

FY 2023 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"> • In FY 2023, all PIE families had the option to choose in person services for assessments and therapy visits. The majority of families elected in person services. Virtual visits continue to be provided as an alternate means of service delivery. • Service coordinators returned to attending in person assessments during FY 2023. When the COVID-19 Public Health Emergency ended in May of 2023, service coordinators returned to providing IFSP review meetings in person. • Due to the increase in in-person services, therapists and service coordinators had 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. 		

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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-this position was vacant for all of FY 2023 • 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
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Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Total clients referred	356*	361	393	442
	New IFSPs**	181	200	219	222
	Active clients (New and ongoing IFSPs, unduplicated count)	260	386	413	430
	<p>*PIE referral numbers decreased during the COVID pandemic. PIE completed outreach to pediatrician’s offices in FY 2021 and FY 2022 to assist in increasing referral numbers. **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 2020	FY 2021	FY 2022	FY 2023
# Assessment and Therapy hours provided by PIE therapists*		662	933	1,594	1,715
#Assessment and Therapy hours provided by contracted therapists*		7,387	6,677	3,205**	3,544
Total Direct Therapy and Assessment hours		8,049	7,146	4,799	5,259***
Percentage of clients receiving services in a language other than English		19%	21%	16%	20%
<p>*Direct therapy and assessment hours ONLY includes time with clients. Travel and preparation time are not included. Telehealth hours are included. ** 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. *** In FY 2023, Total Direct Therapy and Assessment hours did not increase as much as would be expected. Given the increased referrals, it was anticipated that assessment and therapy hours would be closer to what was seen in FY 2020 and FY 2021. During FY 2023, PIE often faced a shortage of providers available to see children. While the number of children in need of services continued to increase, we did not always have the providers available to see them.</p>					

PM2: How well did we do it?

2.1	Children offered an IFSP within 45 days of receipt of referral
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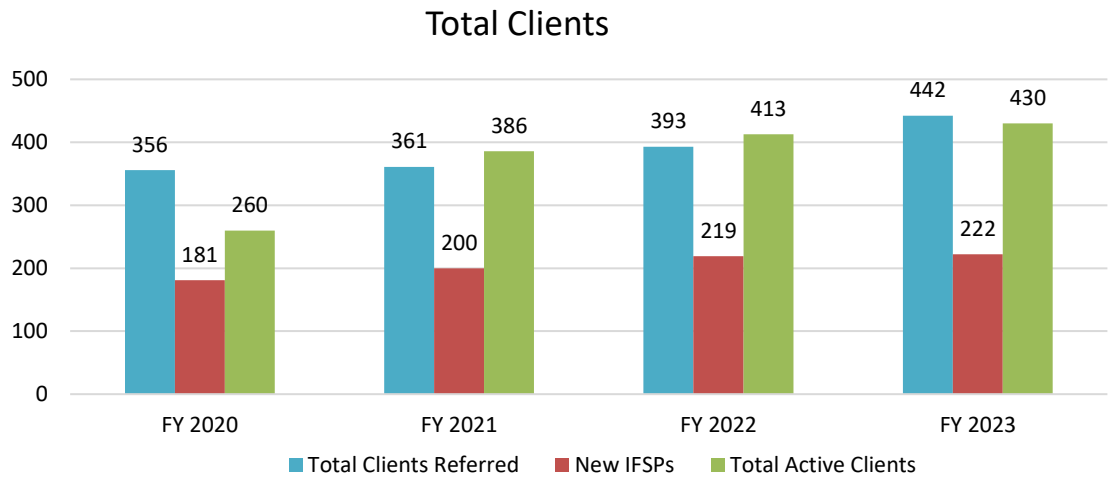
2.2	Children offered to start early intervention services listed in the IFSP within 30 days of signing the IFSP
PM3: Is anyone better off?	
3.1	Children demonstrating substantial improvement based on therapist assessment at discharge
3.2	Parents reporting that early intervention services helped their family participate in typical activities for children and families in the community

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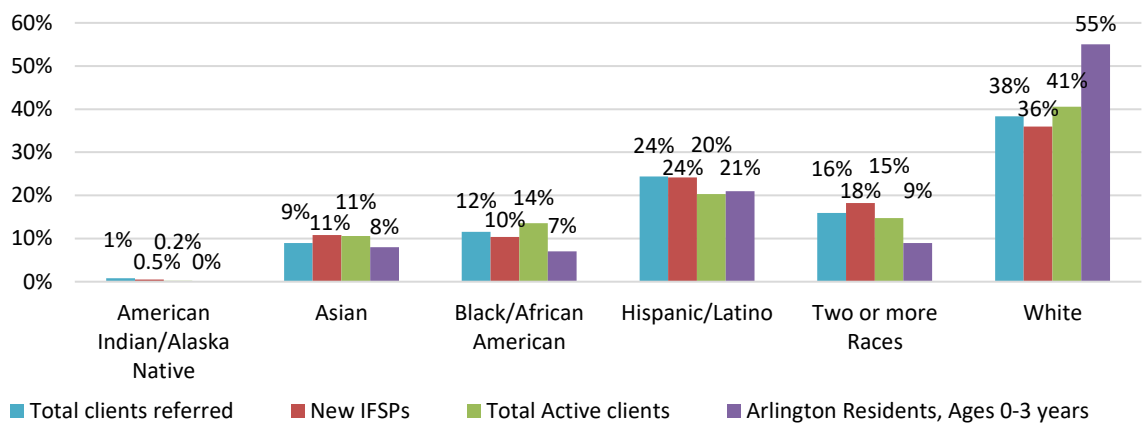
Parent Infant Education (PIE) Program

Measure 1 Total Clients Referred and Total Active Clients

Data



Clients Disaggregated by Race and Ethnicity



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
- Race and ethnicity data was taken from TRAC-IT. This data was missing or unknown for 7.8% of total clients, 11.7% of New IFSPs, and 13.6% of referrals.

What is the story behind the data?

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- Due to COVID-19, referrals to the PIE program decreased in FY 2020-2021. PIE completed outreach to pediatrician offices and community programs to increase referrals in FY 2021 and FY 2022. Referrals to the PIE program continued to increase in FY 2023.
- 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
<ul style="list-style-type: none"> • Continue outreach to pediatrician offices and community programs, and partner with DHS outreach staff. • Consider creating a FTE Service Coordinator position to reduce caseloads 	<ul style="list-style-type: none"> • On-going • FY 2024 Q4

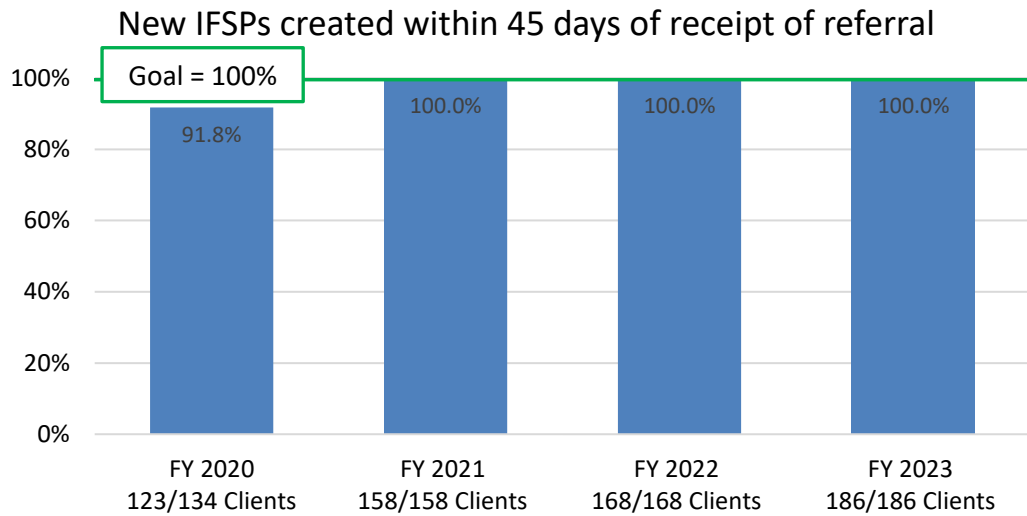
Forecast
<ul style="list-style-type: none"> • For FY 2024, both referrals and active clients are expected to increase at least 10% as referrals continue to approach pre-pandemic levels.

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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 2023, 36 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 2023, 100% of new Individualized Family Service Plans (IFSPs) were completed within 45 days, unless the family requested a delay.
- Due to COVID-19, PIE provided services, including intakes and assessments, via telehealth through FY 2022. Telehealth enabled PIE providers the flexibility to optimize their time to ensure all families are offered to complete their IFSPs within the 45 day timelines.
- In FY 2023, PIE returned to providing assessments in person to comply with DMAS requirements. This has placed an added burden on therapists and service coordinators, as they now have to account for travel time for each visit.

Recommendations

- Stay the course.

Target Dates

- On-going.

Forecast

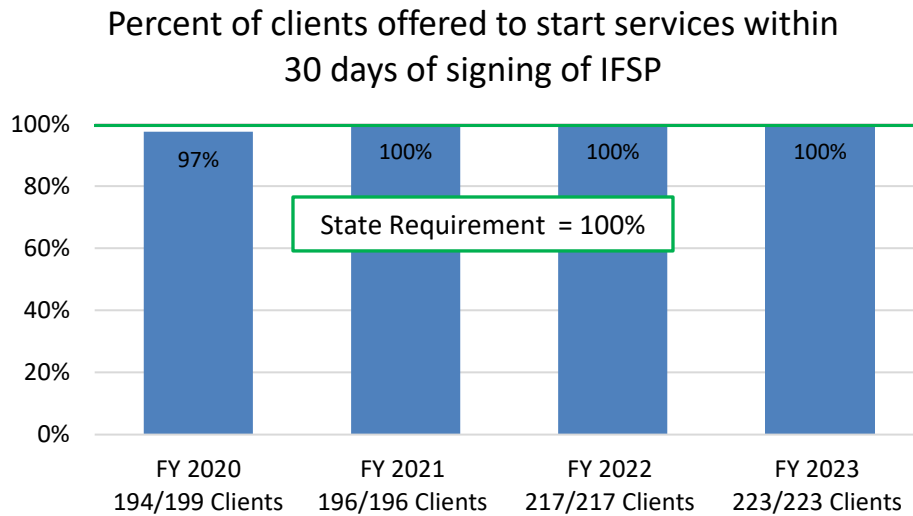
- In FY 2024, the number of new clients who are offered an IFSP within 45 days of receipt of referral will fall to 98%, as high caseloads and staffing shortages may cause missed timelines.

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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
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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.
- In FY 2023, PIE faced provider shortages which impacted the ability to offer families ongoing visits with therapists within 30 days. As a workaround, many families were offered one-time visits to meet this deadline, then had to wait weeks until an ongoing provider was available. This impacted the quality of services received by families, as many had to wait before receiving ongoing support. The release of a new RFP in 2024 will allow us to bring more contract therapy agencies on board, which should alleviate this shortage.
- High caseloads have impacted the ability of Service Coordinators to monitor 30 day timelines.

Recommendations

- Release new RFP and award new contracts to vendors

Target Dates

- FY 2024

Forecast

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- In FY 2024, the number of new clients who start services within 30 days of signing the IFSP will fall to 95% due to high Service Coordinator caseloads and a shortage of providers.

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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 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.

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- 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?

- The percentage of clients that significantly improved increased for all three indicators increased in FY 2023, though the results do not yet meet state targets.
- During the COVID-19 pandemic, service coordinators increased efforts to meet family needs and supports, 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 was not seen in the FY 2022 results. For FY 2022, over 30% of clients that exited the program were missing exit data. In FY 2023, this was reduced to under 10%. This improvement in data collection has helped lead to the increase across all three indicators.
- The return to in person visits as the primary mode of service provision likely contributed to the increase as well, as having access to the child’s natural environment during sessions provides more opportunities for coaching caregivers on implementing strategies in their day to day routines.
- A provider shortage in FY 2023 impacted PIE’s ability to offer ongoing services to families, which affected the progress made by children. Additionally, high Service Coordination caseloads resulted in providers performing more Service Coordination during visits, decreasing the time they were able to spend on therapy.
- 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

- 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.

Target Dates

- On-going
- On-going
- FY 2024 Q4

Forecast

- In FY 2024, the percentage of children to show improvement in all three areas will be similar to FY 2023.

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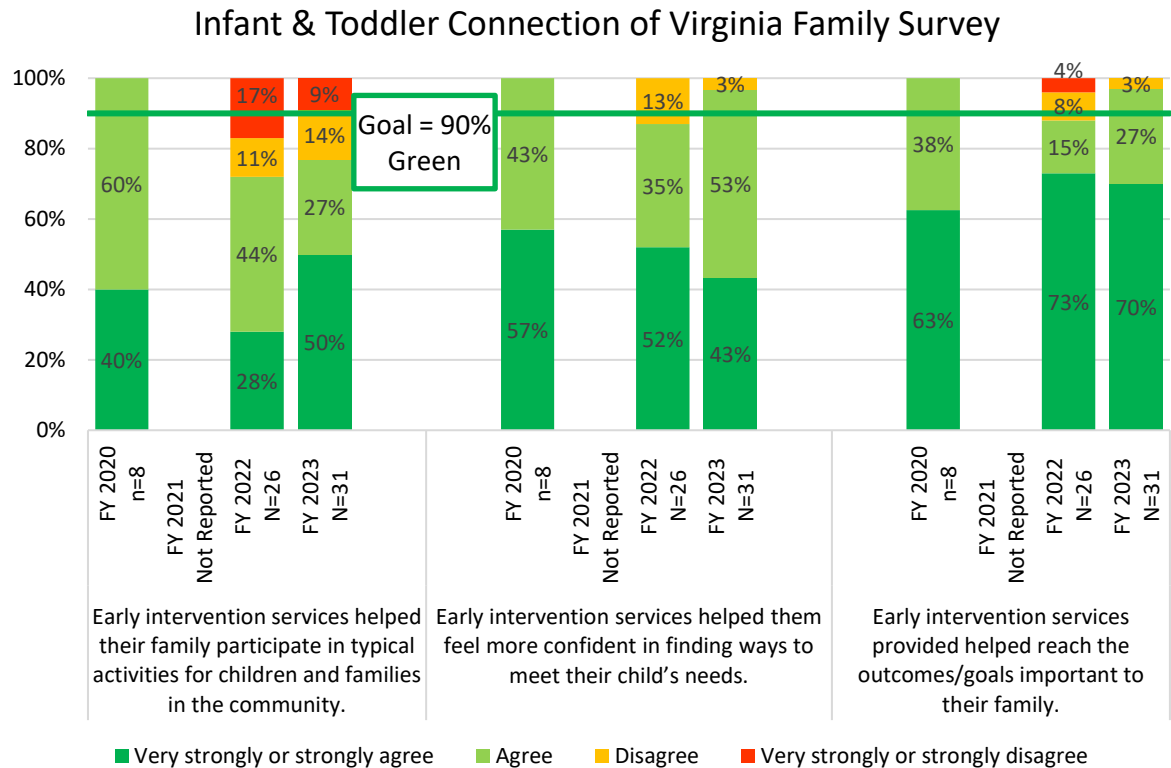
Parent Infant Education (PIE) Program

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 2023, 31 families responded.

What is the story behind the data?

- 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.
- 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 returned to seeing children in person for services in FY 2023, the percentage of families who felt services help them participate in typical community activities increased, as therapists were able to support families in attending those activities.

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- 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.
- High service coordination caseloads impact the ability of service coordinators to support families, impacting these results

Recommendations

Target Dates

- Service coordinators and therapists will increase efforts to remind families to complete the mailed survey in FY 2024 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.

- Ongoing

Forecast

- In FY 2024, 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 2023.