

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
4.9.21	10:00 AM	WebEx
LEICC Member Attendees	<p>Lidiya Lednyak, MA, PMP, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH</p> <p>Elizabeth Leone, Chair of LEICC</p> <p>Cara Chambers, MS</p> <p>Christopher Treiber, LMSW</p> <p>Jessica Wallenstein, Ph.D.</p> <p>Mary McCord, MD, MPH</p> <p>Patricia Gray, Ed.D., LCSW</p> <p>Rosanne E. Saltzman, LCSW</p> <p>Sonu Sanghooe, MS, CCC-SLP</p> <p>Sundari Periasamy, MD</p> <p>Tricia DeVito, MS, Ed., SDL</p>	
Welcome, Introductions, and Minutes Approval	<p>Elizabeth Leone opened the meeting by reminding attendees that 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.</p> <p>Elizabeth Leone reviewed the procedures for LEICC meetings, including that, for in-person LEICC meetings, attendees should pre-register on the NYC Department of Health Early Intervention LEICC webpage. For web-based LEICC meetings, attendees will find a link on the NYC Department of Health Early Intervention LEICC webpage. Meetings are open to the public, but the audience does not address the LEICC members during the meeting. The Chat and Q&A features should not be used for today’s web-based meeting. Members of the public were asked to submit written public comments by emailing EmbeddedCoaching@health.nyc.gov .</p> <p>Elizabeth Leone stated that transcription will be available for this meeting, and that written meeting minutes will be made available.</p> <p>Elizabeth Leone stated that Christopher Treiber’s membership on the LEICC was concluding effective May, 2021.</p> <p>LEICC members introduced themselves. Minutes from the October meeting were approved.</p>	

<p>SEICC Report and Bureau Updates</p>	<p><u>SEICC Report</u> Lidiya Lednyak provided a summary of the State Early Intervention Coordinating Council (SEICC) meeting held on 3/23/21.</p> <p><u>Early Intervention Program Regulations Updates:</u> SDOH provided proposed modifications for Early Intervention regulations.</p> <ul style="list-style-type: none"> • Section 69-4.1 <ul style="list-style-type: none"> ○ New definitions will be established for collateral visits and group early intervention services. ○ Add the word “directed” to the term family assessment. ○ Add four mental health provider types to EI qualified personnel ○ Remove school psychologists as EI qualified personnel • Section 69-4.3 <ul style="list-style-type: none"> ○ Clarify options for follow-up screening or diagnostic audiological evaluation after a failed newborn hearing screening ○ Align definition of elevated venous blood lead level with State standards • Section 69-4.4 <ul style="list-style-type: none"> ○ Update the timeline for completion of service coordination training to within four weeks following Department approval and prior to furnishing services. • Section 69-4.5 <ul style="list-style-type: none"> ○ Amend number of documented clock hours of experience delivering services to children under five years of age from 1,600 hours to 1,000 hours ○ Amend requirement for discipline-specific quality assurance (QA) plans and require an overall QA plan ○ Agencies will be required to have all staff employed before being granted NYS BEI authorization to provide EI services • Section 69-4.8 <ul style="list-style-type: none"> ○ Amend language to clarify that evaluation instruments must be administered following all protocols in the examiner’s manual. • Section 69-4.10 <ul style="list-style-type: none"> ○ Amend to clarify the term frequency to mean the number of days or sessions per week the service will be provided.
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- Section 69-4.20
 - Amend to clarify that parental objection to notification of the CPSE must be in writing, to align with federal OSEP requirements
- Section 69-4.26
 - Amend language to clarify that written orders apply to multidisciplinary and supplemental evaluations
 - Clarification regarding completion of session note
- Section 69-4.30
 - Amend to allow supplemental evaluations when they are authorized at the Individualized Family Service Plan (IFSP) meeting
 - Supplemental audiological evaluations will be allowed prior to an IFSP for infants who are referred from newborn hearing screening and are suspected of having hearing loss, to determine whether hearing loss is present
- Section 69-4.30
 - Will be amended to specify that service coordination should be delivered in accordance with the child’s Individualized Family Service Plan (IFSP).
 - Amended to clarify that a basic visit must be a minimum of 30 minutes in duration.
 - Billing for group EI services
 - Up to 120 minutes per day as specified in an approved IFSP
 - Group EI service sessions – minimum of 60 minutes in length and maximum of 120 minutes in length in accordance with the child’s IFSP
 - Regulations contemplate a process for EIOs to provide waivers
- Section 69-4.30
 - Group size: two to six children; maximum number of children participating in a group that require a 1:1 aide is limited to four
 - Groups provided by a minimum of one approved and appropriately qualified EI provider and assistant
 - Children participating in group EI services cannot also receive individual services (including push-in/pull-out services) while the group is in session

- SDOH did not provide a date for when this regulatory package will be posted for public comment
- Concept approval document was reviewed at the December 16, 2020 meeting of the SDOH Regulatory Advisory Committee

Provider Workforce Capacity Task Force Updates:

- Task Force Goal: To develop recommendations for the Department to increase provider workforce capacity to deliver EI services
- The SEICC revised the charge of the Task Force to add a Telehealth Subgroup
- The SEICC voted to adopt the following Competencies for the Delivery of Evidence-based Evaluations and Services in the NYS Early Intervention Program.
 - Typical and atypical childhood development and behavior (birth-three)
 - Multi-cultural and diversity factors related to engaging and working with families and performing evaluations and service provision
 - Understanding the family-child dyad as it relates to routine-based interventions
 - Evidence-based family-centered best practices
 - Reflective practice and supervision
 - Field work placement was not included as a competency but as a separate section to highlight it as a theme running through all the other competencies
- Telehealth surveys finalized and submitted to SDOH for state-wide dissemination

EI Hub Implementation:

Key EI-HUB Implementation Dates

- Launch of EI-Hub Learning Management System: April 2021
- Initiation of cut-over process from NYEIS to EI-Hub: Three weeks prior to go-live date
- EI-Hub Go-Live: May 2021 Implementation Date Delayed
 - NYEIS will remain available in a read-only state for six months after go-live

COVID-19 Program Updates:

- NYS deemed the Early Intervention Program an essential service during New York On Pause
- As of March 24, 2020, all EI services in NYC were delivered by teletherapy exclusively
- On June 22, 2020, NYC released the EIP’s “Return to In-Person Services Action Plan During COVID-19”

- NYC EI’s approach emphasizes flexibility and the understanding that it may be necessary to shift between in-person and teletherapy based on health status of the team and family members, and local health metrics and updated guidance
- On July 6, 2020, in-person home/community-based services, individual facility-based services, and evaluations could be provided
- On October 21, 2020 Early Intervention group services resumed with multiple transportation options

Resumption of In-Person Services:

- Currently, all Early Intervention services are available utilizing teletherapy and in-person with some service options only available in-person
- Teletherapy remains the recommended service option in NYC EI due to the ongoing pandemic
- In order to support the resumption of in-person home-based services and then group services, NYC released the **COVID-19 Case Reporting Requirements for Early Intervention Providers**
 - Outlines the information that providers must submit to the NYC Health Department when there is a confirmed case of COVID-19 in a group, home, or community-based setting
 - Provides messaging to families regarding mandatory modification of service delivery from in-person to teletherapy
- Early Intervention services are safe and effective
- Families should not wait to refer
- All EI providers must have a plan that complies with NYC & NYS Guidance
- EI-Specific Precautions
 - Face Covering
 - Physical Distancing
 - Hand Hygiene Before, During and After Any EI Session
 - Glove considerations for providers who practice more hands-on approaches
 - Use of Toys and Other Materials
 - No toys or other materials (except paper) brought into homes and community locations
 - **NYC Department of Health “Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone”**
 - Increased Cleaning, Disinfecting, and Ventilation
 - Required Screening Protocols

	<p><u>Latest COVID-19 Updates:</u></p> <ul style="list-style-type: none"> • Early Intervention therapists and teachers eligible for COVID-19 Vaccine as of January 14, 2021 • Duration of quarantine changed from 14 to 10 days for close contacts of individuals with confirmed cases of COVID-19 • Updated information about exceptions to quarantine for individuals who have been fully vaccinated and are asymptomatic since last COVID-19 exposure <ul style="list-style-type: none"> ○ Regardless of quarantine status, all individuals exposed to COVID-19 must continue daily symptom monitoring through Day 14; observe all COVID-19 precautions; and self-isolate if any symptoms develop • Additional information re: recommendations for monthly COVID-19 testing for essential workers with frequent direct contact with the public, such as EI service providers <p>* Refer to the full guidance update for details.</p>
<p>Data Report and Provider Oversight</p>	<p>Nora Puffett reviewed the data report. Data was presented on referrals, receipt of service, and children’s retention in the Program by borough and race. She also discussed Provider Oversight 2020 monitoring activities, including calling families for service verification during the transition to telehealth. In response to the COVID-19 pandemic, BEI ceased on-site annual audits in March 2020. In late spring 2021, BEI will resume annual monitoring. Every agency will receive an audit in 2021 and audits will be conducted off-site. The audit period will include all of 2020 and a subset of monitoring indicators will be used, possibly supplemented by indicators specific to the pandemic period. BEI will not issue its traditional reports with ratings and corrective action reports. Agencies will receive letters of advice that identify areas of strength and weakness.</p>
<p>Teletherapy Survey Results</p>	<p>Dr. Katharine McVeigh reviewed teletherapy survey results. She presented data on family satisfaction with teletherapy, quality of information provided by Service Coordinators, interventionist satisfaction with teletherapy, supports and resources needed by interventionists, and agency satisfaction with teletherapy.</p>
<p>COVID-19 Vaccines</p>	<p>Dr. Catherine Canary spoke about COVID-19 vaccines. The information she provided was from the NYC Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention (CDC). She stated that more than 4 million doses have been given to NYC residents so far. As of April 6, 2021, all New Yorkers over the age of 16 years old are eligible to be vaccinated. There are 2 mRNA vaccines currently in use with an Emergency Use Authorization (EUA): Pfizer and Moderna. For both, efficacy data were consistent across age, gender, race and ethnicity. There is one Adenovirus Vector</p>

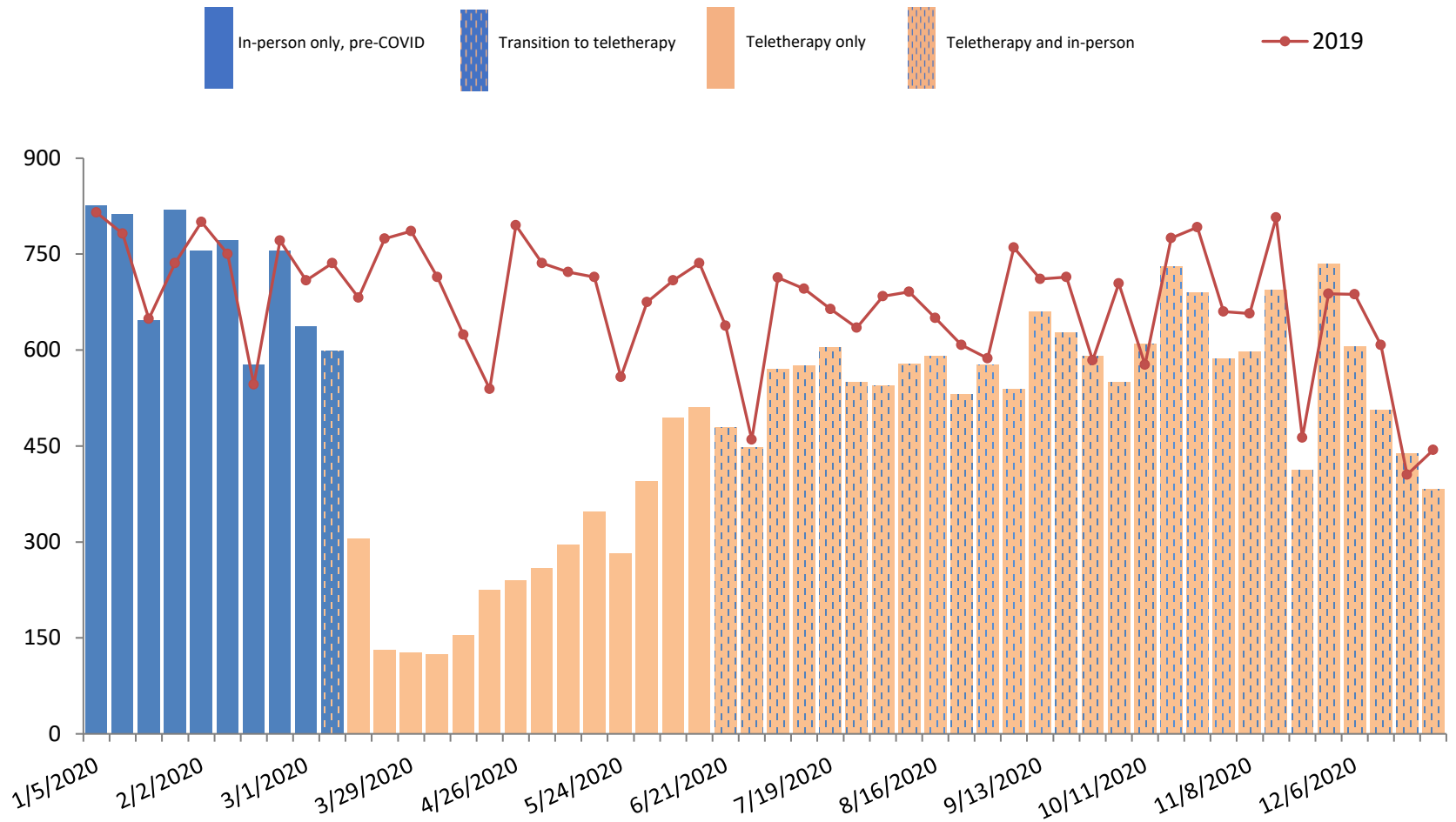
	<p>Vaccine currently in use: The Johnson & Johnson/Janssen vaccine. This vaccine was granted an EUA on April 27, 2021. This vaccine is for individuals over the age of 18.</p> <p>Dr. Canary also spoke about the emerging variants of SARS-CoV-2. Several recently identified variants appear more easily transmitted than other strains. SARS-CoV-2 mutates regularly, so changes in its genome are expected. Whether these variants can evade immunity induced by vaccines or natural infection is an area of active study. Even if a new variant cannot evade vaccine-induced immunity, widespread circulation of a highly infectious new strain may require higher vaccine coverage than previously estimated to achieve control of the pandemic.</p>
<p>Improving Referrals and Bi-Directional Communication with H+H</p>	<p>Dr. Mary McCord from NYC Health + Hospitals spoke about the EI referral process and project goals. Initial roll-out began September 30, 2020.</p> <p>The next steps for the project are:</p> <ul style="list-style-type: none"> • Monthly touch base between EI and H+H initiative leadership • Information exchange process initiated between H+H and BEI • Bidirectional info share allows H+H primary care providers to follow up with referred families as needed • Improvements in EHR process almost complete • Version 2.0 to be rolled out across H+H
<p>NYC BEI-Hunter College Service Coordination Professional Development Institute</p>	<p>Dr. Jeanette Gong spoke about the NYC BEI Parents and Focus Groups. NYC BEI sponsored Parent and Service Coordinator/Supervisor Focus Groups in Spring 2020 to learn how to better engage and retain families in the New York City Early Intervention Program (EIP). Dr. Gong shared NYC BEI parents and focus groups’ feedback. NYC BEI developed the Service Coordination Professional Development Institute (SCPDI) and the provision of better and timely information to Service Coordinators via the Text to Service Coordinators Program.</p> <p>Patricia Gray from the Silberman School of Social Work at Hunter College, CUNY spoke about the SCPDI. She stated that the focus of SCPDI is to support service coordinators’ engagement and retention of EI families with a focus on implicit bias, cultural competency, and family-centered and reflective practices.</p>

<p>NYC BEI Outreach Plan for 2021</p>	<p>Dr. Jeanette Gong presented on 2020 outreach activities, outreach plans for 2021, and the Developmental Monitoring “Vital Statistics Project (VSP).” VSP was implemented in January 2021. In collaboration with the Office of Vital Statistics, birth certificate data is used to identify families with children who should know about the EI Program. Children automatically eligible based on diagnosed condition (i.e., very low birth weight), should know about the Program and receive a full evaluation. This project offers direct outreach to families with children born at NYC hospitals who have an EI auto-eligible condition reported on their birth certificate but who have not been referred to the Program.</p>
<p>NYCDOE Early Intervention Transition Initiative</p>	<p>Caitlyn Moore from the NYC Department of Education (DOE) gave Early Childhood updates. Mayor de Blasio and NYCDOE Chancellor Porter announced on March 24, 2021 that 3-K for All will expand to the remaining sixteen community school districts in the 2021-22 school year, bringing free, full-day, high-quality 3-K to more three-year-old children across New York City. Families with children born in 2018 can apply now. The 3-K for All application deadline has been extended through May 28th, and programs in these districts will be added to MySchools.nyc on a rolling basis.</p> <p>Ms. Moore gave an update on the EI Transition Coordinator Project. The EI Transition Coordinator team went citywide last summer and now the transition coordinators serve as a resource to families transitioning from EI, with a focus on families in foster care, who speak a language other than English, or are in temporary housing. Families and EI Service Coordinators can contact a TC directly with general questions by emailing EltoPreschool@schools.nyc.gov or calling the Helpline at 646-389-7171.</p> <p>Ms. Moore gave an update on family outreach. She also spoke about Information Sessions for Families and Information Sessions for DOHMH Bureau of Early Intervention Staff.</p> <p>Ms. Moore spoke about the Document Transfer System (DTS). As of August 3, 2020, the DTS is the mechanism that all EI Service Coordinators must use to transmit documents to the DOE on behalf of families. The DTS is used by Service Coordinators to upload documents, to input key child and family information to enable family outreach and prioritization by the DOE, and to receive confirmation that documents have been successfully transferred.</p>
<p>LEICC Committees Update</p>	<p>Christopher Treiber gave an update on the Service Coordination Sub-Committee.</p>

Public Comments	No public comments. The meeting was adjourned at 12:00 PM.
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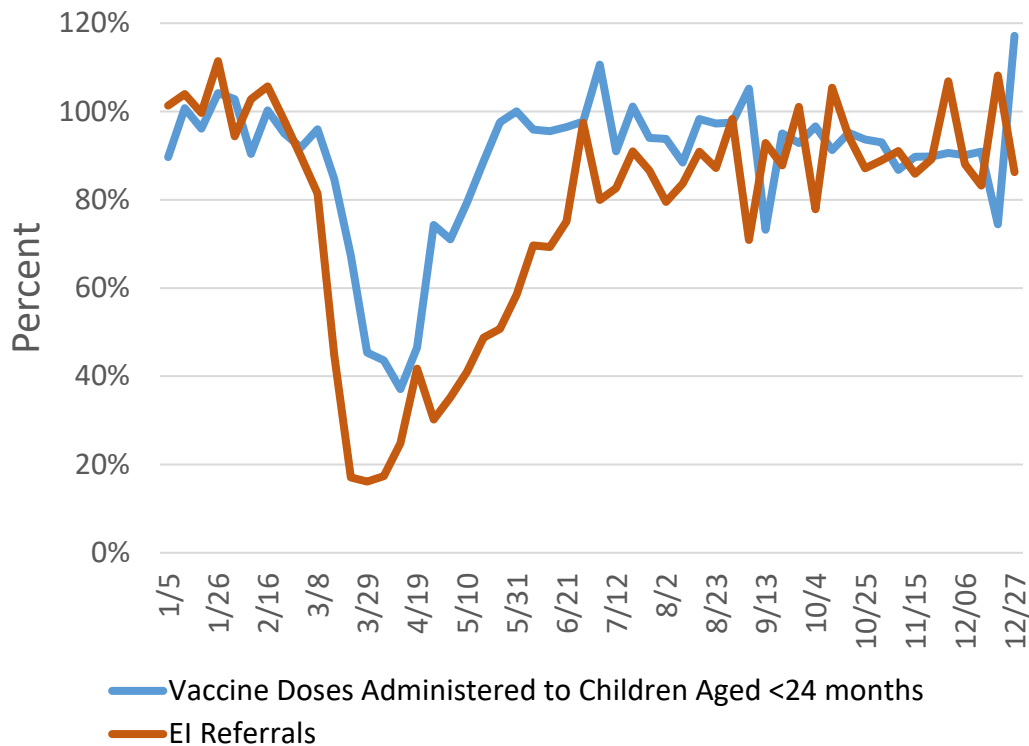
Early Intervention Data Report April 9, 2021

NYC Early Intervention Referrals 2019-2020



Trends in EI Referrals and Routine Childhood Vaccine Administration During the COVID-19 Public Health Emergency

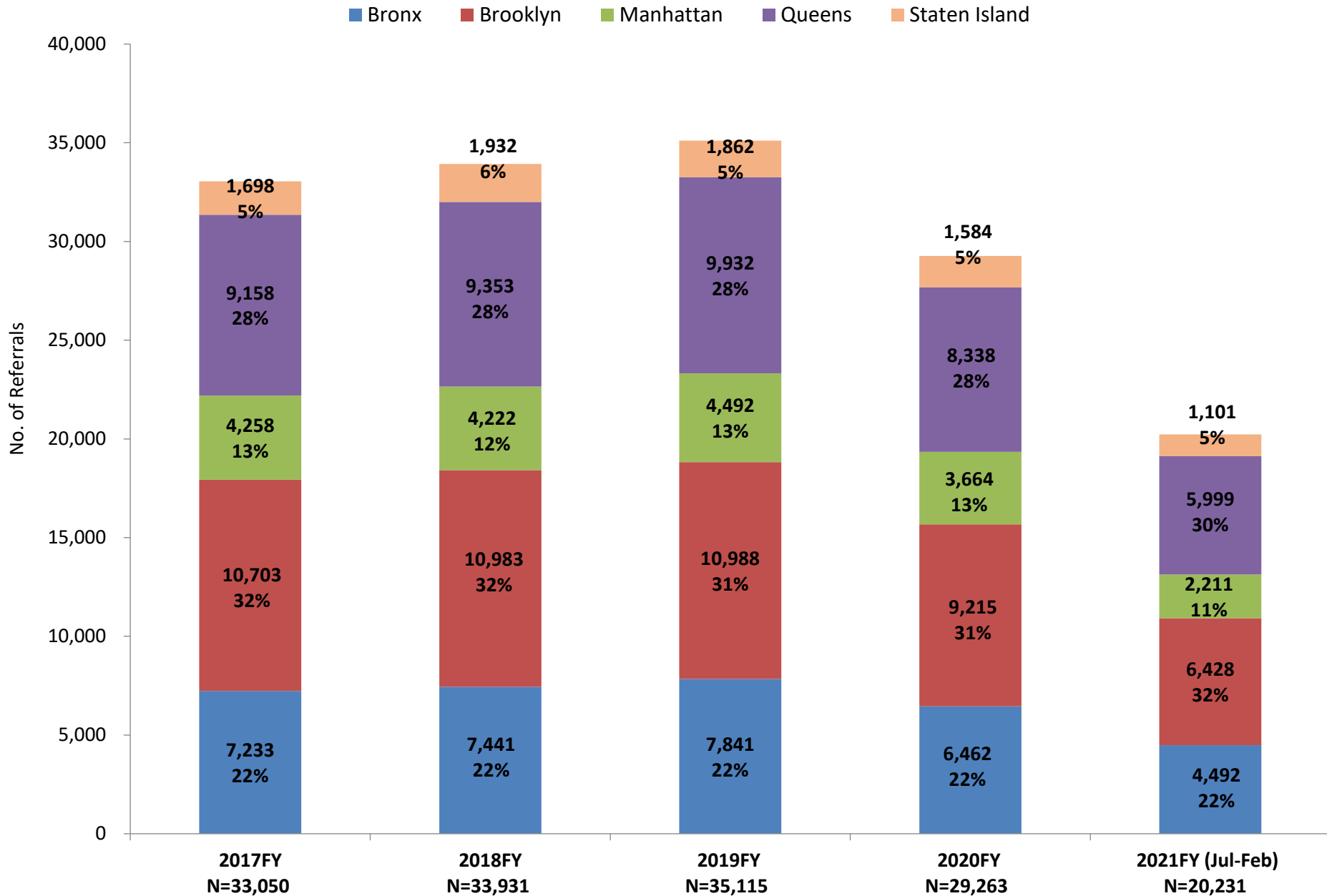
2020 Activity as a Percentage of 2019 Activity



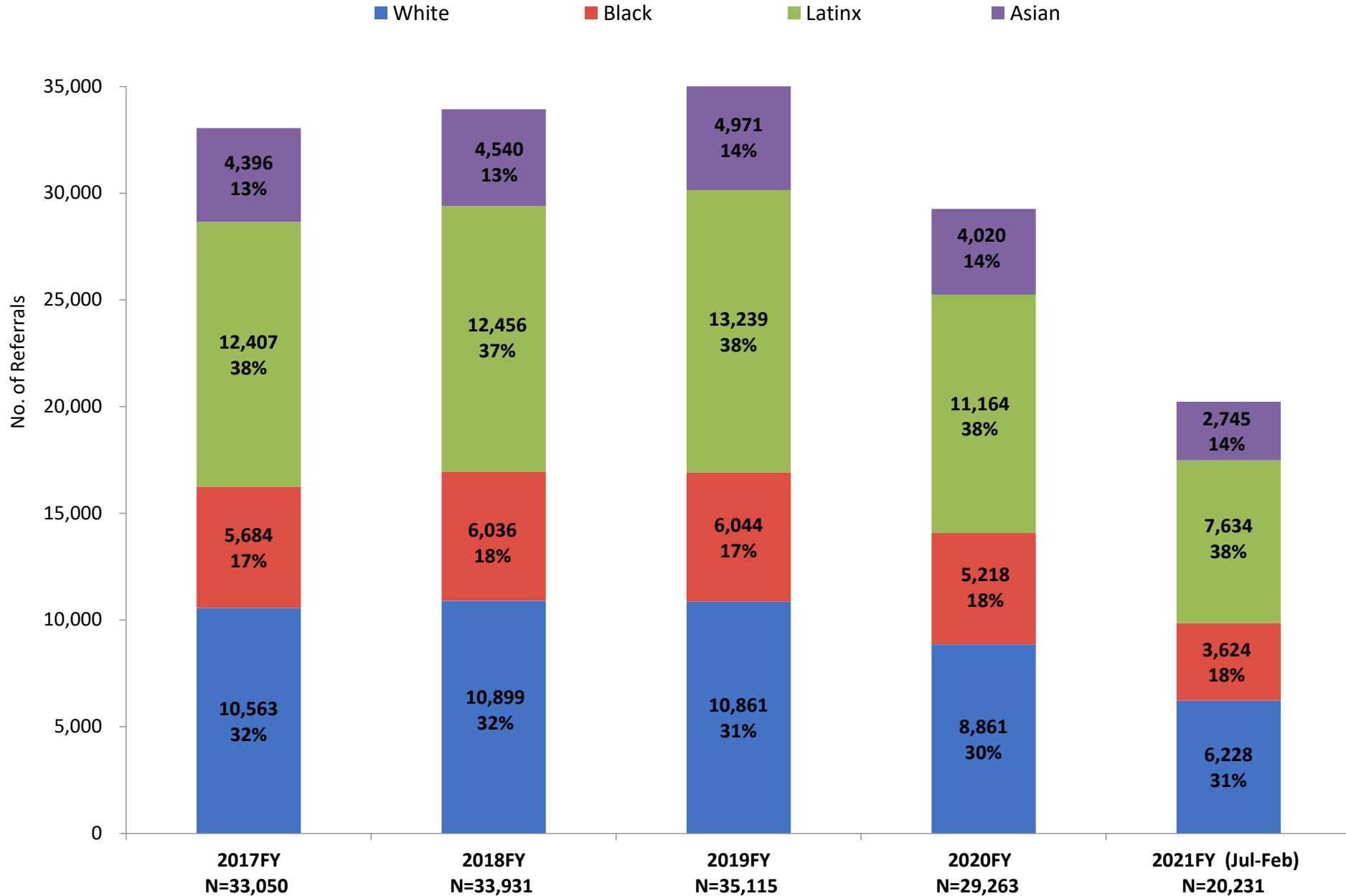
- Data represent the ratio of 2020 activity volume to 2019 activity volume for EI referrals, and for vaccine doses administered in children younger than 24 months.
- In January and February of 2020, activity volume was the same as the prior year.
- In March 2020, activity dropped to 16% and 45% of 2019 levels for referrals and doses administered, respectively.
- Since June 2020, volume of referrals and of doses administered have averaged 89% and 94%, respectively, of their 2019 levels.
- The trend in EI referrals closely follows the trend in doses administered.

Number of New and Re-Referrals Per Fiscal Year, by Borough

July 2016-February 2021

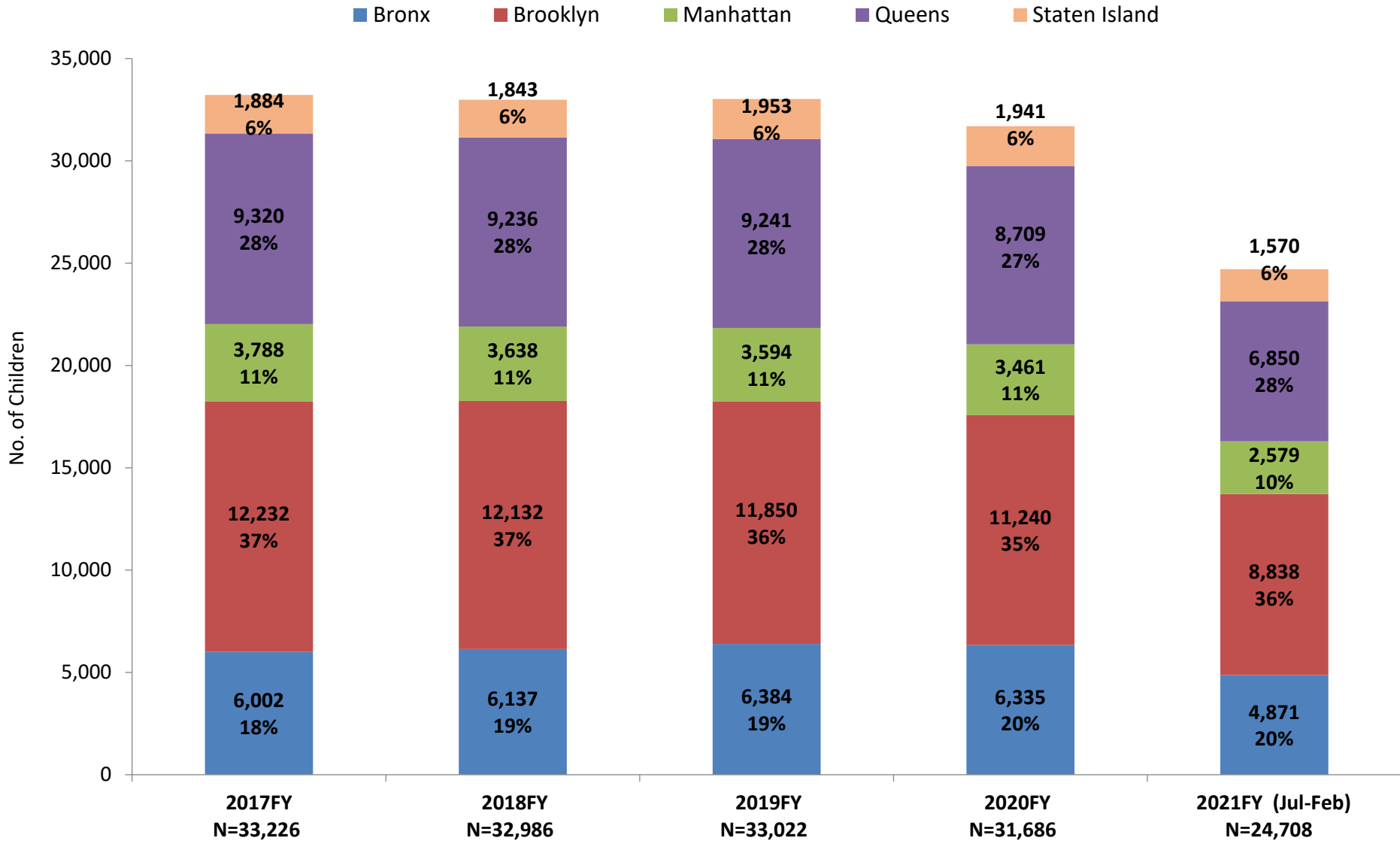


Number of New and Re-Referrals Per Fiscal Year, by Race and Ethnicity July 2016-February 2021



Number of Children Receiving General Services Per Fiscal Year, by Borough

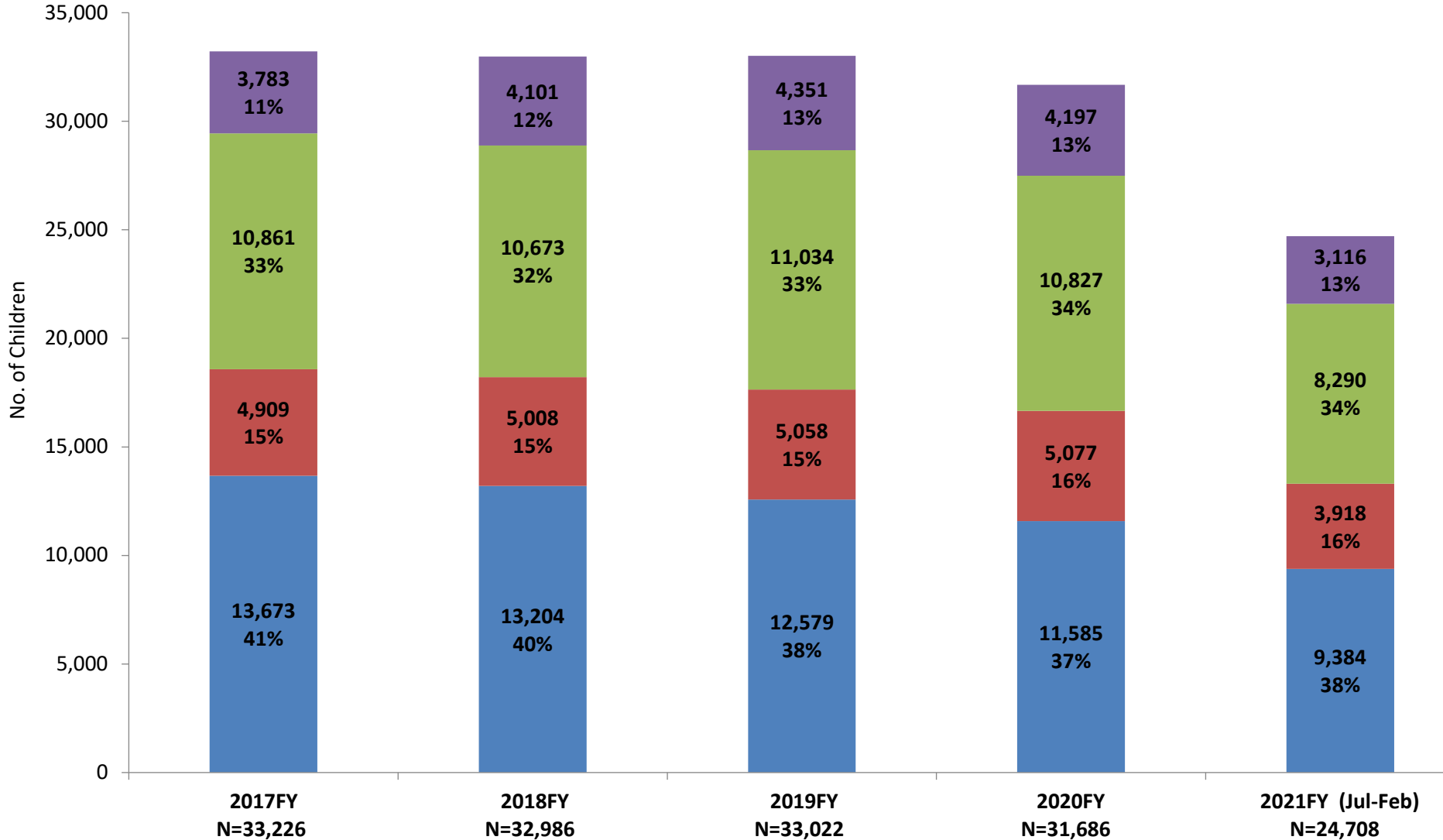
July 2016-February 2021



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

Number of Children Receiving General Services Per Fiscal Year, by Race and Ethnicity July 2016-February 2021

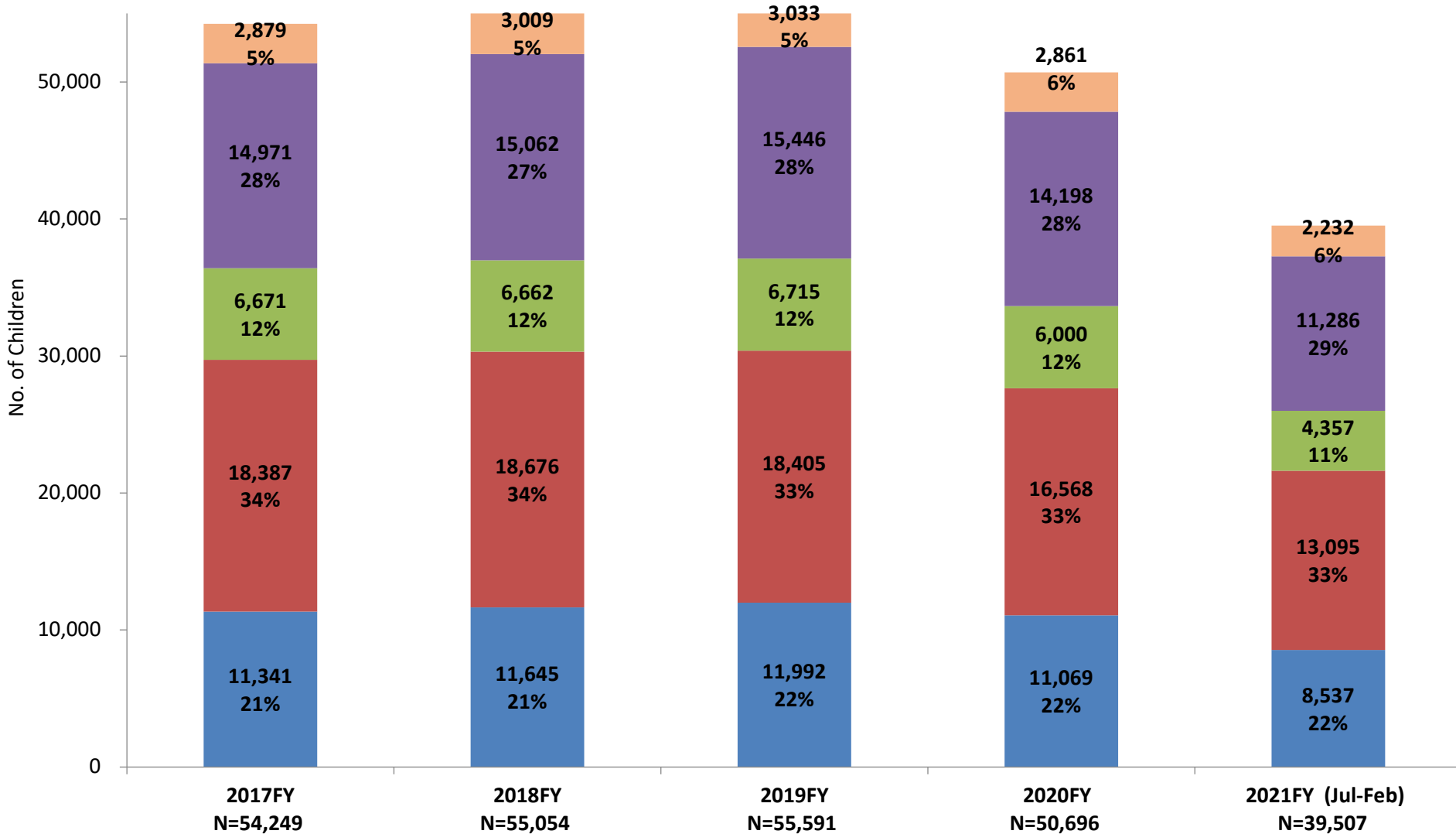
White Black Latinx Asian



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

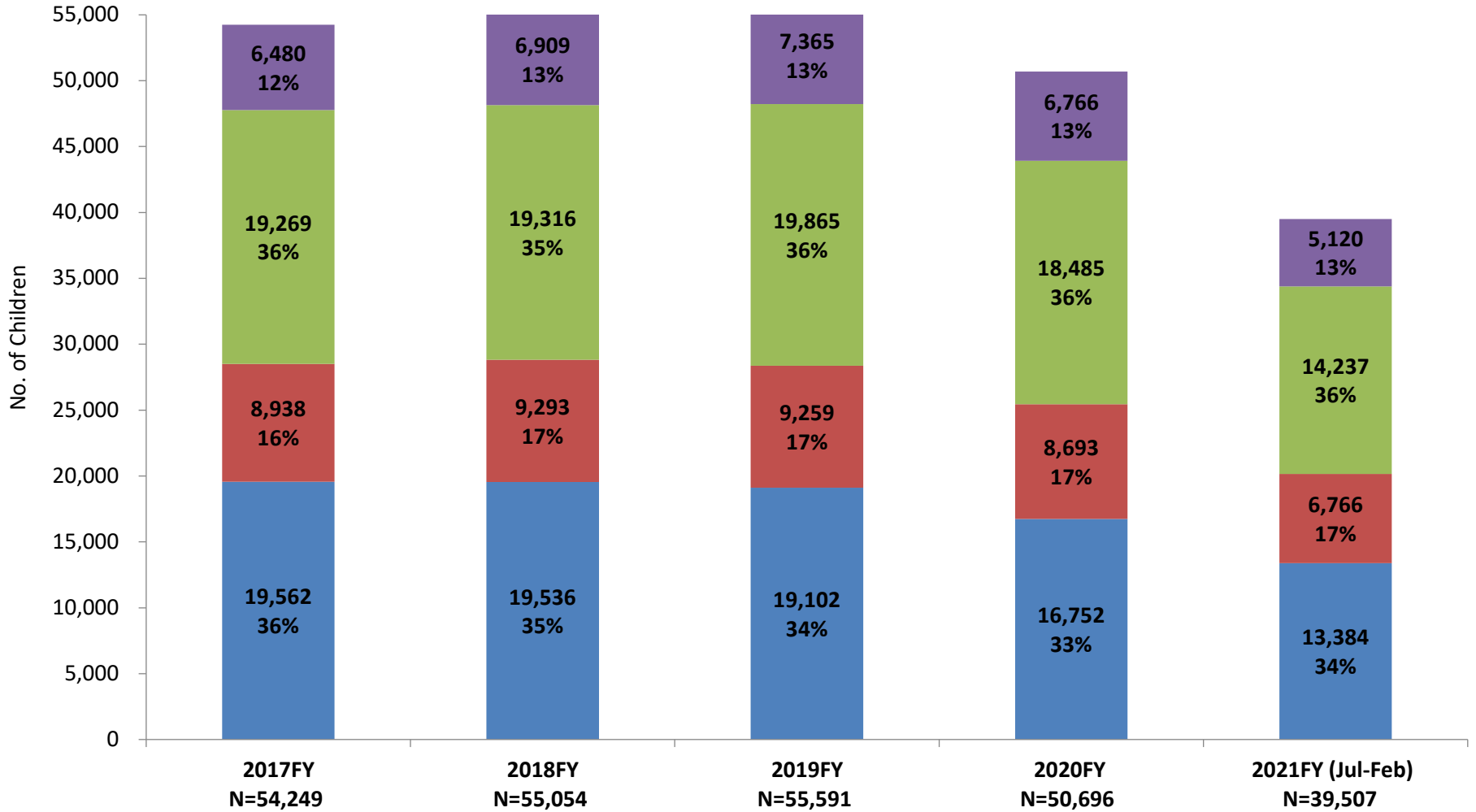
Children Receiving Any Type of Service Per Fiscal Year, by Borough: Service Coordination, Evaluation and/or General Services July 2016-February 2021

■ Bronx
 ■ Brooklyn
 ■ Manhattan
 ■ Queens
 ■ Staten Island



Children Receiving Any Type of Service Per Fiscal Year, by Race and Ethnicity: Service Coordination, Evaluation and/or General Services July 2016-February 2021

■ White
 ■ Black
 ■ Latinx
 ■ Asian

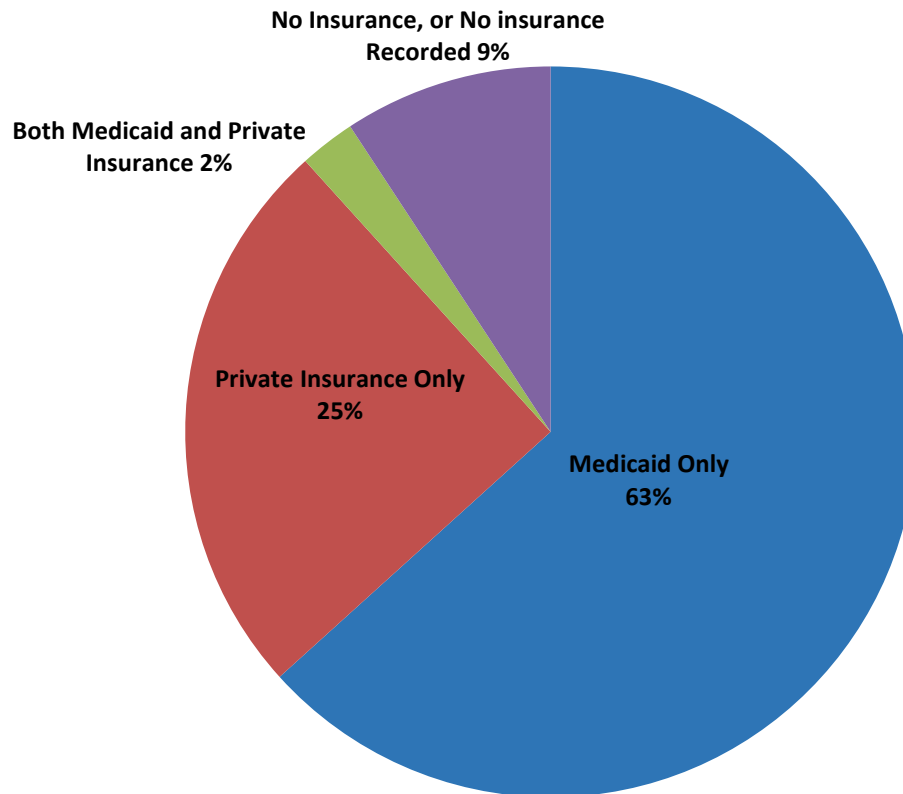


Outcomes for Children Aging Out of EIP by Race and Ethnicity, Citywide, July 2018-December 2020

Population Estimates by Race/Ethnicity by Year				
	2018		2019	
	0-3 Pop	% of Pop	0-3 Pop	% of Pop
White	98,160	30.5%	100,676	31.3%
Black	67,793	21.1%	66,461	20.7%
Latinx	118,260	36.7%	111,849	34.8%
Asian	44,479	13.8%	42,822	13.3%



Insurance Status of Children Receiving General Services July 2020 - February 2021 N = 24,708



Notes:

Medicaid Managed Care plans and Child Health Plus are categorized as Medicaid.

This chart shows the most recent or current insurance policy; “both” indicates that a child has both Medicaid and Private at the same time.