

Department of Health

Oversight of the Early Intervention Program

Report 2021-S-25 | February 2023

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability



Audit Highlights

Objective

To determine whether the Department of Health (Department) is effectively administering the Early Intervention Program (Program) in compliance with all applicable laws and regulations and ensuring equitable and timely access to services for children across the State. The audit covered the period from July 2018 through February 2022.

About the Program

When a child has a developmental delay or disability, their early years provide a critical window of opportunity to intervene. Research shows that the earlier a developmental delay or disability is identified, and the sooner services begin, the less likely it is that the child will need more intensive and expensive special education services later. Young children missing these opportunities for early intervention services are potentially at greater risk of significant developmental and learning delays.

The mission of the Program is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and provide appropriate intervention to improve child and family developments. The Department oversees both the Program and contracts with the 57 counties in the State and New York City (referred to as “municipalities”) that administer the Program at the local level.

The federal Individuals with Disabilities Education Act and State Public Health Law include specific requirements and time frames for the provision of Program services. One requirement is that the Department must develop a comprehensive Child Find system (Child Find) that ensures eligible children in the State are identified, located, and referred to the Program. Generally, after referral, children should be evaluated by qualified professionals through a multidisciplinary evaluation (MDE). If the evaluator determines a child has a disability or developmental delay, the municipality is responsible for convening a meeting to develop an initial Individualized Family Service Plan (IFSP) for therapeutic services and supports from a qualified service provider.

The Department uses a web-based system, New York State Early Intervention System (NYEIS), to manage the Program and exchange information among municipalities. According to NYEIS, from July 1, 2018 through February 14, 2022, approximately 189,000 new children with a suspected or confirmed disability and 19,000 new children at risk of disability were referred to the Program. As of February 14, 2022, there were about 36,000 children enrolled in the Program with an active IFSP.

Key Findings

- Many children who would benefit from the Program aren't receiving services, and children who are receiving them aren't always getting them in a timely manner.
 - Of the approximately 189,000 new children who were referred to the Program during our audit scope, over 27,000 (14%) never received an MDE.
 - Of the nearly 98,000 children who were evaluated and deemed eligible to receive services, about 2,000 (2%) never received an IFSP.
 - Of the nearly 95,000 children with an approved IFSP, approximately 27,000 (28%) did not begin receiving therapeutic services within 30 days of when they were authorized to start.

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- Many eligible children likely did not receive services because Program officials didn't have parental consent, which occurred for a wide variety of reasons. Further, insufficient provider capacity is a key reason why services were not always provided in a timely manner. The Department needs to do more to identify and address the underlying reasons why children are not receiving valuable Program services that they are entitled to and can benefit from. This includes determining why officials were not able to obtain parental consent for Program services and doing more to improve provider capacity.
 - Limited guidance and oversight from the Department has resulted in significant differences in Child Find's outreach and awareness activities across the State. Our sample review found that municipalities that conducted the least amount had a lower percentage of children in the population with an IFSP, whereas those that did considerably more outreach served a higher percentage of children.
 - There are disparities across the State in the referral and inclusion of children into the Program as well as in the availability of providers and access to Program services. Equity is also an issue, with White children generally being referred at a younger age and Black children being less likely to receive services within the prescribed time frame. While the Department has demonstrated it recognizes the importance of equity, more work must be done to identify and fully address barriers to equitable access to the Program.
 - NYEIS does not have the functionality or accuracy municipalities need to administer the Program efficiently and effectively at the local level. While the Department is working with a contractor to implement a new web-based system, EI-HUB, progress has been delayed multiple times.

Key Recommendations

- Take steps to identify and address the underlying reasons why children are not always receiving the services they are entitled to and why services are not always provided on time.
- Develop and include more specific goals, tasks, and/or objectives on future municipal workplans related to Child Find's outreach and awareness activities.
- Take steps to better understand Program disparities and develop an action plan to improve equitable access to Program services.
- Work with the EI-HUB contractor to expedite release of the new system as soon as practicable.



Office of the New York State Comptroller Division of State Government Accountability

February 28, 2023

James V. McDonald, M.D., M.P.H.
Acting Commissioner
Department of Health
Corning Tower Building
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Dear Dr. McDonald:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of the Early Intervention Program*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

Term	Description	Identifier
Department	Department of Health	<i>Auditee</i>
APR	Annual Performance Report	<i>Key Term</i>
Child Find	Statewide Child Find system	<i>Key Term</i>
CPS	Child Protective Services	<i>Key Term</i>
EICC	Early Intervention Coordinating Council	<i>Key Term</i>
IDEA	Individuals with Disabilities Education Act	<i>Law</i>
IFSP	Individualized Family Service Plan	<i>Key Term</i>
MDE	Multidisciplinary Evaluation	<i>Key Term</i>
NYEIS	New York State Early Intervention System	<i>System</i>
Program	Early Intervention Program	<i>Key Term</i>
PHL	Public Health Law	<i>Law</i>

Background

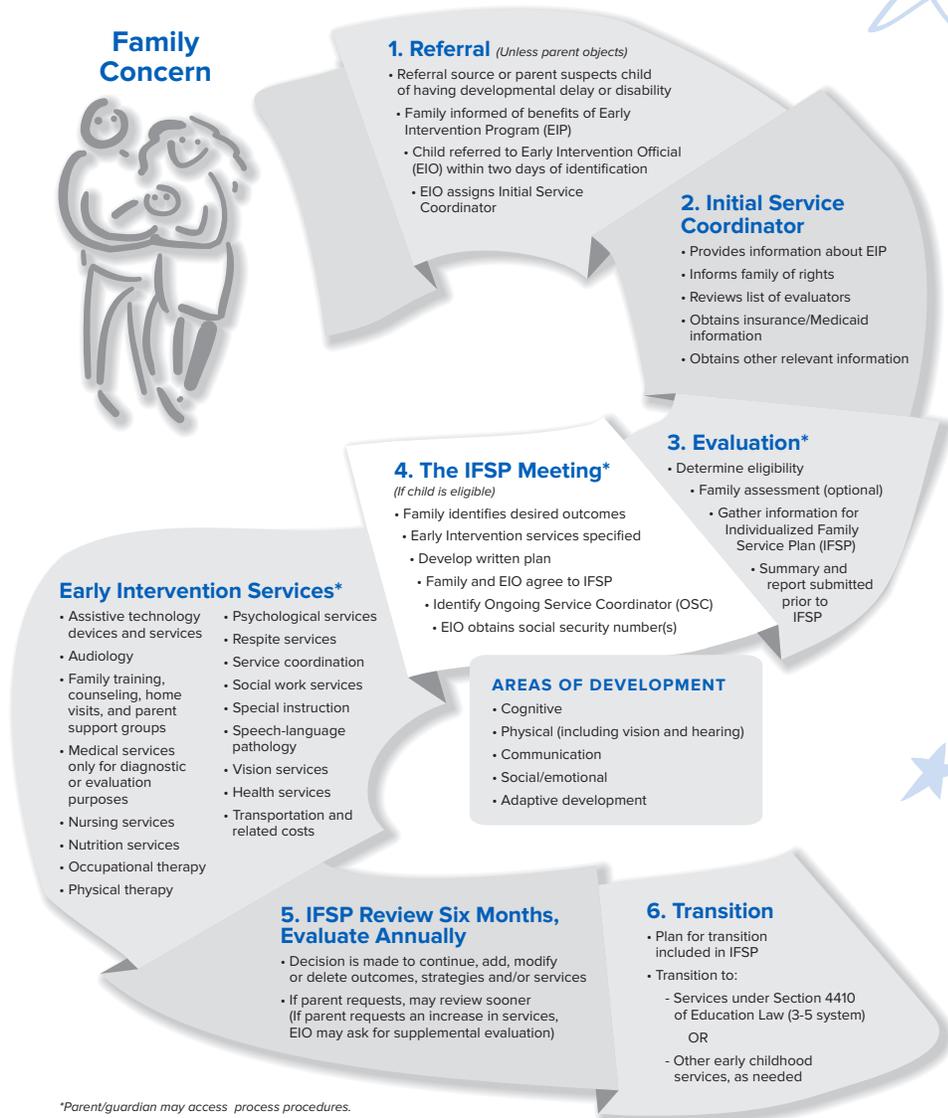
For a young child with a developmental delay or disability, the earlier it is identified, and the sooner services begin, the less likely the child will need more intensive and expensive special education services later.

First created by Congress in 1986 under the federal Individuals with Disabilities Education Act (IDEA), the State's Early Intervention Program (Program) was established under Article 25 of the State Public Health Law (PHL) and has been in effect since July 1, 1993. The Program is for infants and toddlers under 3 years of age who have a confirmed disability or established developmental delay in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. The Department of Health's (Department) Bureau of Early Intervention administers the State's Program.

The Program's mission is to identify and evaluate, as early as possible, those infants and toddlers whose healthy development is compromised and provide for appropriate intervention to improve child and family development. The Program offers a variety of therapeutic and support services to eligible infants and toddlers with a disability and their families, including but not limited to speech pathology and audiology, occupational therapy, physical therapy, psychological services, and service coordination. The Department contracts with the 57 counties in the State and New York City (referred to as "municipalities") that administer the Program at the local level.

Certain professionals, such as day care and health care providers, are required to refer children if a developmental problem is suspected. In addition, local social service districts must refer children under the age of 3 who are indicated in a Child Protective Service (CPS) report of child abuse or maltreatment. Parents can also refer their own child if they have a concern about their child's development. Generally, after referral, children are assigned an Initial Service Coordinator and are evaluated by qualified professionals through a multidisciplinary evaluation (MDE). If the evaluator determines a child has a developmental delay or disability, the child is eligible to participate in the Program. The local Program office then convenes a meeting with Program officials, the child's parents, and any other individuals agreed upon as necessary to develop an Individualized Family Service Plan (IFSP). The IFSP outlines Program services the child needs and provides a blueprint for meeting those needs, including the dates that services are expected to begin. The Department's "Early Intervention Steps" chart in a 2018 guide issued to parents details each step in the process (see Figure 1, Steps 1–4).

Figure 1 - “Early Intervention Steps” Chart



**Parent/guardian may access process procedures.*

Parent/guardian consent is required for evaluation, IFSP, provision of services in IFSP, and transition.

The initial evaluation of a child referred for a suspected or confirmed disability must be completed and a meeting to develop the IFSP must be held within 45 days of when the Program is first contacted regarding the child. Children have the right to receive all services recommended on their IFSP, and Early Intervention service coordinators are responsible for arranging these services to begin within 30 days of written parental consent.

The Department has a Child Find system, as required under the PHL, one component of which is to identify, locate, and refer eligible children to the Program through public outreach and awareness activities. Child Find is also responsible for identification and developmental surveillance (screening and tracking) of children who are at risk of developmental delays or a disability. In New York, children who are at risk (vs. children with a suspected or confirmed developmental delay or disability) are not eligible for the Program. However, any child who meets risk criteria established under Program regulations – including, among other factors, 10 or more days spent in a Neonatal Intensive Care Unit, prenatal exposure to alcohol or drugs, or lead exposure – must be referred to Child Find for purposes of developmental surveillance, with parental consent. When children are at risk, tracking their development and making sure they reach certain milestones can help ensure that any problems are detected as early as possible, so that they can receive the intervention and any therapeutic Program services they may need.

The Department is responsible for ensuring that Program services are delivered in accordance with State and federal laws and regulations. This includes monitoring Program service providers; providing training and technical assistance to municipalities, providers, and parents; correcting any deficiencies identified through monitoring; and maintaining a comprehensive system of personnel development to promote the availability of qualified personnel to deliver Program services to eligible children and their families. Additionally, the Department is required to develop an Annual Performance Report (APR) that evaluates the Program's performance and includes information on planned improvements.

The Department's contract with each municipality includes a workplan that addresses municipality objectives, tasks, and performance measures. In addition, as established under the PHL, a 30-member advisory Early Intervention Coordinating Council (EICC) assists the Department with the administration of the Program and makes recommendations to the Department regarding appropriate services for infants and toddlers with a disability and their families. The Department also uses a review contractor to monitor municipal compliance with the PHL, IDEA, regulations, and workplans.

The Department uses a centralized web-based system, the New York State Early Intervention System (NYEIS), to manage administrative tasks and provide for the exchange of information among municipalities, providers, and Department administrators. Fully implemented in 2012, NYEIS was designed to support the Program's service delivery and provider approval process, as well as financial, administration, and management activities, at both the local and State levels. In June 2019, the Department began working with a contractor to develop and implement a new data system, EI-HUB.

From July 1, 2018 through February 14, 2022, approximately 189,000 children were newly referred to the Program for a suspected or confirmed developmental delay or disability, and 19,000 new children were referred as at risk of developmental delay or disability. As of February 14, 2022, there were 36,189 children enrolled in the Program with an active IFSP.

Audit Findings and Recommendations

Many children who would benefit from the Program are not receiving services – a situation that became more pronounced during the COVID-19 pandemic. Further, children who are receiving services are not always receiving those services in a timely manner. Specifically, we identified:

- Of the approximately 189,000 children who were newly referred to the Program during our audit scope, more than 27,000 (14%) never received an MDE.
- Of the nearly 98,000 children who were eligible to receive therapeutic services, about 2,000 (2%) never received an IFSP. About 1,000 children had an IFSP pending.
- Of the approximately 95,000 children with an approved IFSP, almost 48,000 (51%) did not receive all types of therapeutic services to which they were entitled.
- Of the nearly 48,000 children, about 3,000 (6%) did not receive any of the therapeutic services authorized on their IFSP.
- Of the approximately 95,000 children with an approved IFSP, about 27,000 (28%) did not begin receiving therapeutic services within 30 days of when they were authorized to start.

Our audit work suggests that many of these children likely did not receive services because officials did not have parental consent. There are a variety of reasons officials were unable to obtain parental consent, including officials not being able to reach parents as well as parents explicitly stating that they are not interested in the Program. However, the Department needs to do more to identify and address the underlying reasons why children are not receiving valuable Program services that they are entitled to and can benefit from, including why officials were often not able to obtain parent consent for these services. We also found that many children did not receive their services on time because there is insufficient provider capacity.

In addition, there are disparities across the State in the referral and inclusion of children into the Program as well as in access to Program services. The Department's August 2021 report on statewide service delivery by race and ethnicity revealed that equity is an issue, with White children usually referred to the Program at a younger age than Black or Hispanic children and Black children less likely than White children to receive therapeutic services within the prescribed 30-day time frame. The Department has not yet developed an action plan to address the disparities identified in its report, and more work must be done to fully address barriers to equitable access to the Program.

There were also statewide disparities in Child Find's outreach and awareness activities as well as access to Program services, including the availability of service providers. The percentage of children served by the Program varied significantly by county, and access to therapeutic service providers for children with IFSPs was disproportionate throughout the State.

Further, through site visits and surveys of municipalities, we found that the Department's Program system, NYEIS, does not have the functionality or accuracy

municipalities need to administer the Program efficiently at the local level. While the Department is working with a contractor to implement a new system, EI-HUB, progress has been delayed multiple times, and it still had not been launched as of September 2022.

Program Performance Issues

According to NYEIS data, approximately 189,000 new children were referred to the Program between July 1, 2018 and February 14, 2022. While we determined that lack of parental consent for the Program was a significant barrier, we also found that timeliness was an issue for both eligibility evaluations and determinations for newly referred children as well as for the delivery of services for eligible children. In many cases, these steps either were not happening or were not happening within the time frames established by the PHL. This resulted in children with a developmental delay or disability not receiving the Program benefits from which they could greatly benefit (see Figure 2).

Completion and Timeliness of MDEs

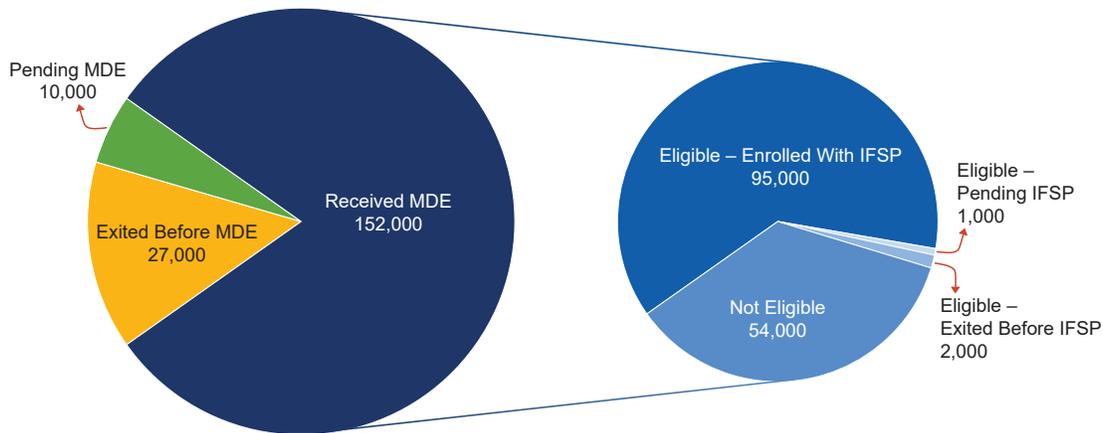
According to NYEIS data, approximately 189,000 children were newly referred to the Program during our audit scope, and of these, nearly 152,000 received their MDE and determination of eligibility. For the remaining children, about 27,000 (14%) never received an MDE, while the MDE was still pending for over 10,000 children (5%). This evaluation and eligibility determination is a crucial first step prior to the development of an IFSP and the start of therapeutic Program services.

We also reviewed documentation in case files for a sample of 125 children who were referred to the Program and found that, of the 108 children who were referred to the Program for a suspected or confirmed developmental delay or disability (vs. those referred as being at risk), 85 received their MDE and determination of eligibility. The remaining 23 children (21%) never received an MDE.

Completion and Timeliness of Eligibility Determinations and IFSPs

According to NYEIS, approximately 98,000 of the nearly 152,000 children who received their MDE were determined to be eligible for the Program (64%), and approximately 95,000 of them received an approved IFSP. However, about 2,000 children (2%) who were eligible to receive services did not receive an IFSP before they exited the Program and, therefore, are not receiving necessary developmental services. The remaining 1,000 children have an IFSP pending. Our review of case files for the sample of 125 children found that 85 children received an MDE. However, 14 of these children (16%) did not receive their MDE within the 45-day time frame required under the Program. Thirty-four of the 85 children (40%) who received an MDE were deemed eligible and received an IFSP.

**Figure 2 – New Children Referred to the Program
July 1, 2018 through February 14, 2022**



Timeliness of Therapeutic Program Services

We found that many children who would benefit from the Program are not receiving services, and children who are receiving Program services are not always getting them in a timely manner. Of the approximately 95,000 children with an approved IFSP, about 48,000 (51%) did not receive all types of the therapeutic services to which they were entitled, and about 3,000 children (3%) did not receive any of the therapeutic services authorized on their IFSP. We also found that when services were provided to eligible children, they were not always delivered in a timely manner. NYEIS data showed that about 27,000 of these children (28%) did not begin receiving the therapeutic services approved on their IFSP within 30 days of when they were authorized to start, as required under the Program. Our audit work suggests that many of these children likely did not receive approved services because officials were unable to obtain parental consent.

Similarly, our sample review of 125 children’s case files also found that many children who would benefit from the Program are not receiving therapeutic Program services, and children who are receiving services are not always getting them in a timely manner. Eight of the 34 children (24%) in our sample who were eligible for the Program did not receive any of the therapeutic services on their IFSP, and seven other children (21%) did not begin therapeutic services within 30 days of their initial IFSP. Here too, officials were unable to obtain parental consent for services. Documentation in the case files often did not indicate what was discussed with the parent (if officials were able to reach them) or the reasons why consent could not be obtained.

Lack of Parental Consent

Department officials stated that parents often do not consent for their child to participate in the Program and, therefore, their child does not receive any services. During our review of case files for a sample of 125 children, we found that many

children often did not receive an MDE or services they were eligible for because the parents did not respond to attempts to contact them or the documentation showed that the parent declined consent for their child to participate or discharged their child from the Program. However, many of the files did not include documentation regarding the reason why parental consent was not obtained, nor why parents elected to discharge their child from the Program. In order to improve participation in the Program and ensure children are receiving the necessary therapeutic Program services for which they are eligible, it is critical for the Department to identify and better understand the underlying reasons why parents are refusing Program participation. The Department should then implement strategies to address these reasons in order to improve Program participation.

Barriers to Service Delivery

We interviewed 10 municipalities to understand how they administer the Program at the local level as well as the challenges they face connecting children to the services they need. Municipal officials cited several reasons for lack of parental consent and barriers to program administration, including officials being unable to contact the parent; lack of available service providers; parents being unable to attend meetings or get their children to providers during regular business hours; inability to access telehealth or the ineffectiveness of a telehealth session during the COVID-19 pandemic; and mistrust of government agencies, especially when referrals came from CPS. Municipal officials stated that they try to explain the value of the Program to parents who do not consent to services. While Program services cannot be provided to children without this consent, the Department should take steps to address the concerns identified at the local level in order to assist with overcoming these barriers and ultimately improving outcomes for the children in need of the Program's therapeutic services.

The Department has developed resources for municipalities, such as written guidance and tool kits, as well as trainings targeted at service coordinators, who are responsible for working closely with families to resolve parental concerns related to service delivery. However, the Department needs to help improve the timely delivery of Program services to all children who are entitled to them. Early diagnosis and intervention are essential to help children with a developmental delay and/or disability and their families achieve improved well-being and outcomes.

Impact of the COVID-19 Pandemic

While access to and timely provision of services was an issue that came up repeatedly throughout our audit, officials at municipalities we spoke with said that the COVID-19 pandemic further exacerbated the issue. While the Program remained open and operational during the state of emergency, Program services were provided via telehealth for the first time during the pandemic to the maximum extent possible. The length of time telehealth was used as the main method of service delivery was dependent on local health department guidance and, therefore, varied by municipality but was generally the primary method of service delivery for

at least a few months during 2020. Municipal officials we spoke with said that the use of telehealth, and the pandemic in general, severely impacted children with a developmental delay or disability. Officials said that telehealth is generally not as effective as in-person treatment for most Program services, and some families did not have access to the technology needed to access telehealth. Referral rates, evaluations, and eligibility determinations significantly dropped during the pandemic – by 20%, 24%, and 19%, respectively, from 2019 to 2020.

Our sample review of 125 children’s case files, which identified 85 children who received an MDE, found that services for at least seven of the children (8%) in our sample were negatively impacted by the pandemic. For example, one child’s case was placed on hold for about 2 months due to the state of emergency until discussions began regarding the child aging out of the Program. If not for the pandemic, it is likely that this child, who had received an MDE and was eligible for the Program, would have received an IFSP and Program services. Since municipalities do not always document the reason why a child’s services are delayed or they are discharged from the Program, we do not know the full extent of how the pandemic impacted children who needed Program services. This further underscores the importance of collecting and tracking of information, so that the Department can develop and implement strategies for improvement.

The Department uses various metrics to measure Program performance related to timeliness and the provision of Program services for its APR. The Department APRs indicate that timely service delivery improved during our audit scope, but it still fell short of its annual targets. The Department failed to meet its two 100% targets related to timely service delivery in 2020, reporting on its APR that 96.64% of children received their initial MDE and IFSP meeting on time and 90.13% of eligible children received Program services included in their IFSP in a timely manner. Moreover, the APR metrics do not assess important aspects of Program performance that we found to be deficient. For example, the Department’s metrics do not account for children who were referred but never assessed, and its timeliness metrics exclude delay reasons that are attributable to “exceptional family circumstances,” such as the family having issues scheduling an appointment or issues related to the pandemic. If the Department had included these cases in its 2020 APR, only 52.30% (vs. 96.64%) of children received their initial MDE and IFSP meeting on time and 66.23% (vs. 90.13%) of eligible children received Program services that were approved on their IFSP in a timely manner.

Lack of Available Service Providers

In addition to exceptional family circumstances, municipal officials commonly cited insufficient provider capacity as a key reason why services were not always provided in a timely manner. Officials at five of the 10 municipalities we interviewed expressed frustration with the Department’s provider directory. Municipal officials stated that the directory includes many approved providers, but those providers are not actively providing Program services.

Under their agreement with the Department, providers certify the catchment areas for which they are currently available to provide services. Municipal officials explained that the Department does not remove providers that are not accepting children in the municipality's area from the Department's directory, even when requested by the municipalities. Municipal officials also informed us that when they remove providers that are no longer delivering services from their local provider directory, they are penalized in audits conducted by the Department's review contractor. The municipality has to then add the provider back in its local directory even though the provider is not accepting children in the municipality's area.

Municipal officials expressed how frustrating this issue can be for Program staff and parents who are continually turned down by approved providers that are not actually offering services. Moreover, it masks the severity of the provider shortage. We reviewed NYEIS data and found that about 1,800 (23%) of the approximately 7,800 (non-transportation) service providers in the Programs' current central directory of approved providers had not provided any services during our audit scope. This also puts a burden on providers that are willing to deliver services but don't have the capacity to do so.

The Department acknowledged that provider capacity is an issue and has taken steps to address it in recent years through EICC task force work groups focusing on provider capacity and rate setting. Additionally, Department officials stated they have completed multiple projects to clean up the provider directory and will continue to update NYEIS with accurate provider information. Department officials also said that once EI-HUB replaces NYEIS, it will more accurately reflect the qualified professionals that are available in each county.

Disparities in Access to the Program

We found disparities across the State in the referral and inclusion of children into the Program as well as in the availability of providers and access to Program services. Moreover, equity is an issue, with White children usually referred to the Program at a younger age than Black or Hispanic children and Black children less likely than White children to receive therapeutic services within the prescribed 30-day time frame.

The Department's Child Find system is responsible for identifying and referring potentially eligible children to the Program; however, there are significant differences in outcomes depending upon municipality. According to the Department's 2020 APR, about 3.8% of children under 3 years of age had an IFSP statewide. However, the percentage of population served varied significantly across the State. For example, in 2020, 1.1% of children under 3 years of age had an IFSP in Franklin County, whereas about 6.7% of children under 3 years of age had an IFSP in Clinton County – despite similar socio-economic demographics between the counties.

Inconsistent Public Outreach Through Child Find

The Department has provided minimal guidance to the municipalities, which administer Child Find at the local level. As part of their contract with the Department,

each municipality is required to create a workplan with tasks related to the public awareness and outreach aspects of Child Find. However, the workplans do not contain specific goals, tasks, or objectives, such as the number of specific types of activities each municipality should conduct in a year, nor do they contain information specific to each county's needs. Instead, the workplans contain vague language stating only that municipalities will disseminate public awareness materials related to the Program. As a result, Child Find's outreach and awareness activities varied widely across the State.

We reviewed Child Find public awareness and outreach activities for a sample of five municipalities and found differences that likely contributed to the variability of Child Find outcomes. For one municipality, the only public awareness and outreach activities it performs are attending community events and using social media, whereas other counties do much more, including distributing informational materials, visiting pediatric offices, conducting informational visits for small groups (e.g., non-profit organizations, social workers, and families), offering virtual presentations, and hosting information tables at local health fairs and other public events. During 2020, only about 1.3% of children in the population had an IFSP at the one municipality that just attended community events and used social media, and another municipality that only distributed information had a relatively low ratio of 2.1% children in the population with an IFSP. The other three municipalities that did more public awareness and outreach had higher Child Find ratios (between 3.7% and 5.8%).

While the Department monitors Child Find through its annual APR reviews as well as through the review contractor that completes periodic monitoring of municipalities, it does not always take steps to ensure corrective actions to address deficiencies are fully implemented. For example, municipal corrective action plans frequently included providing additional training and technical assistance to staff and providers or reviewing and evaluating municipal administrative procedures. However, neither the Department nor the review contractor followed up to ensure municipalities implemented these corrective actions. Further, the Department has not formally investigated the barriers to Program access identified by the local municipalities.

Disparate Access to Therapeutic Program Services

We also found disparities in access to therapeutic services across the State. While the municipalities we interviewed expressed nearly universal concern over the shortage of Program providers, the problem is more pronounced in some parts of the State than others. We used NYEIS data to compare the approximate number of full-time equivalent (FTE) therapeutic service providers in 2021 to the number of eligible children in each county and found the ratio varied significantly by municipality (see Exhibit). For example, based on our estimation, there were over nine FTE providers for every 100 eligible children in Putnam County, whereas there were less than three FTE providers for every 100 eligible children in Broome County.

Along with the lack of service providers, the 10 municipalities we spoke with expressed additional barriers to accessing the Program. For example, several

municipal officials stated that they do not always have providers available that speak the children’s native language. The Department does not fully capture this information in NYEIS; consequently, we were unable to analyze and determine the extent of this service issue. Other municipal officials stated that parents, particularly those in low-income households, are often working at least full-time and simply not available to participate in calls with their service coordinator or make their child available to receive services during the times providers are available. Municipal officials also stated that it can be hard to find providers that are willing to travel to certain geographic areas within their region. One municipality indicated that a significant portion of their population can be hard to contact through electronic communication methods. This was further exacerbated during the pandemic when telehealth was used out of necessity, because multiple families did not have access to the technology they needed to receive services.

Racial and Ethnic Disparities in Access to the Program

The Department’s August 2021 Program report, *Race and Ethnicity For the Period July 2017 – June 2020*, identified statewide inequities in virtually all aspects of the Program, including referrals and MDEs, initiation and completion of IFSPs, and receipt of services. The report’s findings included the following:

Referrals and Evaluations:

- White children were generally referred to the Program at a younger age than children of most other races and ethnicities.
- Black children were less likely to receive an MDE for eligibility determination than children of most other races and ethnicities.

IFSPs:

- 98% of eligible White children had an IFSP initiated, while the rates for Black and Hispanic children were typically lower.
- Black and Hispanic children were also less likely to have their IFSP initiated within the 45-day Program requirement.

Timeliness of Services:

- White children were more likely to have services initiated within 30 days.
- Black children were less likely to have services initiated within 30 days and were more likely to have services delayed.

While the report shows that the Department recognizes the inequities in access to the Program, it has not yet developed an action plan to address these disparities. More work must be done to fully understand and address these barriers to equitable access to the Program.

Inadequate Developmental Surveillance for Children Referred at Risk of Disability

Municipalities are not always ensuring children who are referred as at risk of a developmental delay or disability receive periodic developmental surveillance as required under the PHL. Any child who meets risk criteria established under Program regulations – including, among other factors, 10 or more days spent in a Neonatal Intensive Care Unit, prenatal exposure to alcohol or drugs, and lead exposure – must be referred to the Program for developmental surveillance (screening and tracking). Child Find is responsible for performing this identification and developmental surveillance, with parental consent, to identify a potential developmental delay or disability as early as possible in children who are deemed to be at risk.

We reviewed case file documentation for 30 children who were referred to the Program as at risk, and found that 11 of these children did not receive timely developmental monitoring during the period they were at risk of a disability. There was no documentation in four of the 11 children’s case files indicating why monitoring wasn’t conducted. For the remaining seven children, the case files indicated that the parent either declined participation or did not respond to outreach by municipalities; however, none of the case files noted the reason why parents elected not to participate. Department guidance for developmental monitoring does not specify actions required by municipalities to seek out or note reasons for parental non-involvement. When children are at risk, tracking their development and making sure they reach certain milestones can help ensure that any problems are detected early, so that they can be evaluated and receive any therapeutic Program services they may need.

Inadequate Functionality in NYEIS

The Department’s centralized system, NYEIS, does not have the functionality that municipalities need to administer the Program at the local level. Further, capturing additional information, such as reasons why parents elect to not participate in the Program or requiring the primary language field, could help the Department analyze and assess Program performance as well as identify Program needs, including those related to equity and access.

Each of the 10 counties we interviewed cited issues with NYEIS, most commonly concerning insufficient reporting capabilities and inaccurate system reports. One municipality provided us with a NYEIS-generated report showing that the municipality was serving over 6,000 children; however, it was actually serving about 400 children at the time.

As part of the Department’s APR analysis, municipalities must verify the accuracy of certain information in NYEIS, which according to local officials is a lengthy and burdensome process. Municipal officials also informed us that correcting errors requires a formal data change request, which can take an extended period of time to

process. In addition, municipalities are not able to see certain information related to children they previously served but who have since moved to another municipality.

Due to weaknesses with NYEIS, nine of the 10 municipalities we interviewed indicated that they have developed their own internal system, in addition to NYEIS, to administer and manage the Program locally. While the Department is working to develop a new system (EI-HUB), implementation – which was initially scheduled for April 2020 – has been delayed multiple times and, as of September 2022, it still had not been deployed.

According to Department officials, there were multiple causes for the delays. The scale and complexity of the project were significantly greater than the contractor expected and, as a result, it has taken longer than estimated to complete. Officials also said staffing shortages, changes due to the COVID-19 pandemic, and stakeholder feedback requesting a delay in launch due to readiness have also contributed to the delays. If the launch of EI-HUB continues to be delayed or if the system does not include all functionality needed, the efficiency and effectiveness of the municipalities and the Department will continue to be affected and the same issues will continue to exist.

Without an information system capable of generating useful, reliable, and accurate reports, municipalities are limited in their ability to effectively monitor the Program at the local level. Further, using and maintaining their own internal system to administer the Program, in addition to NYEIS, increases the administrative burden on the municipalities. An information system with the functionality that municipalities need is especially important when resources, such as adequate staffing, are scarce.

Recommendations

1. Take steps to identify and understand the reasons why some children are not benefiting from the services they are entitled to and why services are not always provided on time. Based on the results, develop and implement strategies to improve participation and timely provision of Program services.
2. Develop and include more specific goals, tasks, and/or objectives on future municipal workplans related to Child Find's public awareness and outreach.
3. Take steps to better understand disparities in access to Program services, including those identified in the Department's August 2021 report on race and ethnicity as well as those commonly known by municipal officials, and develop an action plan to improve equitable access to Program services.
4. Routinely verify the accuracy of the provider directory to ensure families have access to provider information that is accurate and useful.
5. Work with the EI-HUB contractor to expedite release of the new system as soon as practicable. Ensure that municipalities are properly prepared to use EI-HUB and that all essential functionality is operational before NYEIS is decommissioned. Continue to coordinate with counties after implementation to ensure EI-HUB functionality meets their needs.

Audit Scope, Objective, and Methodology

The objective of our audit was to determine whether the Department is effectively administering the Program in compliance with all applicable laws and regulations and ensuring equitable and timely access to services for children across the State. The audit covered the period from July 2018 through February 2022.

To accomplish our objective and assess related internal controls related to our audit objective, we reviewed relevant State and federal laws and regulations as well as Department guidance, policy, and procedures. We conducted interviews with relevant officials from the Department as well as with 10 of the 58 municipalities across the State to gain an understanding of local Program practices and concerns. We judgmentally selected the 10 municipalities based on multiple factors, including population size and APR performance during our scope. We also sent a survey to all 58 municipalities to gain insight into policies, procedures, and practices across the State; 39 municipalities responded.

We analyzed NYEIS data that included all children newly referred during our scope in order to determine whether the Department was effectively administering the Program and in compliance with relevant laws and regulations, as well as ensuring equitable and timely access to services. One of our analyses included comparing information in the NYEIS data to the Department's central directory of approved providers. In addition, we judgmentally selected a sample of 125 of the approximately 208,000 children in the NYEIS data. We selected the 125 children from five of the 58 municipalities that together had a total of nearly 114,000 children in the NYEIS data in order to further assess Program effectiveness and compliance with relevant laws and regulations. We judgmentally selected the five municipalities to include service areas of various sizes and in different geographic areas across the State. We also analyzed the NYEIS data and considered various risk factors to select the five municipalities, such as the percentage of the population referred to the Program as at risk of a disability and the percentage of eligible children who did not receive their IFSP in a timely manner or at all. Within each of those five municipalities, we judgmentally selected 25 children, to include 20 children referred to the Program with a suspected or confirmed developmental delay or disability and five children referred as at risk of disability, for a total of 125 children. All 125 children were judgmentally selected based on risk factors we developed, such as whether the child was referred as at risk, referred but did not receive an MDE within 60 days, or found eligible but did not have an IFSP within 60 days. We reviewed case file documentation for each of the 125 children. Thirteen of the children in our sample were referred and discharged multiple times during our scope and had, at different points, both Program and at-risk referrals. As a result, we ended up reviewing a total of 108 of the approximately 189,000 cases for Program referrals and 30 of the approximately 19,000 cases for at-risk referrals. The findings and conclusions drawn as the result of our judgmental samples cannot and were not intended to be projected to the population as a whole.

We determined that the NYEIS data used to perform our analysis and pull samples was sufficiently reliable for our use in accomplishing our audit objective. We also

determined that the Department's central directory of providers was not sufficiently reliable and reported that as a finding in the body of this report.

As part of audit procedures, the audit team used data visualization software to enhance understanding of our report (see Exhibit). We used NYEIS data as of February 14, 2022 to create the map. Colors were selected from [https:// colorbrewer2.org/](https://colorbrewer2.org/) by Cynthia A. Brewer, Geography, Pennsylvania State University.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties could be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of the Department's oversight and administration of the Early Intervention Program.

Reporting Requirements

A draft copy of the report was provided to Department officials for their review and formal comment. We considered their comments in preparing this final report and have included them in their entirety at the end. In their response, Department officials identified a few corrections needed, which we addressed in our final audit report, and indicated they are working to address the recommendations made.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Department of Health shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Agency Comments



KATHY HOCHUL
Governor

Department of Health

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

January 6, 2023

Brian Reilly, Audit Director
Office of the State Comptroller
Division of State Government Accountability
110 State Street – 11th Floor
Albany, New York 12236-0001

Dear Brian:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's Draft Audit Report **2021-S-25** entitled, "**Oversight of the Early Intervention Program.**"

Thank you for the opportunity to comment.

Sincerely,

Megan E. Baldwin
Acting Executive Deputy Commissioner

Enclosure

cc: Diane Christensen
Melissa Fiore
Michael Atwood

2021-S-25
Department of Health
Comments on the
Office of the State Comptroller’s
Draft Audit Report entitled,
“Oversight of the Early Intervention Program”

The following are the Department of Health’s (Department) comments in response to the Office of the State Comptroller’s Draft Audit Report 2021-S-25 entitled, “Oversight of the Early Intervention Program” issued on November 29, 2022.

General Comments:

The following comments address specific statements made in the audit report.

Key Findings (page 2)

“Limited guidance and oversight from the Department has resulted in significant differences in Child Find’s outreach and awareness activities across the State.”

Response:

The New York State (NYS) Early Intervention Program is a large and complex system. There is a diversity of geography, demographics, and families in NYS. As such, strategies to implement Child Find and outreach activities in each municipality are tailored to the individual and unique circumstances within a county or region of the State. Local programs are very familiar with their regions, local infrastructure, and community resources, and thus, implement plans and activities that are specific to their areas. Municipalities are, however, required to comply with Early Intervention regulations and follow guidance issued by the Department regarding Public Awareness and Child Find. The workplans include child find activities and are kept general to afford the municipalities flexibility in how they accomplish these tasks. The Department has developed outreach materials that municipalities can use to increase public awareness about the Program. The Department continues to develop outreach materials for parents of young children who may be eligible for the Program, including infographics, postcards, and short video vignettes, among others.

Audit Findings and Recommendations (page 9)

“Of the approximately 189,000 children who were newly referred to the Program during our audit scope, more than 27,000 (14%) never received an MDE.”

Response

The 27,000 children exited the Program before their MDE because the families withdrew from the Program, which is their right, or the Program lost contact with the families.

“Of the nearly 98,000 children who were eligible to receive therapeutic services, about 2,000 (14%) never received an IFSP. About 1,000 children had an IFSP pending.”

Response

The bolded percentage should be corrected: Of the nearly 98,000 children who were eligible to receive therapeutic services, about 2,000 **(2%)** never received an IFSP.

“Our audit work suggests that many of these children likely did not receive services because officials did not have parental consent. There are a variety of reasons officials were unable to obtain parental consent, including officials not being able to reach parents as well as parents explicitly stating that they are not interested in the Program. However, the Department needs to do more to identify and address the underlying reasons why children are not receiving valuable Program services that they are entitled to and can benefit from, including why officials were often not able to obtain parent consent for these services.”

Response

Early Intervention is a voluntary program. Parents have the right to elect or decline to enroll their child in the Program and have the right to close out the referral at any time. Parents also have the right to accept or reject some or all Early Intervention services recommended for their child and family. In addition, parents have the right to withdraw their consent at any time, for any reason.

Informed written parental consent is a safeguard afforded to parents. Informed written parental consent is needed throughout the child’s time in the Program. For example, parents must provide consent to participate in the Program, receive a multidisciplinary evaluation for an eligibility determination, receive services in an Individualized Family Service Plan, and before personally identifiable information is disclosed.

Written parental consent is needed prior to receiving any service via telehealth. Parental consent is specific to each Early Intervention service being furnished virtually and must be obtained prior to initiating any Early Intervention service via telehealth.

To reduce barriers in obtaining informed parental/guardian consent for Program services, the Department’s Bureau of Early Intervention issued new [Guidance on Collection of Parent/Guardian Consent Using Electronic Systems](https://www.health.ny.gov/community/infants_children/early_intervention/docs/guidance_use_of_electronic_signatures.pdf) (https://www.health.ny.gov/community/infants_children/early_intervention/docs/guidance_use_of_electronic_signatures.pdf), that went into effect in January 2022. The purpose of this guidance is to provide Early Intervention stakeholders with guidelines for the collection and use of electronic signatures from parents/legal guardians to indicate parent consent, as mandated by federal and State regulations for participation in, and initiation of, services in the Program.

“There were also statewide disparities in Child Find’s outreach and awareness activities as well as access to Program services, including the availability of service providers.”

Response

The Early Intervention Program is working to increase outreach and awareness using the following strategies:

- As part of the Department’s State Systematic Improvement Plan, a four-part video series was developed titled, “Families’ Perspectives: A Parent’s Journey to Early Intervention.” Each video features parents of children who were in the Early Intervention Program and

were developed to highlight how the Program helped their family. Three of the videos focused on families living in communities where language could be a barrier to connecting to the Program, and feature families who speak Spanish, Bengali, and Mandarin.

- In collaboration with the Family Initiative Coordination Services Project, the Department developed a “Welcome to the Early Intervention Program” video, to promote the Program to families across the State. The video is available on the Department’s Bureau of Early Intervention webpage, NYSDOH NY-YouTube channel, and on the EI Families (parent training/education/resource) website. It was also recently shared at an EICC meeting. The Department will use this video and videos developed as part of the State Systematic Improvement Plan, to continue to promote the Program to families and to potential new Early Intervention providers.
- The Department is launching a social media campaign to: promote the Program to families, reach and enroll children as early as possible, and improve the Child Find activities and outcomes across the State.

Completion and Timeliness of MDEs (page 10)

“According to NYEIS data, approximately 189,000 children were newly referred to the program during our audit scope, and of these, nearly 152,000 received their MDE and determination of eligibility. For the remaining children, about 27,000 (14%) never received an MDE, while the MDE was still pending for over 10,000 children (5%).”

Response

Early Intervention Regulations require parental consent to conduct the MDE. Additionally, program timelines allow a 45-day timeframe from referral to the child’s initial IFSP for a child determined eligible for the program via an MDE. Of the 27,000 children who did not receive an MDE, most children exited the program because families refused services prior to the MDE being conducted. Of the 10,000 children with a pending MDE, the Department reviewed a more recent data set to account for a lag in data entry into the data system to determine status of the MDE. Approximately 80% of these pending MDE’s were completed.

Lack of Parental Consent (pages 11-12)

“The Department’s data shows that officials often did not have parental consent for their child to participate in the Program and receive any services. Similarly, for our sample population of 125 children, the children often did not receive an MDE or services they were eligible for because the parents did not respond to attempts to contact them, or the documentation showed that the parent declined consent for their child to participate or discharged their child from the Program. However, many of the files did not include documentation regarding the reason why parental consent was not obtained, nor why parents elected to discharge their child from the Program.”

Response

Early Intervention is a voluntary program. Parents have the right to elect or decline to enroll their child in the Program and have the right to close out the referral at any time. Parents also have the right to accept or reject some or all Early Intervention services recommended for their child

and family. In addition, parents have the right to withdraw their consent at any time, for any reason.

Impact of the Covid-19 Pandemic (page 13)

“Our sample review of 125 children’s case files, which identified 85 children who were eligible for the Program, found that services for at least seven of the children (8%) in our sample were negatively impacted by the pandemic.”

Response

The bolded wording should be corrected: Our sample review of 125 children’s case files, which identified 85 children who **received MDE**, according to OSC’s data (Attachment 2 - EIP Sample Review Details.xlsx).

The 85 children were not necessarily found eligible. The Department acknowledges that COVID had a significant impact on the State as a whole. The NYS Early Intervention Program, which serves infants and toddlers with developmental delays predominantly in their homes, was significantly impacted as well. The Department, local Early Intervention Program staff, and Early Intervention service providers worked hard to mitigate the impact. In the sample, there were records for which COVID is acknowledged as negatively impacting services. For six of the seven children, Early Intervention services were provided. One child, who was close to the age of three, was not able to begin services and was provided support to transition to the Preschool Special Education Program.

“Moreover, the APR metrics do not assess important aspects of Program performance that we found to be deficient. For example, the Department’s metrics do not account for children who were referred but never assessed, and its timeliness metrics exclude delay reasons that are attributable to “exceptional family circumstances,” such as the family having issues scheduling an appointment or issues related to the pandemic. If the Department had included these cases in its 2020 APR, only 52.30% (vs. 96.64%) of children received their initial MDE and IFSP meeting on time, and 60.34% (vs. 90.13%) of eligible children received Program services that were approved on their IFSP in a timely manner.”

Response

According to the APR posted at https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2020.pdf, its timeliness metrics included delay reasons that are attributable to “exceptional family circumstances,” such as the family having issues scheduling an appointment or issues related to the pandemic (pages 10 and 31). As instructed by the Office of Special Education Programs (OSEP), number of documented delays attributable to exceptional family circumstances should be added to both the numerator and denominator to calculate the compliance indicator percentages, 90.13% for indicator 1 and 96.64% for indicator 7.

The bolded percentage should be corrected: “If the Department had included these cases in its 2020 APR, only 52.30% (vs. 96.64%) of children received their initial MDE and IFSP meeting on time, and **66.23%** (vs. 90.13%) of eligible children received Program services that were approved on their IFSP in a timely manner.”

Lack of Available Service Providers (pages 13-14)

“Municipal officials explained that the Department does not remove providers that are not accepting children in the municipality’s area from the Department’s directory, even when requested by the municipalities. Municipal officials also informed us that when they remove providers that are no longer delivering services from their local provider directory, they are penalized in audits conducted by the Department’s review contractor. The municipality has to then add the provider back in its local directory even though the provider is not accepting children in the municipality’s area.”

Response

The Central Directory of Early Intervention Services and Resources (Central Directory) lists all Department approved providers. Due to the nature of the Program, children are entering and exiting the program throughout the program year and a provider’s availability changes. When the Department is notified by a county that a provider is no longer serving a catchment area (county), the Department contacts the provider to determine if this catchment area should be removed. Based on the provider’s response, the Central Directory is updated as appropriate. Current system limitations exist which result in providers being unable to identify which services they are providing in each county. This situation can result in the catchment area remaining on a provider’s approval even if they are not delivering all services in every county. The new data system will require providers to identify for each county the services they are available to deliver. Providers will also be able to identify their “availability” in the system.

During a monitoring review, municipalities are required to demonstrate that they are providing all options for multidisciplinary evaluators and ongoing service coordinators to families as families have the right to choose their evaluation agency and their ongoing service coordination provider. Due to shifting provider availability throughout the year and newly approved providers being added to the Central Directory throughout the year, the expectation is that the lists for families include all options. If a county can show documented correspondence that they confirmed with the agency(s) that they are not a current option, then the county does not receive a finding of noncompliance at their monitoring review.

Disparities in Access to the Program (page 14)

“According to the Department’s 2020 APR, about 3.4% of children under 3 years of age had an IFSP statewide.”

Response

The bolded percentage should be corrected: “According to the Department’s 2020 APR, about **3.77%** of children under 3 years of age had an IFSP statewide.”

Inconsistent Public Outreach Through Child Find (pages 14-15)

“The Department has provided minimal guidance to the municipalities, which administer Child Find at the local level. As part of their contract with the Department, each municipality is required to create a workplan with tasks related to the public awareness and outreach aspects of Child Find. However, the workplans do not contain specific goals, tasks, or objectives, such as the number of specific types of activities each municipality should conduct in a year, nor do

they contain information specific to each county's needs. Instead, the workplans contain vague language stating only that municipalities will disseminate public awareness materials related to the Program. As a result, Child Find's outreach and awareness activities varied widely across the State."

Response

The NYS Early Intervention Program is a large and complex system. There is a diversity of geography, demographics, and families in NYS. As such, strategies to implement Child Find and outreach activities in each municipality are tailored to the individual and unique circumstances within a county or region of the State. Local programs are very familiar with their regions, local infrastructure, and community resources, and thus, implement plans and activities that are specific to their areas. Municipalities are, however, required to comply with Early Intervention regulations and follow guidance issued by the Department regarding Public Awareness and Child Find. The workplans include Child Find activities and are kept general to afford the municipalities flexibility in how they accomplish the tasks. The Department has developed outreach materials that municipalities can use to increase public awareness about the Program. The Department continues to develop outreach materials for parents of young children who may be eligible for the Program, including infographics, postcards, and short video vignettes, among others.

Audit Scope, Objective and Methodology (page 19)

"In addition, we judgmentally selected a sample of 125 of the approximately 208,000 children in the NYEIS data from five of the 58 municipalities to further assess Program effectiveness and compliance with relevant laws and regulations."

Response

The number in bold should be corrected: "In addition, we judgmentally selected a sample of 125 of the **113,843** children in the NYEIS data from five of the 58 municipalities to further assess Program effectiveness and compliance with relevant laws and regulations."

Approximately 209,000 children were from all the 58 municipalities and 113,843 were from the five municipalities (303 from Columbia, 1,079 Jefferson, 2,117 Niagara, 4,472 Onondaga and 105,872 New York City) in the NYEIS data.

Audit Recommendation Responses:

Recommendation #1

Take steps to identify and understand the reasons why some children are not benefiting from the services they are entitled to and why services are not always provided on time. Based on the results, develop and implement strategies to improve participation and timely provision of Program services.

Response #1

Early Intervention is a voluntary program. Enrollment in Child Find by the municipality, or a referral for further screening or evaluation, requires parental consent. Parents have the right to elect or decline to enroll their child in the Program and have the right to close out the referral at any time. Parents also have the right to accept or reject some, or all Early Intervention services recommended for their child and family. In addition, parents have the right to withdraw their consent at any time, for any reason.

The Department's Bureau of Early Intervention focuses its annual data collection and analysis efforts on data required by the federal overseers of the Part C Early Intervention Program. In addition to this data, as part of the Department's larger initiative to reduce disparities/enhance equity in service delivery systems, the Department's Bureau of Early Intervention undertook an extensive data analysis of disparities in the Program and is actively working with its EICC and stakeholders on strategies to reduce identified disparities in service delivery. The Department agrees that seeking information from parents regarding the reason(s) they elected to decline to pursue a multidisciplinary evaluation after referral to the Program or declined services for which their child was found eligible would provide important insight toward reducing disparities and enhancing Child Find activities. While participation in the Program is voluntary on the part of families, the Department will work with counties and other partners to learn more from families who do not pursue Early Intervention services or who discontinue services and use this information to improve Program service delivery.

Additionally, lack of provider capacity is a significant factor affecting timeliness of Early Intervention service delivery. The Department and EICC recognize this and have convened the State EICC's Provider Capacity Workforce Taskforce and Rate Setting Taskforce to work on solutions. The Department is engaged in or will pursue the activities outlined below, which are intended to improve provider capacity and ensure that children and families receive Early Intervention services to which they are entitled:

Current Activities:

- Implementing recommendations of the State EICC's Provider Capacity Workforce Taskforce, such as decreasing the required experience hours for individual approval and promoting competency areas for the delivery of family centered Program evaluations and services.
- Implementing a promotional campaign which will focus on increasing services in underserved areas and outreach/recruitment of providers (students who may be interested in the field of early intervention as well as licensed and/or certified professionals).
- Attending State conferences for professional organizations to promote and recruit Early Intervention providers.
- Partnering with municipal officials to enhance provider outreach at the local level as municipalities know the population and service needs best.
- Revising regulations to add in four new licensed professionals (mental health practitioners).
- Implementing a new statewide data system which will enable licensed behavior analysts and certified behavior analyst assistants to deliver services in the Program.
- Participating in national groups focused on increasing the provider workforce.
- Connecting with families via the Department's Bureau of Early Intervention EI Families Facebook Group and EI Families listserv. The Facebook Group has over 950 members.

-
- Collaborating with families and furthering their leadership and advocacy skills through the Department sponsored *Parents as Partners* training. Through this contract, the Family Initiatives Coordination Services Project Coordinator connects with families of young children with disabilities in the community and provides resources and information on the Program. There is also a dedicated website, EIFamilies.com, which provides resources and information on a variety of topics for families, including how to make a referral to the Program, what services are available, how to work with your IFSP team, and how to advocate for their child.
 - Promoting the Program to families and sharing how to make a referral to the Program, through a short video vignette titled, “Welcome to the Early Intervention Program.” This video is shared with the EI Families Facebook Group, via the EI Families listserv, posted to the families’ page on the Department’s Bureau of Early Intervention webpage, and is available on the NYSDOH NY-YouTube channel. In the future, it will be added to the EI Families website.
 - The Department is working collaboratively with the EICC Rate Setting Taskforce to develop recommendations for the Department regarding the current rate methodology. The Task Force will base their recommendations on analysis of data regarding socioeconomic status, region, race/ethnicity, language, access to services, and impact on agencies and the workforce of the Early Intervention Program. The objective will be to ensure the rates are equitable, efficient, and cost effective.

Future Activities:

- Develop training opportunities (e.g., recorded WebEx presentations) for interested providers and current providers on the following topics “How to Become an Early Intervention Program Provider” and “Requirements for Approved Early Intervention Program Providers.” These trainings will cover information about the requirements for applicants, how to apply, and important information for approved providers which highlight some of the important information in the provider Agreement, how to stay engaged with the Department and active in the Program, and training resources.
- Explore additional opportunities to increase internship opportunities in the Program, including engaging the NYS Education Department and higher education institutions.
- Survey current providers, many of whom work part time, to request their input about the amount of time they work in the Program and what would increase their interest to deliver more Early Intervention services as well as suggestions for provider retention and recruitment; and explore additional opportunities to increase the Early Intervention workforce.

Recommendation #2

Develop and include more specific goals, tasks, and/or objectives on future municipal workplans related to Child Find’s public awareness and outreach.

Response #2

The Early Intervention Program and the duties of the Department’s Bureau of Early Intervention and the counties, as local administrator of the Program, underwent substantial changes in 2013 with the addition of the State Fiscal Agent (SFA). The SFA shifted management of the fiscal aspects of the Program, which had been a municipal responsibility, to the State. At the same

time, municipalities retained substantial responsibilities as local administrators of the statewide Program. Although municipal workplans currently include Child Find activities, based on the audit findings, the Department will add specificity to municipal workplans to leverage current successful practices and ensure a more uniform approach to promotion of the Program across the State.

In addition, to incorporating goals, tasks, and objectives related to public awareness and outreach activities, the Department will reissue previously issued guidance to all counties to provide comprehensive technical assistance on policies and procedures for required Child Find activities.

Additional technical assistance, including a list of resources and partners, will be developed for local administrators of the Program to support coordination with other programs to locate and identify children at risk for developmental delays. The Department will continue to collaborate with its many early childhood partners to promote the Program and identify children birth to three years that are at-risk for developmental delays.

The Department will also provide greater specificity in municipal workplans on municipal responsibilities in connection with local follow-up on findings from State monitoring of Early Intervention providers. Monitoring indicators will be developed to align with any new requirements that are developed in addition to the currently existing indicator (11).

In the last submitted Annual Performance Report (APR) posted at https://www.health.ny.gov/community/infants_children/early_intervention/docs/annual_performance_2020.pdf, the Department set the targets for the next five program years on indicators 5 Child Find (Birth to One) on page 26 and 6 Child Find (Birth to Three) on page 28 as a proxy to evaluate and monitor the Child Find component of the Program. The same targets apply to all municipalities. Both indicators are part of the local performance determinations that the Department issues to each municipality every year. Upon review of the data, the Department will work with municipalities when they have met their performance benchmarks and will strengthen our targeted technical assistance to those municipalities who have not met their targets.

Municipalities are required to comply with Early Intervention regulations and follow guidance issued by the Department regarding Public Awareness and Child Find. The workplans include Child Find activities and are kept general to afford the municipalities flexibility in how they accomplish the tasks. The Department has developed outreach materials that municipalities can use to increase public awareness about the Program. The Department developed five videos that can be shared with stakeholders, including parents, to promote the Program; several feature families who have participated in the Program and speak languages other than English. The Department also has brochures (e.g., Early Help Makes a Difference, Early Intervention Steps: A Parent's Basic Guide to the Early Intervention Program) that can be shared with families of young children who may be eligible for the Program. The Department continues to develop outreach materials for parents, including infographics, postcards, and short video vignettes, among others.

Municipalities are also required to have Local Early Intervention Coordinating Council (LEICC) meetings to provide a forum for understanding community needs related to the Program. Given the marked variability among counties in NYS, as evidenced through the Early Intervention Program State Systemic Improvement Plan projects in which counties have engaged, setting

benchmarks such as number of public outreach events or percentage of children referred may result in arbitrary obligations which do not provide actionable insight regarding the effectiveness of the programs. However, the Department will consider requiring counties to report on their outreach activities and share successes on bi-monthly county calls. Early Intervention is a voluntary program and loss to follow up for at-risk children occurs despite efforts by local administrators.

The Department's Bureau of Early Intervention will collaborate with the Department's Bureau of Perinatal, Reproductive, and Sexual Health (BPRASH) group that supports the State's birthing hospitals. BPRASH conducts regular calls and holds webinars and training sessions to birthing hospitals and the labor and delivery staff. The training will include information about the requirements to refer infants to municipal Child Find programs.

Recommendation #3

Take steps to better understand disparities in access to Program services, including those identified in the Department's August 2021 report on race and ethnicity, as well as those commonly known by municipal officials, and develop an action plan to improve equitable access to Program services.

Response #3

In addition to taking the initiative to develop the report on race and ethnicity in the Early Intervention Program, the Department has begun to discuss the findings of the report and potential solutions with counties. The Department analyzed the race and ethnicity report data by county for three program years: 2017-18, 2018-19, and 2019-20. The Department worked with NYS Association of County Health Officials (NYSACHO) to issue the county race and ethnicity report to each county for review during the annual statewide Early Intervention virtual meeting with all counties on October 19-20, 2022. The Department instructed the counties to review their own report and will provide technical assistance for counties to take actions addressing the local racial and ethnic disparities. The Department's Bureau of Early Intervention also sponsored Health and Equitable Communities Training from the Institute for Public Health Innovation (PHI) for counties during the NYSACHO virtual all-county meeting.

The Department's Bureau of Early Intervention analyzed Early Intervention enrollment at the zip code level, factoring in race and ethnicity. Based on the analysis, the Bureau of Early Intervention identified areas with low program enrollment among Non-Hispanic Black children compared to the overall population. The Bureau of Early Intervention shared this data with the Department's Public Affairs Group (PAG), to focus the social media campaign on these identified zip codes to promote the Early Intervention Program to the families in these areas.

The Department has developed several trainings to enhance family-centered practices in early intervention service delivery for Early Intervention providers, including Working With Diverse Families and Cultural and Linguistic Competency.

Working with Diverse Families in the Early Intervention Program

This training provides participants with the knowledge and tools needed to establish a partnership with each family with whom they work, while ensuring an equitable and family-

centered experience. This training focuses on empowering families to actively participate in all aspects of the Early Intervention Program. Included are federal and State resources to assist providers in making appropriate referrals for families to programs and supports, both within and outside of the Program.

Cultural and Linguistic Competency

This training was developed to ensure providers exercise cultural and linguistic competency in their practice. Cultural and linguistic competency increases access to and acceptability of care, improves quality of care, and reduces disparities in outcomes for racially and ethnically diverse populations.

Recommendation #4

Routinely verify the accuracy of the provider directory to ensure families have access to provider information that is accurate and useful.

Response #4

Efforts to remove providers no longer delivering Early Intervention services from the Central Directory began in 2019 and are ongoing. Early Intervention providers are required to notify the Department of a change in their status (e.g., adding a service to their provider approval or removing one, or stopping Early Intervention service delivery). Counties, as local administrators of the Program, also notify the Department when they become aware of a provider who plans to discontinue Early Intervention services.

The Department remains committed to ensuring that the Central Directory provides accurate information to service coordinators and municipalities. Service coordinators locate and assign the service providers to fulfill the IFSP. Parents have the right to select the agency to conduct the multidisciplinary evaluation and their ongoing service coordinator, if determined their child is eligible for continued services through the Program. Municipalities are responsible for creating lists of multidisciplinary evaluation providers and ongoing service coordinator agencies to provide to families to assist with this selection. Service coordinators utilize the Central Directory and NYEIS to identify and assign service providers based on the services identified on the child's IFSP. NYEIS is updated immediately when a provider is newly approved, The Department will update the Central Directory posting monthly to ensure that the service coordinators and municipalities have the most accurate and up to date information more frequently.

The Department will utilize data reports to identify providers who have not delivered Early Intervention services within the past two years and contact these providers regarding their interest and availability to deliver Early Intervention services. The new data system (EI-HUB) also includes a requirement that will inform the Department of a provider who has not had any services assigned in two years. If the provider is no longer available to deliver Early Intervention services, the provider will be informed that they need to withdraw their approval and re-apply in the future. EI-Hub will also require providers to identify the specific service type(s) and the county(s) that they are available. This change will improve the accuracy of the information regarding each service type available in each county.

Recommendation #5

Work with the EI-HUB contractor to expedite its release as soon as practicable. Ensure municipalities are properly prepared to use EI-HUB and that all essential functionality is operational before NYEIS is decommissioned. Continue to coordinate with counties after implementation to ensure EI-HUB functionality meets their needs.

Response #5

The Department continues to work closely with the EI-Hub vendor in preparation for the release of EI-Hub, and has a robust communication strategy, designed to support organizational change management (OCM), in place to inform Early Intervention stakeholders, including the EICC, counties and Early Intervention service providers, about the progress of system development. The Department agrees that this system needs to be released as soon as practicable and recognizes this need must be balanced with ensuring child and provider data is migrated accurately and successfully in a way that protects the integrity of the data. Post-launch training and technical assistance for municipalities and Early Intervention service providers are part of the Department's overall OCM communication plan. Specific activities the Department has undertaken to date to engage Early Intervention stakeholders and prepare for launch of the EI-Hub are outlined below.

Municipal and provider users participated in component testing of the EI-Hub solution over the last eighteen months, providing an opportunity to test the system and give further feedback to the Department on system functionality. There will be an additional user acceptance testing (UAT) period in the project schedule prior to system go-live. The Department has included the NYSACHO, which serves as a conduit between the Department and the counties, on EI-HUB communications to county stakeholders and invited them to participate in EI-HUB system demonstrations. In addition, EI-HUB progress has been discussed on bimonthly All County calls facilitated by NYSACHO, updates to stakeholders on the EICC, periodic e-mail announcements via the Early Intervention Program electronic mailing lists as well as a newsletter. The Department will continue these efforts.

The EI-Hub vendor provided system demonstrations to the EICC as well as directly to municipalities at All-County Conference Calls and Meetings. A series of live system demonstrations were presented to users that included multiple components of the EI-Hub solution. There is also a dedicated Learning Management System (LMS) as part of the EI-Hub solution that includes historical communications, recordings of live sessions, transition resources, FAQs, training materials, and system videos. In addition, there will be trainings prior to go-live and additional material available, including user guides and job-aids.

The Hub Club is a newsletter that focuses on the latest information on the transition from NYEIS to the EI-Hub. Hub Club issues are released to all individuals on the Early Intervention Program electronic mailing list and are also posted to the Department's Bureau of Early Intervention webpage and the EI-Hub LMS. The first issue was released in February 2020 and the 24th issue was released in July 2022. "Transition Update" emails were implemented as another means for delivering information and sharing resources related to the EI-Hub launch with Early Intervention Program stakeholders. These emails are also disseminated via the Early Intervention Program electronic mailing list and are posted on the LMS. The first edition of the

“Transition Update” was released in December 2021 and, thus far, nine editions have been released to our shareholders.

Fifteen Transition Series Live Session demonstrations, including the Sandbox kickoff demonstration, have been provided to end users and stakeholders since January 2022. These demonstrations have covered a variety of topics focused on showing the functionality of the EI-Hub. Topics have ranged from how to navigate the EI-Hub, to how to enter referrals, how to initiate an IFSP, and understanding the functionality of the EI-Billing component of EI-Hub. To address other areas of need as expressed by stakeholders, additional live sessions have been provided over the course of the Spring and Summer to address topics such as Session Notes, Service Logging, and a high-level overview of the transition to the EI-Hub providing information as to why the transition is happening and an overview of the system components. Additional sessions will be held prior to the launch of the EI-Hub to discuss other topics such as the new waiver process. All sessions are recorded and available for viewing on the LMS along with the slides and FAQs from each session.

In August of 2022, an EI-Hub sandbox environment was released for municipalities and providers to begin training and learning the new system. The Sandbox environment allows participants to gain hands-on experience while working through some of the different components of the EI-Hub before it is launched. With the support of written training job aids, eLearning modules, and training videos, cohorts comprised of municipal staff, agency and independent providers working together to complete the basic functions of moving a child through the Early Intervention Program (the backward 'S') and the life cycle of a claim will be created in each municipality. The Sandbox will continue to be available to system users prior to the launch of the EI-Hub.

The Department will maintain and expand these activities as transition to EI-Hub approaches.

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