NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
3.8.2019	10:07 AM	CUNY School of Law
LEICC Member Attendees	Marie B. Casalino, MD, MPH, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH Jacqueline D. Shannon, Ph.D., Chair of LEICC Tricia DeVito, MS, Ed., SDL Liz Isakson, MD, FAAP Catherine Ayala Simone C. Hawkins Elizabeth Leone Sonu Sanghoee, MS, CCC-SLP Cynthia Winograd Cara Chambers, MS Christopher Treiber, LMSW Angel Mendoza, MD	
Welcome, Introductions, and Minutes Approval	**Dr. Jacqueline Shannon** opened the meeting by reminding attendees that, as of May 15, 2014, New York City's Local Law No. 103 of 2013 and the New York State Open Meetings Law require "open" meetings to be both webcast and archived; therefore, today's meeting was being recorded. **Dr. Shannon** reviewed the procedures for LEICC meetings, including that attendees should pre-register on the New York City Bureau of Early Intervention (NYC BEI) website. She reminded attendees that, while meetings are open to the public, the audience does not address the LEICC members during the meeting. Audience members may sign up in advance with Aracelis Rodriguez if they wish to speak during the "Public Comment" section. Dr. Shannon stated that transcription is available for this meeting, and that written meeting minutes will be made available. LEICC members introduced themselves. Minutes from the August meeting were approved.	
SEICC Report and Bureau Updates	**Dr. Marie B. Casalino** announced that she would be retiring from her position as Assistant Commissioner of the Bureau of Early Intervention, effective April 26, 2019. Lidiya Lednyak will serve as Acting Assistant Commissioner until a new Assistant Commissioner is identified.	

Aracelis Rodriguez will take the place of A. Felicia Poteat in responsibilities around the LEICC meetings.

SEICC Report

Dr. Casalino then provided a summary report on the State Early Intervention Coordinating Council (SEICC) meeting held on 12/12/2018.

Amendments were made to the EI Regulations. Initial proposals were released 7/12/2017; the notice of Revised Rulemaking was issued on 8/1/2018; notice of adoption was issued on 12/5/2018. Some clarifying language was added, e.g., distinguishing between "initial evaluation" and "evaluation." There were changes made to "screening and evaluation," where families will be offered screening first. Parents may request a Multidisciplinary Evaluation (MDE) at any point in the screening process. Initial eligibility would be determined for children with a diagnosed condition with a high probability of delay through record review. In these cases, a Multidisciplinary Assessment (MDA) would be conducted for service planning rather than an MDE.

Providers are required to submit claims within 90 days from date of service with an exception for extraordinary circumstances.

The SSIP/IFaCT first cohort's projects have been completed and final calls took place in December 2018. The University Centers for Excellence in Developmental Disabilities (UCEDDs) will summarize data from the PDSA cycles to identify best practices. The second cohort is being established. The second cohort will include Nassau and Suffolk Counties, and will include a Mandarin-speaking and a Spanish-speaking group for NYC. UCEDDs will use the information from the Family Outcomes Survey completed by families in Early Intervention to assess the effectiveness of the SSIP/IFaCT projects.

SEICC Bylaws were modified to establish a quorum based on a majority of appointed members rather than the total number of member positions (appointed plus unfilled). A quorum would now comprise 12 members, rather than 16.

The SEICC reported on the Annual Performance Report (APR). Compliance indicators were established for data collected from New York Early Intervention System (NYEIS) and child outcome data collected from counties. Last year's APR data was submitted to the Office of Special Education Programs on

2/1/18, with the state determination on June 2018 as "needs assistance." The SEICC voted to accept this year's results for submission to OSEP in February 2019.

Project TEACH has been funded since 2010 by the State Office of Mental Health to strengthen and support the ability of pediatric primary care providers (PCPs) to deliver care to children and families who experience mild to moderate mental health concerns. The project aims to provide training and consultation for PCPs, and referrals and linkages to other key services.

NYC Bureau of Early Intervention Updates

Evaluation Quality Improvement Project

BEI is employing a Lean Six Sigma approach to address the quality of evaluations. This approach has included internal and external stakeholder meetings as well as a survey to providers. Preliminary findings indicate the following opportunities for systems strengthening: MDE summary development, and understanding of NYS eligibility. Next steps include an assessment of BEI's internal processes to identify procedural modifications, followed later by meetings with providers regarding procedural changes to assess the impact on provider submissions.

Outreach and Communications

Lidiya Lednyak explained that the BEI Outreach team is focusing on 41 key zip codes in NYC. For calendar year 2018, outreach activities reached 92 individuals at Early Learn Centers, 122 in DHS Shelters, 144 at NYC Public Libraries, 346 in Child Care settings, and 599 at faith-based settings. In addition, 1,350 people were reached in other settings. Two thousand one hundred eighty three participants were reached outside of the 41 target zip codes. Organizations that would like to partner to promote the EIP should contact EINow@health.nyc.gov.

Additional outreach efforts conducted by the bureau include translation of EI material into additional languages (Haitian Creole, Korean, Urdu, Arabic and Punjabi) and made available on the EI website; a toolkit for child care providers to aid in referrals to the EIP with an accompanying video; a toolkit for medical providers (focusing on pediatricians and pediatric healthcare providers); and videos for families. One video is about the sharing of insurance information in the EIP, in English and Spanish, to clarify any misconception that families have about the confidential use of their insurance and health information.

Another video addresses the faith-based community about getting help early from the EIP. All videos, toolkit and program material will be available on the Early Intervention website.

BEI is also collaborating with United for Brownsville to assist the community to address barriers to accessing EI services.

BEI is partnering with the CUNY Professional Development Institute (PDI), the Early Childhood Research Network, and the Bureau of Child Care to conduct qualitative interviews and focus groups with family and center-based child care providers and administrators in neighborhoods with low referral rates to EI. The objective is to understand child care providers' knowledge of typical and atypical development, best practices, and barriers to service access, as driven by parent and provider beliefs. The information will be used by BEI to inform programmatic initiatives to improve access to EI services.

Raisa Alam announced that BEI is launching its Learning Management System (LMS) that will host free online professional development trainings developed by the bureau. BEI is an approved continuing education unit (CEU) provider by the NYS Board of Professions for physical therapists, PTAs, occupational therapists, OTAs, speech-language pathologists, audiologists, and social workers (LCSW and LMSW). Early Intervention providers may receive CEUs when they create an account on the LMS and complete all components of a training. Currently, the Implementing Family-Centered Best Practices training is available. Upcoming trainings include: Foundations of Social-Emotional Development in Infants and Toddlers, Technical Assistance Training for Provider Agencies, Assistive Technology Through the NYC EIP, Functional Outcomes, Session Notes and Progress Notes, and Culturally and Linguistically Appropriate Evaluations. Trainings are available through a link on the EIP website. Contact EmbeddedCoaching@health.nyc.gov for any questions or to be added to the mailing list.

Data Report and Provider Oversight	**Nora Puffett** reviewed the data report. Data was presented regarding referrals, receipt of service, and children's retention in the Program by borough and race. She also reviewed Provider Oversight results and discussed the Annual Performance Reports and Child Outcomes Survey.
ACS – DOHMH EI Retention Initiative	**Rachel Natelson, Esq.** from the ACS Office of Education Support and Policy Planning spoke about a project to improve service delivery for children in foster care who have a known or suspected developmental delay or who are at risk for experiencing developmental delays. The programs are working to streamline collaboration and improve communication between EI and foster care providers. An MOU

	was established between agencies to share information regarding children in foster care who have an upcoming Early Intervention event, such as a Multidisciplinary Evaluation or IFSP Meeting, to ensure that foster care workers are aware of key milestones in the Early Intervention Program.
Bronx Transition Coordinator Pilot Project In District 7	**Jessica Wallenstein** from the NYC Department of Education (DOE) presented on the Early Intervention Transition Coordinator (TC) Pilot Project in District 7 in the Bronx. The goal of the pilot project is to provide direct support to families while gathering information to inform planning for a citywide model of support as families leave Early Intervention and enter Department of Education Preschool Programs. Components of the project include one Transition Manager and four Transition Coordinators conducting outreach and assisting parents with children in EI between the ages of two and three. The Bronx BEI Regional Office reached out to 52 service coordination agencies serving pilot-eligible children and provided them with a case list and TC Pilot Project Procedures. The DOE EI transition team meets weekly. All Bronx families can walk in to the Family Welcome Center at 1 Fordham Plaza, can text "AfterEI" to 877-877 and opt-in to have a TC contact them, or families can email EItoPreschool@schools.nyc.gov. Future activities will include a family facing DOE/EI preschool transition guide to be posted on the DOE website.
DOE PETS Clearance for EI Providers	**Jessica Wallenstein** from the NYC Department of Education (DOE) presented on the transfer of EarlyLearn to the DOE. Beginning July 1, 2019, current ACS EarlyLearn programs will come under the management and administration of the Department of Education. This includes all EarlyLearn providers serving children 0-5. At that time, child in EarlyLearn settings will become DOE students and EarlyLearn Settings will become DOE settings. All Early Intervention teachers and therapists will require clearance to provide services in these new DOE settings. Clearances are performed using the Personnel Eligibility Tracking System (PETS). This will require Early Intervention provider agencies to identify 2 PETS representatives who will partner with the DOE to ensure that all applicable employees/contractors complete the background clearance needed to access children in these settings. To expedite PETS clearance processing, the DOE is sponsoring the fingerprinting fee for all individuals who provide Early Intervention services to children in EarlyLearn programs.

	There were comments from LEICC Committee members about the need to streamline clearance requirements across systems.
LEICC Committees Updates	**LEICC COMMITTEE UPDATES** **Dr. Shannon** shared that the Academic Pre-service Professional Development Committee members are scheduled to meet with several Early Intervention Provider agencies on May 17, 2019 to facilitate field work placements with the Academic Partners and to address any questions or concerns regarding clinical supervision.
Public Comment	Public Comment was made by Linda Silver regarding the PETS requirement for providers. The meeting was adjourned at 11:59 AM.

Early Intervention Data Report

Nora Puffett, MPA

Family and Child Health

Number of New and Re-Referrals Per Year, by Borough
January 2015-December 2018

Legend: ■ Bronx ■ Brooklyn ■ Manhattan ■ Queens ■ Staten Island

No. of Referrals

2015 — N=32,043
- Staten Island: 1,806 / 6%
- Queens: 8,836 / 28%
- Manhattan: 4,044 / 13%
- Brooklyn: 10,306 / 32%
- Bronx: 7,051 / 22%

2016 — N=32,263
- Staten Island: 1,632 / 5%
- Queens: 8,959 / 28%
- Manhattan: 4,105 / 13%
- Brooklyn: 10,548 / 33%
- Bronx: 7,019 / 22%

2017 — N=33,824
- Staten Island: 1,877 / 6%
- Queens: 9,359 / 28%
- Manhattan: 4,161 / 13%
- Brooklyn: 10,903 / 32%
- Bronx: 7,420 / 22%

2018 — N=34,495
- Staten Island: 1,900 / 6%
- Queens: 9,537 / 28%
- Manhattan: 4,337 / 13%,
- Brooklyn: 10,998 / 32%
- Bronx: 7,723 / 22%

Y-axis values: 36,000 / 31,000 / 26,000 / 21,000 / 16,000 / 11,000 / 6,000 / 1,000 / (4,000)

Rate of New and Re-Referrals Per Year, by Borough
January 2015-December 2018
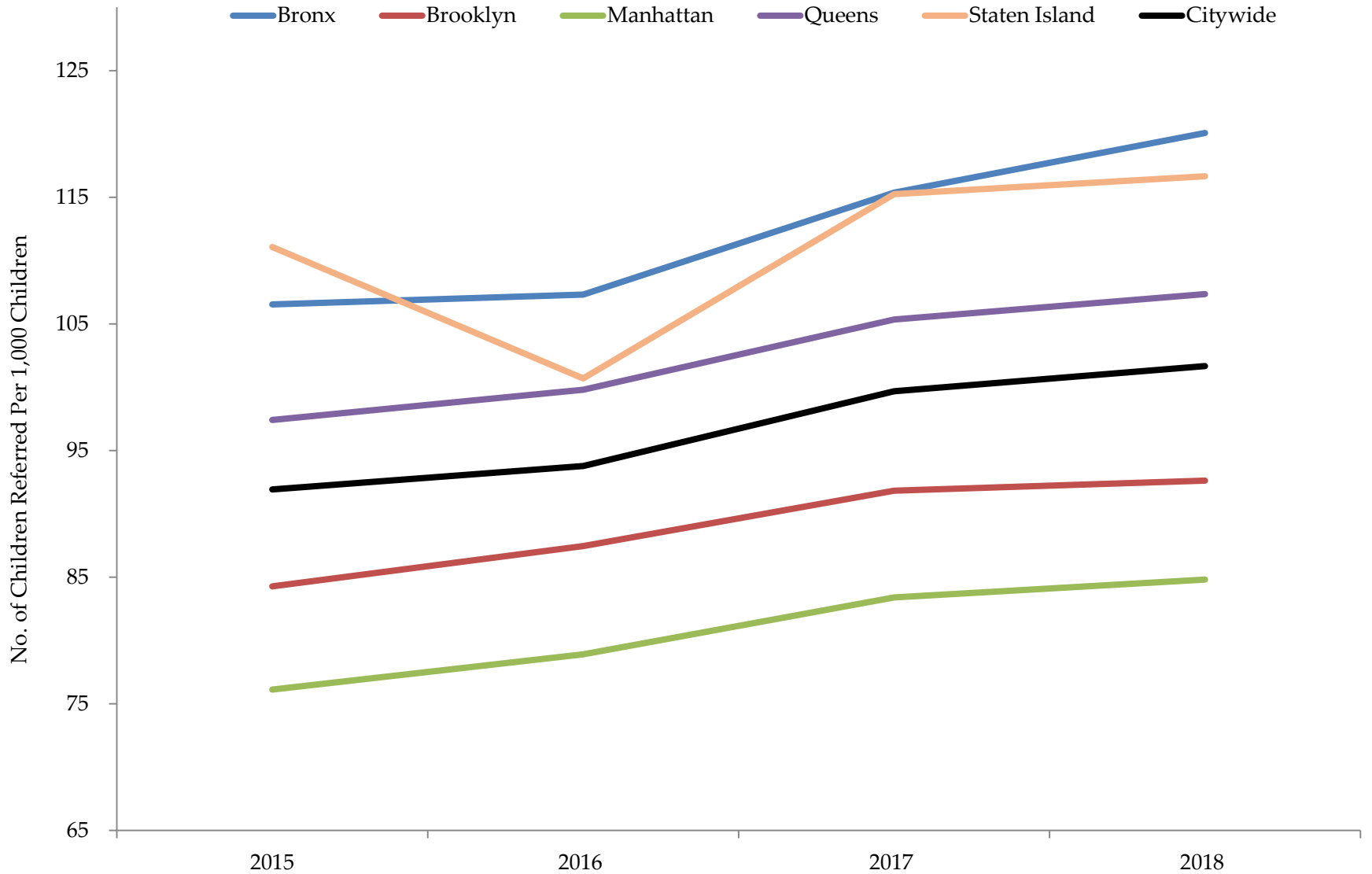
* Rates are by distinct children not referrals.
* The number of children 0-3 per year is drawn from US Census data. For 2017-2018 this chart uses population figures from 2016, the most recent data available.

Number of New and Re-Referrals Per Year, by Race and Ethnicity January 2015-December 2018

Legend: White, NH | Black, NH | Hispanic | Asian, NH | Pacific Islander or Native American

Y-axis: No. of Referrals

2015 (N=32,043)
- White, NH: 10,639 / 33%
- Black, NH: 5,608 / 18%
- Hispanic: 12,177 / 38%
- Asian, NH: 3,011 / 9%
- Pacific Islander or Native American: 608 / 2%

2016 (N=32,263)
- White, NH: 10,541 / 33%
- Black, NH: 5,542 / 17%
- Hispanic: 12,218 / 38%
- Asian, NH: 3,307 / 10%
- Pacific Islander or Native American: 655 / 2%

2017 (N=33,824)
- White, NH: 10,810 / 32%
- Black, NH: 5,946 / 18%
- Hispanic: 12,516 / 37%
- Asian, NH: 3,844 / 11%
- Pacific Islander or Native American: 708 / 2%

2018 (N=34,495)
- White, NH: 11,014 / 32%
- Black, NH: 6,061 / 18%
- Hispanic: 12,684 / 37%
- Asian, NH: 3,945 / 11%
- Pacific Islander or Native American: 791 / 2%

Rate of New and Re-Referrals Per Year, by Race and Ethnicity
January 2015-December 2018

White, NH ___ *Black, NH* ___ *Hispanic* ___ *Asian, NH* ___ *All Races*
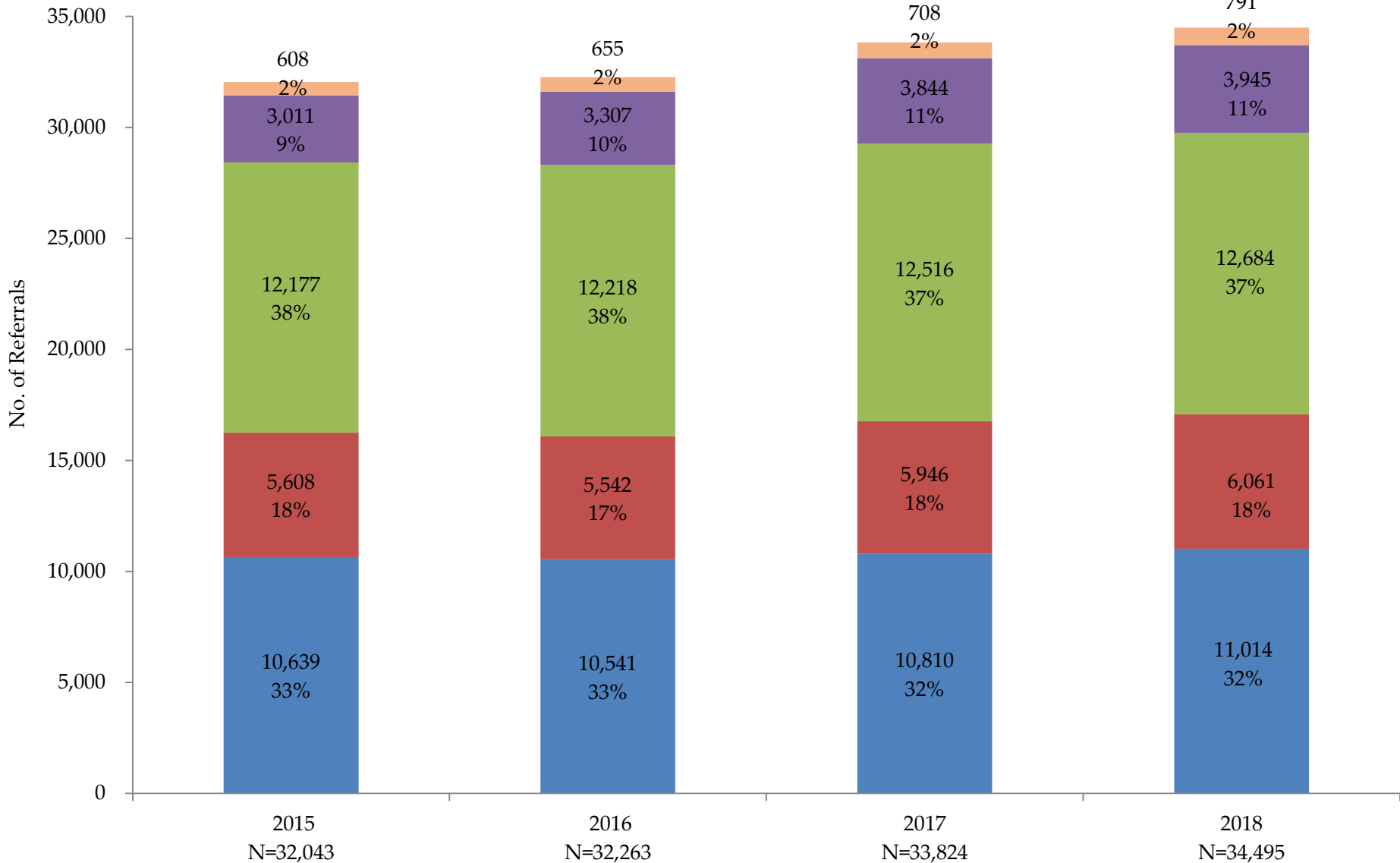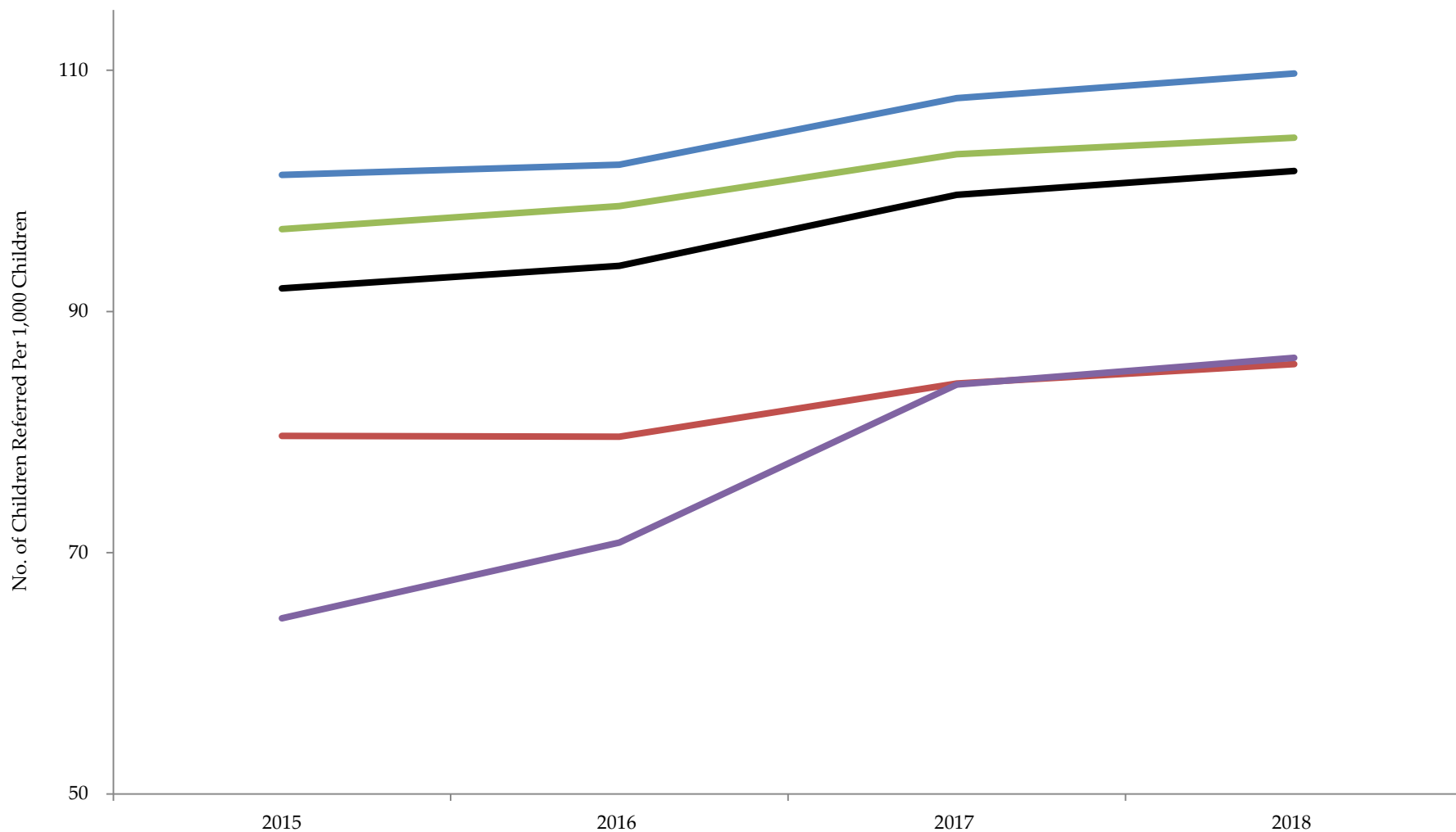
No. of Children Referred Per 1,000 Children

* Rates are by distinct children not referrals.

* The number of children 0-3 per year is drawn from US Census data. For 2018 this chart uses population figures from 2017, the most recent data available.

* Pacific Islanders and Native Americans were not included in the graph to make visualization of the other racial groups easier. The rates for Pacific Islanders and Native Americans are as follows: 2015- 762/1000, 2016- 775/1000, 2017- 775/1000, and 2018- 865/1000.

Number of Children Receiving General Services Per Year, by Borough
January 2015-December 2018

Legend: ■ Bronx ■ Brooklyn ■ Manhattan ■ Queens ■ Staten Island

No. of Children

	2015	2016	2017	2018
Staten Island	1,782 (6%)	1,762 (6%)	1,657 (6%)	1,697 (6%)
Queens	8,136 (27%)	8,270 (28%)	8,277 (28%)	8,320 (28%)
Manhattan	3,473 (12%)	3,453 (12%)	3,291 (11%)	3,215 (11%)
Brooklyn	11,075 (37%)	11,022 (37%)	11,077 (37%)	10,818 (36%)
Bronx	5,346 (18%)	5,406 (18%)	5,416 (18%)	5,589 (19%)
	N=29,812	N=29,913	N=29,718	N=29,639

* General services include all those except for service coordination, evaluation, assistive technology and transportation.

Rate of Children Receiving General Services Per Year, by Borough January 2015-December 2018

Bronx —— Brooklyn —— Manhattan —— Queens —— Staten Island —— Citywide

No. of Children Per 1,000 Children

110

100

90

80

70

60

50

2015   2016   2017   2018

* General services include all those except for service coordination, evaluation, assistive technology and transportation.
* The number of children 0-3 per year is drawn from US Census data. For 2018 this chart uses population figures from 2017, the most recent data available.
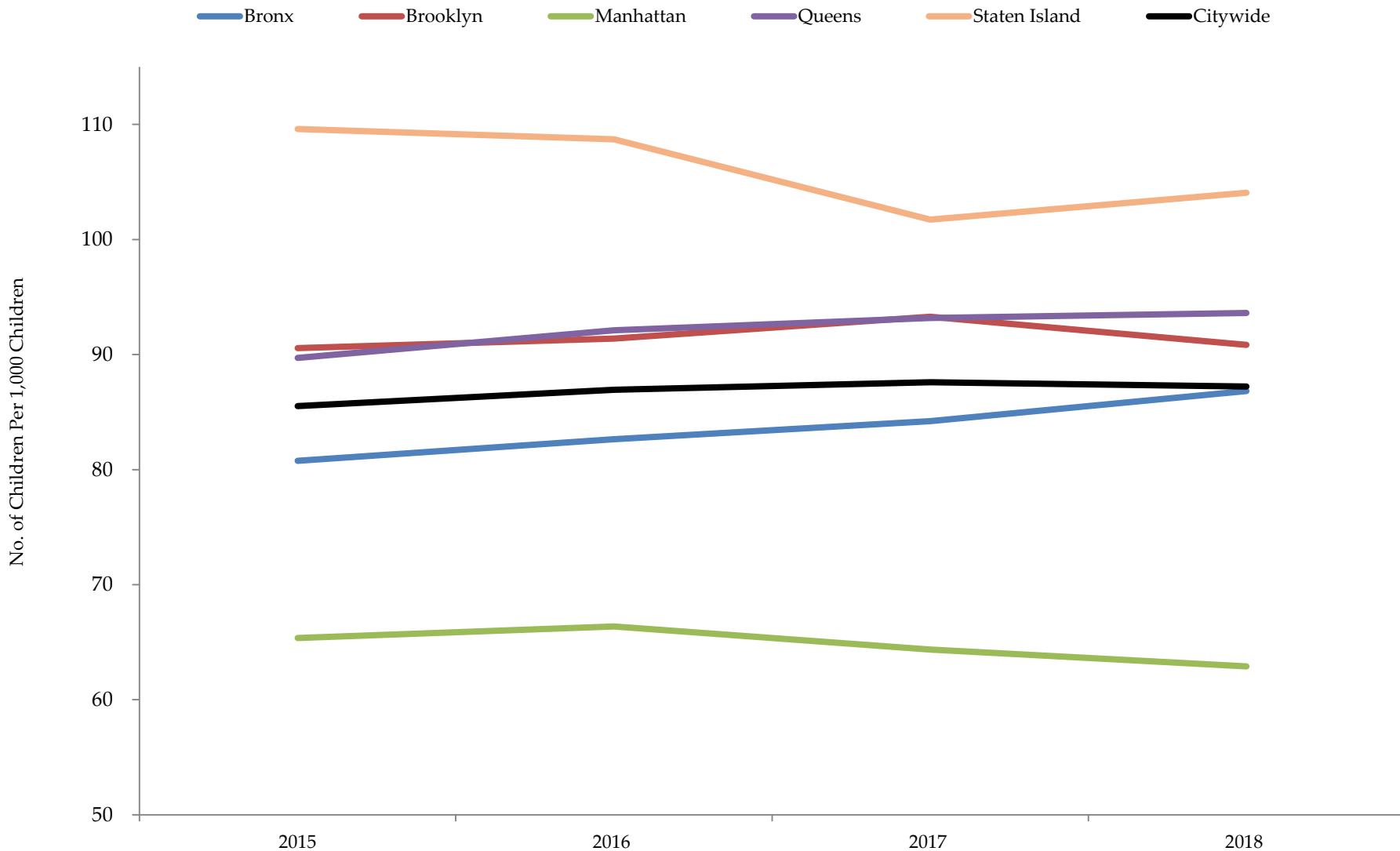
Number of Children Receiving General Services Per Year, by Race and Ethnicity, January 2015-December 2018

Legend: ■ White, NH ■ Black, NH ■ Hispanic ■ Asian, NH ■ Pacific Islander or Native American

Race/Ethnicity	2015 (N=29,812)	2016 (N=29,913)	2017 (N=29,718)	2018 (N=29,639)
Pacific Islander or Native American	322 (1%)	525 (2%)	607 (2%)	682 (2%)
Asian, NH	2,822 (9%)	2,723 (9%)	2,991 (10%)	3,157 (11%)
Hispanic	9,477 (32%)	9,795 (32%)	9,572 (32%)	9,665 (33%)
Black, NH	4,505 (15%)	4,415 (15%)	4,424 (15%)	4,541 (15%)
White, NH	12,686 (43%)	12,455 (42%)	12,124 (41%)	11,594 (39%)

No. of Children (y-axis: 0 to 30,000)

* General services include all those except for service coordination, evaluation, assistive technology and transportation.

Rate of Children Receiving General Services
Per Year, by Race and Ethnicity January 2015-December 2018

* General services include all those except for service coordination, evaluation, assistive technology and transportation.
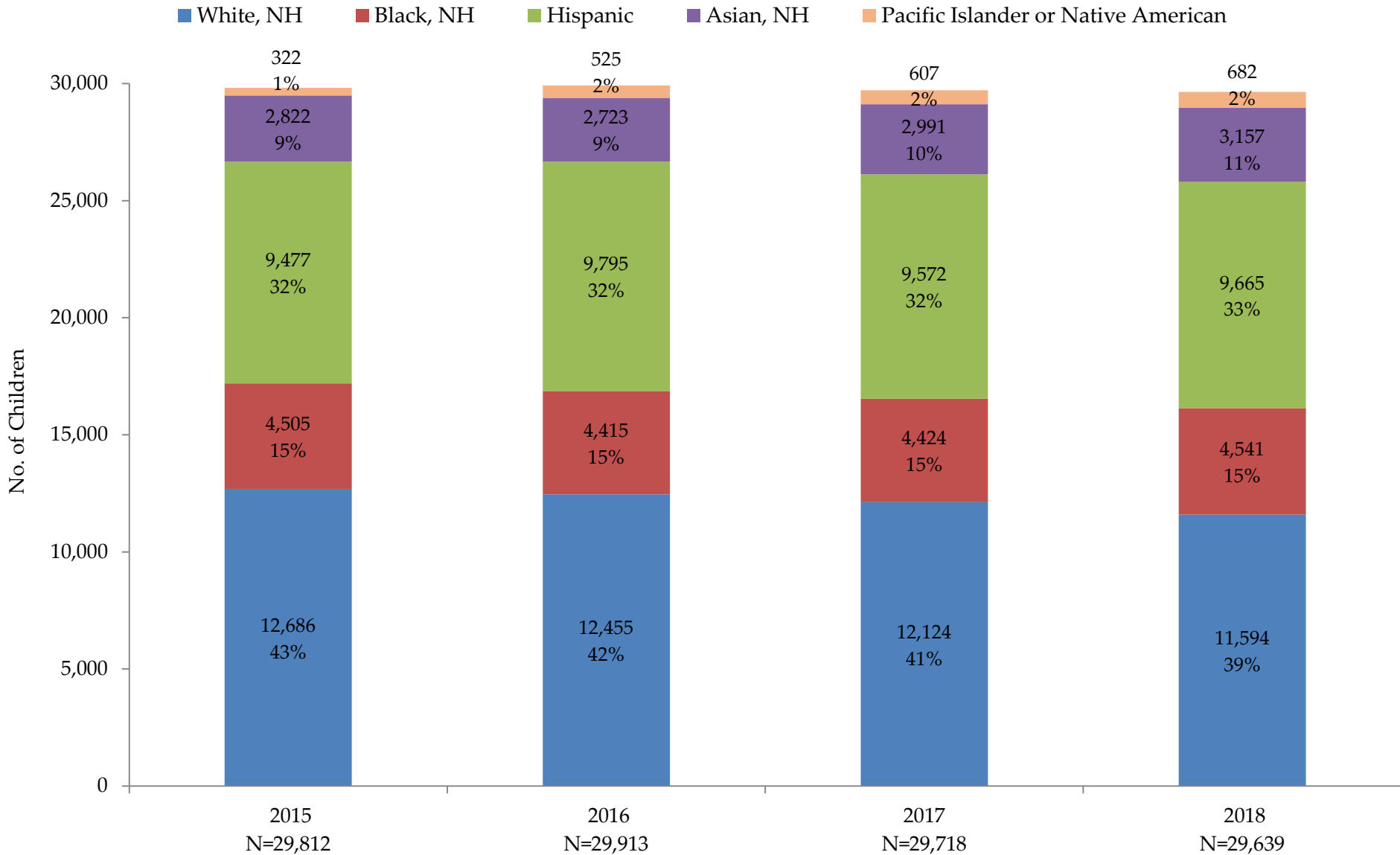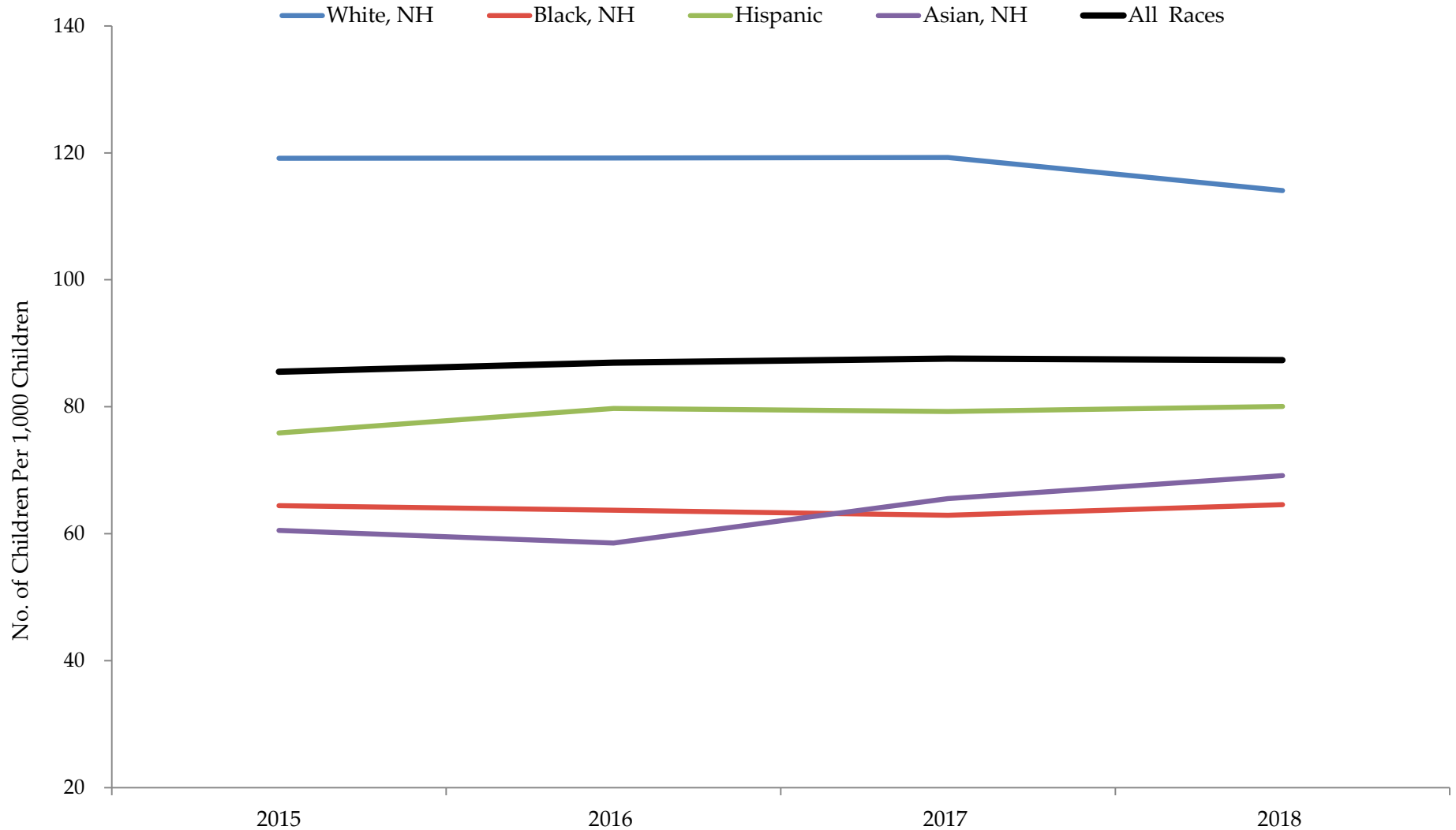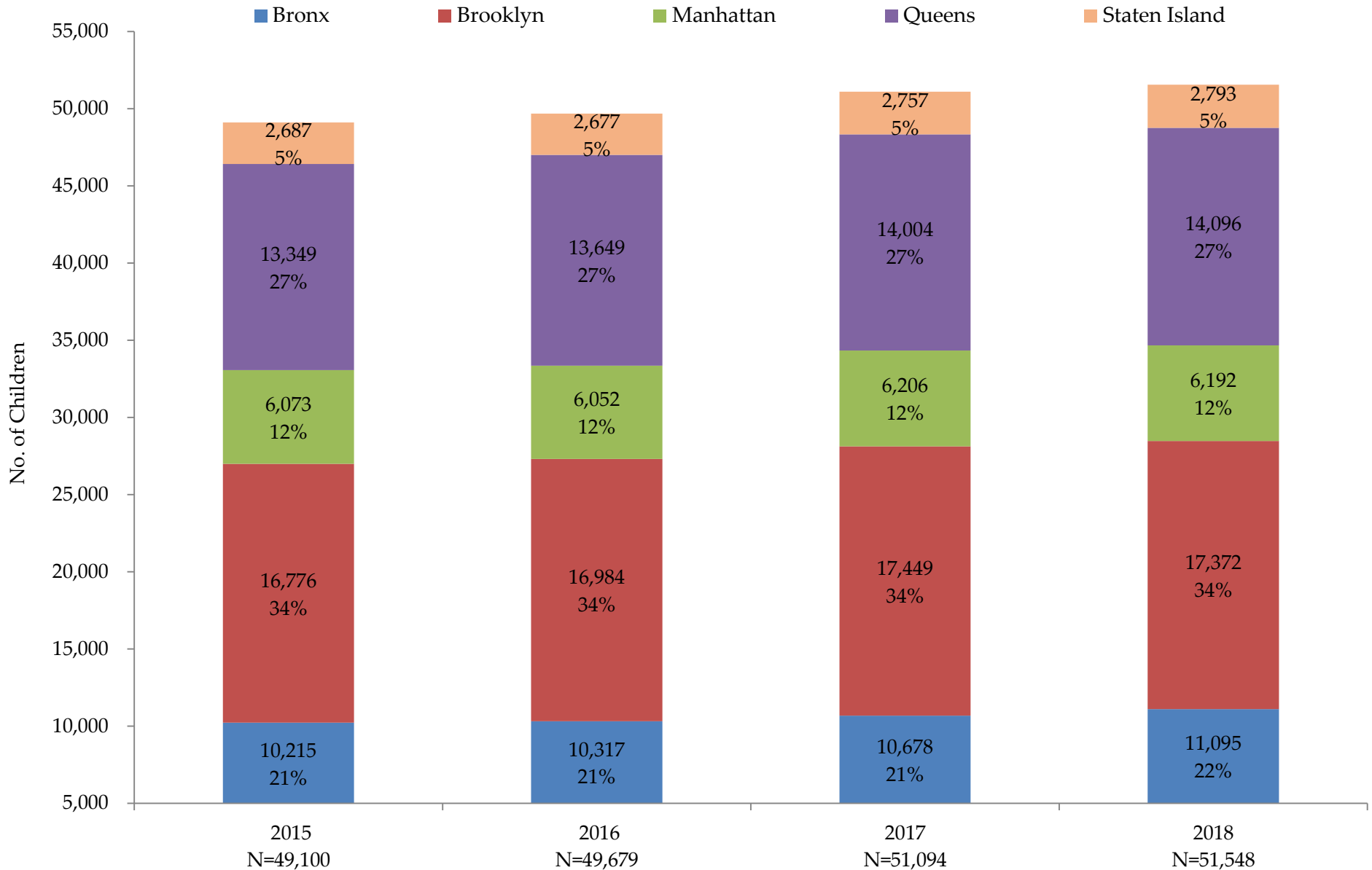* The number of children 0-3 per year is drawn from US Census data. For 2018 this chart uses population figures from 2017, the most recent data available.
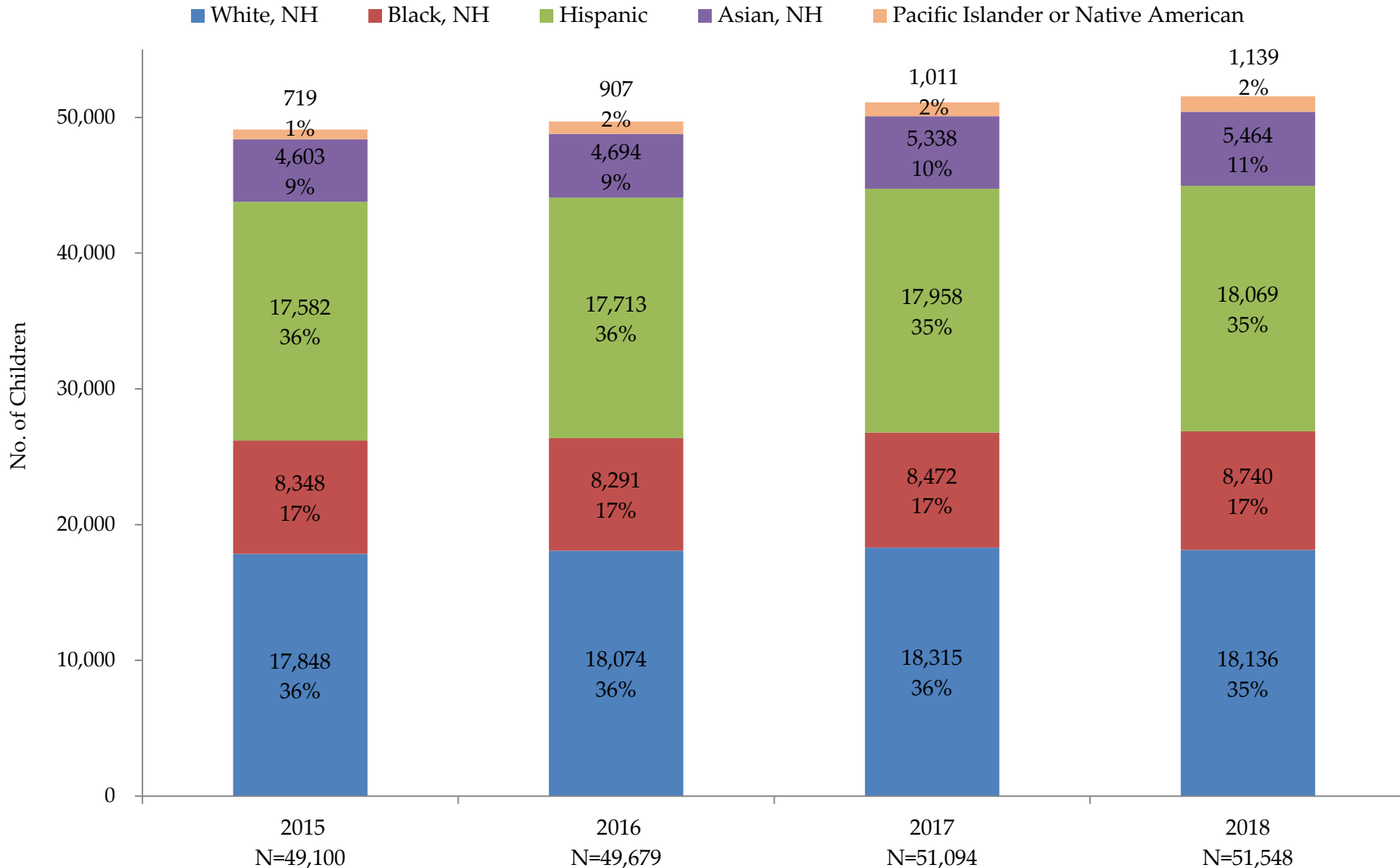* Increase in rate is based on partial year data
* Pacific Islanders and Native Americans were not included in the graph to make visualization of the other racial categories easier. The rates for Pacific Islanders and Native Americans are as follows: 2015-495/1000, 2016 622/1000, 2017- 664/1000, 746/1000.

Children Receiving Any Type of Service, by Borough:
Service Coordination, Evaluation and/or General Services
January 2015-December 2018

Legend: ■ Bronx ■ Brooklyn ■ Manhattan ■ Queens ■ Staten Island

No. of Children (y-axis: 5,000 – 55,000)

2015 N=49,100
- Staten Island: 2,687 / 5%
- Queens: 13,349 / 27%
- Manhattan: 6,073 / 12%
- Brooklyn: 16,776 / 34%
- Bronx: 10,215 / 21%

2016 N=49,679
- Staten Island: 2,677 / 5%
- Queens: 13,649 / 27%
- Manhattan: 6,052 / 12%
- Brooklyn: 16,984 / 34%
- Bronx: 10,317 / 21%

2017 N=51,094
- Staten Island: 2,757 / 5%
- Queens: 14,004 / 27%
- Manhattan: 6,206 / 12%
- Brooklyn: 17,449 / 34%
- Bronx: 10,678 / 21%

2018 N=51,548
- Staten Island: 2,793 / 5%
- Queens: 14,096 / 27%
- Manhattan: 6,192 / 12%
- Brooklyn: 17,372 / 34%
- Bronx: 11,095 / 22%

Children Receiving Any Type of Service, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services January 2015-December 2018
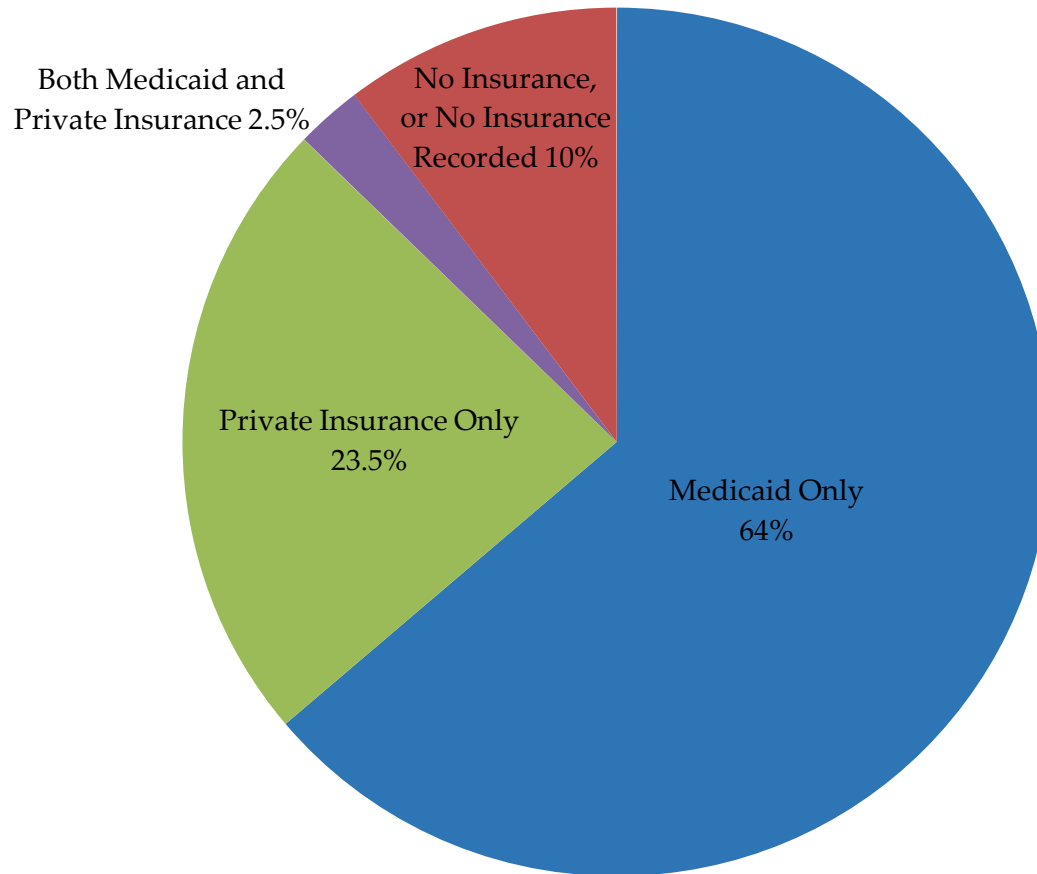
Legend: ■ White, NH ■ Black, NH ■ Hispanic ■ Asian, NH ■ Pacific Islander or Native American

	2015 N=49,100	2016 N=49,679	2017 N=51,094	2018 N=51,548
Pacific Islander or Native American	719 / 1%	907 / 2%	1,011 / 2%	1,139 / 2%
Asian, NH	4,603 / 9%	4,694 / 9%	5,338 / 10%	5,464 / 11%
Hispanic	17,582 / 36%	17,713 / 36%	17,958 / 35%	18,069 / 35%
Black, NH	8,348 / 17%	8,291 / 17%	8,472 / 17%	8,740 / 17%
White, NH	17,848 / 36%	18,074 / 36%	18,315 / 36%	18,136 / 35%

No. of Children

Progress of New Referrals Through the EIP by Race and Ethnicity, Citywide, January 2016-September 2018

Population Estimates by Race/Ethnicity by Year						
	2015		2016		2017	
	0-3 Pop	% of Pop	0-3 Pop	% of Pop	0-3 Pop	% of Pop
White NH	100,117	30.0%	98,297	30.4%	95,777	29.5%
Black NH	67,714	20.3%	67,111	20.6%	68,184	21.0%
Hispanic	120,165	36.0%	118,133	36.5%	116,164	35.7%
Asian NH	45,316	13.6%	45,208	13.8%	44,211	13.6%
Pacific Islander or Native American	503	0.2%	550	0.2%	627	0.2%
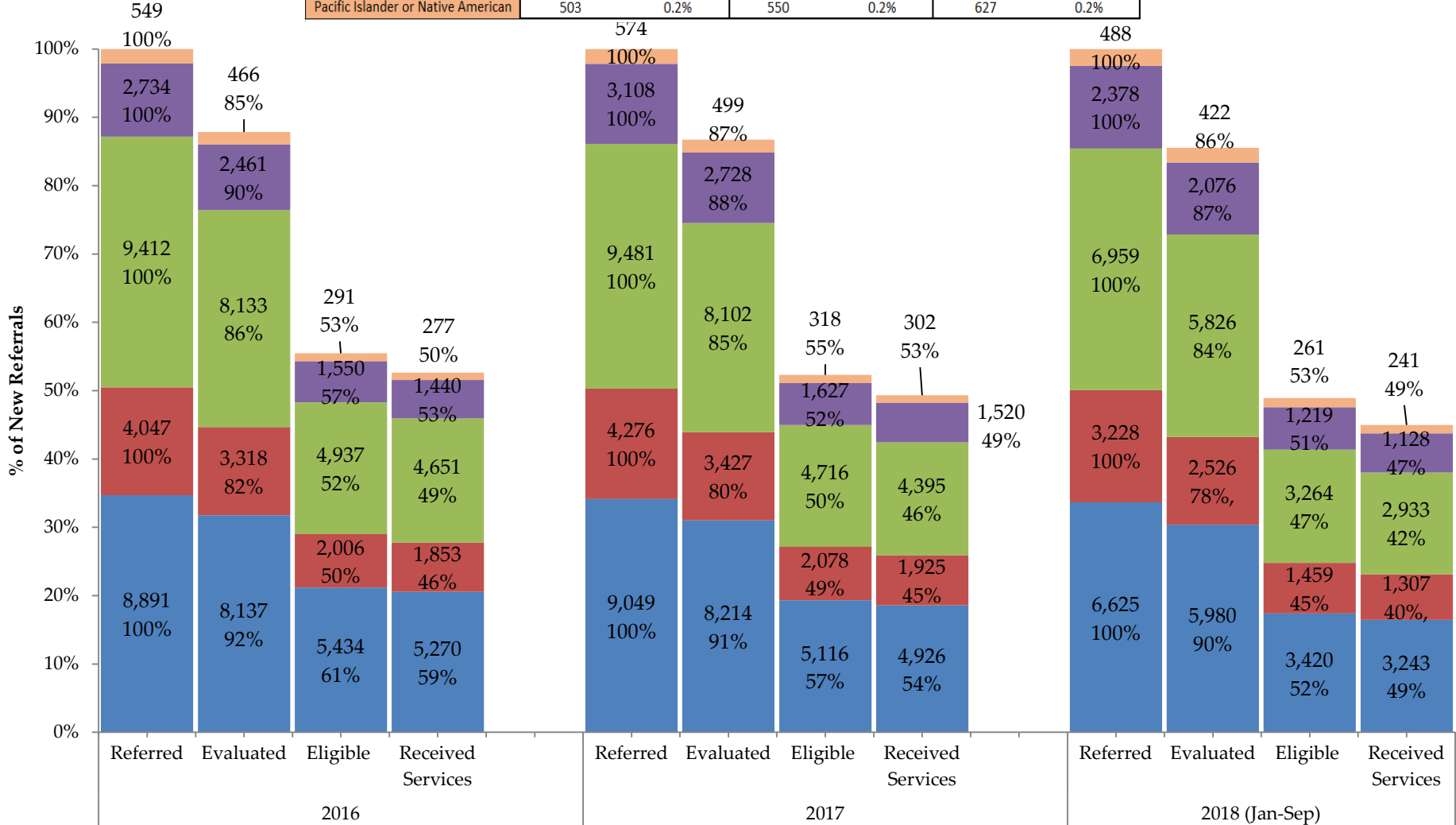
Insurance Status of Children Receiving General Services
January 2018-December 2018
N = 29,639

Both Medicaid and Private Insurance 2.5%

No Insurance, or No Insurance Recorded 10%

Private Insurance Only 23.5%

Medicaid Only 64%

Note: Medicaid Managed Care plans and Child Health Plus are categorized as Medicaid. This chart shows the most recent or current insurance policy unless a child has both Medicaid and Private. In that case, the child's insurance status is characterized as "both".