

FY 2022 PERFORMANCE PLAN

Parent Infant Education Program (PIE)		PHD/SHB	Sarah Bell x1657 Kristin Yates x1640
Program Purpose	<ul style="list-style-type: none"> • Improve child outcomes by reducing the impact of developmental delays and disabilities in children from birth to third birthday 		
Program Information	<ul style="list-style-type: none"> • PIE provides family-centered educational and therapeutic services for children with potential developmental delays. • Children are referred by pediatricians, hospitals, teachers, caregivers and parents, and other community and DHS agencies. Once referred, Service Coordinators (SC) coordinate the following: <ul style="list-style-type: none"> ○ Screening and eligibility determination ○ Assessment for service planning ○ Completion of Individualized Family Service Plan (IFSP) • IFSP services are located and monitored by the Service Coordinator. Services can include physical therapy, occupational therapy, speech therapy, educational services, social work services, vision services, nutrition services, and assistive technology such as orthotics and adaptive positioning equipment. Contracted vendor companies provide the services for 80% of PIE clients. • Sessions occur in a variety of community settings including homes, playgrounds, grocery stores, child care centers, and community centers, to help the family utilize learning opportunities within their existing routines. • The treating therapist re-assesses eligibility annually by comparing the child’s relationship, learning, and independence skills to age-matched peers. • Service Coordinators develop transition plans for children approaching age 2. If families choose to receive a Child Find evaluation from the Arlington Public Schools Pre-K special education evaluation team, the PIE Service Coordinator assists them during process. • PIE is funded by a combination of local, state and federal funds. Staff therapists serve families with Medicaid or without insurance, while insured families are usually matched with contract agencies that accept their insurance. PIE Service Coordinators coordinate care for all clients regardless of insurance. • PIE partners with Arlington Public Schools, community non-profits such as Doorways for Women and Families and Northern Virginia Family Services, Arlington Pediatric Center, private pediatric providers, and the State Department of Behavioral Health and Developmental Services (DBHDS). 		
Service Delivery Model	<ul style="list-style-type: none"> • Due to COVID-19, all PIE services were changed from in-person to telehealth as of March 30, 2020 with approval from the Part C State office to protect the health and safety of the children and families in Arlington as well as PIE providers. Beginning in FY 2021, providers were allowed to complete in person visits if the family lacked the technology required to access telehealth services. • In FY 2022, PIE providers continued to provide in home services to families who did not have the technology required to access telehealth services. Additionally, providers began to see families in person if there was a clinical need for in person vs telehealth services. As part of this, therapists received additional training in Service Coordination responsibilities so they could support families in 		

FY 2022 PERFORMANCE PLAN

completing necessary paperwork as part of their therapy visits, streamlining the process by eliminating the need for an additional meeting.

- Beginning in FY 2023, all PIE families will have the option to choose in person services for assessments and therapy visits. Based on responses thus far, we anticipate the majority of families will elect in person services. Virtual visits will continue to be provided as an alternate means of service delivery.
- To support this transition, PIE therapists have begun to work in the office and community more frequently. We anticipate this to increase as families opt for in person services. We anticipate this to increase as families opt for in person services and as PIE staff are able to use all available PIE carrels. Therapists and service coordinators will need to accommodate the need for travel to sessions by adjusting their schedules and reducing caseloads in order to provide services in the child’s natural environment as required by the state.

PM1: How much did we do?

Staff	<p>Total 11.0 FTEs:</p> <ul style="list-style-type: none"> • 1.0 FTE Supervisor • 4.0 FTE Rehab Therapists (one bilingual) • 1.0 FTE Behavioral Health Therapist (one bilingual) • 5.0 FTE Service Coordinators (one bilingual) <p>Total Contract Staff:</p> <ul style="list-style-type: none"> • 1.0 Temporary Grant Funded Service Coordinator
-------	---

Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	Total clients referred	500	356*	361	393
	New IFSPs**	253	181	200	219
	Active clients (New and ongoing IFSPs, unduplicated count)	583	260	386	413
	<p>*PIE referral numbers decreased during the COVID pandemic. PIE completed outreach to pediatrician’s offices in FY2021 and FY2022 to assist in increasing referral numbers.</p> <p>**The number of IFSPs varies because after intake/screening 1) some children who are referred are found to be ineligible for services; and 2) some families decline services.</p>				
		FY 2019	FY 2020	FY 2021	FY 2022
# Assessment and Therapy hours provided by PIE therapists*		806	662	933	1,594
#Assessment and Therapy hours provided by contracted therapists*		6,353	7,387**	6,677	3,205***
Total Direct Therapy and Assessment hours		7,159	8,049	7,146	4,799
Percentage of clients receiving services in a language other than English		16%	19%	21%	16%

FY 2022 PERFORMANCE PLAN

	<p>*Direct therapy and assessment hours ONLY includes time with clients. Travel and preparation time are not included. Telehealth hours are included.</p> <p>** In FY 2020, telehealth services and the associated reduction in travel time enabled therapists to enhance service provision, spending more time on direct service versus travel. Telehealth services provided additional flexibility to family and provider schedules.</p> <p>*** In FY 2022, many private providers returned to in person services, while those through PIE remained mainly virtual. Due to this, a number of families opted for private therapy as opposed to services through PIE. Many of these families continued to be enrolled in the PIE program even though they were not receiving therapy services.</p>
--	--

PM2: How well did we do it?

2.1	Children offered an IFSP within 45 days of receipt of referral
2.2	Children offered to start early intervention services listed in the IFSP within 30 days of signing the IFSP

PM3: Is anyone better off?

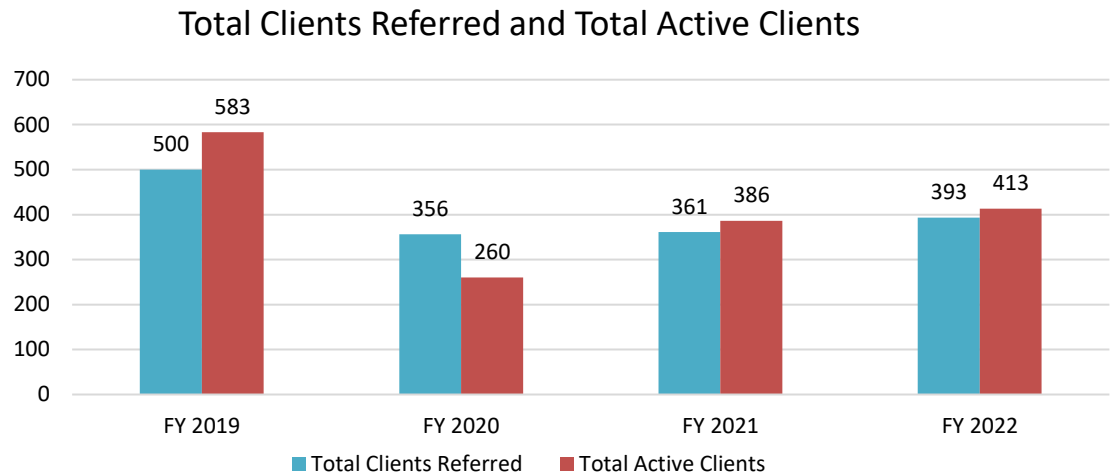
3.1	Children demonstrating substantial improvement based on therapist assessment at discharge
3.2	Parents reporting that early intervention services helped their family participate in typical activities for children and families in the community

FY 2022 PERFORMANCE PLAN

Parent Infant Education (PIE) Program

Measure 1 Total Clients Referred and Total Active Clients

Data



Data Summary

- Referrals are made to the PIE program from a variety of sources including pediatricians, hospitals, community programs, childcare providers, teachers, and parents.
- Children are found eligible for Early Intervention services based on a state requirement of at least a 25% delay or atypical development in one or more areas of development or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. New referrals to the program that are found eligible for services account for new IFSPs.
- Active clients include all new IFSPs as well as clients remaining eligible for the program annually until the age of three. Children must meet the state eligibility requirements to remain eligible for the program

What is the story behind the data?

- Due to COVID-19, referrals to the PIE program fluctuated decreased in FY 2020-2021. PIE completed outreach to pediatrician offices and community programs to increase referrals in FY 2021 and 2022. Referrals to the PIE program are continuing to increase.
- Children that are two years old before the end of September, have the option to be referred to Part B through Arlington Public Schools (APS) Child Find to determine if they will be found eligible for school-based services. In FY 2021, more two-year-old children that were found eligible to begin Part B services through (APS), opted to stay with the PIE program instead of beginning Part B services through APS compared to previous years. Families requested to continue with PIE services via telehealth until their child aged out of the program at three years old to continue receiving supports from their PIE provider, accounting for a portion of the increased number of total active clients in FY 2022.
- While referrals and active clients have increased since the onset of the COVID-19 pandemic, the PIE program is not meeting state requirements for the number of active children expected in the program based on Arlington’s 0-3 population. This is in part due to high caseloads, which impact staff’s ability to assist in outreach efforts.

Recommendations

Target Dates

FY 2022 PERFORMANCE PLAN

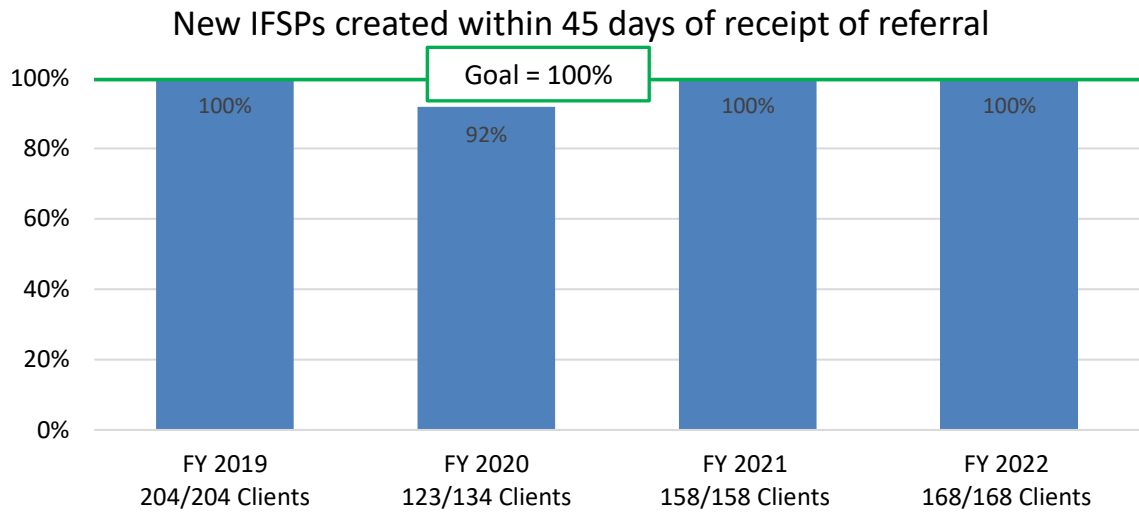
<ul style="list-style-type: none">• Continue outreach to pediatrician offices and community programs.• Change data collection procedures to allow racial equity analysis• Consider creating a FTE Service Coordinator position to reduce caseloads	<ul style="list-style-type: none">• On-going• Q3 FY 2023• FY2023
Forecast	
<ul style="list-style-type: none">• For FY 2023, both referrals and active clients are expected to increase at least 10% with our return to in person services.	

FY 2022 PERFORMANCE PLAN

Parent Infant Education (PIE) Program

Measure 2.1 Children offered an IFSP within 45 days of receipt of referral

Data



Data Summary

- Data on IFSP timeliness is extracted from the state database.
- IFSPs that are not completed in a timely manner are reviewed, and the percentage of IFSPs that are timely is calculated.
- IFSPs that are delayed at the request of the family are not part of the data. In FY 2022, 51 families requested a delay and were excluded from the calculations.
- This requirement is set by the Virginia Part C Office, a part of the Department of Behavioral Health and Developmental Services.

What is the story behind the data?

- In FY 2022, 100% of new Individualized Family Service Plans (IFSPs) were completed within 45 days, unless the family requested a delay.
- Due to COVID-19, PIE has been providing services, including intakes and assessments, via telehealth throughout FY 2022. Telehealth has enabled PIE providers the flexibility to optimize their time to ensure all families are offered to complete their IFSPs within the 45 day timelines.

Recommendations

- Due to changes in DMAS regulations that will be triggered when the federal public health emergency ends, PIE will allow all families to request in person services for assessments and therapy visits. Telehealth visits will continue to be an option for families that request this method of service provision or in cases when an in-person provider is not available.

Target Dates

- Begin parent choice for in person visits in August 2022

Forecast

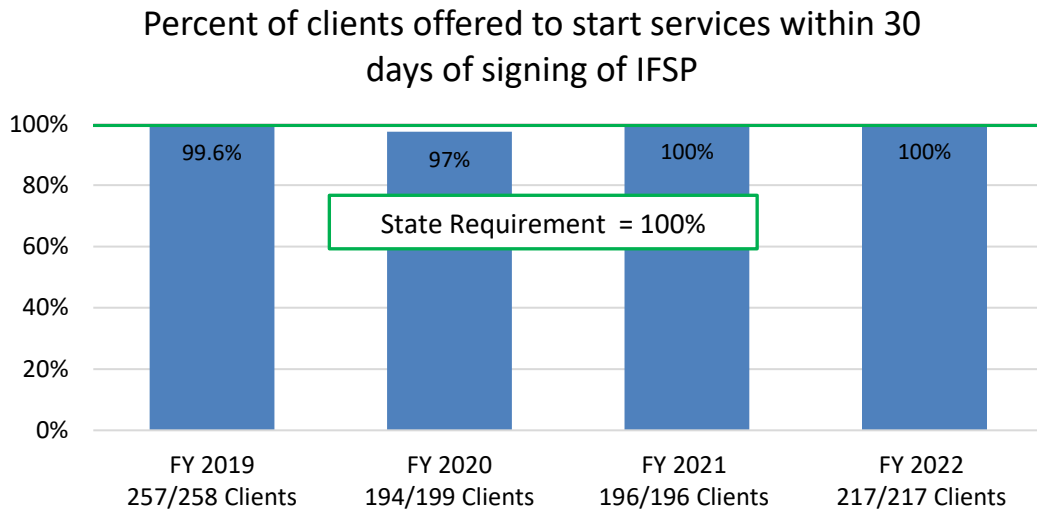
- In FY 2023, the number of new clients who are offered an IFSP within 45 days of receipt of referral will remain the same.

FY 2022 PERFORMANCE PLAN

Parent Infant Education (PIE) Program

Measure	2.2	Children offered to start early intervention services listed in the IFSP within 30 days of signing the IFSP
----------------	-----	---

Data



Data Summary

- Data on the start of services is collected from the Service Coordinator logs. Data includes all families who start services during the Fiscal Year.
- This requirement is set by the Virginia Part C Office.

What is the story behind the data?

- The percentage of children offered services within 30 days of the IFSP has consistently been high.
- PIE has a system in place to ensure that providers always contact the service coordinator after receiving the referral and contacting the family within 2 business days to offer to start services.
- Due to COVID-19 and the transition from face to face to telehealth services, a few families missed their 30 day timeline in FY 2020.

Recommendations

- Stay the course

Target Dates

- Ongoing

Forecast

- In FY 2023, the number of new clients who start services within 30 days of the signing of the IFSP will remain the same.

FY 2022 PERFORMANCE PLAN

Parent Infant Education (PIE) Program

Measure

3.1

Children demonstrating substantial improvement based on therapist assessment at discharge

Data



Data Summary

- Therapist assessments are completed on program entry, at least every six months, and at program exit for all children in the program for at least 6 months. Span of service varies: some children are in the program for three years, others for only six months.
- This indicator measures the percent of children who demonstrated improvement in global functioning in three broad areas of development. Assessments are based on a 7 point scale comparing the child to same age peers. The state

FY 2022 PERFORMANCE PLAN

definition of substantial improvement is an increase of at least one point in the rating score. The results of the assessments are entered into the state database. Children who were not delayed when they entered the program and when they exited the program were excluded from the calculations for that outcome.

- The Virginia Part C office reports annually on state targets, state results, and local results for each of the three criteria.

What is the story behind the data?

- For the last three years, PIE has not been able to meet state requirements in collecting this data, contributing to a determination of “Needs Assistance” each year. High caseloads due to staff turnover and the need for additional supports has directly impacted meeting deadlines and entering data. State results indicated missing data for over 30% of clients that exited the program in FY 2022. Having this additional assessment information will provide us with better data for this metric
- In FY 2022, service coordinators have increased efforts to meet family needs and supports due to the COVID-19 pandemic and unforeseen family circumstances resulting in missed opportunities to obtain necessary data. The missing data directly impacted the FY 2021 and FY 2022 numbers. In the last quarter of FY 2022, a new policy was implemented to increase the proportion of children who have indicator ratings entered upon exit from the program. The state Part C office collected this data soon after this policy change, so the impact is not seen in the FY 2022 results.
- Some children may not demonstrate improvement because interventions take time to work. Most delays and some disabilities are not recognized at birth, shortening the period for intervention before the child ages out of PIE at age 3.
- Some children have developmental disabilities that are lifelong, requiring functional adaptations. Other children, however, have developmental delays that are more likely to improve.
- Children may make improvements in global functioning that are not reflected in this metric: while they have displayed improvement in functioning, they continued to be compared to what is expected of same-aged peers and the rate of their developmental progress may not have allowed them to “catch up” with their peers despite their advancements.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to meet with State to ensure PIE is meeting requirements. • Regularly review discharge lists and follow up with service coordinators to confirm all data is being entered upon child exit of the program. • Consider creating a new FTE Service Coordinator position to ensure State requirements are met. 	<ul style="list-style-type: none"> • On-going • On-going • FY 2023 Q4

Forecast

- In FY 2023, the percentage of children to show improvement in all three areas will be similar to FY 2022.

FY 2022 PERFORMANCE PLAN

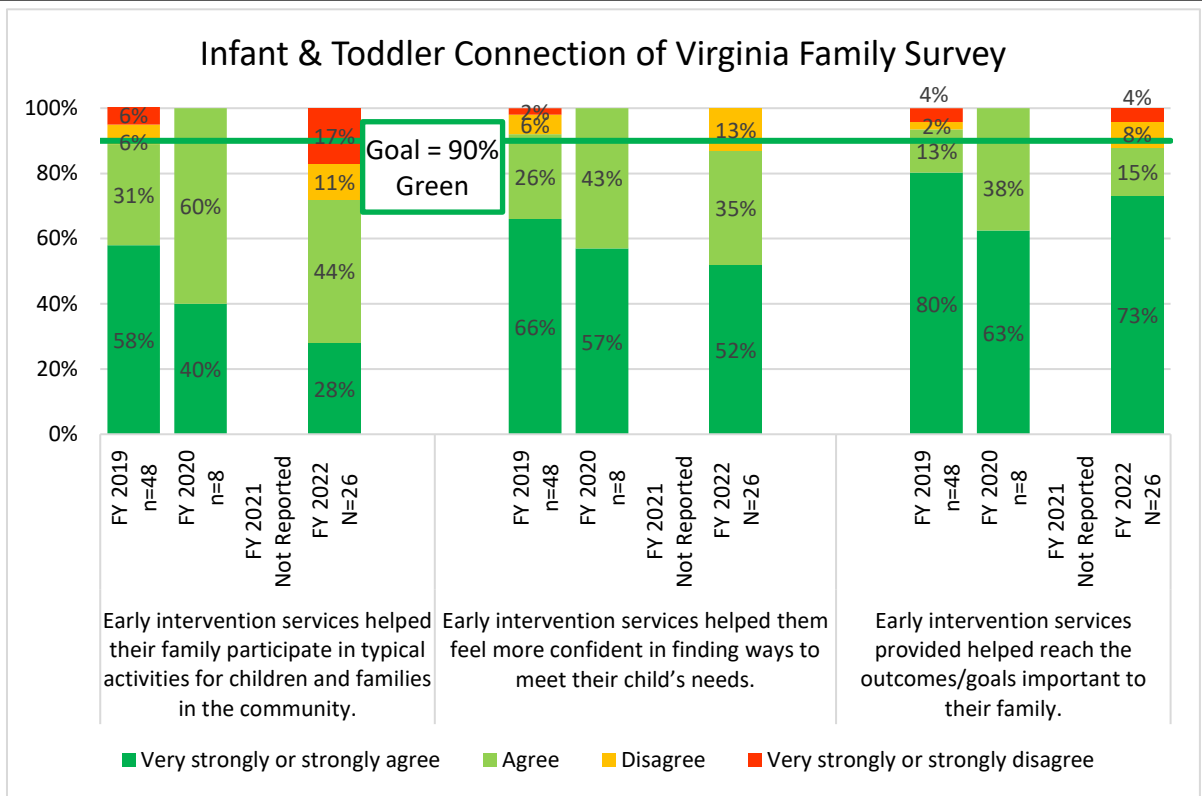
Parent Infant Education (PIE) Program

Measure

3.2

Parents reporting that early intervention services helped their family participate in typical activities for children and families in the community

Data



Data Summary

- The state annually conducts a mailed survey of all families open at the time of survey about their experiences with the PIE program, including asking if early intervention services have helped them or their families cope with more than 20 aspects of caring for their child.
- In FY 2021, there were only 3 respondents from Arlington. Because of the low response, results were not calculated.
- In FY 2022, 26 families responded.

What is the story behind the data?

- Due the COVID-19 pandemic, the State delayed mailing the family survey until summer 2020. The return rate of the survey was significantly decreased in FY 2020 due to the COVID-19 pandemic. There were eight families that responded to the survey that indicated positive results. However, there were only three surveys returned for FY 2021 and the State did not provide results due to the low rate.
- The high parent satisfaction in previous years may be attributed to the following things: **Typical Activities:** many sessions were provided during community outings like trips to the park, or the store; **Confidence in Meeting Child's needs:** therapists help parents analyze the things that parents can do to help the child at each session; **Reach Outcomes and Goals:** Parents are equal partners in developing outcomes and goals which are always based on the family's daily life.

FY 2022 PERFORMANCE PLAN

- During the COVID pandemic, many families reduced their participation in community activities. In FY 2022, more families returned to engaging in community activities, but PIE services continued to be provided remotely. As PIE returns to seeing children in person for services in FY 2023, it is expected that the percentage of families who feel services help them participate in typical community activities will increase, as therapists will be able to support families in attending those activities.
- From the first visit, service coordinators begin discussing opportunities and resources with families about typical activities. Therapists and service coordinators continue to explore obstacles that inhibit families from participating in typical activities. As families receive ongoing supports and services the service coordinator and therapists explore with parents and caregivers opportunities to engage in typical activities in community settings.
- In FY 2019, PIE staff completed a separate local telephone survey in English and Spanish of parents' experience with the PIE program to compare results to the mailed state survey, and found similar levels of satisfaction.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Service coordinators and therapists will increase efforts to remind families to complete the mailed survey in FY 2023 to significantly increase the response rate to the state survey. Providers will discuss with families the importance of the survey to increase the response rate. 	<ul style="list-style-type: none"> • Ongoing

Forecast

- In FY 2023, percentage of parents to report that the program helped their child participate in typical activities, feel more confident in meeting their child's needs, and helped reach goals/outcomes that were important to them will be similar to FY 2019.