

New York State Department of Health Bureau of Early Intervention

State Systemic Improvement Plan (SSIP) Evaluation Plan

2020-2025



**Department
of Health**

**Bureau of
Early Intervention**

New York State Early Intervention Program

State Systemic Improvement Plan (SSIP)

Evaluation Plan

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Alignment with Phases I and II

1. The State's evaluation plan is aligned to the theory of action and other components of the SSIP.

Questions for consideration:

a. How do the activities or strategies to be evaluated relate to the theory of action?

New York State's Systemic Improvement Plan (SSIP) is called Improving Family-Centeredness Together (IFaCT). The goal of the SSIP is for providers across the State to use family-centered practices in delivering NYS Early Intervention Program (NYSEIP) services. The family-centered practices include enhancing parents' knowledge, skills, and access to resources and ensuring providers collaborate and partner with parents. In collaboration with stakeholders, the State Part C Program (NYSEIP) has identified the family-directed assessment (FDA), which is completed as part of multidisciplinary evaluations (MDEs), as a tool to be used to promote family-centeredness and improve family outcomes.

As part of every child's MDE, parents are given the chance to take part in a voluntary family assessment. The family assessment is family-directed and is used to help families determine their resources, priorities, and concerns related to caring for and enhancing their child's development. The family assessment can help families think about what they need most from early intervention (EI) services and other community services or supports. It can also help families prepare for their individualized family service plan (IFSP) meeting and assist the IFSP team (which includes the family) with the development of family outcomes to include in the IFSP.

The New York State Department of Health (Department) partnered with three federally-designated University Centers for Excellence in Developmental Disabilities (UCEDDs) in New York State to use an evidenced-based learning collaborative model to improve family outcomes by ensuring the Program and the services provided are family-centered. The three Universities of Excellence in Developmental Disabilities (UCEDDs) were chosen to implement the SSIP with oversight from the Department 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)
- The Strong Center for Developmental Disabilities (SCDD) at the University of Rochester Medical Center.

The Department, UCEDD staff, municipal administrators, NYSEIP providers, and parents shared experiences, planned strategies, and developed innovative ideas to further support children and families within the EIP. As part of the SSIP, and in collaboration with the Department and IFaCT teams, the UCEDDs created resources for providers and families in the NYSEIP (30 trainings, Facebook Groups, event calendars, educational sessions for families, etc.). The Department received the final IFaCT project reports in Fall 2020. Findings from all UCEDDs support the Department’s decision to implement quality improvement strategies focused on increasing the usage of family-directed assessments.

The theory of action states that providers will use family-centered practices in delivering NYSEIP services which will improve the positive responses on the NYS Family Outcomes Survey. Specifically, NYSEIP will now focus on increasing the rates of FDAs as a family-centered practice that will improve family outcomes.

b. Why are these strategies/activities important for evaluating progress toward the SiMR?

The State Identified Measurable Result (SiMR) is to increase the percentage of positive responses from families on the “New York Impact of Early Intervention services on Your Family” Scale (NYIFS). The Department identifies that completion of the FDA will give providers greater understanding of families’ strengths and needs and will allow providers to provide necessary supports and resources for families. This greater ability to understand and assist families should increase the percent of positive responses that families report on the NYS Family Outcomes Survey and enable NYSEIP to meet their future targets.

c. What are critical benchmarks or decision-points for each outcome?

The Department will analyze these measures to assess the progress:

- (1) The percentage of children with a multidisciplinary evaluation (MDE) whose families completed the FDA
- (2) The percentage of NYSEIP eligible children whose families completed the FDA
- (3) Response rates on the NYS Family Outcomes Survey among families who did versus did not complete the FDA
- (4) The percent of positive responses on the NYS Family Outcomes Survey among families who did versus did not complete the FDA

d. How do activities, outcomes and/or strategies relate to a component of a systems-framework?

The NYSEIP has identified that the one shortfall in family-based practices in the current system is that the FDA is not usually completed by families as part of MDEs. To ameliorate this, NYSEIP has surveyed providers and local administrators of the Program (Early Intervention Officials/Designees (EIO/Ds)) and determined that more guidance, training, and resources are needed to help support providers to complete the FDA with families.

2. The evaluation plan includes short-term outcomes to measure implementation of the SSIP.

Questions for consideration:

- a. Are short-term outcomes clearly explained to include the relationship to the theory of action, timeline for implementation and evaluation?**

The Department developed a survey in FFY 2021-2022, for providers and EIOs/EIODs to 1. Summarize the barriers that providers experience with regards to the completion of the FDA; 2. Provide detail on

what information, training, and resources providers need before they will feel comfortable completing FDAs; 3. Describe and collect what FDA tool(s) they currently use.

b. What decisions can be made once these outcomes are met?

The Department analyzed the survey returned from providers and EIO/Ds and developed a training and resources for parents and providers around family-directed assessments and their benefit based on the findings from the analysis of the survey.

c. What intermediate or long-term outcomes are contingent on the attainment of these short-term objectives/outcomes?

The Department analyzed the data from the provider and EIO/EIOD survey and: 1. Summarized the findings from the survey; 2. Researched the most utilized FDA tools and determined which structured survey and unstructured interview tools should be recommended Statewide; 3. Created a guidance document and training that describes both which FDA tools NYSEIP recommends using, why, and how to effectively use them; 4. Identified additional resources that providers might need to successfully complete the FDA.

3. The evaluation plan includes long-term outcomes to measure implementation of the SSIP.

Long-term outcomes to measure implementation of the SSIP include the percent of children with an MDE whose families completed the FDA and the percent of eligible children whose families completed the FDA. If the overall percentages do not increase after the Department has provided guidance, training, and resources, the Department will further work with the providers and EIO/Ds to identify and address issues with implementation.

Questions for consideration:

a. Are long-term outcomes clearly explained to include purpose, relationship to theory of action, timeline for implementation and evaluation?

Yes, once the family-centered practices are in place (i.e., once NYSEIP has created guidance and training that describes both which FDA tools NYSEIP recommends using, why, and how to effectively use them and has identified additional resources that providers might need to successfully complete the FDA), this should lead to an increase in FDA completion among eligible children and eventually cause an increase in the percent of positive response on the NYS Family Outcomes Survey. The Department's contractor delivered the new FDA training as a live online course to early intervention providers in Spring 2022. The live version of the course was used to pilot the new curricula and the course was revised based on participant feedback, prior to the launch of the self-paced course in April 2022. The Department will focus on promotion of the training over the next reporting period.

b. What decisions can be made once these outcomes are met?

The Department will be able to see whether NYSEIP's guidance and training lead to more FDA completion and whether these strategies improve the percent of positive responses on the Family Outcomes Survey. The Department will work with the providers and EIO/Ds to closely monitor the improvement along with the progress and refine the strategies as needed.

c. How does achievement of long-term outcomes support sustainability of the SSIP?

The FDA guidance, training, and resources will be shared on the EI website so that providers and EIO/Ds can access this information at any time. Additionally, the EI Community of Families Facebook group and Family listserv will be utilized to share the resources developed for families.

d. How does achievement of the long-term outcomes support scale-up of the SSIP?

The FDA guidance, training and resources will be shared with providers Statewide to promote the use of the FDA and to improve consistency of completed FDAs across the State.

4. The evaluation plan includes short-term outcomes to measure progress toward the SiMR.

Questions for consideration:

a. Are short-term outcomes associated with an evidence-based practice that supports the SiMR focus?

The importance of utilizing the FDA to ascertain family resources, priorities, concerns, strengths, and needs is supported by the Division for Early Childhood (DEC) Recommended Practices in Early Intervention¹:

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

b. Are short-term outcomes related to changes in program practices/policies? Teacher/provider behaviors or practices? Parent/caregiver behaviors or outcomes? Specific child behaviors/outcomes?

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

¹ Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sp.ed.org/recommendedpractices>

5. The evaluation plan includes long-term outcomes to measure progress toward the SiMR.

Questions for consideration:

- a. Are long-term outcomes associated with an evidence-based practice that supports the SiMR focus?**

Yes, Wicks, Paynter, and Adams (2019)² found that parent and family factors were stronger predictors of family outcomes than were child factors. The authors concluded, “Thus, the assumption that positive outcomes for the child automatically translate to positive outcomes for their parents and families is challenged (Karst & Van Hecke, 2012), while the need for greater focus on parent and family factors both in EI practice and evaluation is highlighted.” Given this information, NYSEIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals, and will utilize that information within their practice.

- b. Are long-term outcomes related to changes in program practices/policies? Teacher/provider behaviors? Specific child behaviors/outcomes?**

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

6. The state includes stakeholders in the evaluation plan and/or process.

Yes. Stakeholders (parents, providers, county EI staff (EIO/EIDs)) will review NYSEIP developed materials and provide feedback. NYSEIP will engage with stakeholders to review SSIP implementation, data, and progress. NYSEIP will modify the plan based on stakeholder feedback. The Department will engage with stakeholders during conference calls, webinars, training, SSIP Advisory Group and Early Intervention Coordinating Council (EICC) meetings.

Questions for consideration:

- a. How were stakeholders engaged in decisions about key outcomes to be evaluated?**

Stakeholders were engaged throughout NYS’s implementation of the SSIP. All in-person learning sessions were successfully held for both Cohorts across all regions of the State. With the completion of these learning sessions, the Department engaged all 57 municipalities, including the five boroughs of New York City (NYC), in quality improvement efforts to increase family-centeredness and improve family outcomes. Each local team had at least one parent member of a child in the NYSEIP. Through the learning collaborative process, all stakeholders were fully integrated into the quality improvement efforts. This method ensured providers fully collaborated with parents throughout the SSIP process. As such, this led to the development of local quality improvement projects using evidenced-based practices focused on parents and EI providers working in partnership to improve family-centeredness, and enhancing parents’ knowledge, skills, and access to resources. SSIP teams identified FDA as an area that the NYSEIP could improve.

- b. How will the State disseminate information to different stakeholders?**

² Wicks, R; Paynter, J; Adams, D, Exploring the Predictors of Family Outcomes of Early Intervention for Children on the Autism Spectrum: An Australian Cohort Study, Journal of Early Intervention. Downloaded from: <https://research-repository.griffith.edu.au/handle/10072/389323>

NYSEIP will disseminate information on FDA guidance, training, and resources via the electronic mailing list (over 3,000 registered) – for providers and municipal EI staff. Posts will also be shared on the EI Community of Families Facebook group and Family Listserv, and information will be shared on the eiFamilies website – for parents. Information will also be shared on the New York State Early Intervention Program Online Professional Development website and BEI webpage. Additionally, information will also be shared during Parents as Partners training sessions (Department sponsored leadership and advocacy skills training for parents), during All-County Conference Calls with municipal EI staff, on webinars, and during EICC meetings.

c. Does the State have a communication plan to elicit feedback from stakeholders across the LEA/EI system?

Stakeholders will provide feedback to the NYSEIP during the FDA live training via the chat and polls feature, as well as by completing a post-course evaluation survey. Additionally, those providers/service coordinators/EIOs completing the self-paced course, will also complete a post-course evaluation survey. The Department’s Statewide training contractor, Measurement Incorporated (MI), will analyze the data from both the live and self-paced versions of the course and provide the NYSEIP with comprehensive reports, as well as quarterly reports.

A second survey will be disseminated to providers who have completed the FDA course to obtain information on if/how they implemented the skills learned in the FDA course with the families they serve.

The NYSEIP will continue to engage with families as part of the Partners training sessions. Families will provide feedback on Department developed materials for families, as well as provide information on the FDA process and what resources were shared with them by their providers.

d. How will stakeholders be included in data-based decisions about modifications to the SSIP?

Administrators of the local EIPs, providers, parents, SSIP Advisory Group members, and EICC members provided feedback to the Department and agreed with the modifications to the SSIP. All stakeholders will continue to have opportunities to review the implementation of the SSIP based on data and make recommendations for modifications to the plan, as needed.

Procedures and Analysis

1. The evaluation plan includes data analysis methods or procedures to evaluate implementation and outcomes of the SSIP.

Questions for consideration:

a. How will the State know that outcomes were achieved?

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

b. What data sources or information needs to be collected to know that an outcome was met?

Data from the NYS Family Survey and FDA data from the NYEIS Database/EI HUB will be used.

c. How/why are the data collection strategies appropriate for the intended outcomes?

These data sources will enable us to determine whether we are successful in increase FDA usage and whether that impacts the percent of positive response on the NYS Family Survey.

d. What is the baseline data or how is a meaningful difference defined for each key outcome?

The baseline for the benchmarks defined in 1c under Alignment with Phases I and II is based on the data from FFY 2018-2019. This target increases as family assessments become more widely used to increase family-centeredness and improve family outcomes once the guidance and training have been released. In collaboration with stakeholders, the Department will set additional targets for the expected percent increase of FDAs completed.

e. What aspect of the State system is different or how has it changed as a result of the SSIP's coherent improvement strategies?

The number of completed FDAs as part of multidisciplinary evaluations (MDEs) will increase.

f. What resources are available to assist with data collection and analysis (e.g., external evaluator, alignment with SPDG evaluation, budget/financial resources)?

MI and the New York State Association of County Health Officials (NYSACHO) (external contractors and evaluators) will assist with the dissemination and analysis of the provider and EIO/D FDA surveys. The SSIP is financially supported by the Part C funds.

g. Who will collect and analyze data for each outcome?

The Department will collect and analyze the data for each outcome.

h. What is the quality review process for data collection and storage?

Data from the NYS Family Outcomes Survey is collected online and through hard copies of the survey. It is stored in a locked room in the Corning Tower, Albany, New York. The FDA data from the State data system is collected and stored in a secure database.

i. What is the quality review process for data entry and verification?

Data quality review is conducted by the Department. Data entry errors are detected and ameliorated.

j. Who will communicate the results of the analysis to stakeholders?

The Department will utilize the results from the provider and EIO/D FDA survey in the creation of the FDA guidance and training. The Department will also share the results in summary during EICC meetings, SSIP Advisory Group meetings, All County Conference Calls, with parents at Partners Training, and via the BEI Facebook Group for families, and Family listserv.

k. How does the outcome data inform the State on its progress implementing the SSIP?

If the strategy is successful, it is expected that the percentage of eligible children whose families completed the FDA will increase over time. It is also expected that the percentage of positive responses on the NYS Family Outcomes Survey should be higher among families who completed an FDA, as their providers have a greater understanding of their strengths and needs, and completion of the FDA should lead to better IFSP family outcomes.

2. The evaluation plan includes data collection and analysis methods that will allow the state to evaluate progress toward the SiMR.

Questions for consideration:

- a. Will the State use narrative or a graphic representation (e.g., logic model) of key outcomes that include specific EIS program/LEA practices?**

See the State's Theory of Action: [State Systemic Improvement Plan \(SSIP\) \(ny.gov\)](https://www.health.ny.gov/community/infants_children/early_intervention/ssip/) (full URL: https://www.health.ny.gov/community/infants_children/early_intervention/ssip/)

- b. What are the critical evaluation questions for each key outcome? How are they addressed in the data analysis plan?**

See Question 1c under Alignment with Phases I and II for the measures. The measures will be assessed at least once a year.

- c. What evidence-based practices are evaluated, and which outcomes are associated with each practice?**

The Department will evaluate the use of FDA in NYSEIP and whether the usage of FDA is related to a greater percentage of positive responses on the NYS Family Outcome survey.

- d. What are the quantitative and/or qualitative methods of data collection for each outcome? Why are they appropriate?**

Data from the NYS Family Survey and FDA data from the NYEIS Database are both quantitative. However, the data from the provider and EIO/D FDA survey is both qualitative and quantitative. Qualitative data will also be collected from stakeholders through the SSIP implementation.

- e. What is the timeline for data collection and analysis?**

The NYS Family Survey and FDA data from the NYEIS Database will be collected and analyzed annually. The provider and EIO/D FDA survey has been collected and will be analyzed during the next Program year.

- f. Are data collection strategies at the child, family, provider/classroom, program/LEA or state level?**

Data will be collected at all levels, including the child, family, provider, local, and State levels. At the child level, the Department will be collecting data on FDA completion. At the family level, the Department will be collecting data from the family outcomes survey, Parents as Partners training, and State data system. Provider and local Program data will be collected from the family outcomes survey, training surveys (live and self-paced), FDAs completed, and data from the State data system.

- g. What comparisons will the State make for each key outcome to estimate progress toward the SiMR (e.g., pre-post comparisons, comparison to benchmarks)?**

The Department will compare the measures between the current year and the baseline from FFY 2018-2019, as well as between pre and post implementation of the strategies.

h. Will the state use a sampling plan? If so, is the plan described?

No, the Department surveys all families as applicable for the family outcomes and collects the FDA data from all families in the centralized State data systems.

i. How will the state assess fidelity of implementation for evidence-based practices?

The Department will assess whether the FDA is completed by more families and whether there is a corresponding increase on the return rate of the NYS Family Outcomes survey. The hypothesis is that the percentage of the positive response on the family outcome survey increases as more FDAs are completed. The Department will analyze data on both completeness of the FDA and the positive response from the family outcome survey to test the hypothesis and inform the stakeholders for evidence-based practices.

j. How will the State know that its data collection methods are valid and reliable?

To collect data on family outcomes, the Department has been using the family outcome survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). For FFY 2019-20, the survey was shortened from 36 to 24 items. Twenty-two of the items were the original IFS items from the NCSEAM and the remaining two items assessed families' willingness to utilize services delivered by telehealth and their perceptions of telehealth. Both Professor Batya Elbaum from NCSEAM and the technical assistance (TA) from IDEA Data Center, confirmed that we could use these 22 items for the SSIP and still maintain NCSEAM's reliability and validity. The 22 items were assessed at the 8th Flesch-Kincaid Grade reading level, while the previous 36 questions at 11th.

k. What secondary or additional data sources are available that would indicate progress toward the SiMR?

Qualitative data will be collected from families, local program administrators (EIO/Ds), and providers. Surveys will also be used to collect data from stakeholders.

The NYSEIP will also analyze the metrics below, on an annual basis to determine whether the current strategies are effective. If the strategies are successful, it is expected that the percentage of eligible children whose families completed the FDA would increase over time. It is also expected that the percent of positive responses should be higher among families who completed an FDA, as their providers have a greater understanding of their strengths and needs.

Measures:

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

l. How frequently will data be collected and evaluated to assess progress toward the SiMR?

The family outcomes survey is administered annually in several batches to all families who exit the Program.

m. How will the State prepare EIS/LEAs personnel to use data to assess the effectiveness of practices?

Family Outcomes Survey and FDA summary data will be shared with local EIO/Ds who administer the local programs, as well as with NYSEIP providers (service coordinators/evaluators) that render NYSEIP services to children and families.

Implementation and Evaluation: Progress Summary

1. The Phase III SSIP reports on the progress of the implementation of the SSIP.

a. Which timelines were met for implementation?

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

b. Which timelines were revised and why?

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

2. The Phase III SSIP includes FFY 2015 data and reports on progress toward the SiMR

Questions for consideration:

a. What additional data is available that indicates progress toward the SiMR?

Please see the FFY 2019-2020 SSIP report in https://www.health.ny.gov/community/infants_children/early_intervention/docs/ssip_ffy-5-2019.pdf.

b. Has the State identified performance indicators?

Yes, see Question 1c under Alignment with Phases I and II for the measures.

c. How will State assess progress toward the SiMR throughout the year in order to make data-informed changes to the SSIP activities, strategies and evidence-based practices?

Progress toward the SiMR will be assessed annually using the measures in Question 1c under Alignment with Phases I and II.

3. Does the State intend to continue to implement the SSIP without modifications? If “no” (e.g., the State is making modifications) go to #5.

If “yes”, the State describes how the data from the evaluation supports the decision to continue to implement without modifications.

Yes, the Department intends to continue to implement the SSIP without modifications. The UCEDDs analyzed the data collected from both Cohorts for the final IFaCT project reports, which were submitted to the Department in Fall 2020. Findings from all UCEDDS support the Department’s decision to implement quality improvement strategies focused on increasing the usage of FDAs to improve family outcomes. NYSEIP will work to increase the use of FDA so that providers have a greater understanding of family concerns, priorities, strengths, resources, needs and goals and will utilize that information within their practice.

We have identified that less than 10% of families complete the FDA. Our goal is to improve this in the future by giving providers FDA guidance, training, and resources.

4. If the State has made or will make modifications to its implementation of the SSIP, the State provides a rationale based on evaluation data for the revisions that were or will be made.

N/A

5. How stakeholders were included in the decision-making process?

Stakeholders (local programs, parents, providers, UCEDDs) from both IFaCT cohorts identified the FDA as being an area that the State could focus on to improve family outcomes. SSIP implementation and data was shared with during EICC meetings, SSIP Advisory Group meetings, on All County Conference Calls with EIO/Ds, with families as part of Parents as Partners trainings, UCEDDs (including parent members), and with the TA team from the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSY).