimonthly cross-site calls facilitated by the NYSEIP to ensure consistency across the State in the implementation of the SSIP and to identify any concerns or barriers, as well as best practices that can be shared across the three regions.
 - Monthly Individual calls between each UCEDD and the Department are also held to discuss contact questions and to move the work forward.
3. How many learning collaborative teams were successfully recruited?
In total there were 67 teams successfully recruited. See Table 9. for additional details.
4. How many members were successfully recruited to participate in the teams?
 - Between the three UCEDDs over two cohorts, 393 members participated in the Learning Sessions. See Table 2. for additional details.
5. Were the team members representative (i.e., early intervention officials/designees/managers, parents, service coordinators, therapists, quality assurance personnel at agencies, etc.)?
Each team had members representing Early Intervention stakeholders, including parents. See Table 2 for additional details.

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 in-person learning sessions were successfully held in 2018 for both Cohort 1 and Cohort 2. With the completion of these learning sessions, the Department engaged all 58 municipalities, including the five boroughs of New York City, in quality improvement efforts to increase family-centeredness. The Department successfully involved all NYSEIP stakeholders, including; parents,

providers, service coordinators, local Early Intervention Officials (EIO), Early Intervention Managers (EIMs), Early Intervention Official Designees (EIODs), and county staff, as well as early childhood organizations.

The Department is currently analyzing data on the use of evidence-based practices being used by EI service coordinators and providers engaged in increasing family-centeredness during IFSP development and service delivery. One of the evidence-based practices 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, county EIP websites with local, State, and national resources for parents.

Through the learning collaborative process, parents, providers, and local EIP administrators 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 which focused on parents and EI providers working in partnership to improve family-centeredness. Project examples include: Improving the way IFSP family outcomes are written, revising a family assessment form, and provider participation in parent/child groups. See Table 10. for additional project details.

Additionally, the Department has begun to integrate best practices into statewide professional development and training. The Department is also reviewing policies and procedures to support family-centered practices across the State system.

New York State's desired long-term impact is that local programs will not only sustain SSIP improvements but also increase their capacity to continuously improve in other areas, using the strategies learned through this initiative. The Department is leveraging the current system for collecting family outcomes by using the NYS Family Survey to measure, track, and report on the SiMR each year in the SPP/APR.

The Department will continue to evaluate progress toward the SiMR to achieve the State's new identified target, as well as improve positive family outcomes.

G. Plans for Next Year

1. Additional activities to be implemented next year, with timeline

During the next phase of the SSIP, the State's focus will be on developing and presenting training to EI stakeholders on topics related to family-centeredness, as identified by stakeholders (municipal staff, EI providers, service coordinators, and parents) involved in the SSIP and local IFaCT projects. Additionally, the State will be focusing on improving family-centeredness by increasing the number of family assessments that are completed as part of multidisciplinary evaluations (MDEs).

Training on Best Practices

The UCEDDs' goal is to each develop and deliver ten web-based trainings for early intervention providers, county officials, and parents about findings from the learning collaboratives and best practices. Thirty trainings will be developed across the UCEDDs. The target audience will be for early intervention stakeholders, including; municipal EI staff, providers, and parents. Formats will include: live webinars featuring facilitated discussions, recorded webinars, self-paced modules in the UCEDDs' and Department's learning management systems and/or websites, and videos on NYSEIP topics. Links to the trainings will also be added to the Bureau's SSIP webpage.

Availability of the training will be announced using the Bureau’s electronic listserv. Additionally, credit toward the annual professional development requirements, as outlined in the NYS EI Provider Agreement, will be available for providers. Participation will be tracked for all training and certificates of completion will be issued.

Inspired by the Chinese and Spanish IFaCT teams, RFK is also developing some of the videos in Spanish, Chinese, and Bengali. The videos will also have English sub-titles. Several families will also be featured in the videos to give a parent’s perspective on early intervention.

For additional details, see Table 13, below.

Table 13: IFaCT Training by each UCEDD

RFK				
Module	Presenter	Language	Audience	Format
Families’ Perspectives: A Parent’s Journey to Early Intervention	Lisette Cruz (parent)	English	Families	Video
Families’ Perspectives: A Parent’s Journey to Early Intervention	Miriam Franco (parent)	Spanish (with English sub-titles)	Families	Video
Families’ Perspectives: A Parent’s Journey to Early Intervention	Adan Joarder (parent)	Bengali (with English sub-titles)	Families	Video
Families’ Perspectives: A Parent’s Journey to Early Intervention	Sau Ling (parent)	Chinese (with English sub-titles)	Families	Video
Meaningful IFSPs: Developing IFSPs that Fit You and Your Priorities	Bonnie Keilty, EdD	English	Families	Video
Meaningful IFSPs: Developing IFSPs that Fit You and Your Priorities	Bonnie Keilty, EdD	English	Early Intervention Professionals	Video
Family Rights: An Overview of Families’ Rights in EI Through Transition	Laura O’Brien and Kimberley Weisbeck, Disability Rights New York	English	Families	Video
Family Rights: How to have Meaningful Conversations with Families About Their Rights	Janyll Canals-Kernizan, JD, Senior Staff Attorney at Advocates for Children	English	Early Intervention Professionals	Video
Supporting Development: The Family’s Role in Child Development	Sonia Ortiz, Physical Therapist Sharene Lewis, Speech-language Pathologist Kerlys Feliz, Special Instruction Jeremy Blumstein, OT	English	Families	Video

RFK				
Module	Presenter	Language	Audience	Format
Supporting Development: The Family's Role in Child Development	Sonia Ortiz, Physical Therapist Sharene Lewis, Speech-language Pathologist Kerlys Feliz, Special Instruction Jeremy Blumstein, OT	English	Early Intervention Professionals	Video

SCDD				
Module	Developer / Presenter	Audience	Format	Delivered/Available
Engaging Families Through Facebook Groups	Jennifer Ward, MS, SCDD	Families	Live Webinar (recording posted)	Delivered: September 23, 2019
Making a Sensory Kit and Using Visual Supports	Jennifer Ward, MS, SCDD	Early Intervention Professionals	Live Webinar (recording posted)	Delivered: October 21, 2019
Understanding Autism	Suzannah Iadarola, PHD, BCBA-D, SCDD, Developmental & Behavioral Pediatrics	Families/Early Intervention Professionals	Recorded Webinar	Anticipated to be available in March 2020
Child Development: Birth – 12 Months	Kelley Yost, PHD, SCDD, University of Rochester School of Medicine	Families	Recorded Webinar	Anticipated to be available in April 2020
Child Development: 12 – 36 Months	Kelley Yost, PHD, SCDD, University of Rochester School of Medicine	Early Intervention Professionals	Recorded Webinar	Anticipated to be available in April 2020
Connecting Families to Existing Resources	Susan Hetherington, Ph.D., Associate Professor of Pediatrics and Education, UCEDD Director and Valerie Smith, M.S., UCEDD Coordinator	Early Intervention Professionals	Recorded Webinar	TBD
Understanding the Family Experience	Carrie Burkin, Parent Advocate	Early Intervention Professionals	Recorded Webinar	TBD
Evaluating Program Outcomes for Early Intervention	Jennifer Ward, MS, SCDD	Early Intervention Professionals	Recorded Webinar	TBD
Feeding	Kim Brown, Psychologist, Feeding Expert	Families/Early Intervention Professionals	Recorded Webinar	TBD

SCDD				
Module	Developer / Presenter	Audience	Format	Delivered/Available
Navigating Eligibility within State Systems	Kelley Yost, PHD, SCDD, University of Rochester School of Medicine	Families	Recorded Webinar	

WIHD				
Module	Developer / Presenter	Audience	Format	Anticipated Availability
Overview of Early Intervention	Anne Marie Cellante, MS Ed & Jenna Lequia Ph.D.	Families	Self-paced	March 2020
Natural Environments	Anne Marie Cellante, MS Ed & Jenna Lequia Ph.D.	Families	Self-paced	March 2020
Family-Professional Partnerships	Anne Marie Cellante, MS Ed & Jenna Lequia Ph.D.	Early Intervention Professionals	Self-paced	March 2020
Strategies to Involve Parents in Early Intervention	Jenna Lequia, Ph.D., WIHD	Early Intervention Professionals	Self-paced	March 2020
Cultural and Linguistic Competency	Naydine Johney, PsyD	Early Intervention Professionals	Self-paced	TBD
Routines Based Interventions	Anne Marie Cellante, MS Ed & Jenna Lequia Ph.D.	Early Intervention Professionals	Self-paced	TBD
Including Family Outcomes in the IFSP	Anne Marie Cellante, MS Ed & Jenna Lequia Ph.D.	Early Intervention Professionals	Self-paced	TBD
Using Data to Inform Practice	Jenna Lequia, Ph.D., WIHD	Early Intervention Professionals	Self-paced	TBD
Strategies to Encourage Accessing Community Resources and Events	IFaCT Team Members who conducted projects related to this topic	Early Intervention Professionals	Live with facilitated discussion	March 2020
Lessons Learned from IFaCT	Jenna Lequia, Ph.D., WIHD	Families/Early Intervention Professionals	Live	TBD

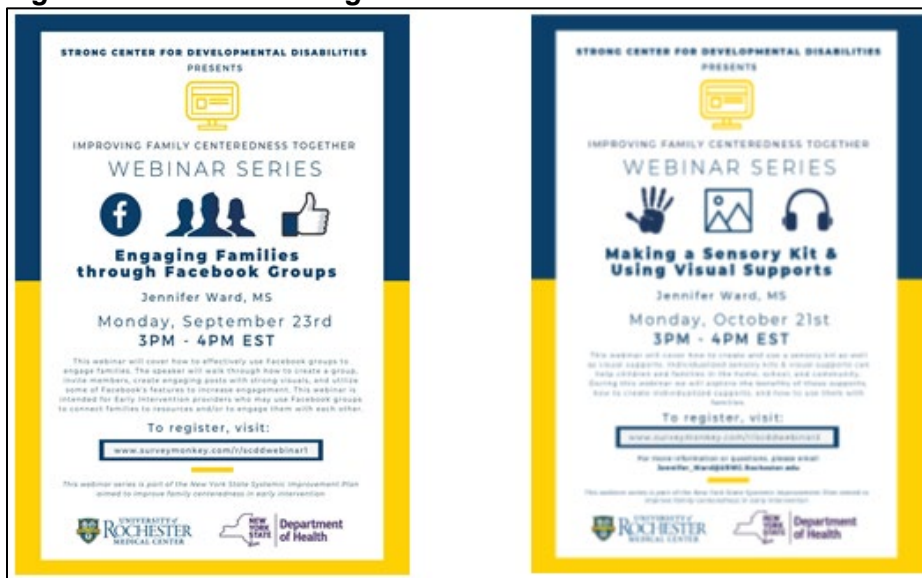
SCDD Live Webinar Training

Curricula for two live webinars (Engaging Families Through Facebook Groups and Making a Sensory Kit and Using Visual Supports) were developed by SCDD and presented to stakeholders in fall 2020. These two topics were identified by both Cohort 1 and 2 teams. Many teams chose to create local EIP Facebook pages/groups, as part of their IFaCT projects, to connect families with one another and to their local community. Best practices were identified by the teams and

reviewed by the UCEDDs. The Department will use these best-practices when developing its own Statewide EI Facebook page/group as a result of IFaCT and scaling up.

To assist counties and providers interested in creating their own Facebook page/groups for EI families, SCDD presented the following learning objectives in their webinar: Why Facebook Groups, Policy & Procedures for Starting a Facebook Group, How to Set-up and Use Facebook Groups, Inviting Families to Facebook Groups, Strategies for Engaging Families on Facebook Groups and Resources for Using Facebook. SCDD also included the IFaCT teams' challenges, and successes to assist other counties and providers in creating their own EI Facebook groups.

Figure 17. SCDD Training Announcements



Feedback on SCDD Training

The webinars were highly anticipated and well-received by the field. See below for information from the course evaluation surveys.

<p>Engaging Family through Facebook Groups Live Webinar Participants: 188 69 surveys completed – Overall rating of the webinar: Answer Choices: poor 0%, fair 2.9%, good 46.38%, excellent 50.72%</p>
<p>Making a Sensory Kit & Using Visual Supports Live Webinar Participants: 238 147 surveys completed – Overall rating of the webinar: Answer Choices: poor 0%, fair 2.7%, good 48.65%, excellent 48.65%</p>

Family Assessment

Currently, family assessments are not routinely completed during MDEs for initial eligibility in the NYSEIP. Additionally, NYS does not require specific family assessment tools to be utilized or the use of a uniform family assessment template. Limited guidance has been disseminated to the field by the Department on how to engage families in the family assessment process and how to communicate the importance of completing the family assessment to improve IFSP development. As such, when family assessments are completed, inconsistencies are seen across providers and municipalities. For FFY 2018-2019, 4,672 family assessments were completed out of 54,186 children who had a completed MDE, which is a 9% completion rate.

Both SSIP cohorts identified family assessment as an area for NYS to focus on to improve family outcomes. The Department is reviewing the current data on family assessments captured in our State data system. The Department is reviewing the assessment tools currently being utilized and by which qualified professional types. Currently, the Department provides a list of recommended family assessment tools for providers to consider when completing family assessments but does not require the use of a specific tool or tools. Many Cohort 1 and 2 teams, as well as parents surveyed by the UCEDDS and Department, have recommended the NYSEIP implement the following strategies to increase the number of family assessments completed:

- Develop specific training on the benefits of completing family assessments and how to provide an explanation of the benefits to families
- Require specific family assessment tools be used across the State by all EI providers
- Revise and disseminate procedural guidance on family assessment use in NYS
- Develop a NYS FA template to assist with documentation of family assessments

The Department anticipates the implementation of these strategies will increase the number of FAs completed and improve family outcomes in the NYSEIP. Our Updated Theory of Action (Figure 18) proposes that greater FA completion will result in greater FOS scores. The BEI Data Team developed five additional measures. They examine: FA completion rate among children who had an MDE (measure 1), FA completion rate among EI eligible children (measure 2), FOS response rate among families who received FOS and who completed the FA (measure 3), FOS response rate among families who received FOS and who did not complete the FA (measure 4), percent positive response rate on FOS among families who completed the FA (measure 5) and percent positive response rate on FOS among families who did not complete the FA (measure 6). When comparing the Impact on Family Scores using the percent of positive response between families who did versus did not complete the family assessment using a two-proportion z-test, the percent of positive response was significantly different ($z=2.03$, $p=0.04$). Therefore, children whose parents completed the family assessment had a higher percentage of positively answered questions on the Impact on Families Scale than families who did not complete the family assessment. See Table 14. for the six measures and current data.

Table 14. Family Assessment Measures

Measure 1: Family Assessment Completion Rates for Children with MDE			
Measure 1 FFY	Numerator: # unique children with MDE and FA	Denominator: # unique children with MDE	Rate
2015-2016	5653	50206	11.00%
2016-2017	5359	51935	10.00%
2017-2018	5041	53478	9.00%
2018-2019	4672	54186	9.00%

Measure 2: Family Assessment Completion Rates for EI Eligible Children			
Measure 2 FFY	Numerator: # unique children who are eligible and had FA	Denominator: # unique children who are eligible	Rate
2015-2016	3527	29296	12.00%
2016-2017	3368	29652	11.00%
2017-2018	3209	30396	11.00%
2018-2019	2958	30786	10.00%

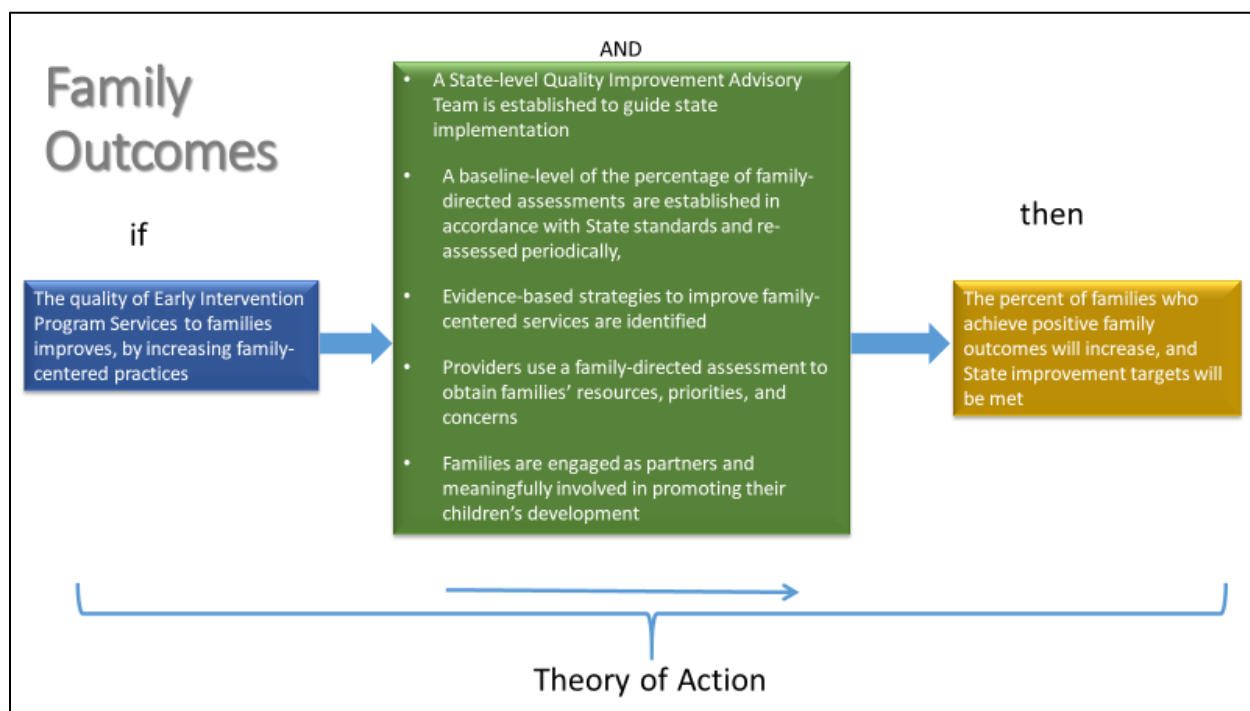
Measure 3: Response Rate of Children who Received FA and Completed FOS			
Measure 3 FFY	Numerator: # unique children with FA who received FOS and returned results	Denominator: # unique children with FA who received FOS	Rate
2018-2019	220	2122	10.00%

Measure 4: Response Rate of Children who did not complete the FA and completed the FOS			
Measure 4 FFY	Numerator: # unique children who did not complete FA and received FOS and returned FOS	Denominator: # unique children who did not complete FA and received FOS	Rate
2018-2019	1341	14948	9.00%

Measure 5: Percent Positive Response Rate With FA (220 Children)			
Measure 5 FFY	Numerator: # positive responses on FOS with FA	Denominator: # positive and negative responses on FOS with FA	Rate
2018-2019	6876	7596	91.00%

Measure 6: Percent Positive Response Rate Without FA (1,404 Children)			
Measure 6 FFY	Numerator: # positive responses on FOS without FA	Denominator: # positive and negative responses on FOS without FA	Rate
2018-2019	41673	48289	86.30%

Figure 18. Updated Theory of Action



State Identified Improvement Strategies

Based on feedback from Cohorts 1 and 2 teams (including families), the State is considering changing family assessment to family-directed assessment, which is a more family friendly name. As a result of the SSIP, feedback from all stakeholders has indicated that family assessment connotes “assessing” the parents’ child-rearing ability. Including “directed” in the name makes it clear that the family’s concerns, priorities, and resources, drive the process with the IFSP team playing a supportive role.

The State will develop a brochure for parents on the inclusion of family-directed assessments in MDEs. The brochure will include information on what a family-directed assessment is, when it is completed, and who is involved. The brochure will highlight the benefits of the family participating in the voluntary family-directed assessment and how it can ensure family-centeredness in the IFSP development process.

Leveraging the current FIC contract, the Department will engage families participating in the Partners training to ensure the IFaCT teams’ and State’s family assessment improvement strategies are family-centered. This will help to ensure that parents are involved in all aspects of the State’s efforts to improve family outcomes in the NYSEIP.

To begin the process of making the above-mentioned changes to family assessments in NYS, the Department has started to contact other state Part C Programs who are having success with family assessments, including high rates of completion and family satisfaction, as a result of completion. The Department is also researching the family assessment tools and strategies being used consistently and successfully in those states. Additionally, NYS will collaborate with IDEA Infant and Toddler Coordinators Association (ITCA) and The Early Childhood Technical Assistance Center (ECTA) as resources to assist with NYS’s implementation of evidence-based strategies related to family assessments.

As part of the work around family assessment, the Department will leverage the current training contract with Measurement Incorporated to develop a needs assessment survey for EI providers who complete MDEs. The Department will collect information from providers on their needs around family assessment, including training, and how the State can develop training, resources, and guidance/procedures to support the completion of family assessments as part of MDEs.

The Department has already begun to collect some preliminary data from providers, as several questions around providing family assessments were included in the Department's *Evaluation, Assessment, and Eligibility Determination in the NYSEIP* training course evaluation, which was delivered live in Fall 2019. The questions are also included in the self-paced version, launched in December 2019. Measurement Inc. will provide this data to the Department quarterly.

Scale-up Planning

The Department's goal is for IFaCT teams to continue to implement their quality improvement efforts at the local level, though the formal data collection has ended. See Table 10 for information on county IFaCT projects and sustainability. New York State is committed to maintaining the improvements made and will continue to provide support to teams. The UCEDDs will continue to be available as valuable resources to the teams via phone and by email through September 2020. The Department will also support teams by providing continued technical assistance and guidance. The Department and UCEDDs analyzed the data of the numerous local projects collected from both cohorts, to identify successful projects the Department can be replicated and scaled-up Statewide.

State Level Scale-up

Facebook pages and groups were successfully developed during both cohorts and were well received by families in the NYSEIP. Using social media has helped counties to share resources, information, and to connect with their EI families. It has also helped families connect with other families in their community. Due to the success of these local projects, the State is scaling-up by developing a State Bureau of Early Intervention Facebook Page as well as an electronic mailing list (Listserv) for families. The Family Listserv has been approved by Department leadership and the Facebook page is pending approval. This Facebook page and Family Listserv will be used by the Department to communicate information directly to families of children in the Program. Communications will include information on the availability of upcoming trainings for parents, resources on developmental disabilities, new guidance issued by BEI, and surveys, etc. Additionally, these communication tools will provide a way for the Bureau of Early Intervention to obtain family input on issues related to the Program.

Families will voluntarily register to receive communications from BEI via the listserv or by following the BEI Facebook page. To increase awareness and ensure BEI is reaching as many families as possible, local EIPs and early intervention providers will provide the listserv registration and Facebook information to families through a postcard developed by BEI. This information will also be included in DOH BEI publications, such as, *A Parent's Basic Guide to the Early Intervention Program*, which all families receive upon referral to the program. Additionally, the listserv and Facebook information will be included in DOH sponsored professional development training materials for all NYSEIP stakeholders and included on the BEI website.

BEI does not currently have a way to communicate information and updates to families. The NYSEIP Family listserv and Facebook page, will provide an excellent mechanism for BEI to communicate with families and to ensure that information from BEI is shared with them directly. Families will continue to have the ability to ask BEI questions via email through our Bureau mail log.

As described earlier, much of this work will result in the provision of web-based training to all stakeholders on topics identified by IFaCT teams, to ensure that the NYSEIP services provided to children and families in New York State are family-centered. These trainings will be available for all EI stakeholders, including those not directly participating in IFaCT projects, as they will be housed on the Department and UCEDD's websites and learning management systems. Best practices identified by local teams and included in these web-based trainings will be shared on a Statewide level allowing other providers and counties to replicate quality improvement projects in their program.

The Department is also reviewing its policies, procedures, and Statewide training curricula, to align with best practices for family-centeredness. Measurement Incorporated, the Department's contractor, is working with the Department to convert Early Intervention training curricula into interactive, web-based training. As part of the contract and the State's scaling-up of the SSIP, Measurement Incorporated will develop a new training on family assessment. This training will be developed for all early intervention providers who complete evaluations and will incorporate best-practices on completing family assessments in the NYSEIP. As part of IFaCT, teams identified the need for new Statewide training on completing family assessments.

2. Planned evaluation activities including data collection, measures, and expected outcomes

As stated on page 31, for FFY 2019-2020, the Department will report on the percentage of positive responses from families on the corresponding survey items. After changing our analytic methodology, it is important to establish a new baseline and target. The baseline is derived from the most current percent of positive response results, which was 86.87% in 2018-2019. 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 family assessment. 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 2019-2020, at 87%. In the future, this target will increase as family assessments become more widely used to increase family-centeredness and improve family outcomes. See Table 14 for additional details on the measures.

3. Anticipated barriers and steps to address those barriers

The Department's goal is for all IFaCT teams to continue to implement their quality improvement efforts, though the formal data collection has ended. An anticipated barrier is maintaining the changes identified by IFaCT teams, prior to scaling up to the larger workforce across the state.

As the State begins to focus on family assessment for FFY 2019-2020, one potential barrier is the current payment structure for the family assessment. The family assessment 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 family assessments and provide training to EI providers to increase the number of family assessments 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 family assessments.

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

4. The State describes any needs for additional support and/or technical assistance needs for next year

Department staff participated in the Family Outcomes Cross-State Learning Collaborative supported by the National Center for Systemic Improvement (NCSI). 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. Department staff also participated in the face-to-face meeting held on May 29 and 30, 2019 in Atlanta, Georgia. 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 and contact them as needed for technical assistance.