



# Pathways to Professional Development

Building Foundations in Infant  
and Early Childhood Mental Health

## Overview of the Early Intervention Program

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# Pathways to Professional Development



**Pathways to Professional Development; Building Foundations in Infant and Early Childhood Mental Health** was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- A series of webinars focused on the foundations of Infant and Early Childhood Mental Health.
  - Provided live virtually
  - Recorded for viewing as LMS modules
- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.
- View all offerings here→ <https://www.mcsilverta.org/special-initiatives/pathways-to-professional-development/>

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.



# Who we are



These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

**NYCCD and McSilver** also run the **NYC Perinatal + Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

<https://ttacny.org/>



# Training and Learning Objectives



- Participants will learn about the NYS Early Intervention Program and how to refer families who may be eligible to participate
- Learn about the strong connection between Early Intervention and Infant Early Childhood Mental Health
- Participants will learn about Early Intervention and early childhood resources for professionals working in early childhood spaces and with families of young children



# Background, Mission and Goals of the Early Intervention Program



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# Background of the Early Intervention Program



- New York State's Early Intervention Program is for infants and toddlers with developmental disabilities and their families
- Part C of federal Individuals with Disabilities Education Act (IDEA)
- Title II-A of Article 25 of PHL – Implemented July 1, 1993
- Department of Health is Lead Agency responsible for administration and oversight
- All fifty-seven counties and New York City have a designated Early Intervention Official/public agency responsible for local administration



# New York State Early Intervention Program



- EIP delivers services to approximately 70,000 children annually
- Expenditures of about \$690 million across all payers
- Early Intervention Program services are delivered to eligible children and their families by New York State approved providers



# Early Intervention Program Mission

- ✓ **Identify** and **evaluate** as early as possible those infants and toddlers whose healthy development is compromised.
- ✓ Provide the **appropriate interventions** to improve child and family development.





# Early Intervention Program Eligibility



Children birth to three years of age with a developmental delay with either:

- A diagnosed condition with a high probability of resulting in developmental delay, or
- A developmental delay affecting function in one or more areas of development (cognitive, physical, communication, social-emotional, and/or adaptive development)



# Goals of the Early Intervention Program

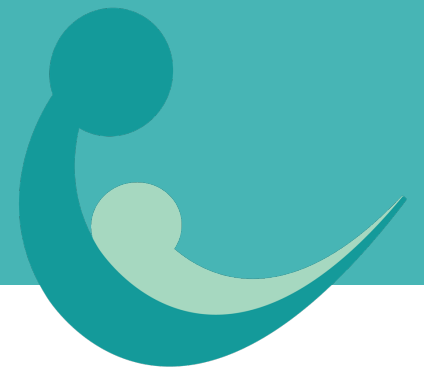


To **provide** family-centered, community-based, and culturally-sensitive services.

To **coordinate** Early Intervention (EI) services with other services typically used by this population.

To **deliver** effective, high-quality services that result in measurable outcomes for children and families.

# Goals of the Early Intervention Program



To **ensure** consistency and accountability and clear lines of responsibility and authority throughout the Early Intervention service system.

To **seek** the support and involvement of healthcare providers (*Medical Home*).



# Early Intervention Steps



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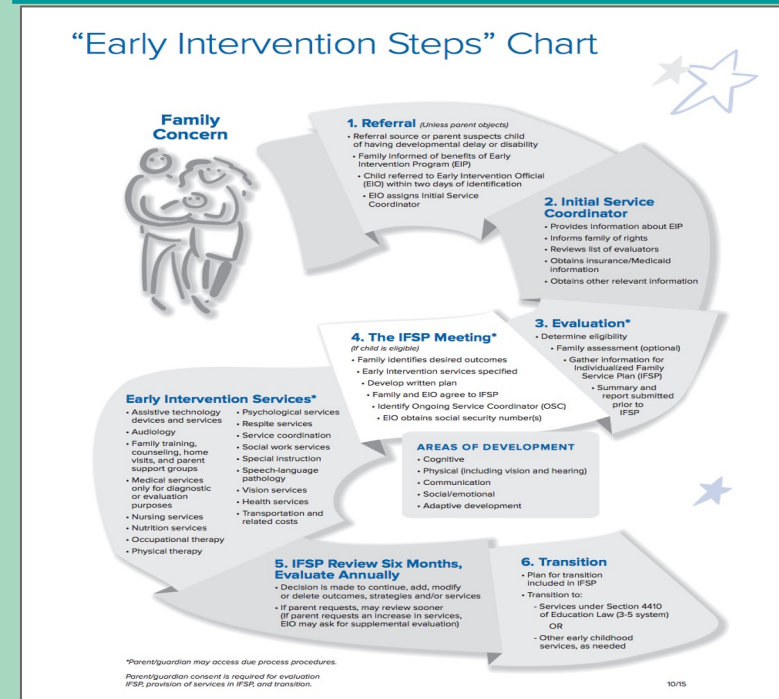


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# Early Intervention Steps- Parent Guide



<https://www.health.ny.gov/publications/0532.pdf>



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# STEP 1

# REFERRAL



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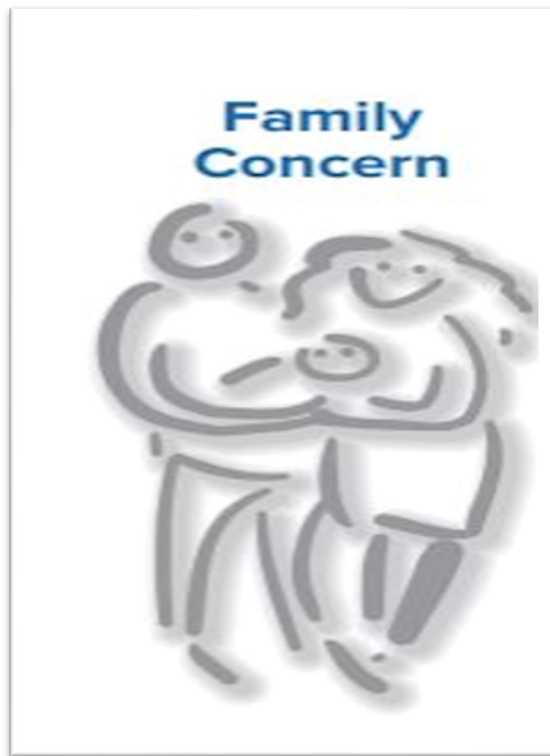




# STEP 1: Referral



Step 1, is the referral to the Program to the county where the child lives.



## 1. Referral *(Unless parent objects)*

- Referral source or parent suspects child of having developmental delay or disability
- Family informed of benefits of Early Intervention Program (EIP)
- Child referred to Early Intervention Official (EIO) within two days of identification
- EIO assigns Initial Service Coordinator



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# Early Intervention Program Referrals



- The Early Intervention Program is a voluntary Program
- The parent has the right to object to the referral
- The primary referral source must maintain written documentation of the parent's objection to the referral
- The primary referral source should follow-up with the parent within two months and refer the child, unless the parent objects



# Early Intervention Program



## PRIMARY REFERRAL SOURCES

- All approved evaluators
- Service Coordinators
- Providers of early intervention services
- Hospitals
- Child health care providers
- Day care programs
- Local health units
- Local school districts
- Local social service districts
- Public health facilities
- Early childhood direction centers
- Operators of any clinic approved under Article 28 of Public Health Law, Article 16 of the Mental Health Law, or Article 31 of the Mental Hygiene Law
- Public agencies and staff in the child welfare system
- Domestic violence shelters and agencies
- Homeless family shelters



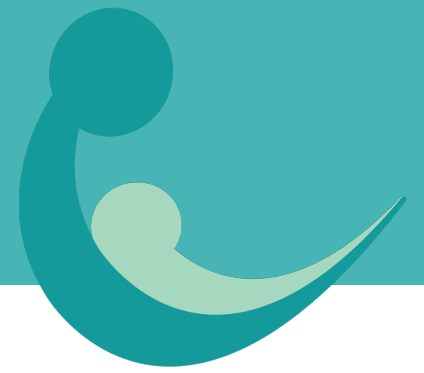
# Responsibilities of Primary Referral Sources



For infants or toddlers **suspected of having a disability**:

- Explain the Early Intervention Program and services to the family, and the benefits for the child.
- Inform the parent that, unless the parent objects, their child will be referred to the EIO for a free, multidisciplinary evaluation to determine eligibility for services.
- Inform parent in dominant language or other mode of communication, whenever feasible.
- Ensure the confidentiality of all information

# Responsibilities of Primary Referral Sources



For infants or toddlers **at-risk of developmental delay**:

- Explain developmental screening, and tracking services, and the benefits to the child and family.
- Inform the parent that, unless the parent objects, their child will be referred to the EIO/D for developmental screening and tracking services.
- Inform the parent in their dominant language or other mode of communication, whenever feasible.
- Ensure the confidentiality of all information transmitted at the time of referral.

# Child Find (At-risk)



Children who are at-risk for a developmental delay or disability

Children who are at-risk are tracked by the municipal Early Intervention Programs

Municipalities conduct awareness/outreach activities that promote the availability of Early Intervention services and referral to the Early Intervention Program



# How to refer a child to the Early Intervention Program



A referral of a child to the Early Intervention Program must be made to the municipality in which the child lives.

The contact information for each municipality's Early Intervention Program can be found on the New York State Department of Health Early Intervention website.





## STEP 2

# Service Coordination



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# STEP 2: SERVICE COORDINATION



## Initial Service Coordinator:

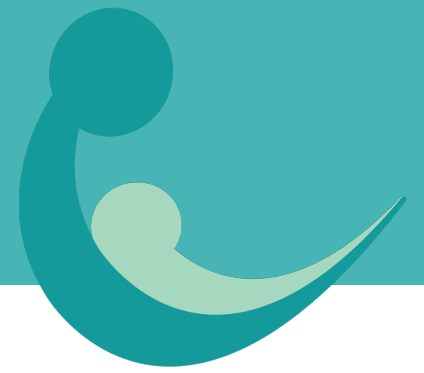
Helps the family with all of the steps necessary to get services

## On-going Service Coordinator:

Makes sure that the family and child get the services in their Individualized Family Service Plan (IFSP)



# Initial Service Coordinator



- Assigned by the Early Intervention Official in a municipality's local Early Intervention Program after the referral is received
- Family's single point of contact to ensure communication, collaboration, and coordination among service providers.
- Performs the functions and activities necessary to enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the Early Intervention Program.



# Ongoing Service Coordinator



- Service coordinator chosen by the family
- Is designated in the child's and family's Individualized Family Service Plan
- Responsible for ensuring that the Individualized Family Service Plan is implemented and carried out as written.
- Responsible to locate appropriate service providers to deliver the services authorized on the child's plan.

## STEP 3

# Evaluation



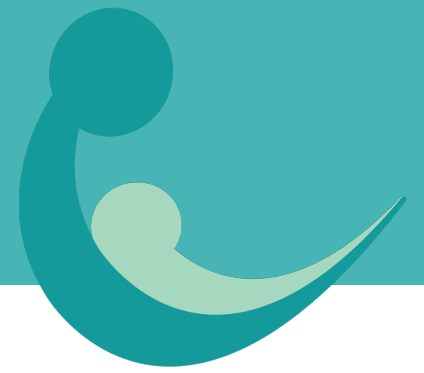
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# STEP 3: EVALUATION



**Multidisciplinary Evaluation** means the procedures used by two or more qualified professionals from different disciplines to determine a child's initial and continuing eligibility for the Early Intervention Program, by assessing five areas of development.

# Five Developmental Domains

- ✓ **Cognitive** – Includes the child's awareness and attention, thinking and problem-solving, as well as the ability to formulate concepts.
- ✓ **Communication** – Includes pre-linguistic behavior, the use and understanding of language, and the development of sounds and speech, including articulation and fluency.
- ✓ **Adaptive Behavior** – Includes daily living skills and coping ability.
- ✓ **Social-Emotional** – Includes self-awareness, self-regulation, and interaction with people and the environment.
- ✓ **Physical Development** – Includes fine motor, gross motor, vision, hearing, oral motor feeding and swallowing disorders.

# Evaluation Team



The parent is able to choose from a list of agency evaluators to perform their child's Multidisciplinary evaluation

The team of evaluators who are assigned to complete the evaluation must include:

- two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures and have sufficient expertise in child development;
- at least one of whom shall be a specialist in the area of the child's suspected delay or disability, if known.

# DC:0–5™ Clinical Training



**ZERO to THREE**

LEARN

DC:0-5

Diagnostic Classification  
of Mental Health and  
Developmental Disorders  
of Infancy and  
Early Childhood





# Why DC 0-5?



- DC:0-5 was developed because existing classification systems didn't take into account the unique characteristics, developmental patterns and rapidity of change distinctive to young children.
- DC:05 is contextually grounded as reflected in the 5-axial diagnostic system.
- EI added DC:05 among its approved assessment tools but as a recommended **diagnostic tool**. NYS is working to make it the recommended diagnostic tool for birth to 5
- View an overview of the DC 0-5 here: <https://www.ctacny.org/trainings/dc05-overview-2023/>

# DC:0–5 Multiaxial System

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## **Axis I (Clinical Disorders)**

Forty-two disorders; closely aligned with DSM-5 (APA, 2013).

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## **Axis II (Relational Context)**

Includes ratings: 1) the child–primary caregiving relationship adaptation and 2) the caregiving environment.

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## **Axis III (Physical Health Conditions and Considerations)**

List of examples of physical, medical, and developmental conditions.

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## **Axis IV (Psychosocial Stressors)**

Organized list of stressors for young children and their families.

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## **Axis V (Developmental Competence)**

Captures a broad range of developmental competencies through the first 5 years.

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# The Diagnostic Process

## **Assessment**

Gathering data from record reviews, observations, and perceptions from caregivers



## **Diagnosis**

Identification and classification of disorders



## **Formulation**

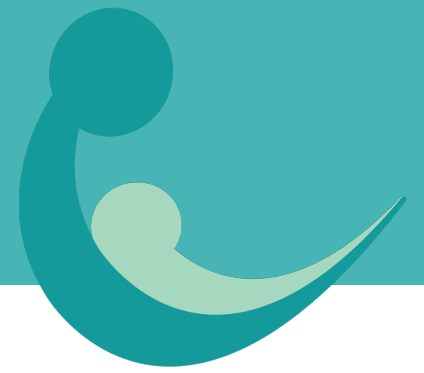
The way in which the infant's/young child's clinical presentation is understood in the context of biology, relationships, social network, and culture

# Important Considerations with the Neurodevelopmental Disorders



- In infancy and early childhood, co-occurring disorders are more the rule than the exception
- Children with neurodevelopmental disorders have relational, emotional and inner lives-making the **Social-Emotional Domain** as relevant as walking, talking and thinking
- When the mental health is not considered in the scope of service to infants and young children with neurodevelopmental disorders, there is a high risk of them developing secondary emotional overlays
- Parents can benefit greatly from dyadic social emotional interventions to demystify their children's behavior, offer strategies to support adaptive behavior patterns and strengthen relationship
- The aim is to bring service mandates for the social-emotional domain in parity with other service domains
- Social factors can tip the scale from optimal intervention outcomes to being relatively underserved

# LIST OF DEVELOPMENTAL ASSESSMENT INSTRUMENTS



## Early Intervention Program Developmental Assessment Instruments resource list

Includes the Diagnostic  
Classification of Mental  
Health and Developmental  
Disorders of Infancy and  
Early Childhood Manual (DC:  
0-5)(2021)

### Early Intervention Program List of Developmental Assessment Instruments March 2025



Name of Instrument	Description	Age Range	Type of Instrument/ Tool	Available In Other Languages
Communication and Symbolic Behavior Scales (CSBS) (Wetherby, 2003)	Uses parent interviews and direct observations of natural play to collect crucial information on communication development.	8 to 24 months	Evaluation tool	No information available
Communication and Symbolic Behavior Scales: Developmental Profile (CSBS DP) • Communication and Symbolic Behavior Scales: Developmental Profile (CSBS DP Infant-Toddler Checklist) Screening	Assesses delays in social communication, expressive speech/language, and symbolic functioning. ITC enables user to take an early look at a collection of 7 key predictors of later language delays.	6 to 24 months	Screening tool	Yes
Denver Developmental Screening Test: Denver II (DDST-II)	Screens children for possible developmental problems or suspected delays. Screens for fine motor, adaptive, gross motor, personal-social and language skills.	1 month to 6 years	Screening tool	Yes
Developmental Assessment of Young Children, 2nd Edition (DAYC-2)	Identifies possible delays in the following domains: cognitive, communication, social-emotional development, physical development, and adaptive behavior.	Birth to 5.11 years	Evaluation tool	Yes
Developmental Observation Checklist System • Developmental Observation Checklist (DOCS)	Measures the areas of language, motor, social, self-help, and cognitive development. Uses reports of parents, caregivers, or professionals to obtain measures.	Birth to 6 years	Screening tool	No information available
Developmental Profile 4 (DP-4) (2020)	Measures five domains. Uses parent/caregiver interview, checklist, teacher checklist and clinical rating.	Birth to 21 years	Evaluation tool	Yes
Devereux Early Childhood Assessment Infant/Toddler (DECA I/T)	Assesses for social and emotional risks in young children. The DECA-I/T is completed by parents and caregivers of infants and toddlers.	1 to 36 months	Evaluation tool	Yes
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Manual (DC:0-5) (2021)	Manual to help clinicians diagnose and treat mental health and developmental disorders in children from birth to five years old.	Birth to 5 years	Evaluation tool	Yes
Differential Ability Scale-II (DAS-II) Early Years	Assesses the cognitive abilities of children and adolescents. Measures more specific learning processes: verbal, nonverbal reasoning, and spatial abilities.	2.6 to 6 years	Evaluation tool	Yes
Early Coping Inventory (ECI)	Measures behavior in three copying clusters, sensorimotor organization, reactive behavior, and self-initiated behavior.	4 to 36 months	Other	No

# DC: 0-5



- Crosswalk of the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC:05) to International Classification of Diseases (ICD-10) in the New York State Early Intervention Program.

## Neurodevelopmental Disorders

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:05)	International Classification of Diseases (ICD-10) Disorder Name	International Classification of Diseases (ICD-10) code	Eligible in the Early Intervention Program
Disorder Name	Disorder Name	Code	Eligible
Autism Spectrum Disorder	Autistic Disorder	F84.0	Yes
Early Atypical Autism Spectrum Disorder	Pervasive Developmental Disorder, Unspecified	F84.9	Yes
Attention Deficit/Hyperactivity Disorder	Attention-deficit hyperactivity disorder, predominantly hyperactive type	F90.1	No
Overactivity Disorder of Toddlerhood	Attention-deficit hyperactivity disorder, predominantly hyperactive type	F90.1	No
Global Developmental Delay	Other Disorders of Psychological Development	F88	No
Developmental Coordination Disorder	Specific Developmental Disorder of Motor Function	F82	Yes
Developmental Language Disorder	Developmental disorder of speech and Language, unspecified	F80.9	No
Other Neurodevelopmental Disorder	Unspecified Disorder of Psychological Development	F89	No





## Crosswalk of the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC:05) to International Classification of Diseases (ICD-10) in the New York State Early Intervention Program

### Sensory Processing Disorders

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:05)	International Classification of Diseases (ICD-10) Disorder Name	International Classification of Diseases (ICD-10) code	Eligible in the Early Intervention Program
Disorder Name	Disorder Name	Code	Eligible
Sensory Over-Responsivity Disorder	Other Disorders of Psychological Development	F88	No
Sensory Under-Responsivity Disorder	Other Disorders of Psychological Development	F88	No
Other Sensory Processing Disorder	Other Disorders of Psychological Development	F88	No

# Family-Directed Assessment

- A Family-Directed Assessment (FDA) is offered to families as part of the evaluation process
- It is used to help a family determine any **resources, priorities, and concerns** they have related to caring for and enhancing their child's development
- Though this portion of the evaluation is voluntary, it is a good way to ensure that families are able to clearly express their priorities and needs

# Program Eligibility Determination



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# Total Domain



- ✓ Eligibility for the EIP is based on **a delay in the entire domain**, rather than a selected portion.
- ✓ The evaluators must provide a **total domain score**, which should be based on standardized testing, if an appropriate standardized assessment tool is available and appropriate for the child's needs.





# Total Physical Development Domain Score



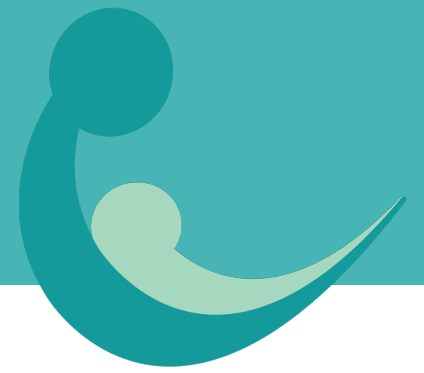
- ✓ A **total physical domain score** as a result of standardized testing must be determined and reported.
- ✓ A total physical domain score is typically determined from the assessment of a child's gross and fine motor skills.
- ✓ Many **standardized evaluation tools** assess both fine and gross motor development and provide instructions on obtaining a total physical domain score.
- ✓ The physical domain includes fine and gross motor development. Information and/or observations regarding the child's **vision, hearing, oral motor feeding, and swallowing, are also included as part of this domain.**
- ✓ Evaluators are **not expected** to work outside of their professional scope of practice when assessing the physical domain.

# Total Physical Development Domain Score



- ✓ A delay of 2 SD or more below the mean in either gross motor or fine motor skills can help to establish eligibility for the Early Intervention Program (EIP), **but alone is not sufficient.**
- ✓ **Eligibility for the EIP is based on a delay in the entire domain, rather than a selected portion.**
- ✓ The evaluators must provide a **total domain score**, which should be based on standardized testing, if an appropriate standardized assessment tool is available and appropriate for the child's needs.
- ✓ The evaluation team is responsible for determining whether composite evaluation findings (including quantitative and qualitative information), considered together, using informed clinical opinion, are **consistent with eligibility criteria for the EIP.**

# Total Communication Domain Score



The **Developmental Domain of Communication** includes pre-linguistic behavior, the use and understanding of language and the development of sounds and speech, including articulation and fluency.



## Eligibility criteria based on communication *only* delay

- For children found to have a delay in only the communication domain, delay is defined as:
- **2.0 standard deviations below the mean** in the area of communication; or,
- if no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's developmental level in the informed clinical opinion of the evaluator, a delay in the area of communication shall be a severe or marked regression in communication development as determined by **specific qualitative evidence-based criteria**

# ELIGIBILITY CRITERIA

- 12-month delay in one functional area, or
- 33% delay in one functional area, or
- 25% delay in each of two areas, or
- 2 standard deviations (SD) below the mean in one functional area, or
- At least 1.5 standard deviations below the mean in each of two functional areas

# DETERMINING ELIGIBILITY

- It is possible for a child to have a developmental delay and not meet the initial eligibility criteria for the EIP.
- Children who are experiencing a **variation in development** may continue to receive screening and tracking through their health care providers, if they appear to be at-risk for developmental delay.
- It is also possible for a child with a diagnosed condition that is automatically eligible for the Early Intervention Program, to not be experiencing developmental delays at the time of the evaluation. This child **would still be eligible** for the EIP based on their diagnosed condition with a high probability of delay.



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## If a child is found not eligible for the early intervention program

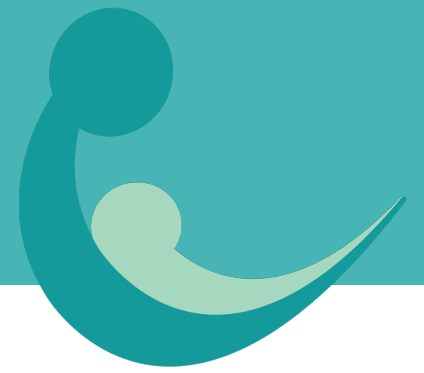
In addition to the required components of a multidisciplinary evaluation report, a report for a child who is not found eligible for the program should include:

- A clear statement that the child is not eligible
- Recommended resources and other services that may be available in the community for the child and family
- Information on developmental milestones
- Recommendations to enhance or track development of at-risk children

# FAMILY-CENTERED SERVICES

- Early intervention services should focus on the specific identified needs of the family
- Current and needed supports identified by the family during the referral and evaluation process
- Parents should be included and provided with opportunities to participate in their child's early intervention program during times that are convenient to them.

# AFTER THE EVALUATION



- **Ensure** that the parent understands the information contained in the evaluation report
- **Ensure** completion of evaluation(s) are timely in order to meet the Individualized Family Service Plan 45-day timeline
- **Assist** and participate in the initial Individualized Family Service Plan meeting (if the child is deemed eligible for the Early Intervention Program)

# INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)



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## Step 4



# INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

### 4. The IFSP Meeting\*

*(If child is eligible)*

- Family identifies desired outcomes
  - Early Intervention services specified
  - Develop written plan
  - Family and EIO agree to IFSP
    - Identify Ongoing Service Coordinator (OSC)
    - EIO obtains social security number(s)



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# What is an individualized family service plan



## **An Individualized Family Service Plan is:**

- A written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family.
- Developed jointly by the parents and early intervention personnel that comprise the Individualized Family Service Plan team





# What must the IFSP include?



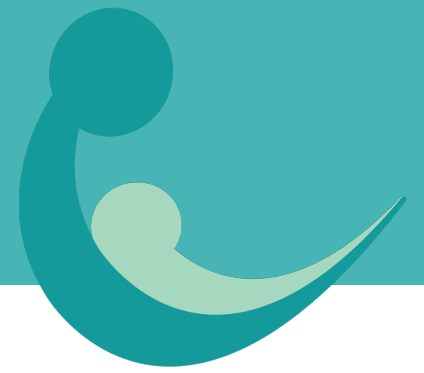
- ✓ A statement, based on objective criteria, of the child's present **level of functioning in the 5 developmental domains**;
- ✓ With parental consent, a statement of the family's **strengths, priorities, and concerns**;
- ✓ A statement of **measurable outcomes** expected to be achieved for the child and family, including timelines (how and when they will be achieved), as defined by the parent;
- ✓ A **description of criteria** being used to determine **whether progress is being made towards** achieving **outcomes** and whether modification of outcomes or services may be necessary;
- ✓ A statement of **specific early intervention services**, (including frequency, intensity, duration, location, and method of delivery, as well as details regarding the need for transportation and mode of transportation) necessary to meet the child and family's unique strengths and needs;

# What must the IFSP include?



- ✓ Details about the child's **ongoing service coordination**, including the name of the OSC provider selected by the parent, as well as the number of OSC hours authorized per month, should be included in the IFSP;
- ✓ **A written order** from a physician, physician's assistant (PA) or a nurse practitioner (NP), as required, which includes diagnostic criteria as to the purpose of treatment in the EIP;
- ✓ The **projected dates** for initiation of services, which should begin *no later than 30 days* from the date of the IFSP meeting, as well as the expected duration of the services;
- ✓ **A statement of other services and public programs**, that the child and the family needs or is currently receiving external from the EIP.

# What must the IFSP include?



- ✓ A **description of criteria** being used to determine **whether progress is being made towards** achieving **outcomes** and whether modification of outcomes or services may be necessary;
- ✓ A statement of **specific early intervention services**, (including frequency, intensity, duration, location, and method of delivery, as well as details regarding the need for transportation and mode of transportation) necessary to meet the child and family's unique strengths and needs;
- ✓ A statement that services will be provided in **natural environments**, according to regulation
- ✓ A **statement of other services**, including medical, that are not required under EI but are needed by the child and family
- ✓ A statement of any **supplemental evaluations** including type, and the date and evaluator if known.
- ✓ **Transition Plan**

# Additional information to include in the IFSP



- A need for transportation to services
- Assistive technology devices and services
- A need for respite services
- Authorizations that may be needed for make-up sessions, or co-visits with providers

# Finalizing the IFSP



- ✓ IFSPs are **final** when the entire IFSP Team agrees, and the parent and EIO sign the IFSP. In order for the IFSP to be final, **the IFSP team must agree** and the EIO can then obtain consent from the parent for services to begin.
- ✓ Services can only be **initiated after the informed written consent** that documents agreement of the services in the Individualized Family Service Plan (IFSP) is signed by the parent.

# Individualized Family Service Plan Review



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# Step 5



- **INDIVIDUALIZED FAMILY SERVICE PLAN REVIEW  
(6MONTHS/EVALUATED ANNUALLY)**

## 5. IFSP Review Six Months, Evaluate Annually

- Decision is made to continue, add, modify or delete outcomes, strategies and/or services
- If parent requests, may review sooner  
(If parent requests an increase in services, EIO may ask for supplemental evaluation)

# Transitioning out of the Early Intervention Program



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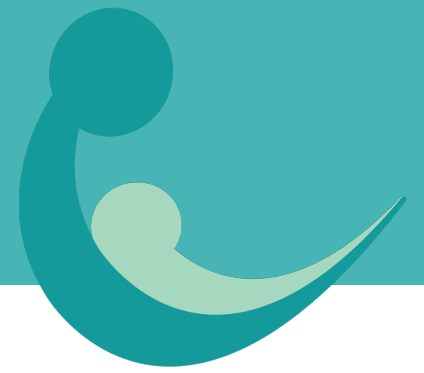
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# Transition out of the early intervention program



- Eligible children can receive Early Intervention Program services from birth to age three
- The last date eligible children can receive Early Intervention Program services is **the day before** their third birthday, unless preschool special education eligibility has been determined through the Committee on Preschool Special Education (CPSE) through their school district.

# TRANSITION OUT OF THE EARLY INTERVENTION PROGRAM



- Transition planning must occur for all children exiting the Early Intervention Program, including those for whom a referral to Committee Preschool Special Education is not appropriate. Their transition plan must include a referral to other resources which may be appropriate.
- Not all children participating in the Early Intervention Program will transition to preschool special education.
- The **last date for Early Intervention Program services** is the day before the child's third birthday.



# Other supports and services



This includes a referral to:

- Children with Special Health Care Needs (if the municipality participates)
- Child Care Resource and Referral Program
- Other appropriate resources (example: Health Homes Serving Children for Medicaid eligible children, Office for People with Developmental Services)



# Resources for Families and Professionals



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# DEPARTMENT OF HEALTH

## BUREAU OF EARLY INTERVENTION

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## Early Intervention Program

The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993.

To be eligible for services, children must be under 3 years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

## Early Intervention Services

The Early Intervention Program offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families, including:

- assistive technology devices and services
- audiology
- family education and counseling, home visits, and parent support groups

# SOCIAL-EMOTIONAL DEVELOPMENT



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## Social-Emotional Development

Open All

Close All

+ What Is Social-Emotional Development?

+ What does social-emotional development in infants and toddlers mean to our child and family?

+ How can we promote social-emotional development in our child?

+ How do we know if our child is developing typically in the area of social-emotional development?

+ What do delays in social-emotional development look like?

+ What is our next step if we have concerns about our child's social-emotional development?

### Who do I call with concerns?

Early help makes a difference!

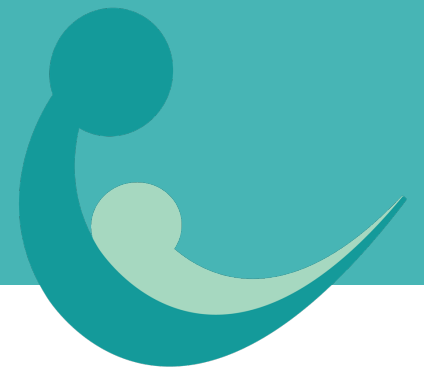
For the phone number of your county's Early Intervention Program, call the New York State "Growing up Healthy" 24-hour hotline at: 800-522-5006. In New York City, dial 311.

To locate your county's Early Intervention Program contact information online, you can use the following link:

- [Municipal/County Contacts for the Early Intervention Program](#)

If your child is already receiving Early Intervention services, you can reach out to your Service Coordinator for next steps.

# Early help makes a difference webpage



## Information for Families

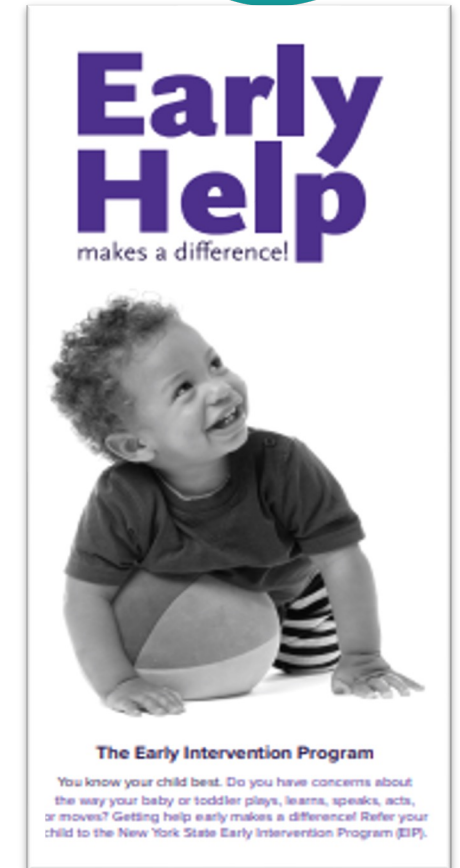
- **Early Help Makes a Difference!**
- You know your child best. Do you have concerns about the way your baby or toddler plays, learns, speaks, acts, or moves?



# Early help makes a difference brochure



- How to make a referral to the Early Intervention Program
- Checklist for Growing Children
  - helps parents track their child's developmental milestones and be prepared to discuss any concerns with their child's health care provider
  - Provides developmental milestones for 2, 4, 6, 9, 12, 15, 18, 24, and 30-months
  - Includes milestones specific to social-emotional development
  - Available in 28 languages



# “Learn the Signs. Act Early.”



- ✓ **“Learn the Signs. Act Early.”** This program improves early identification of children with developmental delays and disabilities by promoting parent-engaged developmental monitoring and facilitating early action on concerns.
- ✓ This program encourages parents and providers to learn the signs of healthy development, monitor every child’s early development, and take action when there is a concern, *“Learn the Signs. Act Early.”* (2021)n.
- ✓ The program offers free checklists and other tools to make developmental monitoring practical and easy.



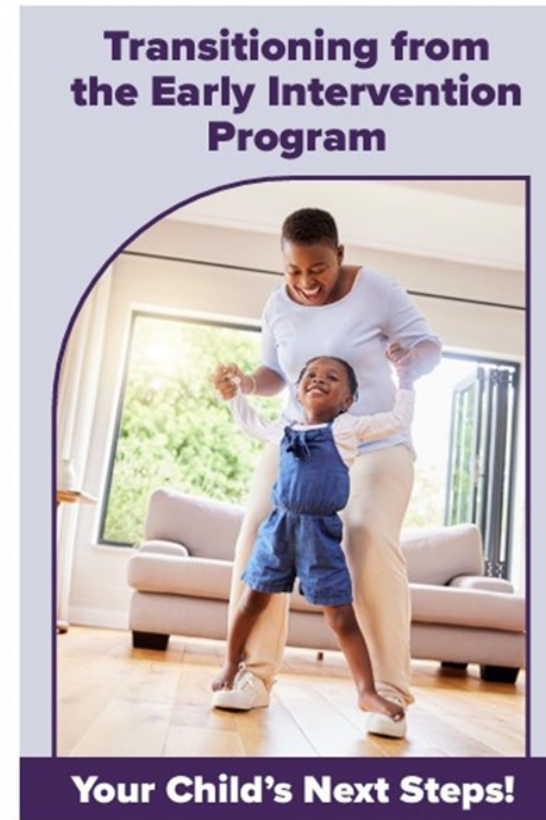


# Transition Brochure



## Transition Brochure # 20229

- Available for downloading and ordering
- Will be translated into 16-languages used by the Program



Pathways to  
Professional Development  
Building Foundations in Infant  
and Early Childhood Mental Health



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# Questions



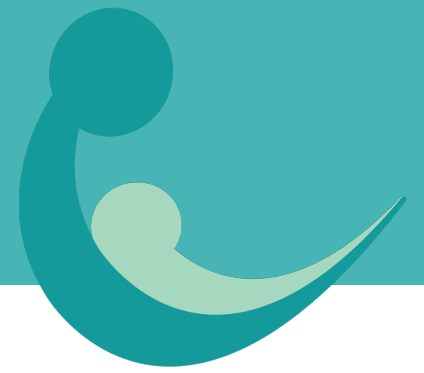
# Contact Information



Bureau of Early Intervention:  
(518) 473-7016  
BEIpub@health.ny.gov



# THANK YOU!



**Pathways to  
Professional Development**  
Building Foundations in Infant  
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